Nevada State Incentive Grant Final Evaluation Report

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EXECUTIVE SUMMARY

Nevada was awarded a State Incentive Grant (SIG) from the U.S. Center for Substance Abuse Prevention (CSAP) in October 2002. The broad goal of the Nevada State Incentive Grant was to help reduce the use and abuse of alcohol, tobacco, and other drugs among Nevada's 12 – 25 year old youth. To accomplish this, Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) aimed to reinvent the system for delivering prevention services through: 1) improved coordination of prevention services statewide; and 2) increased implementation of prevention programs based on sound scientific research. Most of the grant resources were used to support evidence-based prevention programs delivered in communities across the state. An abbreviated summary of the *Key Findings and Discussion* section of this document is provided below.

Key findings related to the AODA prevention system

Changes in the relationship among the system's components

The most significant change in the Nevada Alcohol and Other Drug Abuse (AODA) prevention system during the SIG project was a fundamental change in the roles of the local Coalitions. SAPTA funded ten local Coalitions, covering virtually the entire state, to select, fund and monitor local prevention providers to implement evidence-based programming. Through this process, the local Coalitions became responsible for distributing federal AODA prevention funds that were passed through SAPTA and thus became the backbone of the sub-state organizational framework for prevention in Nevada.

In addition to the development of the Coalition system in the state, there were also important areas of progress relating to state prevention funding and planning. The SIG project allowed SAPTA to begin merging two significant funding streams - the SAPT Block Grant and the SIG - to funnel to the Coalitions for local AODA prevention programming. An example of this integration was the original funding for the three new Coalitions with SAPT block grant dollars. The money was provided by one funding stream, while much of the vision for the new Coalitions came from the plan for the SIG project.

Improvements in the state-level system

SAPTA carefully and thoughtfully created a systematic set of steps to ensure the SIG was well implemented, and met CSAP and State requirements. The development of the funding system for allocating the SIG community-level dollars (85% of the total award), executing formal contracts with the Coalitions with a higher level of business practice requirements, and the system created in the March 2004 RFA for Coalitions sub-contracting with certified program providers were all major infrastructure improvements.

The Governor's State Incentive Grant Advisory Committee (SAC) was appointed by the Governor of Nevada in 2003 from state and local governmental agencies and private non-profit organizations. After organizing themselves and becoming familiar with the project, their most tangible role was to provide input into the Substance Abuse Prevention Strategic Plan that was adopted in April 2005.

Evaluation data indicated that the SAC was a good venue for increasing awareness of the need for cooperation and collaboration among the State agencies involved in the prevention system.

between State agencies and the Coalitions, and within the community level of the system. There was an increase in a common understanding of prevention and what constituted evidence-based programs among State agencies and interest in collaboration. However, the key stakeholder interviews indicate that the level of involvement among the State-level players was lower at the end of the project than at the beginning, and cross-agency collaboration did not appear to increase.

One of the important goals for the SIG was to secure new resources to sustain and expand on the prevention advances of the project in the state. An important achievement was securing the SPF SIG grant in 2004 and the associated funds and training opportunities that this brought to the state. Nevada's experience with the SIG was a significant influence on its interest in, and successful pursuit of, the new SPF SIG project and it represents an important sustainability achievement for the State infrastructure. A second important sustainability achievement was securing additional resources for prevention from within the state. At the time of the state and local key stakeholder interviews in early 2007, it was commonly believed that funding for prevention in Nevada was not keeping pace with the increased need. Fortunately, there was a major success in the late spring of 2007 when the Nevada legislature passed a budget that funded AODA prevention with state money in order to replace money that had been provided by the SIG in past years. It is our understanding that the success of the SIG played a key role in convincing the legislature that this funding was worthwhile and needed.

Improvements in the local Coalition systems

Significant infrastructure and capacity development occurred in each coalition during the project. To receive SIG program implementation money, each Coalition had to reach an organizational threshold. New training and technical assistance opportunities were made available through the SIG to increase the capacity of the Coalitions to meet these requirements and to participate in evaluation activities, manage programs, and structure themselves in an effective manner to meet project goals.

The strong focus on building the infrastructure and capacity of the local Coalitions during the SIG resulted in increased coordination and collaboration among local agencies, and increased emphasis on evidence-based practices. New local providers became members of the Coalitions while providers already at the table played a more prominent role in the delivery of programming based on the fundamental principles of prevention. The more formal requirements of the SIG – certification, emphasis on evidence-based practices and training, and evaluation – also helped many providers to improve their organizational structure and ability to implement and evaluate programs.

Key findings related to implementation of SIG-funded programs

Implementation of evidence-based

Based on epidemiological data, the ten Coalitions identified risk and protective factors salient to their target populations, chose evidence-based programs, and to a lesser extent, unproven programs, which addressed those factors, and funded 38 certified prevention providers to implement their SIG-funded programs. These providers were primarily local community-based organizations, and family, youth or social service agencies. The programs targeted families, adults with children, and youth across Nevada. The pretest survey data indicate that SIG-funded

programs served over 5,800 persons; 41% were youth between the ages of 14 and 17, and 38% were adults most of whom were female (83%). Among all of the participants, pretest respondents were predominantly white (55%) and African American (17%), and 36% identified themselves as Hispanic. It is important to acknowledge that without the SIG project, Nevada communities would not have benefited from these services.

The Nevada SIG resulted in a major increase in implementation of evidence-based programs in the State, and extended prevention programming into some areas of the state where there had been little or none in the past. The vast majority of the programs offered by the Coalitions' providers were evidence-based (87% of those taking the pretest were participating in evidence-based programs), which exceeded the requirements of CSAP or SAPTA. Data indicated that the Coalitions' providers ensured extensive training for program facilitators, used approved curricula and participant materials, and implemented programs with a high degree of fidelity that in some cases exceeded requirements for dosage and duration.

Coalition level key stakeholders cited three major barriers to program implementation:

- The expense of implementing evidence-based programs was a concern during the early stages of the project;
- Lack of local infrastructure in many areas to administer the evidence-based programs appropriately; and
- Traveling distances in most parts of the state made it difficult to serve the full community in an optimal manner.

Program participant outcome data

The findings from the program-level youth pretest to post-test change analyses for the 21 survey items that were central to the project are summarized in the table below. Combining the data for all programs, there was a statistically significant favorable change for disapproval of alcohol use and a significant unfavorable change for plans to avoid marijuana in the future. Also, six of the ten programs with 25 or more matching surveys did not have more than one significant effect (either favorable or unfavorable). Both overall and for these six programs, the data clearly indicate little change in the participant responses during the period of program implementation. However, this common finding of little change in 30-day substance use variables and the intervening variables associated with use should not be interpreted as poor prevention outcomes. Findings from the national SIG evaluation indicate that the pretest to post-test results for Nevada look similar to the average findings for outcome monitoring of evidence-based programs. This similarity of findings provides some assurance that the evidence-based prevention programs have been effective up to normative standards and that the positive long-term results demonstrated in the controlled research studies that led them to be deemed "evidence-based" will be realized in these communities.

Summary of Statistically Significant Youth Survey Findings for 21 GPRA/Core Measures Items

Program (N)	Favorable Change	Unfavorable Change
All Stars (145)	Wrong to drink alcohol	None
Creating Lasting Family Connections (39)	30-day alcohol use	None
HERO Leadership Camp (92)	Risk of binge drinking Risk of trying marijuana Plans to be drunk	None
Leadership and Resiliency (142)	30-day alcohol use 30-day drunk Wrong to drink alcohol Wrong to smoke marij. Risk of daily alcohol use Risk of trying marijuana Risk of regular marij. use Plans to avoid marijuana Plans for drug-free life	None
LifeSkills (34)	None	Wrong to smoke marij. Wrong to use illegal drg. Risk of regular marij. use Plans to be drunk Plans to avoid marijuana
Parenteen Solutions (49)	None	None
Positive Action (536)	Wrong to smoke cigs.	None
Project Towards No Drug Abuse (66)	None	None
Student Success (130)	None	30-day alcohol use 30-day drunk Wrong to smoke marij. Risk of daily alcohol use
Too Good for Drugs (360)	None	Plans to be drunk
Overall (1,638)	Wrong to drink alcohol	Plans to avoid marijuana

Entries in italics are substance use variables.

Both the HERO Leadership Camp and Leadership and Resiliency programs had multiple favorable changes and no unfavorable changes, and LifeSkills and Student Success had multiple survey items with unfavorable changes across time and no items with favorable changes. These results stand out from the results for the other programs, and therefore it would be appropriate to discuss the strengths and weaknesses of these programs with the implementation communities to understand whether there are lessons to be learned about implementation of these programs there, and in other communities, in the future.

Adult survey information varied among programs and Coalitions, and therefore was reviewed on a Coalition-by-Coalition basis. These findings highlighted the success of the programs that focused on adults such as Parenteen Solutions, Parenting Wisely, Staying Connected with your Teen, and Creating Lasting Family Connections. One Coalition had 19 favorable statistically

significant findings for Parenteen Solutions including improvements in parental involvement, positive discipline and behavior management, and communication and conflict resolution. This family program also had positive findings for items focusing on improvements in the youth participants' refusal skills. For the Parenting Wisely program, four Coalitions also had broad positive findings for their adult participants including increases in reported family involvement and family communication, and a decrease in reports of children's aggressive/disruptive behavior. Four Coalitions had positive findings for adults participating in SCWYT, including improvements in a variety of parenting practices and perspectives. Likewise, three Coalitions demonstrated only positive findings for adult participants in CLFC for parenting practice issues. The preponderance of information indicated that these programs were all very successful in leading to positive changes in adult participants. We recommend discussing the strengths and weaknesses of these programs with the implementation communities with an eye towards expanding their success in the future.

Discussion

The clearest indications of the benefits of the SIG are in the legacies that will be apparent after the project ends. Participation in the SPF project through 2010 is one major indicator of sustainability. Others include the increased funding for prevention within the state in 2007 (including monies specifically allocated to help replace the SIG funds), and the new state prevention plan that was completed in July 2006 to guide enhancement of the AODA prevention system. Most importantly, it is clear that the Nevada substance abuse prevention system was reinvented during the SIG and that the changes already started prior to the SIG were pushed much further. The key step of inserting a regional entity between SAPTA and the local providers was a fundamental change and cannot be emphasized too much. This process not only changed the state system, but in many cases resulted in a profound change in the Coalitions.

Another aspect of the project that should have lasting benefits was the increased exposure to national prevention information. Although the SIG was not the only platform for disseminating new ideas about substance abuse prevention, it did provide participants and stakeholders increased exposure to state-of-the-art thinking about how research can best inform prevention practice, with emphasis on replication of model programs, attention to implementation fidelity, and monitoring of program outcomes. Individuals associated with the project acknowledged the importance of this experience and believe it influenced the prevention system in Nevada beyond the SIG project.

Although the project encountered many bumps along the way, the observations above on the legacy of the SIG leave us optimistic about the future of prevention in Nevada. The SPF SIG model holds significant promise for the field and Nevada is fortunate to be able to build on the sound systemic foundation and individual skill-base that was developed and nurtured during the SIG. When combined with the greater State attention and resources for prevention over the next several years, there is tremendous potential to take further steps ahead. As with the SIG, it is wise and reasonable to expect setbacks along the way, but the most important thing is to be able to conclude at the end that the State was better for having gone through the process. This is our conclusion about the SIG, and our hope for the SPF SIG and the other new projects in the State.

INTRODUCTION

In October 2002, the State of Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) was awarded a State Incentive Grant (SIG) from the Center for Substance Abuse Prevention (CSAP) to help reduce the use and abuse of alcohol, tobacco, and other drugs (AODA) among Nevada's 12 – 25 year old youth. SAPTA¹ planned to accomplish this broad goal by reinventing the system for delivering prevention services through: 1) improved coordination of prevention services statewide; and 2) increased implementation of prevention programs based on sound scientific research. To help meet these objectives, the SIG project established a Governor's SIG Advisory Committee that was charged with the development of a comprehensive statewide substance abuse prevention plan to coordinate and leverage resources across many systemic levels. These levels included federal, state, and local governments, as well as community coalitions and community-based agencies and organizations. The State of Nevada contracted with the Pacific Institute for Research and Evaluation (PIRE) to implement the overall evaluation of the SIG and ensure that all CSAP requirements were met.

During the first two years of the SIG, SAPTA focused on strengthening and streamlining the statewide prevention system infrastructure, particularly ensuring effective administrative, fiscal, and funding practices at the community coalition level. SAPTA awarded SIG monies to ten coalitions (the "Coalitions") throughout Nevada to: 1) engage in a comprehensive planning process with the goal of identifying their data-driven risk and protective factors; 2) select proven strategies to decrease risk factors and strengthen protective factors; 3) fund certified providers to implement prevention efforts targeting youth aged 12-25 and/or their families within their service area; and 4) evaluate the effectiveness of these prevention efforts with a focus on outcomes. Coalitions were also expected to focus on local prevention system change over the course of the SIG.

As depicted in the table below, SAPTA awarded SIG dollars to the Coalitions through a three-phase design. Phase One provided support for Coalitions to conduct infrastructure and capacity building activities, Phase Two focused on the completion of the Deeming Checklist to ensure that Coalitions had appropriate infrastructure in place to begin implementation, and Phase Three provided implementation dollars to Coalitions to select, administer, and monitor the implementation of AODA prevention activities by certified providers at the local level. SAPTA made implementation awards in the fall of 2004 to ten Coalitions meeting strict criteria for organizational viability. The Coalitions, in turn, used a formal bidding process to contract with providers to implement either evidence-based or unproven substance abuse prevention programs. SAPTA required Coalitions to expend a minimum of 65% of the contracted SIG dollars for implementation of evidence-based programs. SAPTA also asked community Coalitions to strengthen their administrative oversight of their providers, and to contract with local evaluators to perform required evaluation activities at the coalition and provider levels.

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¹ At the time of the SIG award, SAPTA was housed in the Health Division of the Department of Human Resources and was named the Bureau of Alcohol and Drug Abuse (BADA). BADA was moved to the Division of Mental Health and Developmental Services of the Department of Health and Human Services and renamed SAPTA at the end of 2006. For the ease of the reader, we have chosen to use SAPTA throughout this report

Chronology of SIG Events*

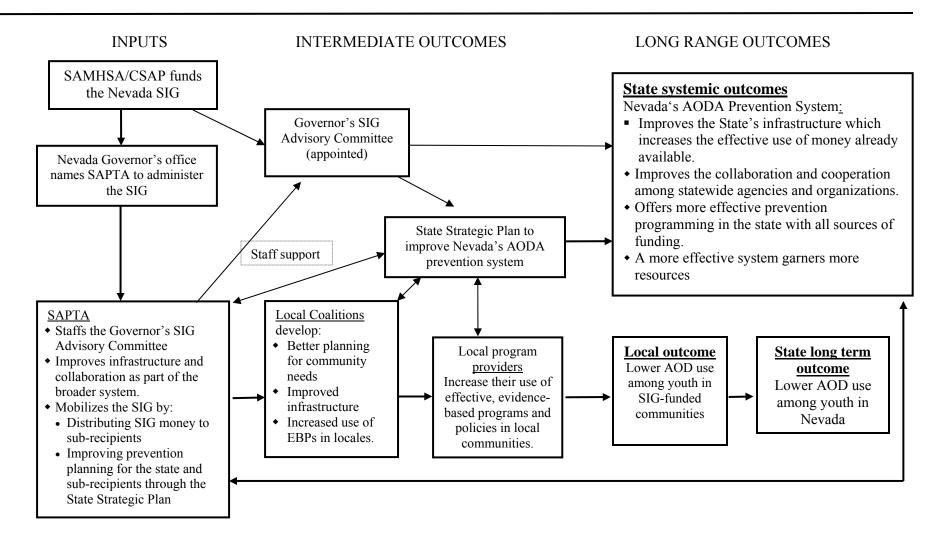
Date occurred	Event
October 2002	Nevada SIG awarded by CSAP
March 2003	Governor appoints SIG Advisory Committee
April 2003	SIG Advisory Committee kickoff
Phase One: Planning and capacit	y building
July 25, 2003	RFA mailed out
August 5 & 6, 2003	Bidder's conferences
September 15, 2003	Applications due by 4:00 p.m. to SAPTA
September 29, 2003	Grant Award Notification & negotiations
October 27, 2003	Funds available of Coalition development
Phase Two: Satisfying the "Deem	ing Checklist"
March 22, 2004	RFA issued with directions for the "Deeming Checklist"
Waten 22, 2004	and narrative explaining program implementation
March 26, 2004	Complete Comprehensive Community Prevention Plan
May 31, 2004	Deeming Checklist due to SAPTA
Phase Three: Implementation of	plans
Accepted July 1 to Aug. 31, 2004	Narrative applications due by 4:00 p.m. to SAPTA
By Sept. 2004 or upon approval	Implementation of Contracts for the Coalitions to fund
of implementation plan	AODA prevention programs
October 2004	Nevada received a SPF SIG grant which overlaps the SIG
October 2004	in some significant ways
July 1, 2005	Start of program implementation year 2
July 1, 2006	Start of program implementation year 3
March 30, 2007	End of project data collection
June 30, 2007	End implementation of community programs

^{*}This table covers the ten original Coalitions. The three new Coalitions received planning and capacity-building dollars on a different timetable.

The logic model on the next page displays the flow of resources throughout the system and highlights expected outcomes for the Nevada SIG project. State Incentive Grant funds came to the Governor's Office, as it did in all SIG states. The Governor's Office designated SAPTA to administer the SIG funds and appointed the members of the Governor's Advisory Council. The SAC's primary output, with staff support and direction from SAPTA, was the completion of a statewide plan to guide AODA prevention in Nevada. The SAC and the state plan were intended to change the nature of the AODA prevention system in Nevada.

Simultaneously, SAPTA initiated a plan (outlined in the SIG application) to establish a quasigovernmental role for the Coalitions making them responsible for distributing prevention money and monitoring programs in their service areas. The local Coalitions had a similar role with their local program providers as SAPTA did with them. Once the Coalitions had approved programs, the local providers implemented, primarily, evidence-based programs and policies. Those programs were to improve the levels of AODA in the funded communities and, therefore, lower the use and abuse in all of Nevada

Nevada's SIG Logic Model



There was an important overarching event that influenced the SIG project from its second year through completion in year five. In early 2004, CSAP released an RFA for a new five-year Strategic Prevention Framework State Incentive Grant (SPF SIG). This next generation of competitive grants to states served as a map of CSAP's priorities for prevention in the future. SAPTA was attracted to the SPF SIG approach because it focused on a comprehensive data-driven model that emphasized planning and capacity development regarding data use. The State applied for the grant and became part of the first cohort of funded SPF SIG states in October 2004. The SPF SIG is referenced often throughout this report because systemic initiatives that began with the SIG were folded into the systemic initiatives of the SPF SIG where there was additional guidance and support for systemic changes and actions.

This final evaluation report for the Nevada SIG includes six sections:

- Part I provides an overview of the evaluation. It includes a discussion of the evaluation questions and the methods used to answer them.
- Part II of the report gives the reader the "big picture" of the Nevada AODA prevention services system including a description of the organization of State agencies and the services they provide. In addition, it describes the steps taken by SAPTA to implement changes in the State system.
- Part III covers the changes in the capacity of the local prevention system comprised of the ten original Nevada Coalitions, the three new Coalitions created under the SIG project, and the certified prevention providers. The three phases of the SIG, as they were operationalized in those locations, are presented: planning and capacity building; satisfying the deeming checklist and implementing evidence-based programs.
- Part IV provides a summary of the prevention programs financed through the SIG. It details what programs were implemented, who participated in them, and what risk and protective factors they were designed to address.
- Part V reports the participant outcomes for the individual-focused programs described in Part IV. Specifically, it describes the pre to post-test findings for the behavioral and attitudinal survey items required by the funder: alcohol and other drug use rates, rates of disapproval of the use of substances, the perception of harm if using substance and plans for future use of substances.
- Part VI presents a summary of the evaluation findings and the lessons learned through the evaluation process.

PART I: EVALUATION OVERVIEW

I. A. Evaluation design and methods

PIRE designed the Nevada SIG evaluation to address questions concerning four broad project implementation and outcome areas: the implementation process, both state and regional organizational systems, and individual attitudinal and behavioral changes among prevention program participants. These four areas are described below.

The following process questions concerned implementation of planning processes and programs, and the organizational structures involved in that implementation:

- What statewide activities were undertaken to implement the SIG in Nevada?
- To what extent have communities been successful in implementing evidence-based prevention strategies?
- What steps have been taken at the coalition level to sustain the increased coordination and collaboration among local agencies and the emphasis on evidence-based practice fostered by the SIG?

The following questions on the organizational system concerned outcomes in both the Nevada AODA prevention system and local prevention systems pertaining to the project's goal of reinventing the procedures for delivering AODA prevention services:

- Has the Nevada AODA prevention system's infrastructure improved?
- Has there been an increase in collaboration and the coordination of prevention services among agencies and organizations within the state AODA prevention system?
- To what extent have communities been successful in enhancing collaboration across organizations?

The primary outcome question relating to the changes in the behaviors and attitudes of individuals involved in SIG-funded programs was:

Did the programs implemented achieve the desired changes among participants?

The following table (I-1) shows the variety of data collection methods used in the evaluation based on the four types of evaluation questions and the three organizational levels of the project – state, coalition, and program.

Table I-1: *Evaluation data collected by level and type*

	Process Data	Data on Systems Change	Data on Project Outcomes
State Level	Program records (PR)Observations (Ob)	 State Key Stakeholder Interviews (SKSI) State Key Stakeholder Mail Questionnaire (SKSMQ) 	NA
Coalition Level	 Coalition Meeting Records (CMR) Coalition Development Survey (CDS) 	 Local Key Stakeholders Interviews (LKSI) Local Key Stakeholder Mail Questionnaire (LKSMQ) 	NA
Program Level	 Implementation Questionnaire (IQ) Coalitions' Evaluation Plans (EP) 	NA	Intervention surveys (IS) including: GPRA questions Core Measures Others as identified in collaboration with local evaluators

The following sections describe the specific evaluation instruments and the data for each of the three levels of this project.

I. B. Data collection instruments

I. B. 1. State-level evaluation

The Nevada SIG provided resources for SAPTA to fund prevention programming in communities across the state and encouraged collaborative planning for the full prevention system. The four primary state-level data sources used in this report are described below.

<u>Program Records (PR)</u> - Records and archives were used for documenting the work of the Governor's Advisory Committee (e.g. SAC meeting minutes) and tracking any changes in state or Coalition infrastructure capacity.

<u>Observations (Ob)</u> - Structured observations by PIRE staff provided important qualitative data on State -level organizational and structural change as well as providing information on the implementation of the SIG project within SAPTA.

<u>State Key Stakeholder Interviews (SKSI)</u> - The Evaluation Team conducted interviews with key informants with experience in and knowledge of the statewide AODA prevention system. The SAPTA staff nominated state officials and members of independent prevention organizations to be interviewed, including members of the SIG Advisory Committee. Efforts were made to include staff members from state agencies most relevant to prevention, as well as members of state organizations most familiar with the prevention activities across the state.

The interview allowed respondents to: a) describe current AODA prevention programming from the perspective of their agency or organization, and b) indicate their perspective on how the statewide AODA prevention system was functioning. It covered key variables such as:

- characteristics of the state prevention delivery system;
- increases in coordination and collaboration among state agencies and organizations;
- changes in the AODA prevention system in Nevada; and
- changes in state-level expenditure patterns.

State Key Stakeholder Mail Questionnaire (SKSMQ) - The Mail Questionnaire was an adjunct to the Key Stakeholder Interviews but included fewer opinion questions and more questions of fact. It asked about the key stakeholders' perceptions regarding local AODA prevention funding and coordination, Nevada's AODA systems development; and expectations, support for, and commitment to the SIG project. The questionnaire included a section on levels of inter-agency collaboration that was recommended by CSAP. It measured the extent to which the agencies represented on the SIG advisory committee coordinated and collaborated with other state agencies and organizations involved in the delivery of substance abuse prevention services in Nevada. The instrument was designed for the stakeholder to complete and then mail to the PIRE evaluator.

I. B. 2. Coalition-level evaluation

As the sub-recipients of Nevada SIG funding, ten Coalitions funded certified, local program providers to deliver services. The role of the Coalitions was to plan, select appropriate providers, and monitor providers' program implementation. The four primary coalition-level data sources used in this report are described below.

<u>Coalition Meeting Records (CMR)</u> - The Coalition Meeting Record form was designed to capture data about key meetings relevant to the SIG. It documented the affiliation of each attendee, their community sector, and key decisions by type. The CMR listed seven decision codes organized under the broad categories of budget issues, Board issues, priorities, and staff. The Coalition Meeting Record also collected qualitative descriptions of the key decisions made at each meeting.

Coalition Development Survey (CDS) - The annual Coalition Development Survey was designed to capture data on key infrastructure and capacity building domains of interest to CSAP, SAPTA, and the Nevada Coalitions from the perspective of the Coalition staff member most familiar with the SIG. It was one method in PIRE's mixed-methods evaluation strategy to track data on the following domains over time: (a) Coalition development, (b) Coalition membership, (c) Coalition prevention program selection and oversight through sub-grants to certified providers, and (d) the interaction between Coalitions and the Nevada SIG statewide prevention framework. These data also provided a perspective on the issues and priorities each Coalition faced as it strived to meet the goals and objectives of the SIG, and data for the analysis of systems changes among the local Coalitions. Coalition Development Surveys were administered and submitted to PIRE electronically.

<u>Local Key Stakeholders Interviews (LKSI)</u> - This instrument was designed to measure variables related to the Coalition-level prevention delivery system such as commitment, coordination, collaboration, funding streams, gaps in service, barriers to service provision, and components of the AODA prevention system at the community level. Specifically, it collected information about the following aspects of the respondent's place of work: budget, prevention staff information, obstacles to delivering prevention services, strategies used to ensure access to services, agency programming, and environmental policy initiatives.

Key stakeholders were defined as individuals with unique knowledge of AODA prevention and those making the decisions affecting AODA prevention locally. The Coalition Directors, SIG Coordinators, and local evaluators determined the list of persons to be interviewed. The protocol required respondents from each of the following community sectors:

- public and tribal health;
- Tribal and county human services department;
- schools; and
- family and youth social services agencies.

Those providing nominations were also encouraged to include respondents from the:

- juvenile justice system;
- parent or neighborhood associations and organizations;
- faith-based organizations; and
- community organizations.

The local external evaluators administered a face-to-face or telephone interview following PIRE's protocol in the 2004 baseline administration of the survey. The local evaluators assigned an ID code to each interview and forwarded completed instruments to PIRE for analysis. The Local Key Stakeholders Interview and the Local Key Stakeholder Mail Questionnaire were combined into one instrument for the post administration in early 2007. The new interview protocol was administered by those local evaluators still under contract with the Coalitions or by PIRE staff.

<u>Local Key Stakeholder Mail Questionnaire (LKSMQ)</u> - The mail questionnaire was an adjunct to the Key Stakeholder Interviews and was sent to the same persons interviewed. It asked about the key stakeholders' perceptions of:

- local AODA prevention funding;
- how closely the coalition membership represented the community;
- the level of collaboration and coordination among area prevention agencies;
- development of the organizational capacity of the local coalition;
- expectations of and commitment to the SIG project;
- coalition accomplishments and goals;
- local system-level delivery obstacles; and
- data sources used to assess community needs.

I. B. 3. Program-level evaluation

Certified, local program providers implemented prevention interventions in communities across the state. The three primary program-level data sources used in this report are described below.

Implementation Questionnaire (IQ) - The implementation questionnaire was developed to assist Coalitions with selection of programs, program fidelity and adaptations, and to establish expectations for program implementation. It also established a baseline for evaluation and was used by PIRE to track the evaluation plans for each Coalition. It was completed by the Coalition Director, SIG Coordinator or local evaluator, working collaboratively with the program providers. The PIRE evaluation team reviewed the Questionnaires.

<u>Evaluation Plans (EP)</u> - The Evaluation Plans outlined the outcome and process evaluation plans at the program level for each planned implementation. They contained information on where, when and how programs were implemented. They were due to PIRE within 30 days of approval of a Coalition's implementation plans by SAPTA, and they were updated if new program implementations were planned after those initial plans were completed.

<u>Intervention Surveys (IS)</u> - All State Incentive Grant recipients were directed by CSAP to collect pretest and post-test data from all participants specific to the objectives of the evidence-based program implemented. Youth whose parent/guardian had provided active consent and adults participating in programs completed self-administered surveys.

PIRE was responsible for developing all of the survey instruments. PIRE first developed two "basic" surveys, one for youth and one for adults, for use with program implementations in early fall of 2004 (October-November). The basic survey also was used with unproven programs unless a "customized" survey was a better fit for measuring program objectives. PIRE then developed ten "customized" surveys, eight for youth and two for adults, specifically tailored to the programs that Coalitions funded through their providers. Individual outcome instruments were a combination of: a) federal Government Performance and Results Act (GPRA) outcome measures; b) CSAP-recommended Core Measures appropriate to a given program; and c) Coalition's requests for questions related to constructs targeted by their chosen program's objectives. To help ensure that the outcome surveys would be useful to the Coalitions and their communities, decisions on the actual items were made by PIRE in consultation with the external evaluators and Coalition Directors or SIG Coordinators. PIRE made the final decisions on the survey questions balancing the Coalitions' desires, respondent burden and resources available.

The final 12 participant surveys tailored for the range of prevention programs implemented in the Nevada SIG are listed in Table I-2. All of the instruments included the required GPRA measures and all were available in English and Spanish. The customized surveys were shipped to all Coalitions for use with program implementations starting in December 2004. In some cases, a customized survey was a better fit for measuring outcomes of an unproven program than the basic survey. PIRE and the Coalitions discussed these cases, and agreed on the most appropriate survey.

Table I-2: Surveys created by PIRE for the Nevada SIG

Core surveys	Youth	Adult
Basic surveys	✓	✓
Custom adult survey		✓
Surveys including constructs pertinent to the following evidence-based programs	Youth	Adult
All Stars	✓	
Creating Lasting Family Connections	✓	✓
Leadership and Resiliency	✓	
LifeSkills	✓	
Positive Action	✓	
Project Toward No Drug Abuse	✓	
Project Venture	✓	
Too Good for Drugs	✓	

A few Coalitions planned to implement environmental interventions that focused on community-level changes rather than individual program participant changes. The local evaluator for each of these projects was charged with establishing an appropriate evaluation design to assess these activities and with developing an evaluation report on their findings.

I. B. 4. Summary of data collection activities

Table I-3 below lists the details of the instruments used, who responded to them, how often and who collected the data.

Table I-3: *Data collection details*

STATE-LEVEL MEASURES					
Instrument	Used to measure	Respondents	Frequency	Collector	
State-Level Key Stakeholder Interviews (SKSI) State-Level Key Stakeholder Mail Questionnaire	System changes and collaboration among agencies and organizations in the NV prevention system Key stakeholder perceptions about funding and system	Individuals with unique knowledge of the state system, nominated by SAPTA and key agency staff Same persons as included in key stakeholder	Three rounds of interviews and questionnaires completed: 6/03 - 1/04; 3/06 - 5/06;	PIRE's On-site evaluator PIRE's On-site	
(SKSMQ)	collaboration	interviews	2/07 - 4/07.	evaluator	
Program records (PR)	SIG mobilization and fidelity to the model	SAPTA staff and SAC members	Ongoing	SAPTA staff	
Observations (Ob)	Description of SIG implementation.	NA	Ongoing	PIRE on-site staff	

COALITION-LEVEL MEASURES					
Instrument	Used to measure	Respondents	Frequency	Collector	
Local Key Stakeholder Interviews (LKSI)	Systems change and components of the local prevention system	Key stakeholders within Coalitions' service areas. Nominated by Coalition Directors and SIG Coordinators	Beginning of project and at the end	Local evaluators for all baseline and some post; PIRE staff for some post	
Local Key Stakeholders Mail Questionnaires (LKSMQ)	Key stakeholders' perceptions of prevention funding and collaboration; coalition changes and commitment to the SIG process	Same persons as included in key stakeholder interviews	Beginning of project and at the end	Local evaluators for all baseline and some post; PIRE for some post	
Coalition Meeting Records (CMR)	Implementation of the SIG process	Coalition Directors, SIG Coordinators or local evaluators	Quarterly	PIRE	
Coalition Development Survey (CDS)	Development of local Coalitions and local AODA prevention system	Coalition Directors	Annually	PIRE	

PROGRAM-LEVEL MEASURES

Instrument	Used to measure	Respondents	Frequency	Collector
Implementation Questionnaire (IQ) Program implementation and fidelity Coalition Directors, SIC Coordinators, local evaluators and/or program providers		evaluators and/or	2 months before beginning any new program	PIRE
Evaluation Plans (EP) Where, when and how programs were implemented Coalitions in the coalition and the coalitions in the coalition and the coalitions in the coalition and		One month after SAPTA implementa- tion plan approval	PIRE	
Intervention surveys (IS) • Participant demographics • Behavioral and attitudinal changes		Youth and adult participants in SIG-funded programs	Pretest and post-test administered for every program implementation	Program providers and local evaluators

I. C. Methods of data analysis

I. C. 1. Analysis of interview and descriptive data

Qualitative data (e.g. records and archives, interviews, observations, the Implementation Questionnaire) allowed us to describe the SIG project at the State-level and Coalition-level. They were used to: 1) describe the steps and activities taken to plan and implement the project, 2) track the state's progress in implementing the project as planned, 3) provide feedback to the SAPTA staff regarding implementation, 4) interpret the outcome data and explain unforeseen outcomes, and 5) track system changes within the State and Coalitions. The various data sources were analyzed to identify common themes. Quantitative data from interviews, records and implementation questionnaires were tallied and analyzed for changes over time using t-tests.

I. C. 2. Analysis of program participant survey results

The methods used to analyze the program participant surveys are described at the beginning of Part V of this report.

I. D. Evaluation process

I. D. 1. PIRE's role in the evaluation

CSAP required an outside, independent evaluator to provide oversight and coordinate the many levels of evaluation necessary to meet SIG requirements and contribute data to the national database. PIRE's role included the following:

- evaluation design;
- instrumentation development and adaptation;
- development of protocols for human subjects protection for both PIRE's and the State of Nevada's IRB;
- participation in the SAPTA management team;
- participation in the RFA process for funding sub-recipients;
- State-level data collection;
- coordination of local data collection, including training and technical assistance;
- interact as needed with the national, cross-site evaluation of the SIG,
- data entry, management and analysis; and
- reports, including formative reports.

The two most resource-intensive components of PIRE's evaluation were collecting the data to satisfy the federally mandated Government Performance and Results Act (GPRA) and CSAP's Core Measures, and the provision of training and technical assistance at the Coalition and program levels.

I. D. 2. Locally hired Coalition evaluators

An initial aspect of PIRE's and SAPTA's approach to building the evaluation capacity of the Coalitions was the inclusion of a local Nevada evaluator selected by each Coalition. Contracts between Coalitions and the local evaluators were meant to build relationships that could be sustained after the SIG. Coalitions entered into formal contracts with these local evaluators, paid for with SIG dollars. Contracts were capped at 10% of the total SIG dollars received by the Coalitions.

The original design called for the local evaluators to oversee the local evaluation, ensure the objectivity of data collection and adherence to IRB protocols. The local evaluators were to:

- be involved with the Coalitions from the very beginning to communicate and help interpret evaluation issues for the Coalitions as necessary;
- cooperate with the State's evaluation team;
- fulfill data collection requirements;
- be familiar with local environments, demographics, needs, and idiosyncrasies;
- have the knowledge, skills and capacity regarding sound evaluation methodology and practices (e.g. writing goals and objectives that address prioritized risk factors; outcomebased evaluation);
- have a basic understanding of the need for protecting human subjects and following standardized IRB-approved data collection protocols; and
- have the ability and capacity to train Coalition personnel and program providers in the evaluation protocols.

PIRE provided the evaluation training necessary for the local evaluators to meet the specific CSAP requirements.

With several notable exceptions, many of the assumptions made about the role of the local evaluators did not turn out to be sound, nor were the expectations fully realized. To address this issue, SAPTA announced that contracting with local evaluators for Program Implementation Year 2 was optional for the Coalitions. This flexibility allowed each Coalition to retain a relationship that had worked well to fulfill SIG evaluation requirements, or to redefine the way in which they choose to carry out SIG evaluation tasks in the future. Six Coalitions retained their evaluators and four completed the Nevada SIG project without a local evaluator.

I. D. 3. The role of the Coalition staff and program providers in the evaluation

Due to the parameters of how the total SIG resources were allocated, the evaluation design relied on the Coalitions, local evaluators and program implementers to collect much of the data, including the consent process, administration and monitoring the pre- and post-tests. If they did not perform these tasks themselves, the local evaluators trained and guided the other responsible parties.

I. E. Limitations of the evaluation

The scale of the evaluation design presented many challenges that were often difficult to meet by the parties involved with the project. A number of these challenges are listed below.

- Multiple consumers for the evaluation results: PIRE's primary client in this evaluation was the Nevada SAPTA, but CSAP and the local Coalitions also used the data. Their requirements, in CSAP's case, and idiosyncratic goals, in the case of the Coalitions, were important factors in determining the direction of the evaluation.
- Multiple levels of evaluation questions: The evaluation covered State and community planning, program activities and change at the State level, the sub-recipient or coalition level, and at the program level.

- *Multi-year project*: The project, funded by a cooperative agreement with CSAP, was initially funded for three years (10/02 9/05) with two one-year extensions that ran until the end of September 2007. Staff turnover within all of the participating organizations was an issue over the five years of the project. This turnover may have compromised project implementation, and interrupted the collection and flow of data.
- Multi-method approach: Process data as well as two types of outcome data (organizational change and individual behavior change) were collected using a wide range of qualitative and quantitative methods, from observations and interviews to statistical analyses of individual surveys. The range of methods and data sources made it difficult to capture all of the information that would have been ideal. The lack of responses to interview and survey requests may have lead to an incomplete view of the state and local prevention systems.
- Multiple types of data were tracked using several instruments: Some of the data collection instruments were required by the CSAP, many were developed by the PIRE, and others were negotiated among the PIRE Evaluation Team, local evaluators and the Coalitions Directors. This plethora of instruments, and the resulting complexity, made it difficult for everyone to keep track of their responsibilities for data collection.
- Buy-in to all evaluation activities: There was significant variance in buy-in to the evaluation activities that seemed to be caused by a fundamental tension between the project's federal requirements and the individual goals and objectives of each Coalition. Because of this, participation in the evaluation activities was not consistent across time and locations.

PART II: NEVADA'S AODA PREVENTION SYSTEM

II. A. Introduction

A requirement of the SIG process was the creation of a State Advisory Committee to inform the completion of a statewide comprehensive prevention plan. The intention was to form a body to champion the changes necessary to improve the state's AODA prevention system. This section of the report first describes the SAC and its activities, and then describes changes within the prevention system.

II. B. Nevada's State Advisory Committee

II. B. 1. The SAC's role and charge

In March 2003, the Governor's Office appointed 21 state and community leaders to sit on the Governor's State Incentive Grant Advisory Committee (SAC). Specifically, the SAC was charged with achieving the following:

- Create a comprehensive statewide prevention strategy;
- Maximize all available alcohol, tobacco and other drug (AODA) prevention resources;
- Remove state barriers to enhancing the delivery of effective local prevention services;
- Develop shared responsibility among state and local governmental units;
- Increase the number who receive prevention services; and,
- Promote the prevention of alcohol and other drug abuse.

The role and charge did not change across time, however the focus on statewide prevention changed to incorporate the goals of the SPF SIG when it began in the winter of 2004-05. Because the SIG was up and functioning at that point and the SPF project was just beginning, the primary focus of the committee became the requirements of the SPF SIG. As stated at the SAC orientation to the SPF SIG: "The purpose of the Committee is to provide ongoing advice and guidance to the SIG **AND** SPF SIG projects and it is encouraged to create workgroups to monitor progress and accomplish each of the required steps of the SPF SIG."

II. B. 2. Membership of the SAC

SAC by-laws call for a minimum membership of 12 appointees with a quorum being a simple majority. As of May 2007, the official SAC member list consisted of 21 members. Table II-1 lists all members of the SAC since its inception in 2003 to 2006. Agency membership and the individuals representing these agencies have been stable suggesting continuity of SIG knowledge.

Table II-1: SAC member organizations and attendance by year

Table 11-1. SAC member organizations and differentiance by year					
	2003	2004	2005	2006	
Total number of members	21	21	21	21	
Number of meetings per year	4	6	3	2	
Average attendance of members	86%	67%	57%	33%	
Member Attendance					
SAPTA	100%	100%	!00%	100%	
Health Division Administrator	100%	100%	33%	50%	
Bureau of Community Health	100%	83%	100%	100%	
Communities Initiative	100%	33%	0%	50%	
Western CAPT	100%	67%	33%	100%	
Nevada Hispanic Services	100%	50%	100%	50%	
Office of Criminal Justice Assistance	75%	100%	100%	100%	
Boys and Girls Club of Western Nevada	75%	33%	0%	0%	
Nevada Association of Counties	75%	0%	0%	0%	
Ctr for Substance Abuse Prevention (federal funder)	50%	33%	33%	0%	
Andre Agassi Foundation	50%	17%	33%	0%	
Inter-Tribal Council of Nevada	25%	17%	100%	50%	
University Family Fellowship	25%	0%	33%	50%	
United Way of Southern Nevada	50%	33%	66%	0%	
State Board of Health	50%	0%	0%	0%	
Office of Juvenile Justice Programs	100%	50%			
Governor's Youth Advisory Committee	25%	17%	66%	0%	
Easter Seals of Southern Nevada	100%	67%			
Assemblywoman, Assembly District 27	50%	0%	0%	0%	
Div of Mental Health and Developmental Services			0%	100%	
Drug Enforcement Agency			33%	0%	

The statistics in Table II-1 indicate that the SAC's activity level declined across the four project years. The number of meetings held declined from a high of six in 2004 to a low of two in 2006, and the average member attendance rate also declined from a high of 86% attendance in the first year to a low of one-third of the members attending in the last year of the project. To quote a stakeholder, the decline may have been because "the SIG advisory board just feel they are a rubber-stamp and have no power. They need to be empowered." (SKSI and PR)²

II. B. 3. SAC meetings

The meetings of the SIG Advisory Committee tended to be formal. Notification of meetings was consistently posted in accordance with Nevada's open meetings law (NRS Chapter 241) since its members were appointed by the Governor. Items could not be voted on if they had not been posted publicly for at least a month. The meetings, therefore, were scheduled far in advance and significant staff time was necessary to arrange for them.

To accommodate travel constraints of its members, the SAC hosted meetings in the southern (Las Vegas) and northern (Carson City/Reno) regions of the state. When possible the meetings were available in other locations via live video-conference.

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² The acronyms after paragraphs or sections refer the reader to the data source used to formulate its content. They refer to the data collection methods described in Part I of this report.

Meetings were facilitated by the Chair of the committee, the Administrator of the State division within which SAPTA was housed. The meetings were approximately 3.5 to 4 hours in length with a 10 minute break usually called at the Chairperson's discretion. The meetings were run by the chairperson and governed by Roberts' Rules of Order.

Since 2003, the major SAC activities included:

- Organizing the SAC and developing formal by-laws,
- Being oriented to the project,
- Clarifying the role of the SAC in the SIG project in Nevada,
- Providing input into the development of the Nevada Statewide Substance Abuse Prevention Strategic Plan,
- Discussing the transition of the group to its new role as the SAC for the new SPF SIG,
- Contributions to the SPF SIG project and progress through the first three state-level steps of that project, and
- Revision of the SAC by-laws.

II. B. 4. Nevada's Substance Abuse Prevention Strategic Plan

The Nevada Statewide Substance Abuse Prevention Strategic Plan was a collaborative effort between SAPTA, the SAC, and a SAC subcommittee that was charged with developing the SIG strategic plan. The subcommittee was made up of volunteer SAC members and a consultant. The subcommittee reviewed the drafts generated by SAPTA and made suggestions for changes, and the consultant assisted in guiding the language and direction of the plan. Information for the plan was obtained from a variety of the state agencies that receive federal and state funding for substance abuse prevention activities, the SAPTA staff, and input from various prevention coalitions in Nevada. The subcommittee existed for one year and disbanded when a draft of the plan was completed. The final plan was reviewed and approved by the entire SAC in April 2005.

The goal of the plan was to promote the coordination of efforts and resources among state agencies addressing substance abuse prevention. That increased coordination would, in turn, improve the efficiency and access to quality services. The plan discussed the following topics in a general fashion, thus allowing the plan to be adaptable, timely and flowing as SAPTA implemented the project. Sections of the plan included:

- Prioritizing of risk and protective factors,
- The use of evidence-based programs,
- Coalition planning and distribution of implementation dollars to the Coalitions,
- Goals, objectives, strategies and activities,
- Implementation of activities designed to meet the goals and objectives of the SIG,
- Evaluation, and
- Sustainability.

Most of the plan described the process and goals for the SIG project. As indicated in the following quote from the document, it envisioned the SAC as a vehicle for ensuring systemic support for prevention in the future.

"The continued focus of the SIG Advisory Committee will be to create and then implement a process by which these [SIG] goals can be accomplished by the end of 2005. The purpose is to support an environment of cooperation and collaboration which will make the acquisition of grant funding less onerous to community based organizations and provide for a level of consistency in data gathering that has not been available before. Subsequently, with all the funding sources working together, Nevada will have a much clearer picture of the ATOD problem in the state, how the programs are addressing the problem, and where additional resources are needed." (p.19)

II. C. Nevada's AODA system components

Many of the findings in this section were drawn from the State Key Stakeholder Interviews and Mail Questionnaires. When appropriate, findings were based on all administrations of these instruments. However, in some cases, findings were primarily drawn from a comparison of baseline data (2003/4) with a sample size of 14 to data collected in 2006 with a sample size of 17 because participation by stakeholders declined dramatically in 2007 — there were six respondents in 2007 and many questions only had two or three responses.

II. C. 1. Organization of Nevada's state prevention services

Federal AODA prevention funds support the State's infrastructure for prevention in Nevada's schools and communities. The State of Nevada focuses its prevention services on youths and, to a lesser extent, high risk youth by financing tobacco control, school-based programs, community-based prevention efforts, violence prevention and the prevention of underage drinking. In some cases, the State agencies fund local AODA prevention providers directly and in other cases the State agencies fund local Coalitions, school districts, law enforcement agencies or community-based organizations, which then contract with local providers (PR, SKSMQ, SKSI, Ob).

At the beginning of the project, SAPTA was housed in the Health Division of the Department of Human Resources and was named the Bureau of Alcohol and Drug Abuse. At the end of 2006, SAPTA was moved organizationally to the Division of Mental Health and Developmental Services of the Department of Health and Human Services. These organizational changes were not influenced in any way by the Nevada SIG Project.

In 2006, over 90% of key stakeholders who answered a question on efforts to improve the capacity of the statewide prevention system believed that significant efforts had been made in the past year. The following quotes are representative of interview responses. One respondent cited SAPTA's "well developed... structured (community-based) coalitions that are able to make funding decisions at the local level and the statewide system" which created it as assets. Other stakeholder comments included: "[T]he coordination and monitoring of the system is excellent;" "[Strengths of the system are] SAPTA's focus on prevention and the knowledge of prevention, and the relationships with the coalitions;" and the "Coalitions' leaders are knowledgeable and speak with a fairly unified voice." (SKSI)

II. C. 2. Substance abuse prevention resources in Nevada

As displayed in Table II-2, substance abuse prevention resources in Nevada stayed relatively constant during the SIG project through 2006 (taking into consideration that data are not available for some sources for some years). The majority of the funds available for substance abuse prevention in Nevada come from the federal government and the tobacco settlement funds; less than one percent of the funds during the SIG Project came from Nevada tax money.

Table II-2: Substance abuse prevention resources and administering agencies

Nevada Admin'g Agency	Prevention Activity Funded	AODA Prevention Funding Sources	2003	2004	2005	2006
Department of Human Resources	Local programs: treatment and prevention	Fund for a Healthy Nevada (Nevada tobacco settlement funds)* **	\$4,135,695	\$4,257,191	\$3,187,623	\$4,377,701
SAPTA	20% Govr's set aside for primary prevention	Safe & Drug Free Schools & Communities Block Grant, US Dept of Educ*	\$480,000	\$502,410	\$427,006	\$336,307
SAPTA	State Incentive Grant (SIG)	Ctr for Substance Abuse Prevention, SAMHSA*	\$3,000,000	\$3,000,000	NA	NA
SAPTA	Strategic Prevention Framework – SIG (SPF SIG)	Center for Substance Abuse Prevention/ SAMHSA*	NA	NA	\$2,350,965	\$2,350,965
SAPTA	Community- based prevention programs & state infrastructure.	Substance Abuse Prevention and Treatment Block Grant, CSAP/SAMHSA*	\$2,5,73,503	\$2,604,533	\$2,599,276	\$2,572,736
SAPTA	Local coalition support	State General Fund	\$42,000	\$42,000	\$42,000	\$42,000
Dept. of Education	Title IV AODA prevention activities in schools	Safe and Drug Free Schools and Communities Block Grant, US Dept of Education *	\$1,520,000	***	\$1,868,965	***
Juvenile Justice Programs Office	Enforcing Underage Drinking Laws	Office of Juvenile Justice and Delinquency Prevention, US Department of Justice *	\$1,560,000	***	\$360,000	***
Bureau of Community Health	Tobacco control programs	US Centers for Disease Control and Prevention *	\$750,000	\$753,473	\$748,437	\$703,531
Dept of Traffic Safety	Law enforcement prevention and treatment	US Department of Transportation - Federal Highway Trust Fund * * *	\$245,583	\$245,583	\$300,000	\$1,896,193
Office of Criminal Justice Asst	Education and prevention youth programs	Byrne Fund Grant – US Department of Justice * **	***	***	\$88,000	***
	TOTAL FO	OR AVAILABLE SOURCES	\$14,306,781	\$11,405,190	\$11,917,855	\$12,279,433

Sources: Nevada Agencies

^{*} Denotes federal funding

^{**} Denotes funding which may also include treatment.

^{***} Data not available.

At baseline (2003/4), the state key stakeholders interviewed for the SIG evaluation believed that AODA prevention programs and practices were a high priority for their own agencies and for the state as a whole, and this belief did not change over the course of the project (SKSMQ). In addition, they felt their own agency and the State placed a high priority on sustainability during the 2006 interviews (SKSMQ).

Not surprisingly, they also continued to believe over time that neither state nor federal funding for AODA prevention awarded to Nevada was keeping pace with the identified needs. Nor did those interviewed think that adequate staff time had been allocated to effectively operate the statewide prevention system. The finding repeated most often was that adequate resources were not being allocated to create and support a statewide prevention data system (SKSMQ).

Although occurring after the period covered by this report, Nevada made a major advancement for AODA prevention toward the end of the SIG project. In May 2007 the Nevada State Legislature approved more than \$13 million in new state support for AODA prevention for the state biennium starting in July, 2007. Part of the argument presented to the legislature was that state funds were necessary to sustain the strides made in Nevada by the SIG project. The legislation includes two and a half new staff positions for prevention support within SAPTA. This new state funding is due, at least in part, to the success of the Nevada SIG Project.

II. C. 3. Use of evidence-based programs and policies

In all administrations of the key stakeholder interviews, the respondents said that the programs they funded and administered were primarily "evidence-based." However, a few agencies only encouraged the use of evidence-based programs. By 2006, the agencies used a national list including recommended programs from SAMHSA, the Office of Juvenile Justice and Delinquency Prevention, the Department of Education, and the Centers for Disease Control and Prevention. In 2006, respondents strongly agreed with statements that the SAPT block grant and the SIG required evidence-based programs (average responses of 1.1 and 1.0 respectively on a scale from 1 to 4 with 1 indicating a "strong agreement with the statement").

As the project progressed, the definition of "evidence-based" program also became more rigorous and uniform (SKSI). Key informants believed that the statewide prevention system shared a common, consistent set of criteria that defined "evidence-based" prevention across State agencies. They reported that state-level resource allocation and other decisions supported "evidence-based" programs and practices, and that the majority of prevention programs funded or administered by the State of Nevada were evidence-based (SKSMQ).

II. C. 4. Training and technical assistance

From the very beginning of the project, stakeholders believed that SAPTA "does pretty well at providing training along with the Western CAPT" (SKSI 2003/4). The SIG project built on that strength by supporting the local Coalitions with a number of formal trainings and technical assistance through the Nevada Prevention Resource Center, PIRE and the Western Center for the Advancement of Prevention. Of particular note by 2006 were five Learning Circles offered by PIRE in 2004 and 2005 that provided a chance for SIG-funded Coalitions to interact with one another, as well as a forum for prevention program evaluation training (SKSMQ).

The state key stakeholders consistently identified training and technical assistance as a strength of the Nevada substance abuse prevention system (SKSI). In addition, they felt that State and national prevention technical assistance resources were used effectively throughout the system to support implementation of evidence-based programs and practices. Technical assistance was available to community prevention providers in planning and implementing programs and services (SKSMQ).

As the project progressed, comments about SIG project staffing within SAPTA went from criticisms about understaffing and staff turnover to "consistent staffing at the state level" being a strength (SKSI and SKSMQ).

II. C. 5. Cultural competence within the AODA prevention system

More of the key stakeholders' agencies had a written plan and policies for addressing cultural competence in 2006 and 2007 than they did in 2004. On a question about whether or not their agency had a formal policy to address improving cultural competence, the average response improved from 2.3 in 2003/4 to 1.5 in 2007 (on a scale of 1 to 4 with 1 being they have a policy in place). However, the percentage of agencies that provided funding to providers to implement a cultural competency plan and policies, and to adapt programs to ensure cultural competence, appeared to remain at approximately 25% during the project (SKSMQ).

II. C. 6. Evaluation and monitoring

Virtually all of the key informants stated that their agencies required an evaluation component for prevention projects that they fund, and they believed that the statewide prevention system improved its use of outcome data in a continuous improvement process to inform planning and decision-making throughout the project (SKSI-2003/4 and 2006). However, as was the case in 2003/4, the perception continued in 2006 and 2007 that the State did not have an adequate data base for evaluation or planning purposes. Those interviewed also expressed a desire for better AODA prevention data within their own agencies (SKSI and SKSMQ).

A change in the Nevada AODA system during the project was the abandonment of the Prevention Data Management System (PDMS). The PDMS was developed for SAPTA by the University of Nevada – Reno and the Nevada Department of Education for use with the Substance Abuse Prevention and Treatment (SAPT) block grants, the Safe and Drug-Free Schools and Communities (SDFSC) block grants and SIG funded-programs. The PDMS was a web-based, process evaluation and monitoring instrument which aimed to record all of the prevention programs to which an individual was exposed and their level of exposure. The project became too expensive and burdensome for program providers. Also, major revisions would have been necessary for the system to collect the required GPRA measures (Ob, PR and SKSI).

II. C. 7. State wide AODA prevention planning

<u>Conceptual clarity and consistency.</u> According to many AODA prevention experts, all of the system's agencies and organizations should share an underlying theory about the reasons for substance abuse in order to have an efficient and effective AODA prevention system. Respondents believed that consensus was stronger among state agencies on defining substance

abuse prevention as a guide to funding prevention in 2006 than in 2003/4. The State Key Stakeholder Mail Questionnaire asked if the respondent agreed that prevention agencies in Nevada had "reached a consensus on a definition of prevention to guide their funding efforts." The average scores improved from 2.6 in 2003/4 to 1.8 in 2006 (on a scale from 1 to 4 with 1 being "strongly agree" and 4 being "strongly disagree"). (SKSMQ)

Availability of sound data for planning. Over the course of the Nevada SIG project, there was an increase in the use of recent and accurate data to guide state-level planning and funding of prevention programs and services. This was the case even though the key stakeholders believed that the data collection and evaluation system for the State AODA prevention system needed to be upgraded. One interviewee cited the "movement toward data-driven decision-making" as a positive characteristic of the Nevada AODA prevention system. However, the access to planning data for constituencies served by State agencies remained an area of concern for those interviewed in 2006 and 2007 (SKSI and SKSMQ).

Implementing a planning process. There was improvement over the course of the project in implementing a state-level process to identify gaps and duplication in prevention services and programs in the state according to the key stakeholders. Most of those interviewed agreed that their agency participated in a state-level process to identify gaps and duplication in prevention services and programs in the state (SKSMQ). However, one key stakeholder noted the State system needs to improve the "state and communities' abilities to collect and analyze data dictated by logic models and plans."

II. D. Cooperation and collaboration among Nevada's prevention agencies

One of the seminal evaluation questions for this project was: "Has there been an increase in collaboration and the coordination of prevention services among agencies and organizations within the state AODA prevention system?" The answer was mixed. On the plus side, the state-level key stakeholder data indicated some improvement in agencies working together to develop a common framework for addressing substance abuse prevention across the state (SKSMQ). Other key informants mentioned that "coordination and cooperation with other agencies and disciplines" were strengths of the improving system (SKSI). As one respondent said in 2003/4, "I see the prevention components working together better today than in the past...but they still have a long way to go." (SKSI)

However, within that same interview, key stakeholders were asked to indicate the nature of the relationships they had with other key state agencies. As defined at the bottom of Table II-3 below, the networking relationship is the most informal relationship while the collaborative relationship is the most highly developed in terms of inter-agency efforts to provide AODA prevention services. The data in Table II-3 below indicate that the system tended to have lower levels of interaction among State agencies in 2006 and 2007 than in 2003/4. The change was particularly large for interactions with the Departments of Transportation and Education. It is important to note that this finding may be due to an increased awareness of what it meant to work collaboratively with other agencies thereby "raising the bar" for what it meant to coordinate or collaborate. In addition, because the samples included different respondents across the years, findings may be attributed to different opinions rather than any objective changes

across time (the number of persons responding to these questions fell in each round of interviews).

Table II-3: Respondent agencies' relationship to other state agencies – 2003/4, 2006 & 2007*

atic 11-3. Respondent agencies Tetationship to		003/4	2006		2007	
2006 numbering	N	Mean	N	Mean	N	Mean
a. Division of Health – Administration (DHR)	10	3.9	7	2.6	5	3.0
b. Bureau of Community Health (DHR)	10	3.6	6	2.5	4	2.8
c. Bureau of Alcohol and Drug Abuse (DHR)	10	3.2	9	2.4	5	3.2
d. Office of Juvenile Justice (DHR)	9	2.1	8	2.9	5	2.0
e. Department of Education	10	3.4	8	2.0	5	1.8
f. University of Nevada (Reno and LV)	10	3.3	7	1.9	3	3.3
g. Department of Transportation	9	3.3	4	1.5	2.0	1.0
h. Department of Public Safety	10	3.7	6	1.8	5	2.8
i. NPRC at CASAT	9	3.8	6	2.0	3	3.7
Means of means – matched agency responses		3.4		2.2		2.6
j. Nevada Hispanic Services			8	1.5	2	1.5
k. U.S. Drug Enforcement Agency			4	1.3	3	1.0
1. Nevada Association of Counties			4	1.5	3	3.0
m. Child and Family Services – Admin (DHR)	9	3.3				
n. Attorney General's Office	10	3.5				
o. Department of Corrections	10	2.4				
p. Nevada Tobacco Settlement Fund	10	2.8				
Means of means - all agencies responding		3.3		1.6	_	2.0

^{*} Respondents were asked to use the following definitions:

^{1 =} Networking: Exchanging information for mutual benefit. Often informal, often depends largely on person-to-person linkages vs. specified organizational linkages. It demonstrates that an initial level of trust and communication has been established. General examples of networking are awareness of one another's programs and services; communication among staff in the various programs.

² = **Cooperation:** Exchanging information **and** sharing resources (human, financial, technological, and physical) for mutual benefit, and to achieve a common goal. This requires more organizational involvement than networking. Cooperation requires dealing with relationships and turf issues, demands frequent communication, development of a sound level of trust, and shared desires and abilities involving problem solving.

- **3 = Coordination:** Exchanging information, sharing resources, **and** altering activities or approaches for mutual benefit and to achieve common goals. If duplication or gaps in prevention services in the state are discovered, altering activities may mean elimination of a service or creating a different approach to delivering services. This type of interagency relationship requires the elimination of turf issues and a high degree of trust and communication. General examples might include joint planning and joint training.
- **4 = Collaboration:** Exchanging information, sharing resources, altering activities or approaches, and enhancing the capacity of a partnering agency for mutual benefit and to achieve a common goal. This level of interagency relationship involves risk-taking and true sharing of responsibilities, resources and rewards. Partners have evolved to truly wanting all partnering agencies to become better at serving the people of the state in the area of substance abuse prevention. Involves a high level of maturity; agency self-interest and self-enhancement have become non-issues. General examples are joint programs, a joint advisory committee for substance abuse prevention or joint trainings which deal with integrated programming.

In summary, we point to a question asked of key stakeholders in 2006. When asked about their overall impressions of the capacity of the statewide AODA prevention system, 92% of those responding felt that there had been progress (SKSI). The preponderance of data across all sources supports this conclusion, with one exception. As with most large, complex bureaucracies, maintaining consistently high levels of inter-agency coordination and collaboration remained a challenge over time. However, with the SPF SIG's focus on strengthening all aspects of system infrastructure, efforts to improve this difficult issue continued as the project came to a close.

PART III: THE COALITION-LEVEL PREVENTION SYSTEM

III. A. Introduction

Perhaps the most significant change in the AODA prevention system in Nevada during the SIG project was the transformation of the community Coalitions into the backbone of the sub-state organizational framework. The evolution in the Coalitions' role began in 1999 when SAPTA funded local coalitions to begin organizational and community development work using the *Communities That Care* model. In 2003, ten Coalitions received initial SIG funds and three others were added as the project matured. The nature of the original ten Coalitions varied significantly: some were grass-roots organizations without formal non-profit status; some were organized to take advantage of the opportunities of the SIG; and a few provided prevention programming and other services themselves.

This section of the report discusses the community Coalitions as they existed prior to the SIG, how they functioned during the SIG, and the changes brought about by the SIG funding requirements. The section ends with a summary of the evaluation capacity building during the SIG in Nevada.

III. B. Development of Nevada's community Coalitions

III. B. 1. The community Coalitions prior to the SIG

The original ten SIG-funded Coalitions were identified as a key to the development of the Nevada AODA prevention system in the original SIG application (p. 16). Most existed in some form prior to the SIG and had been engaged in planning using the *Communities That Care* model since 1999 with funding from SAPTA. Prior to the SIG, there also was a Statewide Coalition Partnership made up of staff from the Coalitions. They met to discuss common issues with SAPTA and other agencies.

Nevada's geography and highly variable population density are major factors when considering the provision of AODA prevention programming. The majority of Nevada's population (87%) is concentrated in the Las Vegas (Clark County) and Reno (Washoe County) areas (U.S. Census, 2005 estimates). Nevada is the seventh largest state in the U.S. with 110,540 square miles, 85% of them federally owned, and is organized into 17 counties and corresponding school districts. Therefore, much of the state is rural and frontier. For example, one of Nevada's largest counties, geographically, has only 800 residents. The ten original SIG-funded Coalitions covered the majority of Nevada's population and territory.

Most SIG-funded Coalitions were relatively new entities. Of the thirteen Coalitions that received SIG funds in Nevada:

- two were in existence prior to 2000;
- six were organized between 2000 and 2004; and
- three were organized in 2005 and 2006.

Two Coalitions were expanded to include additional counties during the SIG project to ensure that all of Nevada's counties were served by Coalitions.

In interviews during 2007, the Coalition Directors characterized their Coalition's service populations in the following ways:

- four served rural populations only;
- three served a combination of urban and rural populations;
- two served both frontier and rural populations;
- two served populations from all three demographic categories urban, rural and frontier;
 and
- one Coalition served only people in an urban area (total N=12). (CDS)

The Coalitions and their service areas are in Table III – 1 below.

Table III-1: SIG-funded Coalitions in Nevada

Coalition Name	Area Served	Coalition's Origin	Offered programs prior to SIG
BEST Coalition Corp.	Clark County (Las Vegas)	Pre-existing not-for-profit. Does more than AODA prevention	X
Churchill Community Coalition **	Churchill County	Pre-existing informal org. Does more than AODA prevention	X
Community Council on Youth	Carson City	Pre-existing informal org.	X`
Eastern Nevada Communities Coalition	White Pine, Eureka & Lincoln Counties	Newly formed org. under the SIG	NA
Frontier Community Coalition	Humboldt, Lander & Pershing Counties	Evolved from another community group	X
Goshen Community Development Coalition	Clark County (Las Vegas)	Pre-existing not-for-profit. Does more than AODA prevention	X
Healthy Communities Coalition	Lyon, Mineral & Storey Counties	Informal, self-sustaining community coalition	X
Join Together Northern Nevada	Washoe County (Reno)	Pre-existing not-for-profit.	X
Luz Community Development Coalition	Clark County (Las Vegas)	Newly formed org. under the SIG	NA
Nye Communities Coalition **	Nye & Esmeralda Counties	Evolved from a smaller group in Pahrump, NV	X
Partnership of Community Resources	Douglas County	Pre-existing not-for-profit	X
Partners Allied for Community Excellence	Elko County	Pre-existing not-for-profit	X
Statewide Native American Coalition	Native Americans in Nevada	Newly formed org. after the SIG started in other counties	NA

^{**} Nye and Churchill coalitions offered programming beyond AODA prevention.

III. B. 2. Newly formed Coalitions

From the inception of the project, SAPTA wanted to ensure that access to prevention services were as equitable as possible. Part of SAPTA's initial vision for building a strong community level prevention system was the creation of three new Coalitions to serve geographic areas and populations without adequate access to these services. Under SAPTA's leadership and the mentorship of several of the original Coalitions, the new Coalitions were organized and helped to

develop during the final two years of the project. They focused on the "frontier population" in eastern Nevada, American Indians throughout Nevada, and the Latino population in Nevada. The new Coalitions were the:

- Eastern Nevada Communities Coalition (previously known as the 7th Judicial District Coalition) serving White Pine, Eureka and Lincoln Counties;
- Statewide Native American Coalition located in Washoe County but serving the entire state; and
- Luz Community Development Coalition serving the Latino population of Clark County (Las Vegas).

Although the new Coalitions were part of the initial SIG vision, most of their early development was funded with SAPT Block Grant dollars (see Table III-4 below). In this sense, they were not really a direct aspect of the SIG project. Instead, their establishment and development is an example of the broad influence of the project within the state and thus an indication of the sustainability of the project utilizing other resources. The three new Coalitions progressed through infrastructure and capacity building during the SIG project, but did not proceed to the stage of subcontracting with prevention providers to deliver programs in their service areas (PR).

III. B. 3. The vision for the Coalitions in the Nevada SIG

The SIG application to CSAP defined the role of the Coalitions as "fiscal intermediaries responsible for planning, program funding, program monitoring, and reporting to SAPTA" (p 16). It was believed that the local Coalitions would be able to merge prevention funds with state and federal funds more easily than SAPTA (p. 6). For some of the Coalitions, this new role was a major departure from how they viewed themselves and how they were organized, e.g. an informal group comprised primarily of concerned parents. In at least two Coalitions, the members had serious discussions about whether this was a change they wanted to embrace. Figure III-1 below is a simplified version of how SAPTA wanted the relationship to be after the SIG project was completed. They saw the SIG project as the major impetus for changing the way AODA prevention funds were distributed in the state.

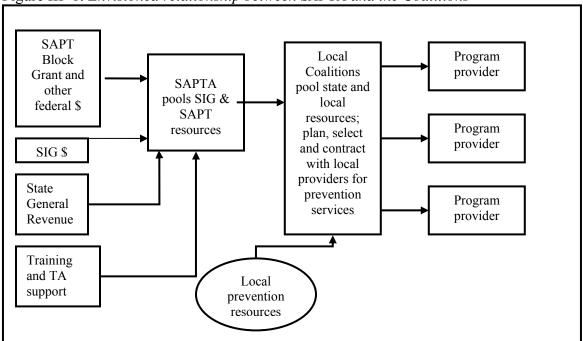


Figure III–1: Envisioned relationship between SAPTA and the Coalitions

III. C. Implementation of the Nevada SIG process

The Nevada SIG application to CSAP stated that they would fund local Coalitions covering the entire population of Nevada (p. 16). SAPTA expected to spend approximately \$820,000 to fund all ten Coalitions for infrastructure support equally throughout the project. The funds for program implementation were added according to need demonstrated in the Comprehensive Community Prevention Plans (CCPP) and, to a lesser extent, population. The CCPP was a required process based on the *Communities That Care* model or an equivalent system. These Plans were designed by Coalitions to guide substance abuse prevention efforts within their communities.

As depicted in Table III-2, the funding of the Coalitions occurred in three phases. SAPTA required the Coalitions to apply for each of the phases separately, although the original intent was that all ten of the original Coalitions would be funded for each phase. Extensive technical assistance was available to ensure that the Coalitions' applications included the appropriate material. As previously mentioned, the three new Coalitions were added in 2005, and they focused exclusively on completion of the infrastructure and capacity building activities.

Table III-2: *Project phases for the local Coalitions*

Phase One: Planning and capacity building	
RFA mailed out	July 25, 2003
Bidder's conferences	August 5 & 6, 2003
Applications due by 4:00 p.m. to SAPTA	September 15, 2003
Grant Award Notification & negotiations	September 29, 2003
Funds available to the Coalitions	October 27, 2003
Phase Two: Satisfying the "Deeming Checklist"	
RFA issued with directions for the "Deeming Checklist" and narrative explaining program implementation	March 22, 2004
Complete Comprehensive Community Prevention Plan	March 26, 2004
Deeming Checklist due to SAPTA	May 31, 2004
Phase Three: Narrative on implementing evidence	-based programs
Narrative applications due by 4:00 p.m. to SAPTA	Accepted July 1 thru Aug. 31, 2004
Implementation of AODA prevention programs begins	Upon approval or by Sept. 2004
End of project data collection	March 30, 2007
End implementation of community programs	June 30, 2007

III. C. 1. Phase One – Planning and capacity building

Phase One focused on infrastructure and capacity building, including formal planning, to enable Coalitions to further develop their organizational structure and operations. The ten original Coalitions existed prior to the Nevada SIG in some guise. However, many of them needed to become more formally structured to be eligible for further SIG funding. Specifically, under the terms of their contracts, they needed to:

- become a private not-for-profit organization within six months of receiving funding;
- be certified by SAPTA and meet minimum staff training requirements;
- have a board of directors representative of the community; and
- include most of the SAPTA-funded programs in their service area.

The SIG-funded Coalitions also had to agree to implement a formal planning process, participate in the required evaluation, and NOT to provide direct services. As stated on page 16 of the application, "The Coalitions are not program delivery agencies, but will serve as fiscal intermediaries responsible for planning, program funding, program monitoring and reporting to SAPTA". This was a major change for a few of the Coalitions and underscored the dramatic changes many went through during Phase One of the Nevada SIG (PR and Ob).

The ten initial project Coalitions and their funding levels are listed in Table III-3. Note that two Coalitions expanded their service area to include the previously unserved counties – Frontier

Coalition expanded to include Pershing County and Lander County and the Healthy Communities Coalition incorporated Mineral County.

Table III-3: Populations and SIG awards to Nevada's initial ten Coalitions (PR)

COALITION NAME	AREA SERVED	US Census Bureau	Award Amounts in \$1,000s *			
		2005 pop.	YR 1	YR 2	YR 3	Total
BEST Coalition	Clark County (Las Vegas)	1,710,551	\$340	\$105	\$77	\$522
Churchill Community Coalition	Churchill County	24,556	\$84	\$50	\$50	\$184
Community Council on Youth	Carson City	56,926	\$308	\$68	\$50	\$426
Frontier Community Coalition	Humboldt, Lander** and Pershing** Counties	28,603 In all 3 counties.	\$130	\$72	\$53	\$255
Goshen Community Development Corporation	Clark County (Las Vegas)	1,710,551	\$308	\$125	\$99	\$532
Healthy Communities Coalition	Lyon, Storey and Mineral** Counties	51,589 In both counties.	\$100	\$62	\$65	\$227
Join Together Northern Nevada	Washoe County (Reno)	389,872	\$219	\$125	\$91	\$435
Nye Communities Coalition	Nye & Esmeralda Counties	46,174 In all 3 counties.	\$128	\$68	\$50	\$246
Partnership of Community Resources	Douglas County	47,017	\$74	\$60	\$74	\$208
Partners Allied for Community Excellence	Elko County	45,570	\$122	\$68	\$50	\$240
TOTAL SIC	G FUNDS AWARDED I	DIRECTLY TO	LOCAL	COALI	TIONS	\$3,203

^{*} Includes funds for infrastructure improvement and support as well as money for program implementation.

SAPTA planned, from the earliest discussion, to include 1) Coalitions oriented toward Hispanic and American Indian groups and 2) all areas of the state. Therefore, SAPTA used Substance Abuse Prevention and Treatment Block Grant funds for development of three additional Coalitions. In the fifth year of the project, those three new Coalitions also got a small amount of SIG funding but still received 80% of their funding from the SAPT block grant. They started through the three phases when each Coalition first contracted with SAPTA and progressed through the process at their own speed. Table III-4 displays the funding sources for the three new Coalitions.

^{**} Counties added to a Coalition's service area during the SIG project.

Table III-4: Coalitions established during the project

COALITION NAME	AREA SERVED	US Census Bureau	Award Amounts in \$1,000s		nts
COALITION NAME	AREA SERVED	2005 population	Yr 1 SAPT \$	Yr 2 SAPT \$	Yr 2 SIG \$
Eastern Nevada Communities Coalition	White Pine, Eureka and Lincoln Counties	14,813	\$120	\$120	\$30
Luz Community Development Coalition	Clark County (Las Vegas)	1,710,551	\$100	\$100	\$20
Statewide Native American Coalition	American Indians in Nevada	26,420 Throughout NV	\$120	\$100	\$20

III. C. 2. Phase two - Satisfying SAPTA's "Deeming Checklist"

Phase Two was the completion of the "Deeming Checklist" which verified that the Coalition had the necessary organizational capacities. The Checklist was designed to ensure that the local Coalitions had the crucial infrastructure in place so that they could execute and monitor contracts with certified program providers to implement prevention programs in their service area. It included the following requirements:

- status as a 501(c)3 not-for-profit organization;
- an infrastructure in place which would include a completed needs assessment and the completion of a community resource assessment;
- a Comprehensive Community Prevention Plan (CCPP) approved by SAPTA, with a list of targeted risk and protective factors to be addressed by selected programs;
- a formal organizational structure with an organizational chart including position name, title, and responsibilities, including a Board of Directors;
- a staffing plan including positions and responsibilities of each staff member;
- a financial management system complete with internal controls and accounting policies;
- a site from which to operate and a geographic description of their service area describing cities, counties and rural areas to be served;
- an external evaluator under contract: and
- a copy of the RFA through which they would solicit certified program providers, complete with program goals, funding sources, grant application writing suggestions, application instructions, and content sequence.

The "Deeming Checklist" had to be accepted by SAPTA as adequate before the Coalitions could go forward with *Phase three* (PR and Ob).

III. C. 3. Phase three - Narrative on implementing evidence-based programs

Phase Three was a narrative response to the implementation RFA to justify the selection of evidence-based programs. This narrative explained how the funds would be allocated to providers, their reporting requirements, evaluation and monitoring processes, and business management. The Coalitions had to provide a narrative description of their intent to fund prevention programs and include:

- justification of program selection;
- how the criteria of the coalition's needs assessment and CCPP were met; and
- how the SAPTA certification requirements were met. (PR and Ob)

III. D. Nature of the Coalitions

As stated earlier, the Coalitions were expected to be representative of the community's population and include the AODA prevention program providers. There was to be a broad membership with a Board of Directors that held regular meetings to set priorities, and promote local coordination and collaboration among agencies and organizations.

III. D. 1. Community sector representation and participation in the Coalitions

As shown in Table III-5, the number of meetings held by the Coalitions and their subcommittees varied from year to year with an average of 15 per coalition in 2004, 10 in 2005 when the three new Coalitions were established, and 16 in 2006. (CMR & PR)

Table III-5: Number of meetings by year by Coalition

Tweet in errammeer ey meetings by year ey booms	Total number of meetings			
From the CMR	2004	2005	2006	2007*
Overall	148	120	202	45
BEST Coalition	13	9	20	***
Churchill Community Coalition	12	9	17	4
Community Council on Youth	15	12	10	3
Eastern Nevada Communities Coalition**	N/A	2	11	***
Frontier Community Coalition	25	12	18	***
Goshen Community Development Coalition	18	7	18	5
Healthy Communities Coalition	12	10	11	3
Join Together Northern Nevada	18	19	36	13
Luz Community Development Coalition**	N/A	1	7	3
Nye Communities Coalition	12	10	16	3
Partners Allied for Community Excellence	12	11	21	4
Partnership of Community Resources	11	8	11	3
Statewide Native American Coalition	N/A	NA	6	4

^{*}Data from this year were available for Quarter 1 only.

The most common agencies and organizations involved in the Coalitions during the SIG were local schools, community-based organizations and family, youth and human services agencies. These data are based on self-identification by the local key stakeholders interviewed in 2004 and again in 2007. There was no appreciable difference between the make-up of the Coalitions

^{**}New Coalition in 2005.

^{***} Missing data for 2007.

during that time, except a small increase in the number of CBOs and a small decrease in the number of family, youth and human service agencies.

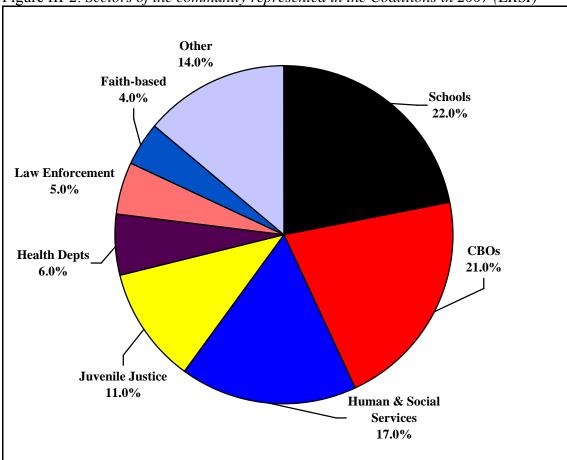


Figure III-2: Sectors of the community represented in the Coalitions in 2007 (LKSI)

As displayed in Table III-6, the attendance at Coalition meetings averaged 15 persons. The participants who most frequently attended were local family, youth and human service agency representatives (see Figure III-3 below). The next most common attendees were from CBOs and law enforcement agencies. As displayed in Table III-6, two major changes occurred in the make-up of the meetings: the university and college representatives stopped coming after the first year, and the business community began to participate in the second year.

Table III-6: Average attendance at Coalition meetings

From CMR	Average	N
2004	18	148
2005	18	120
2006	12	202
2007*	11	45
4 yr average =	15	515

^{*}Data for first quarter only.

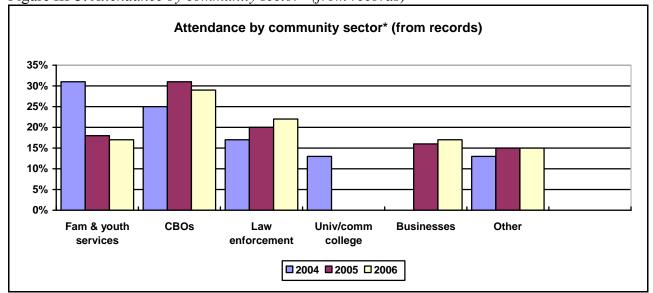


Figure III-3: *Attendance by community sector* (from records)*

As shown in Table III-7 below, the key stakeholders believed that their Coalitions were very responsive to youth issues and concerns (mean of 3.5) and this perception increased significantly (to a mean of 3.7) over the course of the project. The key stakeholders generally believed that their own Coalitions were sensitive to cultural, racial, and ethnic differences within the coalition and that its composition reflected the make-up of the communities in the service area (all means above 3.3). In addition, they thought that their Coalitions included an adequate number of program providers and government leaders.

Table III-7: Perceptions about the representativeness of Coalition members*

Questions 12 – I	7 LKSI	N	Mean
The coalition is responsive to youth issues and concerns**	2004	96	3.51
The coantion is responsive to youth issues and concerns	2007	47	3.70
Members of the coalition that I know are sensitive to cultural,	2004	96	3.51
racial, and ethnic differences within the coalition.	2007	47	3.60
The coalition is well represented by members from different	2004	96	3.30
communities across the target area.	2007	47	3.51
The coalition includes leaders from key city and county	2004	96	3.42
departments and agencies.	2007	47	3.34
The coalition has adequate community-based	2004	91	3.27
prevention provider representation.	2007	45	3.47
The coalition has adequate representation in terms of	2004	90	2.96
cultural, racial, and ethnic diversity.	2007	45	3.33

^{*} Response options: strongly agree = 4; agree = 3; disagree = 2; strongly disagree = 1; unsure = 0.

^{*} Data from 2007 was only collected from Quarter 1 and are not included in this figure.

^{**} Differences are statistically significant at the p<.05 level.

III. D. 2. Coalition functioning

As displayed in Table III-8, key stakeholders believed their own agencies or organizations were more supportive of their participation in the SIG project in 2007 than they had predicted in 2004. The responses to the other questions in this series also had uniformly high means (from 3.3 to 3.6 with 4 indicating a "very likely" response to the statement). In 2004, the respondents believed that their own agency would be receptive to SIG ideas, support collaboration via the SIG, and would encourage others in their agency to participate. The findings in 2007 indicate that their expectations were met.

Table III-8: Agency support of respondents' participation in the Coalition*

Questions 29 - 32 LKSI			Mean
This agency/organization (will be) has been supportive of	2004	93	3.51
my participation on the SIG project**	2007	46	3.74
This agency/organization (will be) has been receptive to	2004	89	3.48
ideas from the SIG project.	2007	45	3.58
This agency/organization (will support) supported	2004	89	3.57
collaborative efforts between itself and the SIG project.	2007	44	3.55
This agency/organization (will encourage) encouraged my	2004	80	3.33
co-workers to participate in the SIG project.	2007	44	3.36

^{*} Response options: very likely = 4; likely = 3; unlikely = 2; very unlikely = 1; unsure = 0.

III. D. 3. Making decisions and setting priorities

A series of questions about the value of AODA prevention to the Coalition members shows no statistically significant changes over the course of the project. This is at least partially due to a ceiling effect: the scores in the 2004 survey were very high, therefore making a statistically significant improvement unlikely. The mean scores for all four questions are around 3.5 (out of a possible 4). This indicates a high degree of agreement about the importance of having shared ideas of what is effective AODA prevention programming and a consensus about the importance of collaboration among local prevention agencies (see Table III-9 below).

Table III-9: Value of AODA prevention and collaboration among Coalition members*

Questions 8 –	- 11 LKSI	N	Mean**
There is a consensus among the Coalition's members on the	2004	95	3.49
importance of implementing prevention efforts that address predictors of substance abuse.	2007	45	3.49
The Coalition's members have a clear and shared idea of what is	2004	98	3.47
meant by alcohol, tobacco and other drug abuse prevention.	2007	45	3.56
There is a consensus among agencies in the Coalition's service area on the importance of investing time to collaborate on substance abuse	2004	98	3.41
prevention activities.	2007	44	3.59
The Coalition should endorse alcohol, tobacco and other drug abuse	2004	99	3.61
prevention initiatives that are tied to valid research.	2007	44	3.64

^{*} Response options: strongly agree = 4; agree = 3; disagree = 2; strongly disagree = 1; unsure = 0.

^{**} Differences are statistically significant at the p<.05 level.

^{**} None of the differences are statistically significant at the p<.05 level.

There was significant improvement in the number of respondents who believed the prevention agencies in their area used a common set of criteria for evidence-based programs and improved their knowledge of funding available for evidence-based programs. There also was an increase in the number of stakeholders who believed they understood the proportion of funding in their area that was allocated to evidence-based programs. A series of questions dealing with common prevention strategies and the promotion of evidence-based programs showed consistent small improvements between the 2004 and 2007 interviews but the individual changes were not statistically significant (see Table III-10 below).

Table III-10: Funding and intervention strategies*

Questions I	'- 7 LKSI	N	Mean
Agencies in the Coalition's service area use a common set of criteria for defining "science-based" or "evidence-based" substance abuse	2004	72	3.10
prevention programs and strategies.**	2007	40	3.40
I have a good understanding of what proportion of funded substance abuse prevention programs in the Coalition's service area are "science-	2004	79	2.62
based" or "evidence based." **	2007	40	3.03
A comprehensive prevention strategy is currently being used to coordinate substance abuse prevention activities throughout the Coalition's service area.	2004	94	3.11
	2007	47	3.30
Funding agencies in the Coalition's service area award prevention	2004	71	3.07
contracts according to a written comprehensive plan.	2007	41	3.34
I have an in-depth knowledge of what funding streams (state and federal sources of funding) are available for substance abuse prevention in the	2004	94	2.53
Coalition's service area.		39	2.87
I have an in-depth knowledge of how funding sources distribute	2004	90	2.48
substance abuse prevention funds in the Coalition's service area.	2007	41	2.76
I have a good understanding of where there are gaps in substance abuse	2004	84	2.79
prevention services in the Coalition's service area.	2007	42	2.90

^{*} Response options: strongly agree = 4; agree = 3; disagree = 2; strongly disagree = 1; unsure = 0.

III. D. 4. Services delivery system: access and obstacles to services

Key stakeholders in the Coalition areas were interviewed in 2004 and again in 2007 about how participation in the SIG influenced service provision barriers. In their responses, representatives from over half of the Coalitions mentioned the following points:

- participation in the SIG promoted cooperation, collaboration, and coordination among prevention providers and agencies in the area.
- the SIG increased the resources (including training) available to local organizations and agencies;

^{**} Differences are statistically significant at the p<.05 level.

- the SIG Coalition provided a forum for prevention providers and agencies to talk with one another about improving services; and
- the SIG increased awareness of other parts of the system, especially programs available from other groups in the community.

A series of questions about what the key stakeholders believed their Coalition would accomplish during the SIG project resulted in uniformly high average scores, with responses between "very likely" and "likely" (3 to 4 on a scale of 1 to 4). There were no significant differences from 2004 to 2007, again, most likely due to the high baseline scores in 2004. However, the mean 2007 scores indicate that the stakeholders' expectations about their participation in the SIG were met.

Table III-11: Expected accomplishments in the Coalition's service area*

Questions18 –	N	Mean**	
Implement a system of coordinating prevention funds	2004	99	3.49
and other resources	2007	43	3.56
Improve the coordination of substance abuse prevention	2004	100	3.38
for youth and young adults	2007	46	3.54
Work well with state level stakeholders	2004	93	3.37
	2007	45	3.47
Insulament a common ancissa massaution atmotoco.		99	3.32
Implement a comprehensive prevention strategy	2007	46	3.50
Successfully implement science-based prevention	2004	97	3.31
programming		45	3.47
Leverage additional funding and resources	2004	88	3.20
Leverage additional funding and resources	2007	39	3.44

^{*} Response options: very likely = 4; likely = 3; unlikely = 2; very unlikely = 1; unsure = 0.

Within their own agencies, the respondents believed the barrier of long waiting lists for services had diminished from the pretest to the post-test. This was a statistically significant difference: a change from an average response of 2.1 in 2004 (N=98) to an average response of 1.6 in 2007 (N=38). The response scale was 0 to 4, with 4 being a strong barrier and 0 being no barrier at all. (LKSI)

As presented graphically in Figure III-4, the strongest barriers to the success of AODA prevention programs in the Coalitions' service areas identified by the key stakeholders were: community norms about substance abuse, a lack of awareness in the community that it is a problem, cultural gaps and community apathy. There were no statistically significant differences between their perceptions in 2004 and 2007. (LKSI)

^{**} None of the differences are statistically significant at the p<.05 level.

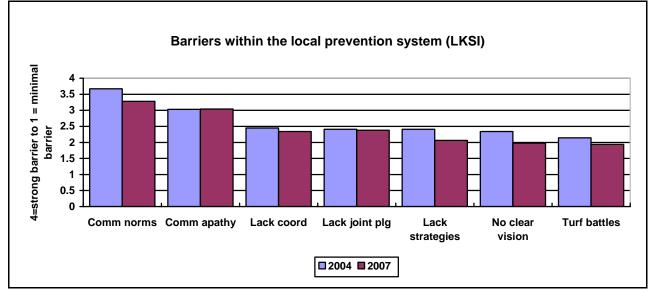


Figure III-4: Barriers within the local prevention system (LKSI)

Interviewers asked, in general terms, what key stakeholders had done to ensure that all members of the target population have access to prevention services. The answers tended to mention informal activities, such as:

- education within the communities and "spreading the word" as the primary methods used to ensure that all groups were aware of services, and
- increasing contacts and collaboration with other agencies to ensure that they know about prevention services.

However, respondents from three Coalitions specifically mentioned having bi-lingual (Spanish and English) staff and volunteers work with their programs.

III. D. 5. Collaboration among key stakeholders in Coalition service area

There was a statistically significant increase in the number of Coalition key stakeholders that spoke to others in their own agency about cooperating and coordinating with other groups to improve prevention. The other questions regarding local agency collaboration showed uniform improvement but the changes did not reach statistical significance.

Table III-12: Collaboration among local AODA prevention agencies in the last year*

Questions 33 – 3	38 LKSI	N	Mean
Spoke with others in your agency/organization about increasing cooperation and coordination among Coalition agencies to improve	2004	101	1.70
substance abuse prevention? **	2007	46	2.22
Shared information about your agency's substance abuse	2004	100	2.12
prevention initiatives or activities?	2007	46	2.48
Worked on joint proposals with other organizations to obtain	2004	98	1.56
additional resources for substance abuse prevention?	2007	46	1.72
Provided guidance to others in the development, implementation,		101	1.39
or evaluation of substance abuse prevention activities?	2007	46	1.89
Spoke with local community organizations about how they interact	2004	102	1.09
with county government on substance abuse prevention programming issues?	2007	46	1.61
Spoke with government agencies about how they interact with local community organizations on substance abuse prevention	2004	103	.90
programming issues?	2007	46	1.65

^{*} Response categories: many times = 3; several times = 2; once or twice = 1; never = 0.

III. E. Building the evaluation capacity of the Coalitions

III. E. 1. Overview of evaluation capacity building

The Nevada SIG aimed to increase the ability of the local Coalitions to evaluate their own programs in order to measure and understand their effectiveness, and contribute to statewide data on substance use and abuse. The three long-term goals of building the evaluation capacity of the Coalitions were to: (1) empower them to conduct and sustain outcomes-based evaluation activities according to sound scientific practices; (2) institutionalize local data-driven decision-making; and (3) establish their key role in contributing to the statewide measurement of Nevada's progress in the reduction in substance abuse. By building evaluation capacity, the project sought to promote buy-in to the SIG framework's principles and procedures, as well as provide the Coalitions with the skills and tools to conduct evaluations of their non-SIG programs.

Building evaluation capacity was a shared effort among SAPTA and its evaluation services providers: the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada-Reno, CSAP's Western Center for the Application of Prevention Technologies (CAPT) also housed at CASAT, and PIRE.

III. E. 2. Training not specifically related to the Nevada SIG

CASAT and the Western CAPT provided evaluation training from two different perspectives. CASAT provided trainings specific to the needs of all Nevada's prevention providers such as the Summer Institute. Based on its broader contractual service area, the Western CAPT provided trainings that were more regionally based, and open to attendance by any organization from any

^{**} Differences are statistically significant at the p<.05 level.

state within its region. The Western CAPT provided training during the Infrastructure and Capacity Building phase of the SIG on "Building a Successful Prevention Program." As part of this training, the Western CAPT provided a six-day workshop on this seven-step process. The seventh step in this process is evaluation. Participation in the training was mandatory for Coalitions but optional for the local Nevada evaluators. The training provided a uniform guide for the Coalitions to follow in the creation of their Comprehensive Community Prevention Plans.

Further, workshops devoted to evaluation were also offered to the Coalitions. The Substance Abuse Prevention Specialists Training (SAPST) was offered during the SAPTA-sponsored Summer Institute conferences. SAPST's evaluation training covered logic modeling, developing evaluation questions, internal and external evaluations, developing a design to answer evaluation questions, developing methods to carry out the evaluation design, analyzing evaluation data, and conducting the evaluation.

III. E. 3. SIG training and technical assistance

As the evaluation contractor for the Nevada SIG, PIRE provided both training and TA to the Coalitions and local evaluators to expand their evaluation capabilities in general, to familiarize them with the evaluation requirements of the SIG, and to improve their ability to meet these requirements. PIRE used a "learn-by-doing" model for this process.

PIRE provided the Nevada Coalitions with the instrumentation, protocols, training and TA necessary for the standardized data collection required by CSAP, with the goal of building local evaluation capacity. The local evaluators hired by the Coalitions were required to attend trainings (originally called Learning Circles) to ensure that they knew what was expected of them. Several techniques for increasing the evaluation capacity of the Coalitions and program providers were used:

- Working with local evaluators and Coalition staff, especially through the Learning Circles (see below). By setting expectations for the Coalitions to complete Implementation Questionnaires and Evaluation Plans, PIRE hoped to ensure that the Coalitions and their evaluators would participate in a valuable learning process for evaluation skills;
- Technical assistance to Coalitions, local evaluators, and later, program providers, tailored to their needs for completing the required data collection tasks. Early in the process, many Coalition staff began contacting PIRE directly with evaluation questions, usually by phone or e-mail; and
- "Hands-on" learning by working through each data collection instrument and protocols for administration.

During Program Year 1, we became aware of poor adherence to the data collection protocols, especially survey administration, due to staff turnover among the Coalitions and the program providers. PIRE addressed these issues by conducting site visits to all of the Coalitions to provide TA and retrain local staff. Due to these efforts, we saw a significant improvement in survey administration and transfer to PIRE which, in turn, increased our ability to use the data. The process of completing Implementation Questionnaires, Update Forms, and Evaluation Plans also improved dramatically.

Following SIG Program Implementation Year 1 (June 30, 2005), PIRE secured permission from SAPTA to invite the program providers to trainings and to provide direct TA to the key staff responsible for program implementation.

Original Learning Circles – Regularly scheduled evaluation trainings, called "Learning Circles," were instituted as the main venue for the transfer of SIG evaluation information and for the capacity building effort. Six Learning Circles were conducted from January 19, 2004 through April 8, 2005. The discussions in the early Learning Circles focused on the SIG evaluation requirements and protocols. PIRE provided all materials and updated them as necessary. In May 2004, the PIRE evaluation team provided an addendum to the March 2004 SIG Program Implementation Phase RFA. It described the data collection requirements of the evaluation in more detail than was provided in the original RFA. The addendum detailed: (1) data collection requirements; (2) responsible party for each data collection instrument; (3) deliverable dates; and (4) instrumentation for each level (state, Coalition, and program) of the evaluation.

Redesigned Learning Circles – Because it became clear that the design of the Learning Circles did not result in the attendance or performance expected, PIRE implemented several strategies in an attempt to improve buy-in to the SIG evaluation, and improve relationships among the key players. These strategies included: (1) redesigning the Learning Circles to coincide with quarterly SAPTA-Coalitions meetings and encouraging the Coalition staff and program providers to attend, (2) communicating directly with the Coalition staff and program providers to provide TA, and (3) continuing communication with the local evaluators who remained under contract with the Coalitions.

Learning Circle participants were surveyed by the local PIRE evaluator for topics they would like to discuss. The following topics were offered: 1) how to collect data; 2) how to select appropriate evaluation tools; 3) standard timeframes for collecting pretest and post-test data; and 4) the use of comparison or control groups. PIRE's intent was to address one of these topics at each Learning Circle when the agenda permitted. As the project progressed, Coalition staff wanted to learn how to apply this knowledge to evaluation efforts across all the programs they funded, indicating the desire to build evaluation capacity beyond just the SIG. Across time, Coalitions and local evaluators became more comfortable with the process and Learning Circle discussions began to shift towards general evaluation information based on the topics that were suggested.

PART IV: PROGRAM IMPLEMENTATION

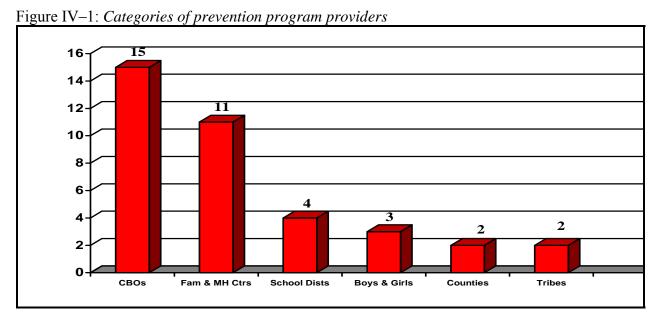
IV. A. Introduction

In the previous section, Nevada's local AODA Coalitions and the infrastructure changes they made during the SIG project were described. Next, we will describe the prevention programs the Coalitions financed with SIG funds. This section looks at the types of local provider agencies and organizations that participated in the SIG project, which programs they implemented, what risk and protective factors those programs targeted, and the nature of the participant populations as reflected by completed pretests.

IV. B. AODA Prevention program implementation

IV. B. 1. Prevention program providers

Only the ten original Coalitions received SIG funding for the program implementation of the project. These Coalitions contracted with 38 local, certified prevention service providers to deliver AODA prevention programs to youth ages 12-25 and adults with children in their service areas. A few of the providers offered more than one program in a Coalition's service area. One provider offered prevention programming in three separate Coalition service areas; one offered programming for two Coalitions. As displayed in Figure IV-1, the most common the providers (15) were community-based organizations. Within that group, 11 were either family resource centers or mental health centers and three were Boys and Girls Clubs. Four of the program providers were county school districts. At least three of the Coalitions had problems finding and retaining qualified, certified AODA prevention providers in their service areas (PR and CDS).



IV. B. 2. Participants served by individually-focused AODA prevention programs

Pretests were submitted to PIRE for 5,837 participants in the Nevada SIG project AODA prevention programs from the fall of 2004 until the spring of 2007. As displayed in Table IV-1, the pretest data indicate that the most frequently implemented evidence-based programs in the Nevada SIG project were family-based prevention programs. Overall, almost 40% of the

participants were adults involved in those programs. The next largest age group with completed pretests was 14 to 15 year olds (24.4%) and approximately equal numbers of youth under 13 years (16.5%) and from 16 to 17 years old (17%) (PR and IS). The proportion of female youth and male youth were approximately equal (51% and 49% respectively). However, among the adult participants, the females (83%) outnumbered the males (17%) by almost five to one (PR and IS). Just over half of the participants in the SIG-funded prevention programs were white (55%). African Americans made up almost 17% of the population and almost a tenth of the participants identified with more than one race or ethnicity. A separate question asked whether respondents identified themselves as Hispanic or Latino. In our data set, over one-third of the people (36.4%) identified as Hispanic or Latino.

Table IV-1: Gender, age and ethnicity of participants who completed pretests

3,623 2,214 5,837	COMPLETED PRETESTS	Youth	Adults	TOTAL	reiesis
GENDER Youth Adults TOTAL % Male 1,798 369 2,167 37.8% Female 1,766 1,807 3,573 62.2% TOTAL 3,564 2,176 5,740 AGE Youth TOTAL % of Youth Under 12 135 135 3.8% 12 - 13 years 951 135 3.8% 12 - 13 years 951 26.7% 951 26.7% 14 - 15 years 958 1,412 39.7% 958 26.9% 18 - 19 years 98 28% 2 0.1% 2 0.1% TOTAL 3,556 70 3,556 8 2 0.1% 2 0.1% 6 4 6 4 6 4 6 6 9 8 2.8% 2 0.1% 6 6 4 6 4 6 6 4 6 4 6 4 6	COMILECTED TRETEBIO				
GENDER Youth Male Adults TOTAL % Male 1,798 369 2,167 37.8% Female 1,766 1,807 3,573 62.2% TOTAL 3,564 2,176 5,740 AGE Youth TOTAL % of Youth Under 12 135 135 3.8% 12 - 13 years 951 135 135 3.8% 12 - 13 years 951 951 26.7% 1412 39.7% 1412 39.7% 1412 39.7% 1412 39.7% 958 26.9% 28 2.8% 20.9% 298 2.8% 20.9% 2.8% 2.8% 20.9% 2.8% 3.85 6.4% 3.4%		3,623	2,214	5,837	
Male 1,798 369 2,167 37.8% Female 1,766 1,807 3,573 62.2% TOTAL 3,564 2,176 5,740 AGE Youth TOTAL % of Youth Under 12 135 135 3.8% 12 - 13 years 951 135 951 26.7% 14 - 15 years 958 1,412 39.7% 958 26.7% 18 - 19 years 98 2.8% 2 2 0.1% 18 - 19 years 98 2.8% 2 2 0.1% RACE Youth Adults TOTAL % White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other<		62.1%	37.9%	100%	
Female 1,766 1,807 3,573 62.2% AGE Youth TOTAL % of Youth Under 12 135 135 135 3.8% 12 - 13 years 951 951 26.7% 14 - 15 years 958 1,412 1,412 39.7% 16 - 17 years 958 98 26.9% 18 - 19 years 98 2.8% 98 2.8% 20 - 25 years 2 2 0.1% TOTAL 3,556 RACE Youth Adults TOTAL % White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 <td< td=""><td>GENDER</td><td>Youth</td><td>Adults</td><td>TOTAL</td><td>%</td></td<>	GENDER	Youth	Adults	TOTAL	%
TOTAL 3,564 2,176 5,740	Male	1,798	369	2,167	37.8%
AGE Youth TOTAL % of Youth Under 12 135 135 3.8% 12 – 13 years 951 951 26.7% 14 – 15 years 958 1,412 1,412 39.7% 16 – 17 years 958 26.9% 98 26.9% 18 – 19 years 98 98 2.8% 20.9% 20 – 25 years 2 2 0.1% 0.1% TOTAL 3,556 RACE Youth Adults TOTAL % 0.1% White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multi	Female	1,766	1,807	3,573	62.2%
Under 12 135 3.8% 12 - 13 years 951 951 26.7% 14 - 15 years 1,412 1,412 39.7% 16 - 17 years 958 98 26.9% 18 - 19 years 98 2 2 0.1% TOTAL 3,556 RACE Youth Adults TOTAL % % White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% ETHNICITY* Youth Adults TOTAL %	TOTAL	3,564	2,176	5,740	
12 - 13 years 951 1,412 39.7% 1,412 39.7% 1,412 39.7% 1,412 39.7% 1,412 39.7% 958 26.9% 18 - 19 years 98 28% 20 - 25 years 2 2 0.1%	AGE	Youth		TOTAL	% of Youth
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NA 958 26.9% 18 – 19 years 98 98 2.8% 20 – 25 years 2 2 0.1% TOTAL 3,556 RACE Youth Adults TOTAL % White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	12 – 13 years	951		951	26.7%
16 - 17 years 958 958 26.9% 18 - 19 years 98 2.8% 20 - 25 years 2 2 0.1% TOTAL 3,556 RACE Youth Adults TOTAL % White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	14 – 15 years	1,412	NT A	1,412	39.7%
ZO - 25 years Z D.1% TOTAL 3,556 RACE Youth Adults TOTAL % White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	16 – 17 years	958	NA	958	26.9%
TOTAL 3,556 RACE Youth Adults TOTAL % White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	18 – 19 years	98		98	2.8%
RACE Youth Adults TOTAL % White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	20 – 25 years	2		2	0.1%
White 1,451 1,139 2,590 54.8% African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	TOTAL	3,556			
African American 495 292 787 16.7% Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	RACE	Youth	Adults	TOTAL	%
Native American 215 87 302 6.4% Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	White	1,451	1,139	2,590	54.8%
Asian 55 105 160 3.4% Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	African American	495	292	787	16.7%
Alaska Native 1 1 2 0.0% Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	Native American	215	87	302	6.4%
Pacific Islander 49 16 65 1.4% Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	Asian	55	105	160	3.4%
Native Hawaiian/Other 416 46 462 9.8% Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	Alaska Native	1	1	2	0.0%
Multiple races 282 76 385 8.1% TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	Pacific Islander	49	16	65	1.4%
TOTAL 2,964 1,762 4,726 ETHNICITY* Youth Adults TOTAL %	Native Hawaiian/Other	416	46	462	9.8%
ETHNICITY* Youth Adults TOTAL %	Multiple races	282	76	385	8.1%
	TOTAL	2,964	1,762	4,726	
Hispanic/Latino 1,331 732 2,063 36.4%	ETHNICITY*	Youth	Adults	TOTAL	%
	Hispanic/Latino	1,331	732	2,063	36.4%

^{*}Ethnicity was asked separately from race. Participants could choose "yes" or "no" to the question, "Are you Hispanic or Latino" and also choose to answer the question, "What is your race". Participants who responded "yes" to the ethnicity question and choose a race option are not included in the "multiple races" option shown in this table.

IV. B. 3. Risk and protective factors addressed

One of the requirements for receiving SIG implementation funds during *Phase 3* was the completion of a Comprehensive Community Prevention Plan (CCPP), including a needs assessment and planning within the Coalitions' local areas. Based on that process, the Coalitions each identified risk and protective factors to target with the programming. The AODA prevention programs were chosen because they were designed to target the risk and protective factors identified in the CCPP (PR). The programs implemented by the Nevada Coalitions addressed the following risk and protective factors:

- Family management problems (6 Coalitions),
- Availability of drugs (4 Coalitions),
- Favorable peer attitudes (4 Coalitions),
- Favorable parental attitudes and involvement (4 Coalitions),
- Lack of commitment to school (3 Coalitions),
- Favorable community laws and norms (2 Coalitions),
- Early initiation of substance abuse (2 Coalitions),
- Alienation and rebelliousness (2 Coalitions),
- Friends who engage in problem behaviors (2 Coalitions), and
- Academic failure in late elementary school (1 Coalition) (PR, IQ and IS).

Table IV-2 below details the risk and protective factors addressed by each evidence-based program chosen by a Nevada Coalition.

Table IV-2: Risk and protective factors addressed by evidence-based programs chosen

Table IV-2: Risk and protective		Parent rogram		Parent & Youth Prgrms	ice-be	Youth Programs					
RISK FACTORS	Parenting Wisely	Stay Connected w/Your Teen	Guide Good Choices	Creating Lasting Family Connections	Positive Action	Project Venture	All Stars	Leadership & Resiliency	LifeSkills Training	Too Good For Drugs	Project Toward No Drug Abuse
Availability of drugs					X						
Social disorganization					X						
Family mgt problems		X	X	X							
Poor supervision &control	X										
Inconsistent rules &	X			X							
consequences	Λ			Λ							
Poor parent-child communication	X								X		
Family conflict			X		X						
Poor problem-solving skills	X										
Favorable parental attitudes	X	X	X	X			X				
Parental involvement in problem		X	X	X							
behavior		Λ	Λ	Λ							
Lack of parental support and involvement in schoolwork	X				X	X					
Academic failure	X				X			X	X		
Bonding to school				X		X	X	X		X	
Early initiation of problem behavior		X	X	X					X		
Rebelliousness	X										
Favorable attitudes toward problem behavior			X					X		X	X
Perceived parental attitudes										X	
Youth-family bonding	X									- 11	
Friends who engage in problem	- 11										
behavior			X		X	X		X			
Normative beliefs							X		X	X	
Lack of parental supervision of peer activities	X										

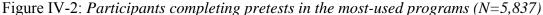
IV. B. 4. Individually-focused programs implemented

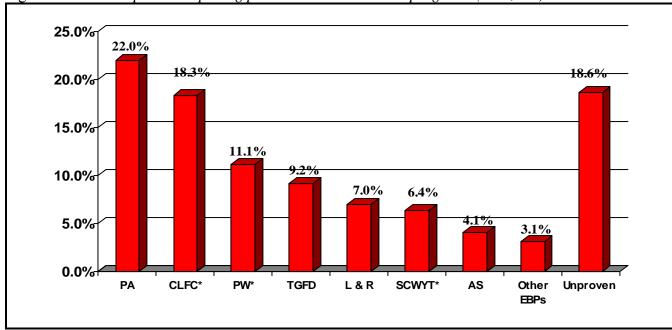
The RFA for implementation included the formula in Table IV-3 below. A total of 65% of SIG funds were to be spent on evidence-based programs. At least half of the SIG funds allocated to each Coalition had to be spent on a specific set of evidence-based programs chosen by SAPTA in collaboration with the Coalitions. Other evidence-based programs could make up an additional 15% of their programming. Thirty-five percent (35%) of the funds could be used to implement unproven or promising programs (PR).

Table IV-3: *Implementation budget available for categories of approved programs*

Budget allowed	Category	Programs Listed
50%	Approved by SAPTA for the SIG	Positive Action, Community Mobilizing for Change, All Stars, Leadership and Resiliency, Creating Lasting Family Connections, Challenging College Alcohol Abuse, Parenting Wisely, Community Trials Intervention to Reduce High-Risk Drinking, Project Toward No Drug Use, Too Good For Drugs, Staying Connected With Your Teen
15%	Other Model & Effective Programs	See SAMHSA/CSAP and OJJDP websites
35%	Unproven programs	Including "Promising Programs" listed on the SAMHSA/CSAP website

The ten Coalitions implemented 19 AODA prevention programs throughout the state during the Nevada SIG. More than four-fifths of the people served by SIG-funded programs (87%) were involved in evidence-based programs from SAPTA's approved list. As shown in Figure IV-2, the programs delivered to the most people were *Positive Action*, *Creating Lasting Family Connections*, *Parenting Wisely*, and *Too Good for Drugs*. Less than one-fifth (19%) of those completing the pretest surveys were in seven unproven programs. Table IV-4 shows the number of Coalitions implementing each evidence-based program and the number of persons participating in each program across the SIG's three program years (PR and IS).





^{*}Programs involving parents.

<u>Legend for Figure IV-2</u> :	TGFD = Too Good for Drugs
PA = Positive Action	L & R = Leadership & Resiliency
CLFC = Creating Lasting Family Connections	SCWYT = Staying Connected with Your Teen
PW = Parenting Wisely	AS = All Stars

Table IV-4: Individually-focused programs implemented by Coalitions' providers

COALITION NAME	Prog. impler		Participants completing pretest					
CONDITION WHALL	EBPs*	Unpro- ven		Yr 1	Yr 2	Yr 3	Total	
BEST Coalition	4	1	Adult	167	896	285	1,348	
BEST Countroll		1	Youth	172	410	190	772	
Community Council on Youth	3	0	Adult	17	28	18	63	
Community Council on Touth	3	U	Youth	42	75	43	160	
Churchill Community Coalition	2	0	Adult	40	35	99	174	
Charenin Community Coantion	2	U	Youth	77	76	27	180	
Frontier Community Coalition	4	1	Adult	49	116	43	208	
Profitier Community Coantion	4	1	Youth	84	140	203	427	
Goshen Community	2	1	Adult	1	-	1	-	
Development Coalition		1	Youth	219	190	79	488	
Healthy Communities Coalition	1	1	Adult	1	-	1	-	
Treating Communities Coantion	1	1	Youth	61	66	55	182	
Join Together Northern Nevada	5	0	Adult	39	76	50	165	
John Together Northern Nevada	3	U	Youth	283	322	229	834	
Nye Communities Coalition	4	0	Adult	69	52	58	179	
Nye Communities Coantion	4	U	Youth	152	150	69	371	
Partners Allied for Community	3	2	Adult	29	6	20	55	
Excellence	<i></i>	<u> </u>	Youth	4	54	91	149	
Partnership for Community	2	1	Adult	0	15	7	22	
Resources	<u> </u>	1	Youth	25	21	14	60	
TOTAL	30	7	Adult	410	1,224	580	2,214	
IOTAL	30	/	Youth	1,119	1,504	1,000	3,623	

^{*}Many of the evidence-based programs were implemented for multiple Coalitions.

The table below (Table IV-5) shows the number of implementation providers and the numbers of persons served by each individually-focus prevention program.

Table IV-5: Completed pretests received for programs implemented by year

Table 1v-5: Completea pretests receive	EBP	# of pro-viders	YR 1	YR 2	YR 3*	All years	% of total
Parenting programs							
Guiding Good Choices	✓	1	4	-	-	4	0.1%
Parenting Wisely	✓	7	113	307	230	650	11.1%
SMART Parents		1	-	2	-	2	0.0%
Family programs (adults & youths)							
Creating Lasting Family Connections	✓	3	95	751	224	1070	18.3%
Children in the Middle		1	-	ı	32	32	0.5%
Parenteen Solutions		1	189	118	80	387	6.6%
Staying Connected with Your Teen**	✓	5	109	139	123	371	6.4%
Student Success		1	94	158	203	455	7.8%
Youth programs							
All Stars Middle School & All Stars, Sr.	✓	3	64	105	73	242	4.1%
Washoe Youth Retreat		1	19	18	-	37	0.6%
HERO Leadership Camp		1	101	-	-	101	1.7%
Leadership and Resiliency	✓	4	138	201	72	411	7.0%
LifeSkills	✓	1	22	33	15	70	1.2%
Passport to Manhood		1	6	5	-	11	0.2%
Positive Action	✓	8	352	589	346	1287	22.0%
Project Toward No Drug Abuse	✓	1	32	38	25	95	1.6%
Project Venture	✓	1	4	8	5	17	0.3%
SMART Moves		1	-	46	13	59	1.0%
Too Good for Drugs	✓	1	187	210	139	536	9.2%
TOTALS			1,529	2,728	1,580	5,837	
PERCENT OF TOTAL			26.2%	46.7%	27.1%	100%	

^{*} Year 3 data reflects nine months of implementation.

IV. B. 5. Implementation fidelity

Regarding the general fidelity of the programs implemented, we can point to many positive things about program fidelity. From the Intervention Questionnaires, the Evaluation Plans, the Update Forms, and the timing of completed pretests and post-tests, we can conclude that:

- planning and implementations included high fidelity to program dosage, duration, setting and facilitator requirements;
- in many cases, minimum requirements were exceeded;
- training requirements (at least for the original provider staff) were met and some of the facilitators were highly trained with years of experience;
- when Coalition and providers believed that program adaptations were necessary, they were diligent about contacting program developers and securing permission;

^{**} Formerly known as *Parents Who Care*.

Coalitions came up with creative adaptations to address very real challenges like geography and travel distances. For example, the Nye Coalition hit on a creative way to implement Positive Action. Because, there was not enough time during the school day or after school, and many of the youth commute via school bus for over an hour each way, Positive Action was given during the bus ride home (PR and Ob).

There are several implementation factors which impacted the chances for demonstrating individual outcome success. LifeSkills and All Stars Middle School were designed to be multiyear school-based programs (LifeSkills is a 3-year program; All Stars a 2-year program). Due to a communication breakdown during the approval process for Program Year 1 funding, there was confusion about whether SAPTA would require the booster sessions to be implemented. It appears from our records that Coalitions attempted to implement the booster sessions in the second and third years but were not always successful (there were few completed follow-up surveys). Given the challenges of implementing the booster sessions, these were probably not ideal program choices. The individual outcomes reported in Part V cover only one pretest to post-test period (PR and IQ).

A second implementation factor to consider when reviewing the survey outcome results in Part V is that the program implementation timeframe was often quite short and therefore pre and post-tests were often administered very close in time. As an extreme example, the HERO Leadership Camp was only one week long and the pretest and post-test were given only 5 days apart. This very short timeframe did not allow for measurement of long-term attitude changes which were the goal of the program (EP).

IV. C. Barriers to implementing programs

During the Learning Circles and in discussions with PIRE evaluators, the Coalition Directors and SIG Coordinators identified a few barriers to implementing the AODA prevention programs funded by the Nevada SIG. These barriers related to three primary issues: (1) the perceived expense of implementing evidence-based programs; (2) a lack of infrastructure capacity at the sub-Coalition level to support the Coalitions' prevention efforts, especially in smaller Coalitions; and (3) difficulties caused by physical distance and the remote nature of most of Nevada.

IV. C. 1. Expense of implementing evidence-based programs

Among the Coalition Directors participating in the Key Stakeholder Interviews, the most common barrier to implementation was the cost of evidence-based programs. They believed that implementing model programs was too expensive, especially in areas with small populations: it is expensive to "implement a model program to a very few people.... one has to have the funds to train the implementers and to actually implement." And from a staff member of an urban Coalition: "Evidence-based programs are cost prohibitive for small non-profits to implement due to high start up costs." This concern was voiced only in the interviews done during the early stages of the project, in 2004, while the Coalitions were wrestling with choosing evidence-based programs and implementing them with fidelity. The cost barrier was not mentioned during the later years of the project (LKSI).

IV. C. 2. Lack of local infrastructure

This barrier was expressed mostly in terms of a dearth of qualified prevention providers capable of meeting SAPTA's certification requirements. Because some Coalitions had served as program providers prior to the SIG and were required to relinquish this role, finding and executing contracts with other agencies was often an uncomfortable change. There were also concerns about a lack of qualified prevention staff and staff turnover in provider agencies, and in some cases, the Coalitions themselves. As one Coalition director stated: "We have very little infrastructure to support very formal programs in rural areas." (LKSI)

IV. C. 3. Traveling distance

In many parts of Nevada, the distances participants must travel to attend prevention programming can be daunting. That simple but significant fact influenced how and when many AODA prevention programs were implemented during the SIG. "Considering how geographically large and (sparsely) populated our Coalition's service area is, it is difficult to serve all." (LKSI)

IV. D. Environmental strategies

The evaluation of environmental strategies implemented through the SIG was developed and conducted at the local level by the Coalitions and their local evaluators. PIRE was not involved in these processes but agreed to include the local evaluators' final evaluation report findings in this final statewide evaluation project report.

Join Together Northern Nevada (JTNN) had a subcontract with Quest Counseling to implement an Environmental Strategies Program. JTNN submitted a report on their activities to PIRE in May 2007. It included a description of the activities that they implemented; the primary activities were:

- Four trainings for the staff of retail alcohol outlets,
- Media campaign (38 days during year 3), and a
- Community norms event focused on skateboarders.

Both Goshen and PACE implemented Challenging College Alcohol Abuse. Goshen's provider, the University of Nevada – Las Vegas (UNLV) sub-contracted with Southern Illinois University to administer the CORE survey at baseline and post-test. PACE's provider, Great Basin College, designed their own survey instrument and administered it to a sample of students at baseline and post-test. Raw datasets were sent to PIRE for transfer to CSAP, but as of the date of this report, we had not received a final evaluation report from these sites and thus were unable to present a summary of their findings.

Community Council on Youth (CCOY), Partners Allied for Community Excellence (PACE), and Partnership for Community Resources (PCR) had planned to implement the Community Trials Intervention to Reduce High-Risk Drinking. PACE and PCR submitted reports to PIRE at the beginning of the program, but they did not submit any further information. We have no data on the implementation of these programs.

PART V: PROGRAM PARTICIPANT OUTCOMES

V. A. Introduction

In Part IV we described the evidence-based programs implemented during the Nevada SIG, including the number of implementations, how they were implemented, and a description of the participant populations who completed a pretest. This section reports participant survey outcome findings concerning the individually-focused prevention programs that were implemented and evaluated from the fall of 2004 through March 2007.

The youth surveys included a common set of 21 GPRA and Core Measures questions which were appropriate to analyze for pretest to post-test change. These 21 items were most central to the overall SIG evaluation, and they are the focus of analyses in this section of the report. GPRA questions that were not analyzed concerned variables for which short-term pretest to post change would not be expected to be a good indicator of program effectiveness, such as age of first use. More detailed reports on all of the findings for each coalition were generated and distributed to SAPTA and the Coalitions, and summaries of these findings (including findings involving parent surveys and non-GPRA/Core Measures) are included in section V.D. of this report.

V. B. Survey analyses and interpretation of findings

V. B. 1. Data analysis procedures

Pretest demographics and pre-to-post change results are provided for each of the 10 prevention programs with matching surveys from at least 25 participants. Demographic data provide an overview of respondents at the beginning of the program and information about the participant populations. Use rates or average item scores are reported for relevant survey items. To determine between group differences from pre- to post-test, non-parametric McNemar tests were performed on use rates and paired-sample t-tests were performed on average item scores. The pre- and post-test comparisons indicate whether a difference was statistically significant. The level of significance was set at .05 (5%) which means that there is less than a five in 100 likelihood that the outcome is a result of chance rather than a true difference between the participants' pre- and post-test. Therefore, any results referred to as "statistically significant" in this report are considered a true pre- to post-test change and not a result of chance. In addition, the report indicates whether a statistically significant change was a favorable change, that is, a change in the expected direction for participants in substance abuse prevention programs, or an unfavorable change.

"Matching" pre- and post-tests refers to linking surveys with the same respondent-created ID code, as well as other available identifying variables such as age, year of birth, date of survey (month and day), program location, and Coalition name. The respondent-created ID code consists of the following six variables: (1) the last letter of the respondent's last name; (2) the first letter of the middle name (X if none); (3) the first letter of the mother's first name (X if none); (4) the month of birth; (5) the day of birth; and (6) the first letter or first number of the street address of their residence. Efforts were made to match ID codes with missing or inconsistent information from pre- to post-test in order to obtain the largest possible number of

matching pre- and post-tests. Exact matching on street address, middle name, or mother's name was not required if other information matched.

A complete and accurate match on the pre- and post-tests was not feasible because of many factors including the following: incomplete and inaccurate ID code information; cases with identical ID code information; missing pre-and/or post-surveys; and data recording errors. By definition, the matched sample consists of participants who attended the pre- and post-test sessions and accurately provided ID information at both times. Thus, this matched sample may not include some higher-risk youth because they may have been more likely to: (a) be absent during the pre- or post-test; or (b) provide incomplete or incorrect data. The implication of the differences between our matched sample and the full set of participants is that our findings should not be generalized to the whole set of participants. However, because the bias in our sample is largely due to absenteeism, our findings are relevant for those participants who were present for a larger portion of the interventions. Thus, the matched sample should provide a relatively accurate picture of changes experienced by program participants who had a significant opportunity to benefit from the intervention.

V. B. 2. Interpretation of results

It is important to note that the evaluation design was non-experimental. That is, pre- and post-tests were required to be administered only to program participants, and not to control groups, so we cannot tell what would have happened in the absence of the program. The evaluation design was one of capacity enhancement and outcome monitoring and not one of rigorous research methodology. Despite this limitation, favorable results are expected to provide a level of comfort that the program seems to be leading to the outcomes anticipated for an evidence-based program. Data from some interventions suggest that they performed well in comparison to other interventions and, therefore, warrant particular attention by prevention providers. We anticipate that outcome information from this evaluation can be coupled with input from the Coalitions on program implementation issues (e.g., costs, ease of implementation, quality of available TA) and review of the research literature, to help inform future decisions about program support.

Scores on the items were often very high at pretest (as noted by the pretest averages relative to the possible range of scores). This is good news regarding the state of Nevada communities, but is problematic for the evaluation because the ability to demonstrate favorable change between pre- and post-test is therefore very limited. This "ceiling effect" can frequently occur with attitudes and perceptions, such as one's perception of how risky it is to use amphetamines. If participants already perceive amphetamine use as very risky on the pretest, significant increases are unlikely to occur at post-test.

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³ Because adolescents in today's society generally become more tolerant of substance use and more likely to engage in some substance use behaviors as they grow older, it may be difficult to achieve favorable changes among program participants over the time span between the pre- and post-tests, even for a period as short as a few months. Therefore, even seeing no change on some risk factors and/or substance use behaviors may be viewed as a favorable impact of program participation. This is particularly true for data where most respondents reported very low levels of risk and very low levels of substance use at the beginning of the programs.

There are two other data limitations to keep in mind when reviewing the findings in this report. First, there is the possibility that participants' level of comfort with the survey monitors increased across time and that this influenced the results. It is not uncommon for respondents to score lower on a post-test because they feel more comfortable being truthful at the end of a program. Second, there is the possibility that the program increased awareness of a particular issue among participants and that this increased awareness led to a change in responses. This type of response bias is sometimes found in parenting programs. For example, parents may feel that they are doing well at supervising their children before beginning a parenting program, but realize that they could do better over the course of the program and assess themselves less favorably on the post-test when their actual parenting practices have not changed.

V. C. Findings for the central youth participant survey items

As displayed in Tables V-1 and V-2, ten programs had at least 25 matching cases for these analyses. Data are presented for each of these programs and also for the full set of 1,638 matching cases across all programs. Overall, we were able to match 1,638 of the 2,155 post-tests with pretests – a high match rate of 76%. Over one-half of the data set was participants in either the Positive Action program (536 participants from five Coalitions) or Too Good for Drugs (360; one coalition). There were also over 100 matching surveys for All Stars (145; three Coalitions), Leadership and Resiliency (142; four Coalitions), and Student Success (130; one Coalition).

Table V-1: *Matching pretests and post-tests per program*

Program	Completed Pretests	Completed Post-Tests	Matching Pretests & Post-tests
All Stars	217	172	145
Creating Lasting Family Connections	83	55	39
HERO Leadership Camp	99	93	92
Leadership and Resiliency	359	237	142
LifeSkills	56	40	35
Parenteen Solutions	118	54	49
Positive Action	1,114	646	536
Project Towards No Drug Abuse	90	82	66
Student Success	331	250	130
Too Good for Drugs	507	470	360
Overall	3,148	2,155	1,638

Table V-2: Matching pretests and post-tests per program per Coalition

Program (N)	Coalition(s) Implementing Program (N)
All Stars (145)	Community Council on Youth (22) Join Together Northern Nevada (116) Partnership of Community Resources (7)
Creating Lasting Family Connections (39)	BEST Coalition (21) Churchill Community Coalition (18)
HERO Leadership Camp (92)	Goshen Community Development Coalition (92)
Leadership and Resiliency (142)	Churchill Community Coalition (69) Goshen Community Development Coalition (60) Join Together Northern Nevada (10) Partners Allied for Community Excellence (3)
LifeSkills (35)	Community Council on Youth (35)
Parenteen Solutions (49)	BEST Coalition (49)
Positive Action (536)	BEST Coalition (216) Goshen Community Development Coalition (43) Healthy Communities Coalition (100) Join Together Northern Nevada (37) Nye Communities Coalitions (140)
Project Towards No Drug Abuse (66)	Nye Communities Coalitions (66)
Student Success (130)	Frontier Community Coalition (130)
Too Good for Drugs (360)	Join Together Northern Nevada (360)

Demographic information is presented first as a profile of the survey respondents for each program, and then statistical analyses are presented for the 21 GPRA/Core Measures questions which were appropriate to analyze for pretest to post-test change.

V. C. 1. Demographic information for youth

As displayed in Table V-3 below, there was a nearly even distribution of females and males in the overall matched survey database. Amongst the individual programs, Creating Lasting Family Connections (84%) and HERO (67%) had particularly high representation by females, and Project Towards No Drug Abuse (62%) had the highest level of male representation in the matched sample.

Table V-3: *Participant sex for matching youth surveys by program*

Drogram	Partici	pant Sex
Program	Female	Male
All Stars	55%	45%
Creating Lasting Family Connections	84%	16%
HERO Leadership Camp	67%	33%
Leadership and Resiliency	46%	54%
LifeSkills	46%	54%
Parenteen Solutions	45%	55%
Positive Action	53%	47%
Project Towards No Drug Abuse	38%	62%
Student Success	49%	51%
Too Good for Drugs	52%	48%
Overall	53%	47%

Table V-4 displays the most common racial/ethnic categories selected by the matched survey sample. Overall, a little more than half of the participants selected White (54%), an additional 14% selected African-American, and 37% indicated that they were Hispanic on a separate question. Programs varied considerably in the racial/ethnic makeup of their participants with the highest levels of White representation in HERO Leadership Camp (79%), Project Towards No Drug Abuse (79%), Student Success (77%), and LifeSkills (74%); the highest levels of African-American participation in Parenteen Solutions (31%) and Leadership and Resiliency (29%); and the highest levels of Hispanic participation in All Stars (99%), Too Good for Drugs (47%), and Positive Action (32%).

Table V-4: Participant race and ethnicity for matching youth surveys by program

Twenty I will suppose with the control of the		pant Race/Et	
Program	White	African- American	Hispanic
All Stars	17%	18%	99%
Creating Lasting Family Connections	51%	3%	25%
HERO Leadership Camp	79%	7%	15%
Leadership and Resiliency	44%	29%	21%
LifeSkills	74%	6%	17%
Parenteen Solutions	42%	31%	25%
Positive Action	49%	22%	32%
Project Towards No Drug Abuse	79%	2%	24%
Student Success	77%	2%	20%
Too Good for Drugs	54%	5%	47%
Overall	54%	14%	37%

^{*} Other racial/ethnic categories for participants to choose were: Native American (6% overall), Asian (2%), Pacific Islander (1%), and Native Hawaiian or Other (14%), and an additional 9% of respondents selected more than one category. Most participants selecting one of these categories also selected Hispanic in a separate question, and therefore the three categories listed in the table summarize the preponderance of selections by respondents.

Participant age categories are displayed in Table V-5. Overall, there was a normal distribution of age representation with nearly half in the 14-15 age category (43%) and an even distribution of 12-13 and 16-17 age categories. Only a very small percentage were 18 years or older. Across the programs, the youngest distributions were for LifeSkills, HERO, and Positive Action, and the oldest distributions were for Creating Lasting Family Connections, Leadership and Resiliency, and Student Success.

Table V-5: Participant age for matching youth surveys by program

Duo cuom		Particip	ant Age	
Program	12-13	14-15	16-17	18+
All Stars	17%	48%	28%	8%
Creating Lasting Family Connections	5%	31%	51%	13%
HERO Leadership Camp	55%	30%	14%	0%
Leadership and Resiliency	8%	53%	39%	1%
LifeSkills	97%	3%	0%	0%
Parenteen Solutions	25%	53%	22%	0%
Positive Action	46%	27%	25%	3%
Project Towards No Drug Abuse	18%	55%	24%	3%
Student Success	19%	43%	35%	4%
Too Good for Drugs	0%	67%	29%	5%
Overall	27%	43%	27%	3%

V. C. 2. Results for central GPRA/Core Measure items

The 21 items analyzed in this section concerned four basic substance use issues across multiple substances: use within the past 30 days, disapproval of use by people your age, the perceived risk associated with use, and plans regarding future use. Analyses of these items are presented in this categorical order below.

<u>Past 30-Day Use.</u> Based on responses to eight survey items, past 30-day use rates were calculated concerning cigarettes, smokeless tobacco, alcohol, binge drinking, drunkenness, marijuana, amphetamines, and illegal drugs. As displayed in Table V-6, there were no statistically significant changes in the overall dataset. There were favorable changes for both Creating Lasting Family Connections for alcohol (decreased from 36% to 15%), and Leadership and Resiliency for both alcohol (reduced from 25% to 14%) and drunkenness (reduced from 16% to 5%). There were unfavorable changes for Student Success for both alcohol (increased from 22% to 32%) and drunkenness (increased from 9% to 20%).

Table V-6: Youth's substance use rates by program

		How often have you during the past 30 days?														
PROGRAM	Smoke		Used smoke tobacc			Had alcoholic roeverages to drink		Had five or more drinks in a row (past 2 weeks)		Been drunk or very high from drinking alcoholic beverages		Taken amphetami (uppers, up speed, bennies) on your own th is, without doctor tellin you to take them		s, ups, s) on wn that out a telling	Used LSD (acid), cocaine, ecstasy ("x") or another illegal drug	
	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Pre- Test	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Post- Test
All Stars	2%	1%	0%	0%	15%	17%	7%	4%	5%	8%	3%	0%	2%	1%	2%	1%
Creating Lasting Family Connections	46%	46%	10%	3%	36%	15%[+]	18%	31%	28%	13%	28%	21%	11%	8%	13%	11%
HERO Leadership Camp	0%	1%	0%	0%	15%	14%	N/A*	N/A*	4%	6%	1%	1%	N/A*	N/A*	N/A*	N/A*
Leadership Resiliency	43%	42%	8%	8%	25%	14%[+]	18%	15%	16%	6%[+]	9%	5%	2%	1%	2%	1%
LifeSkills	0%	6%	0%	14%	9%	14%	6%	9%	3%	20%	0%	11%	0%	12%	0%	6%
Parenteen Solutions	16%	16%	0%	2%	16%	12%	8%	8%	12%	10%	22%	12%	4%	3%	2%	2%
Positive Action	11%	10%	4%	3%	23%	22%	12%	14%	14%	14%	11%	12%	4%	4%	4%	3%
Project Towards No Drug Abuse	42%	44%	9%	6%	55%	52%	30%	37%	41%	34%	30%	31%	11%	13%	8%	5%
Student Success	5%	7%	2%	5%	22%	32%[-]	N/A*	N/A*	9%	20%[-]	2%	3%	N/A*	N/A*	N/A*	N/A*
Too Good for Drugs	9%	9%	1%	2%	30%	34%	17%	19%	19%	20%	13%	16%	3%	3%	5%	5%
Overall	13%	13%	3%	3%	24%	24%	14%	16%	15%	15%	10%	11%	4%	4%	4%	3%

^{*}This question was not asked on the survey that participants of this program completed.

[+] Statistically significant at p<.05 in a favorable direction.

[-] Statistically significant at p<.05 in an unfavorable direction.

<u>Disapproval of Use.</u> The four disapproval of use items on the survey concerned cigarettes, alcohol, marijuana, and illegal drugs. As displayed in Table V-7, there was one statistically significant change in the overall dataset – the disapproval of alcohol use item increased from 2.0 to 2.1 on the 0-3 response scale listed below the Table. There were favorable changes for the following programs: All Stars (disapproval of alcohol use increased from 2.5 to 2.7), Leadership and Resiliency (disapproval of alcohol use increased from 1.9 to 2.1, and disapproval of marijuana use increased from 2.1 to 2.3), and Positive Action (disapproval of cigarette use increased from 2.2 to 2.3). There were unfavorable changes for both LifeSkills (disapproval of marijuana use decreased from 2.9 to 2.7, and disapproval of illegal drug use decreased from 3.0 to 2.7), and Student Success (disapproval of marijuana use decreased from 2.5 to 2.4).

Table V-7: Youth's rates of disapproval of using substances by program

Table V-7. Tourn's rates (How wrong do you think it is for someone your age to							
PROGRAM	Smoke ci	garettes?	Drink be		Smoke m	arijuana?	Use LSD cocaine, amphetamines or another illegal drug?		
	Pre-Test	Post- Test	Pre-Test	Post- Test	Pre-Test	Post- Test	Pre-Test	Post- Test	
All Stars	2.7	2.7	2.5	2.7[+]	2.9	2.9	2.9	2.9	
Creating Lasting Family Connections	1.5	1.5	1.5	1.5	1.5	1.6	2.5	2.6	
HERO Leadership Camp	2.6	2.7	2.4	2.5	2.8	2.9	N/A*	N/A*	
Leadership & Resiliency	1.6	1.7	1.9	2.1[+]	2.1	2.3[+]	2.8	2.8	
LifeSkills	2.7	2.5	2.6	2.6	2.9	2.7[-]	3.0	2.7[-]	
Parenteen Solutions	2.1	2.2	1.9	2.1	2.1	2.0	2.9	2.9	
Positive Action	2.2	2.3[+]	2.1	2.1	2.4	2.4	2.8	2.8	
Project Towards No Drug Abuse	1.6	1.5	1.5	1.6	1.9	1.7	2.7	2.6	
Student Success	2.2	2.1	1.9	1.8	2.5	2.4[-]	N/A*	N/A*	
Too Good for Drugs	2.2	2.2	1.8	1.7	2.2	2.2 2.2		2.7	
Overall	2.2	2.2	2.0	2.1[+]	2.4	2.4	2.8	2.8	

Response options were: 0 = Not at all wrong; 1 = A little bit wrong; 2 = Wrong; 3 = Very wrong.

<u>Perceived Risk of Use.</u> The five risk of use items on the survey concerned cigarettes, alcohol, binge drinking, trying marijuana, and frequent marijuana use. As displayed in Table V-8, there were no statistically significant changes in the overall dataset for these items. There were favorable changes for both HERO (perceived risk of binge drinking increased from 2.5 to 2.6 on

^{*}This question was not asked on the survey that participants of this program completed.

^[+] Statistically significant at p<.05 in a favorable direction.

^[-] Statistically significant at p<.05 in an unfavorable direction.

the 0-3 response scale listed below the Table, and perceived risk of trying marijuana increased from 1.9 to 2.1), and Leadership and Resiliency (perceived risk of alcohol use increased from 2.0 to 2.3, perceived risk of trying marijuana increased from 1.5 to 1.8, and perceived risk of frequent marijuana use increased from 2.3 to 2.5). There were unfavorable changes for both LifeSkills (perceived risk of frequent marijuana use decreased from 2.9 to 2.5), and Student Success (perceived risk of alcohol use decreased from 1.9 to 1.7).

Table V-8: Youth's perceptions of harm from using substances by program

	How much do you think people risk harming themselves (physically or in other ways) if they									
PROGRAM	Smoke one or more packs of cigarettes per day?		Have one or two drinks nearly every day?		Have five or more drinks once or twice each weekend?		Try marijuana once or twice?		Smoke marijuana regularly?	
	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Post- Test
All Stars	2.5	2.5	2.3	2.3	2.4	2.4	2.4	2.4	2.6	2.6
Creating Lasting Family Connections	2.5	2.4	2.1	2.1	2.2	2.1	1.2	1.5	1.9	2.1
HERO Leadership Camp	2.7	2.7	2.2	2.2	2.5	2.6[+]	1.9	2.1[+]	2.8	2.8
Leadership & Resiliency	2.5	2.5	2.0	2.3[+]	2.2	2.4	1.5	1.8[+]	2.3	2.5[+]
LifeSkills	2.7	2.4	2.4	2.1	2.4	2.3	2.1	2.1	2.9	2.5[-]
Parenteen Solutions	2.5	2.4	1.9	2.0	2.2	2.2	1.3	1.3	2.0	2.1
Positive Action	2.5	2.5	2.0	2.0	2.2	2.2	1.8	1.8	2.4	2.5
Projecct Towards No Drug Abuse	2.3	2.4	1.8	1.9	2.1	2.0	1.2	1.3	2.1	2.0
Student Success	2.6	2.6[-]	1.9	1.7	2.2	2.0	2.0	2.0	2.6	2.5
Too Good for Drugs	2.6	2.6	2.1	2.1	2.3	2.3	1.6	1.6	2.5	2.5
Overall	2.5	2.5	2.1	2.1	2.3	2.3	1.8	1.8	2.5	2.5

Response options were: 0 = no risk; 1 = slight risk; 2 = moderate risk; 3 = great risk

<u>Future Use Plans.</u> The four items about future use on the survey concerned cigarettes, drunkenness, marijuana, and a drug-free life. As displayed in Table V-9, there was one statistically significant unfavorable change in the overall dataset for these items – future plans to avoid marijuana use decreased from 1.9 to 1.6 on the 0-2 response scale listed below the Table. There were favorable changes for both HERO (future plans to get drunk decreased from 0.3 to 0.2), and Leadership and Resiliency (future plans to avoid marijuana use increased from 1.6 to 1.7, and future plans to live a drug-free life increased from 1.4 to 1.6). There were unfavorable

^[+] Statistically significant at p<.05 in a favorable direction.

^[-] Statistically significant at p<.05 in an unfavorable direction.

changes for both LifeSkills (future plans to get drunk increased from 0.2 to 0.5, and future plans to avoid marijuana use decreased from 1.9 to 1.6), and Too Good for Drugs (future plans to get drunk increased from 0.67 to 0.74).

Table V-9: Future intentions of youth to use substances by program

PROGRAM	I have decided that I will smoke cigarettes		I plan t			ecision to vay from	It is clear to my friends that I am committed to living a drug- free life.	
	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Post- Test	Pre- Test	Post- Test
All Stars	0.1	0.1	0.2	0.3	1.9	1.9	1.7	1.8
Creating Lasting Family Connections	1.1	0.9	0.7	0.7	1.3	1.1	1.2	1.3
HERO Leadership Camp	0.1	0.1	0.3	0.2[+]	2.0	2.0	1.9	1.8
Leadership & Resiliency	0.6	0.7	0.6	0.5	1.6	1.7[+]	1.4	1.6[+]
LifeSkills	0.2	0.4	0.2	0.5[-]	1.9	1.6[-]	1.9	1.7
Parenteen Solutions	0.3	0.4	0.5	0.6	1.6	1.5	1.6	1.6
Positive Action	0.3	0.3	0.5	0.5	1.7	1.7	1.6	1.6
Project Towards No Drug Abuse	0.8	0.8	0.9	1.0	1.5	1.3	1.1	1.0
Student Success	0.2	0.3	0.6	0.7	1.8	1.8	1.7	1.7
Too Good for Drugs	0.2	0.2	0.67	0.74[-]	1.6	1.6	1.5	1.5
Overall	0.3	0.3	0.5	0.6	1.70	1.67	1.6	1.5

Response options were: 0 = false; 1 = maybe; 2 = true.

V. D. Findings for each coalition

Separate final evaluation reports for each coalition were completed that included the complete findings for each program implemented by each coalition. Brief summaries of these findings are listed below. The main emphasis for this overall report was the analyses in the preceding section that collapsed information across implementation sites and focused on the core set of youth questions that were most central to the overall project. The summaries by coalition expand on that information by including information from adult survey data and other survey items that were idiosyncratic to each program. To help understand the adult survey information, the demographic information on the matched adult participants is included in Appendix A.

^[+] Statistically significant at p<.05 in a favorable direction.

^[-] Statistically significant at p<.05 in an unfavorable direction.

V.D.1. Summary of BEST's findings

BEST implemented one youth program, Positive Action, one parenting program, Parenting Wisely, and three programs with both youth and parenting components, Creating Lasting Family Connections (CLFC), ParenTeen Solutions, and Staying Connected with your Teen (SCWYT). The youth component of SCWYT however, did not have sufficient matched pre/post-tests for analysis.

The adult component of the Parenteen Solutions program showed 17 favorable statistically significant findings that relate directly to BEST's outcome objectives. These include: improved parental involvement, improved positive discipline and behavior management, and improved communication and conflict resolution. Findings also showed a decrease in parental reports of children's aggressive/disruptive behavior after participating in this program. For youth, five of eight questions targeting BEST's outcome objective of increasing children's refusal skills were statistically significant from pre- to post-test on the Customized CLFC Youth survey used for this program.

The CLFC Adult program showed a significant decrease in self-reported substance use in the past month by participants. However, since a large portion of program participants were incarcerated women, it is impossible to determine whether this finding is due to program effectiveness or simply the lack of access to substances.

The CLFC Youth and Positive Action programs had few significant findings to report. Participants in CLFC Youth found it more wrong to smoke marijuana from pre- to post-tests, while participants in the Positive Action program found it more wrong to drink alcohol and smoke cigarettes from pre- to post-test.

All of the statistically significant findings for Parenting Wisely were favorable changes. Two of BEST's five outcome objectives, which addressed individual survey items, showed statistically significant results. At post-test 76% of respondents answered "regularly" or "very often" when asked how often they checked their child's homework (question #1 on the Customized Adult survey), compared to 69% at pretest. Additionally, 92% of respondents at post-test compared to 81% at pretest answered "Fairly often", "Almost always" or "Always" when asked how often in the past month they had let their child know they appreciate him/her (question #17 on the Customized Adult survey). Findings from this program also showed an increase in reported family involvement and family communication, and a decrease in reports of children's aggressive/disruptive behavior.

The adult component of SCWYT had a total of six statistically significant favorable findings. The majority of these (four) relate directly to BEST's outcome objectives for the program. At post-test, adult participants in this program reported sticking to discipline decisions, getting angry or shouting and yelling at their children less often, and agreeing that children who are bonded to their families are less likely to use drugs.

V.D.2. Summary of CCOY's findings

CCOY implemented two youth programs, All Stars and LifeSkills, and one parenting program, Staying Connected with your Teen (SCWYT). All programs showed at least one favorable

statistically significant finding. However, when data were aggregated for All Stars and LifeSkills only two statistically significant findings were found, both in an unfavorable direction. At post-test respondents across both youth programs found it less wrong to use other illegal drugs like cocaine or ecstasy and were less likely to report they planned to stay away from marijuana.

While the LifeSkills program had only one favorable finding (respondents at post-test were more likely to say they shared their thoughts and feelings with their father), all the findings from All Stars (five) and Staying Connected with your Teen (11) were favorable. Adults in particular showed an increase in family involvement, positive communication and discipline, as well as a greater understanding of youth problem behaviors and their origins. There were a total of five favorable statistically significant findings on questions regarding family involvement and discipline which relate directly to CCOY's outcome objectives, and an additional five favorable findings that relate to understanding how illegal substances affect their children and how protective factors can help their children stay away from substance use.

Three of the five favorable pre- to post-test findings from All Stars relate to CCOY's outcome objectives of decreasing favorable attitudes towards substance use (two findings), and increasing attachment to school (one finding). Two favorable findings relate to positive parent-child communication and involvement. However, these findings must be interpreted as preliminary since All Stars is designed as a two-year program. While it appears that CCOY's provider implemented the second year of the program, only two time-three surveys were completed making analysis impossible.

The majority of findings for the LifeSkills program were in an unfavorable direction (nine out of ten findings). The majority of these findings fell into three categories: (1) favorable attitudes towards drug use (two findings); (2) commitment not to use (two findings), and (3) beliefs about peer norms (three findings). These findings should be viewed with caution as LifeSkills is designed as a three-year program. Findings from pre- to post-test are from respondents with only one year of program exposure and must be interpreted as preliminary. CCOY did administer surveys at a third data collection point. However, there were only 11 matched pretests and time-three tests with which to analyze change. No statistically significant findings were found from pretest to test time three. This finding should also be viewed with caution, as the sample size is extremely small.

V.D.3. Summary of Churchill's findings

Churchill implemented two programs, Creating Lasting Family Connections (CLFC), which included both youth and adult participants, and Leadership and Resiliency (L & R) for youth. While only adults showed statistically significant findings for the CLFC program, there were seven favorable statistically significant findings on GPRA and Core measures when youth data were aggregated across both CLFC and L & R. These findings include a decrease in 30-day alcohol use, a decrease in favorable attitudes towards alcohol use, an increased perception of risk for using alcohol or marijuana, and an increased commitment to not use drugs.

Adults who participated in the CLFC program reported being less likely to call their child names, less likely to express anger toward their child while drinking and more likely to verbally praise

their child from pre- to post-test. These changes relate directly to Churchill's outcome objectives for this program. At post-test, adults also reported drinking less alcohol and being drunk less often in the past 30-days than at pretest.

Churchill's most significant findings were demonstrated by the L & R program. All findings (38 in total) for this program were in a favorable direction. Of these findings, 31 relate directly to Churchill's outcome objectives for the program. Questions about self esteem, decision making skills, and goal setting skills had particularly high percentages of favorable findings. There were also significant reductions in respondent's inclinations towards fighting (seven of eight questions showed favorable change) and an increase in respondent's ability to handle stressful situations (three of four questions showed favorable change) from pre- to post-test.

Churchill implemented the L & R program with a population of children at a juvenile probation facility. While findings show a decrease in alcohol use and being drunk or very high from drinking alcoholic beverages in the past 30 days, it is impossible to tell if these results were due to lack of access to alcohol or program effectiveness. However, because L & R demonstrated favorable findings in perceptions of how wrong it is to drink beer, wine or hard liquor, and to smoke marijuana, as well as perceptions of risk/harm associated with smoking marijuana regularly and having one or two drinks nearly every day, the broader survey information suggests that the favorable influence was due to more than environmental restrictions.

V.D.4. Summary of Frontier's findings

Frontier implemented two parenting programs, Parenting Wisely and Staying Connected with your Teen, and one program with both youth and parenting components, Student Success. Frontier's providers administered two different surveys to adult participants in these programs, the Customized Adult and Basic Adult surveys. Due to the fact that the majority of questions on these two instruments differed, no aggregate analysis across instrument type was preformed. However, there were many favorable statistically significant findings across all parenting programs and instrument types. In fact, two findings were statistically significant on both instruments when data from all parenting programs were aggregated. At post-test, adults reported more agreement with the following statements: (1) I listen to what other family members have to say, even when I disagree, and (2) We can easily think of things to do together as a family.

Both Parenting Wisely and SCWYT showed favorable statistically significant changes that relate directly to Frontier's outcome objectives for these programs. Common to both programs was an improvement in family discipline and family bonding. In addition, Parenting Wisely had a favorable impact on decreasing children's aggressive/disruptive behavior, while SCWYT had a favorable impact on parental perceptions of risk/harm associated with cigarette and marijuana use, and binge drinking once or twice a week. These outcomes relate directly to Frontier's outcome objectives for these programs. Findings for both programs also showed favorable change with regards to improved family involvement and improved family communication.

Although there were fewer favorable statistically significant findings for the adult component of the Student Success program, findings did show improvement in family discipline and communications.

Findings for the youth component of Student Success however, showed change in an undesired direction. At post-test youth reported having consumed alcohol or been drunk more often in the past 30 days, having missed more days of school due to illness, skipping or other reasons, and believing that more of their friends had used a drug like cocaine or heroin in the past 30 days. In addition, perceptions of how wrong it is to smoke marijuana and the risk/harm associated with having one or two drinks nearly every day decreased.

V.D.5. Summary of Goshen's findings

Goshen implemented three youth programs, Leadership & Resiliency (L & R), Positive Action and HERO Leadership Camp (HERO). All three programs showed some favorable results. There were also three statistically significant favorable findings when GPRA/Core measures were aggregated across all three programs. From pre- to post-test, aggregated responses from Goshen's programs showed an increased belief in the wrongfulness of smoking cigarettes or marijuana, and an increased perception of the risks associated with trying marijuana. Of the 18 statistically significant findings for Goshen's three programs, 15 (83%) were in the desired direction of change.

All of the eight statistically significant findings for the HERO program were in a favorable direction. Participants in this program showed a particularly favorable change in their attitudes towards use of marijuana and binge drinking, and their beliefs about peer norms. At post-test, HERO participants reported they were less likely to get drunk in the next year, had fewer friends who had used marijuana or alcohol in the past 30 days, and had friends who would be more upset if they used marijuana or got drunk than at pretest.

Positive Action demonstrated six significant favorable findings, three of which were related directly to Goshen's outcome objectives. At post-test, youth smoked cigarettes less frequently in the past 30 days, and believed it was more wrong to smoke cigarettes or drink beer, wine or hard liquor. Related to Goshen's objectives for this program were two favorable findings pertaining to youth involvement in positive activities outside of school and neighborhood attachment. Positive Action demonstrated two significant unfavorable findings, one related to peers dropping out of school and the other related to parental involvement.

L & R demonstrated three statistically significant favorable findings, one of which related directly to Goshen's outcome objectives for the program. At post-test, youth were more likely to set goals to achieve, and less likely to be involved in fighting. There was one significant unfavorable finding for this program. At post-test participants reported more agreement with the statement, "I don't believe I have any personal strengths".

V.D.6. Summary of Healthy Communities Coalition's findings

While HCC implemented two prevention programs, Positive Action and Passport to Manhood, only Positive Action yielded a sufficient number of matched pre- and post-tests (100) for analysis. The majority of statistically significant findings from the Positive Action program were in an unfavorable direction: seven unfavorable findings compared to two favorable findings.

The two favorable findings did not specifically address HCC's outcome objectives but they were related to the goals for the project. At post-test, respondents' perception of the risk/harm associated with having one or two drinks nearly every day increased, and they were involved in a positive summer learning activity more frequently.

Three unfavorable findings relating directly to HCC's outcome objectives for the program centered on positive family involvement. At post-test, youth reported having less clear family rules about substance use, less willingness to ask mom or dad for help with a personal problem and less agreement that their mom or dad ask them their opinion prior to making family rules.

Three additional unfavorable findings relate to access to substances. Youth reported that it was easier to obtain alcohol, marijuana and other illegal drugs at the end of the program. This finding could be attributed to a "ceiling" effect, particularly regarding marijuana and other drugs. Responses at pretest indicated that the majority of respondents found it "very hard" to obtain marijuana or other illegal drugs (84% and 94% respectively). Although findings at post-test showed a statistically significant drop in respondents reporting it was "very hard" to obtain marijuana or other illegal drugs, the majority continued to report that it was "very hard" to obtain these substances (72% and 87% respectively).

The final unfavorable finding was a decrease in respondents' perceptions of how wrong it is to drink beer, wine or hard liquor.

V.D.7. Summary of JTNN's findings

JTNN implemented four youth programs, All Stars, Leadership and Resiliency (L & R), Positive Action and Too Good For Drugs (TGFD), and one parenting program, Parenting Wisely. Parenting Wisely had the most statistically significant favorable findings. All of the findings for this program were in a favorable direction in comparison to 67% for All Stars and 33% for Positive Action, the two youth programs that had positive findings. L & R and TGFD had a total of three significant findings, all in an unfavorable direction.

Of the four youth programs, All Stars had the most favorable findings. Out of a total of nine findings, six were in a favorable direction. These findings related primarily to peer norms, beliefs about the effects of alcohol use on respondents' lives, and positive involvement in a group like a church or sports team. Unfavorable findings related to perceptions of how wrong it is to use LSD, cocaine, amphetamines or another illegal drug, and parental involvement.

Positive Action had a total of six statistically significant findings, four of which were unfavorable. Participants in this program reported an increase in the number of friends that had been suspended from school in the past month, a decrease in their perceived risk of trying marijuana, a decrease in how wrong it is to use alcohol, and an increase in their decision to smoke cigarettes. The two favorable findings related to increased involvement in family decisions and neighborhood attachment.

Too Good For Drugs' two unfavorable findings related to an increase in planning to get drunk sometime in the next year and a decrease in respondents' perceptions that school work is

meaningful and important. L & R's one unfavorable finding was a decrease in the frequency of respondents thinking about the results of their decisions.

There were two statistically significant findings when data across all four youth programs were aggregated, one favorable and one unfavorable. At post-test, past 30 day use of alcohol decreased, and commitment to not use marijuana also decreased.

Ten of the eleven favorable findings for the Parenting Wisely program related directly to JTNN's outcome objectives. From pre- to post-test, parents participating in this program reported an improvement in family discipline/supervision, a decease in children's aggressive/disruptive behaviors, showing less anger when dealing with their children, and giving their children more positive reinforcement. Closely related to program objectives was the increase in parents helping their child(ren) prepare for tests.

V.D.8. Summary of Nye's findings

Nye implemented two youth programs, Positive Action and Project Toward No Drug Abuse (PTNDA), and two parenting programs, Creating Lasting Family Connections (CLFC) and Staying Connected with your Teen (SCWYT). While 100% of the statistically significant findings for the two adult programs were in a favorable direction, only 11% of the findings (one finding) for the two youth programs were favorable.

PTNDA demonstrated the one favorable finding related to Nye's objective to improve self-control and motivation to avoid substance abuse. At post-test, respondents indicated that their decisions seemed to work out the way they intended more often. Two unfavorable findings related to goal-setting and parents' perceptions of how wrong it would be for youth to smoke cigarettes.

Youth who participated in the Positive Action program reported a significant increase in unfavorable responses to three of the four perceived availability of drugs scale items. They reported that it was easier to obtain cigarettes, marijuana and other illegal drugs at the end of the program. In addition, respondents were more likely to have been drunk or very high from drinking alcohol in the past 30 days, and to report less parental involvement in home work and positive reinforcement when youth do a good job.

Aggregated data across both youth programs demonstrated one significant unfavorable finding related to commitment to not use substances.

Findings for the CLFC program were all favorable and related to positive family involvement, one of Nye's objectives. Four of the seven questions about involving your child/children in making family rules showed statistically significant findings in the favorable direction. At posttest, parents reported involving their child/children in making the family rules concerning smoking cigarettes, using smokeless tobacco, drinking alcohol, and using illegal drugs more often than at pretest.

The SCWYT program had the most statistically significant findings, all of which were favorable. This program was implemented by two providers each with their own outcome objectives.

Findings for five of six questions regarding family involvement in the child's school activities were statistically significant. From pre- to post-test, respondents showed an increase in how often they checked or helped with their child's homework, helped their child prepare for tests, and talked with their child about their classes or other school activities. These findings relate directly to outcome objectives for both providers. Parents who participated in this program also showed a decrease in the amount of reported yelling or shouting at their child/children, an increase in letting their child/children know they were appreciated, and an increase in the perceptions that parents/family can positively influence youth behaviors. Finally, respondents reported an improvement in their child's behaviors related to fighting, lying and cheating.

V.D.9. Summary of PACE's findings

PACE implemented two youth programs, Leadership & Resiliency (L & R) and Project Venture, one parenting program, Parenting Wisely, and two programs that had both youth and parenting components, Children in the Middle (CITM) and SMART Moves/SMART Parents. Although over three-quarters of available post-tests were matched with pretests, sample sizes for each program were very small. Three programs, L & R, Project Venture and SMART Parents did not have sufficient matched pre/post-tests for analysis. The remaining three programs had a total of 21 matching youth surveys and 28 matching adult surveys. Across CITM, SMART Moves and Parenting Wisely, a total of nine statistically significant findings were found, only one of which was from youth participants.

Parenting Wisely demonstrated the majority of significant findings (six of the nine findings), five of which were favorable. At post-test, parents in this program reported talking to their child about their experience at school with classes more often, accompanying their child to activities more often, and their child having temper tantrums less often. In addition, parents agreed more strongly that they can reduce the chance that their children will begin using drugs, as well as acknowledging that most children are first offered drugs by friends or family members.

Both Children in the Middle and SMART Moves demonstrated significant unfavorable findings (assuming greater openness with parents is a desirable outcome for the programs). At post-test, adult CITM respondents were less likely to have spoken to an adult family member or healthcare provider about a personal or family problem. Youth SMART Moves respondents were less likely to share their thoughts and feelings with their mothers.

Due to the very small sample sizes, it is difficult to draw any conclusions as to the effectiveness of these programs in the communities that PACE serves. More data are required to better assess the fit of these programs in PACE's service area.

V.D.10. Summary of PCR's findings

PCR implemented two youth programs, All Stars and Annual Washoe Youth Retreat, and one parenting program, Parenting Wisely. Although the overall percentage of available post-tests that matched pretests was high (89%), the total of matching pre- and post-tests for each program was very low. As a result, there were very few statistically significant findings for these three programs. The Annual Washoe Youth Retreat had one statistically significant unfavorable finding related to school attendance while All Stars had no findings. When data were aggregated

across both youth programs, one favorable change emerged: youth reported it was more wrong to drink alcohol at post-test than at pretest.

From pre- to post-test, the Parenting Wisely program had two statistically significant findings: (1) decreased agreement that their child often lies or cheats, and (2) increased agreement that children should be prepared to lose popularity if they refuse to try alcohol or other drugs.

Due to the very low number of matched pre/post-tests (42 total, across three programs), it is inappropriate to form conclusions about the effectiveness of these programs in the communities that PCR serves.

V. E. Review of participant survey findings

The findings from the overall and program-level pre/post youth survey change analyses are summarized in Table V-10. Overall, there was a statistically significant favorable change for disapproval of alcohol use and a significant unfavorable change for plans to avoid marijuana in the future. Also, six of the ten programs with 25 or more matching surveys did not have more than one significant effect (either favorable or unfavorable). Both overall and for these six programs, the data clearly indicate little change in the participant responses during the period of program implementation. However, this common finding of little change in 30-day substance use variables and the intervening variables associated with use should not be interpreted as poor prevention outcomes. Findings from the national SIG evaluation indicate that the pre/post results for Nevada look similar to the average findings for outcome monitoring of evidence-based programs. Based on data analyses of over 70,000 participant observations in 19 states, the national evaluators concluded:

"The 19 SIG States showed no significant reduction in use of alcohol, cigarettes, and marijuana nor significant pre- and post-test improvement in perceived approval of using these substances, but appeared to have "stabilized" non-use of these substances. This is especially true when SIG youth were compared to non-SIG youth, and is important in the context of a 25% increase in 30-day use of alcohol, cigarettes, and marijuana for youth from 12 years of age to 14 years of age reported by the National Household Survey on Drug Use and Health."

Two programs – LifeSkills and Student Success – had multiple survey items with unfavorable changes across time and no items with favorable changes. This is obviously not a desirable pattern and we would therefore recommend attention to the implementation conditions of these programs to determine if improvements are possible to increase the effectiveness of these programs in these communities. If they have been implemented with fidelity and appropriate community adaptations, then it is possible that the programs are simply not a good fit for these communities.

Both the HERO Leadership Camp and Leadership and Resiliency programs had multiple favorable changes (3 for HERO, and 9 for Leadership and Resiliency) and no unfavorable

⁴ From Yu, Cheng, Luckey, and Diana, *Outcome Findings: SIG Phase III Cross-Site Evaluation*, presented at the 2005 National Prevention Network Conference in New York City.

changes. These results obviously stand out from the results for the other programs (particularly the broad success of Leadership and Resiliency including behavioral improvements in alcohol use and drunkenness) and therefore it would be appropriate to discuss the strengths and weaknesses of these two programs with the implementation communities with an eye towards expanding this success in these communities and possible replication in other areas of the state. Discussions with the sites may help determine if, for example, the success of the Leadership and Resiliency program was helped or hindered by working with a very high risk population (half of the participants were in a Juvenile Detention facility).

Table V-10: Summary of statistically significant youth survey findings for 21 GPRA/Core Measures items

Program (N)	Favorable Change	Unfavorable Change
All Stars (145)	Wrong to drink alcohol	None
Creating Lasting Family Connections (39)	30-day alcohol use	None
HERO Leadership Camp (92)	Risk of binge drinking Risk of trying marijuana Plans to be drunk	None
Leadership and Resiliency (142)	30-day alcohol use 30-day drunk Wrong to drink alcohol Wrong to smoke marij. Risk of daily alcohol use Risk of trying marijuana Risk of regular marij. use Plans to avoid marijuana Plans for drug-free life	None
LifeSkills (34)	None	Wrong to smoke marij. Wrong to use illegal drg. Risk of regular marij. use Plans to be drunk Plans to avoid marijuana
Parenteen Solutions (49)	None	None
Positive Action (536)	Wrong to smoke cigs.	None
Project Towards No Drug Abuse (66)	None	None
Student Success (130)	None	30-day alcohol use 30-day drunk Wrong to smoke marij. Risk of daily alcohol use
Too Good for Drugs (360)	None	Plans to be drunk
Overall (1,638)	Wrong to drink alcohol	Plans to avoid marijuana

Entries in italics are substance use variables.

The coalition-specific summaries reviewed the key findings for the full set of items analyzed in the separate coalition reports. These highlighted other important findings, particularly the success of programs that focused on adults such as Parenteen Solutions, Parenting Wisely, Staying Connected with your Teen, and Creating Lasting Family Connections. BEST had 19 favorable statistically significant findings for Parenteen Solutions including improvements in parental involvement, positive discipline and behavior management, and communication and conflict resolution. This family program also had positive findings for items focusing on improvements in the youth participants' refusal skills. For the Parenting Wisely program, BEST, Frontier, JTNN, and PACE also had broad positive findings for their adult participants including increases by BEST in reported family involvement and family communication, and a decrease in reports of children's aggressive/disruptive behavior. BEST, CCOY, Frontier, and Nye all had positive findings for adults participating in SCWYT, including improvements in a variety of parenting practices and perspectives. Likewise, BEST, Churchill, and Nye all demonstrated only positive findings for adult participants in CLFC for parenting practice issues. Thus, although there were not a common set of core adult survey items to compare across the parenting programs, the preponderance of information indicated that Parenteen Solutions, Parenting Wisely, Staying Connected with your Teen, and Creating Lasting Family Connections were all very successful in leading to positive changes in adult participants. As with the youth programs with favorable outcome monitoring data, we recommend discussing the strengths and weaknesses of these programs with the implementation communities with an eye towards expanding their success and possible replication in other areas of the state.

PART VI: KEY FINDINGS AND DISCUSSION

The broad goal of the Nevada State Incentive Grant was to help reduce the use and abuse of alcohol, tobacco, and other drugs among Nevada's 12-25 year old youth. To accomplish this, SAPTA aimed to reinvent the system for delivering prevention services through: 1) improved coordination of prevention services statewide; and 2) increased implementation of prevention programs based on sound scientific research. The key findings in progress towards meeting these two objectives are described below, and a discussion of lessons learned by the evaluators during this project closes out the report.

VI. A. Key findings related to the AODA prevention system

VI. A. 1. Changes in the relationship among the system's components

The most significant change in the Nevada AODA prevention system during the SIG project was a fundamental change in the roles of the local Coalitions. SAPTA funded ten local Coalitions, covering virtually the entire state, to select, fund and monitor local prevention providers to implement evidence-based programming. They decided on an equity model for distributing the SIG funds, in keeping with their overall goal of revamping the state's AODA prevention system, and SAPTA required the ten Coalitions to go through three developmental steps:

- Step 1: Planning and capacity building,
- Step 2: Organizational requirements to satisfy the "Deeming Checklist", and
- Step 3: Plan for implementing evidence-based programs.

Each Coalition submitted a narrative to SAPTA for approval that described how they would implement programs in their area. SAPTA provided the Coalitions with help on the organizational and business requirements necessary to get SIG program implementation funds and PIRE provided technical assistance on evaluation processes.

Through this process, the local Coalitions became responsible for distributing federal AODA prevention funds that were passed through SAPTA and thus became the backbone of the substate organizational framework for prevention in Nevada. Their role included monitoring the use of the prevention funds by local providers, similar in function to what a county agency might perform in other areas of the country. By doing this, SAPTA achieved its primary goal in changing the State infrastructure by inserting an administrative entity between SAPTA and the prevention program providers.

In addition to the development of the Coalition system in the state, there were also important areas of progress relating to state prevention funding and planning. The SIG project allowed SAPTA to begin merging two significant funding streams - the SAPT Block Grant and the SIG - to funnel to the Coalitions for local AODA prevention programming. An example of this integration was the original funding for the three new Coalitions with SAPT block grant dollars. The money was provided by one funding stream, while much of the vision for the new Coalitions came from the plan for the SIG project. These new Coalitions were a key component of the overall SIG plan from the very beginning, and they were able to develop because SAPTA blended funding streams for them – the SAPT block grant funds and SIG funds – during the SIG project.

VI. A. 2. Improvements in the state-level system

As mentioned above, SAPTA carefully and thoughtfully created a systematic set of steps to ensure the SIG was well implemented, and met CSAP and State requirements. The development of the funding system for allocating the SIG community-level dollars (85% of the total award), executing formal contracts with the Coalitions with a higher level of business practice requirements, and the system created in the March 2004 RFA for Coalitions sub-contracting with certified program providers were all major infrastructure improvements.

One of the first priorities in the implementation of the project was to create a State Advisory Committee – known as the Governor's State Incentive Grant Advisory Committee. This 21-member body was appointed by the Governor of Nevada in 2003 from state and local governmental agencies and private non-profit organizations. After organizing themselves and becoming familiar with the project, their most tangible role was to provide input into the Substance Abuse Prevention Strategic Plan. In April 2005, the full committee accepted the final Plan which had been produced by SAPTA staff members with input from a SAC subcommittee. Participation in the SAC declined in later years, as indicated by attendance records, perhaps due to accomplishment of the main project goals for the group.

Evaluation data indicated that the SAC was a good venue for increasing awareness of the need for cooperation and collaboration among the State agencies involved in the prevention system, between State agencies and the Coalitions, and within the community level of the system. There was an increase in a common understanding of prevention and what constituted evidence-based programs among State agencies and interest in collaboration. However, the key stakeholder interviews indicate that the level of involvement among the State-level players was lower at the end of the project than at the beginning, and cross-agency collaboration did not appear to increase.

Nevada's success at competing for a SPF SIG in 2005 resulted in a major change in the role of the SAC. Nevada was one of a handful of states where the SIG and the SPF SIG overlapped substantially. A consequence of this overlap was that the Nevada SAC shifted its primary attention to the SPF SIG and the new, continuously evolving CSAP guidance to states. Even though the SIG and SPF SIG projects overlapped conceptually, this changed the nature of the SAC because it shifted its focus to the new project.

One of the important goals for the SIG was to secure new resources to sustain and expand on the prevention advances of the project in the state. An important achievement was securing the SPF SIG grant and the associated funds and training opportunities that this brought to the state. Nevada's experience with the SIG was a significant influence on its interest in, and successful pursuit of, the new SPF SIG project and it represents an important sustainability achievement for the State infrastructure. A second important sustainability achievement was securing additional resources for prevention from within the state. At the time of the state and local key stakeholder interviews in early 2007, it was commonly believed that funding for prevention in Nevada was not keeping pace with the increased need. Fortunately, there was a major success in the late spring of 2007 when the Nevada legislature passed a budget that funded AODA prevention with state money in order to replace money that had been provided by the SIG in past years. It is our

understanding that the success of the SIG played a key role in convincing the legislature that this funding was worthwhile and needed.

VI. A. 3. Improvements in the local Coalition systems

Significant infrastructure and capacity development occurred in each coalition during the project. The nature of the original ten Coalitions varied significantly: some were well-established non-profit organizations; some were grass-roots organizations without formal non-profit status; some were organized to take advantage of the opportunities of the SIG; and some provided prevention programming and other services themselves. To receive SIG program implementation money, each Coalition had to reach an organizational threshold. This included:

- Legal status as a 501(c)3 not-for-profit organization;
- A Comprehensive Community Prevention Plan (CCPP) approved by SAPTA, with a list of targeted risk and protective factors to be addressed by selected programs;
- A formal organizational structure with an organizational chart including position name, title, and responsibilities, including a Board of Directors;
- A financial management system complete with internal controls and accounting policies; being certified by SAPTA in regards to training of staff; and
- A copy of the RFA through which they would solicit certified program providers, complete with program goals, funding sources, grant application writing suggestions, application instructions, and content sequence.

New training and technical assistance opportunities were made available through the SIG to increase the capacity of the Coalitions to meet these requirements and to participate in evaluation activities, manage programs, and structure themselves in an effective manner to meet project goals.

The Coalitions held between 12 meetings (2005) and 20 meetings (2006) per year, including subcommittees, and these were attended by an average of 15 to 16 community members. The most common segments of the community involved in the Coalitions were the schools, community-based organizations, family, youth and human service agencies, followed by juvenile justice.

The strong focus on building the infrastructure and capacity of the local Coalitions during the SIG resulted in increased coordination and collaboration among local agencies, and increased emphasis on evidence-based practice. New local providers became members of the Coalitions while providers already at the table played a more prominent role in the delivery of programming based on the fundamental principles of prevention. The more formal requirements of the SIG – certification, emphasis on EBPs and training, and evaluation – also helped many providers to improve their organizational structure and ability to implement and evaluate programs.

VI. B. Key findings related to implementation of SIG-funded programs

VI. B. 1. Implementation of evidence-based programs

Based on the epidemiological data acquired by the Coalitions through the CCPP process, they identified risk and protective factors salient to their target populations. The Coalitions then chose evidence-based programs, and to a lesser extent, unproven programs, which addressed those factors, and funded 38 certified prevention providers to implement their SIG-funded

programs. These providers were primarily local community-based organizations, and family, youth or social service agencies.

The programs targeted families, adults with children, and youth across Nevada. The most common programs were: *Positive Action, Creating Lasting Family Connections, Parenting Wisely*, and *Too Good for Drugs*. The pretest survey data indicate that SIG-funded programs served over 5,800 persons; 41% were youth between the ages of 14 and 17, and 38% were adults most of whom were female (83%). Among all of the participants, pretest respondents were predominantly white (55%) and African American (17%), and 36% identified themselves as Hispanic. It is important to acknowledge that without the SIG project, Nevada communities would not have benefited from these services.

The Nevada SIG resulted in a major increase in implementation of evidence-based programs in the State, and extended prevention programming into some areas of the state where there had been little or none in the past. The vast majority of the programs offered by the Coalitions' providers were evidence-based (87% of those taking the pretest were participating in evidence-based programs), which exceeded the requirements of CSAP or SAPTA. Data indicated that the Coalitions' providers ensured extensive training for program facilitators, used approved curricula and participant materials, and implemented programs with a high degree of fidelity that in some cases exceeded requirements for dosage and duration.

Six Coalitions funded environmental strategies and these projects were evaluated by the Coalitions' local evaluators. The one final report that we have received on these activities was submitted by JTNN. It indicated that they had conducted four trainings for retail outlet staff, had completed a five week media campaign, and had hosted a community norms event.

Coalition level key stakeholders cited three major barriers to program implementation:

- The expense of implementing evidence-based programs was a concern during the early stages of the project;
- Lack of local infrastructure in many areas to administer the evidence-based programs appropriately; and
- Traveling distances in most parts of the state made it difficult to serve the full community in an optimal manner.

Considering that SAPTA raised the bar for prevention program implementation considerably during the SIG, the vast majority of the Coalitions did a laudable job of selecting and funding providers, executing formal contracts, ensuring that training in evaluation requirements and IRB protocols reached the providers, and getting program implementations up and running. These were all major efforts that commanded considerable resources, particularly in the cases of providers who had to dramatically change the way they operated. This implementation process helped ensure that the SIG legacy included increased capacity to provide prevention services across the state in the future.

VI. B. 2. Program participant outcome data

The findings from the program-level youth pretest to post-test change analyses for the 21 survey items that were central to the project are summarized in Table V-10. Combining the data for all

programs, there was a statistically significant favorable change for disapproval of alcohol use and a significant unfavorable change for plans to avoid marijuana in the future. Also, six of the ten programs with 25 or more matching surveys did not have more than one significant effect (either favorable or unfavorable). Both overall and for these six programs, the data clearly indicate little change in the participant responses during the period of program implementation. However, this common finding of little change in 30-day substance use variables and the intervening variables associated with use should not be interpreted as poor prevention outcomes. As described in Section V. E. of this report, findings from the national SIG evaluation indicate that the pretest to post-test results for Nevada look similar to the average findings for outcome monitoring of evidence-based programs. This similarity of findings provides some assurance that the evidence-based prevention programs have been effective up to normative standards and that the positive long-term results demonstrated in the controlled research studies that led them to be deemed "evidence-based" will be realized in these communities.

Both the HERO Leadership Camp and Leadership and Resiliency programs had multiple favorable changes (three for HERO, and nine for Leadership and Resiliency) and no unfavorable changes, and LifeSkills and Student Success had multiple survey items with unfavorable changes across time and no items with favorable changes. These results stand out from the results for the other programs, and therefore it would be appropriate to discuss the strengths and weaknesses of these programs with the implementation communities to understand whether there are lessons to be learned about implementation of these programs there, and in other communities, in the future.

Adult survey information varied among programs and Coalitions, and therefore was reviewed on a Coalition-by-Coalition basis. These findings highlighted the success of the programs that focused on adults such as Parenteen Solutions, Parenting Wisely, Staying Connected with your Teen, and Creating Lasting Family Connections. One Coalition had 19 favorable statistically significant findings for Parenteen Solutions including improvements in parental involvement, positive discipline and behavior management, and communication and conflict resolution. This family program also had positive findings for items focusing on improvements in the youth participants' refusal skills. For the Parenting Wisely program, four Coalitions also had broad positive findings for their adult participants including increases in reported family involvement and family communication, and a decrease in reports of children's aggressive/disruptive behavior. Four Coalitions had positive findings for adults participating in SCWYT, including improvements in a variety of parenting practices and perspectives. Likewise, three Coalitions demonstrated only positive findings for adult participants in CLFC for parenting practice issues. The preponderance of information indicated that these programs were all very successful in leading to positive changes in adult participants. We recommend discussing the strengths and weaknesses of these programs with the implementation communities with an eye towards expanding their success in the future.

VI. C. Discussion

One important lesson that the PIRE evaluation team learned during the project concerned the use of local evaluators as data collectors and evaluation consultants to the local Coalitions. This arrangement had been used in many of the SIG projects throughout the nation and we had a

positive experience with it in the evaluation of the Wisconsin SIG. For a number of reasons, the relationship among the Coalition staff, the local evaluators and PIRE was often not an easy one during the Nevada SIG. Some of the Coalition staff members, no doubt, felt pushed into a new role with numerous additional responsibilities (e.g. being involved in complex, extensive and demanding federal and statewide evaluation activities). In this context, it is clear that we were often not effective in orienting and selling the importance and necessity of the required evaluation activities to the Coalition staff and evaluators. As the State enters into further arrangements with the Coalitions for evaluation activities concerning other funding sources, we recommend repeatedly conveying the value of each evaluation activity for federal, state, and local entities concerned with the future of prevention.

A second important evaluation lesson was derived from the predominantly null results found for the youth participant pre/post surveys. As indicated by the national SIG evaluation findings cited in this report and our experiences with other SIG projects, these findings are typical for universal evidence-based youth programs that monitor short-term behavioral and attitudinal changes. It is important to keep this in mind when reviewing survey results, and acknowledge that these evidence-based programs are supported by research indicating longer-term benefits for participants in comparison to youth who do not receive the program. As the State, Coalitions, and providers continue to monitor programs in this way, we recommend setting realistic expectations for survey results with attention to follow-up actions being focused where there are unfavorable changes.

In retrospect, there may have been less focus by the SAC and SAPTA on unique aspects of the SIG due to Nevada's success in winning a SPF SIG on the first try in 2005. This was understandable because the SPF represented the future of CSAP's prevention efforts, and therefore it was appropriate that Nevada attempt to benefit the maximum amount possible from their SPF project. In addition, the progress and objectives of the SPF project provided impetus to consider the relationship of the SIG to the SPF and other longer-term projects. This led to changes in the SIG – such as using SIG funding for a statewide survey in 2007 – that ultimately should be of high utility to the State. As people involved with prevention in Nevada move forward with the SPF, we recommend that they attempt to learn as much as possible from the SIG experience, particularly concerning the communication and support needs that are important for a large, multi-level project.

The clearest indications of the benefits of the SIG are in the legacies that will be apparent after the project ends. Participation in the SPF project through 2010 is one major indicator of sustainability. Others include the increased funding for prevention within the state in 2007 (including monies specifically allocated to help replace the SIG funds), and the new state prevention plan that was completed in July 2006 to guide enhancement of the AODA prevention system. Most importantly, it is clear that the Nevada substance abuse prevention system was reinvented during the SIG and that the changes already started prior to the SIG were pushed much further. The key step of inserting a regional entity between SAPTA and the local providers was a fundamental change and cannot be emphasized too much. As organizations, the SIG-funded Coalitions effectively became the local experts on, and managers of, AODA prevention in their service areas. This process not only changed the state system, but in many cases resulted

in a profound change in the Coalitions. They became program funders and monitors, and also improved their organizational functioning over time.

Another aspect of the project that should have lasting benefits was the increased exposure to national prevention information and priorities endorsed by CSAP, the CAPTs (Centers for the Advancement of Prevention Technologies), other SIG states, and other parties associated with the national SIG project. Although the SIG was not the only platform for disseminating new ideas about substance abuse prevention, it did provide participants and stakeholders increased exposure to state-of-the-art thinking about how research can best inform prevention practice, with emphasis on replication of model programs, attention to implementation fidelity, and monitoring of program outcomes. Individuals associated with the project acknowledged the importance of this experience and believe it influenced the prevention system in Nevada beyond the SIG project.

Although the project encountered many bumps along the way, the observations above on the legacy of the SIG leave us optimistic about the future of prevention in Nevada. The SPF SIG model holds significant promise for the field and Nevada is fortunate to be able to build on the sound systemic foundation and individual skill-base that was developed and nurtured during the SIG. When combined with the greater State attention and resources for prevention over the next several years, there is tremendous potential to take further steps ahead. As with the SIG, it is wise and reasonable to expect setbacks along the way, but the most important thing is to be able to conclude at the end that the State was better for having gone through the process. This is our conclusion about the SIG, and our hope for the SPF SIG and the other new projects in the State.

APPENDIX A: Matching Adult Survey Demographics

Matching adult pretests and post-tests per program

Program	Completed Pretests	Completed Post-Tests	Matching Pretests & Post-tests
Creating Lasting Family Connections	915	739	311
Parenting Wisely	650	447	394
Staying Connected with Your Teen	353	231	199
Parenteen Solutions	236	121	109
Student Success	28	25	19
Children in the Middle	17	14	13
YMCA Achievers	9	0	0
Guiding Good Choices	4	0	0
Smart Parents	2	0	0
Overall	2,214	1,577	1,045

Matching adult pretests and post-tests per program per Coalition

Program (N)	Coalition(s) Implementing Program (N)
Creating Lasting Family Connections (311)	BEST Coalition (250) Churchill Community Coalition (43) Nye Communities Coalition (18)
Children in the Middle (13)	Partnership Allied for Community Excellence (13)
Parenteen Solutions (109)	BEST Coalition (109)
Parenting Wisely (394)	BEST Coalition (186) Frontier Community Coalition (43) Join Together Northern Nevada (132) Partnership of Community Resources (18) Partnership Allied for Community Excellence (15)
Staying Connected with Your Teen (199)	BEST Coalition (15) Community Council on Youth (38) Frontier Community Coalition (72) Nye Communities Coalition (74)
Student Success (19)	Frontier Community Coalition (19)

Sex for matching adult surveys by program

Discourant	Participant Gender		
Program	Female	Male	
Creating Lasting Family Connections	93%	7%	
Children in the Middle	77%	23%	
Parenteen Solutions	72%	28%	
Parenting Wisely	87%	15%	
Staying Connected with Your Teen	67%	33%	
Student Success	84%	16%	
Overall	83%	17%	

Race and ethnicity for matching adult surveys by program

_	Participant Race/Ethnicity*		
Program	White	African- American	Hispanic
Creating Lasting Family Connections	56%	24%	21%
Children in the Middle	85%	0%	0%
Parenteen Solutions	54%	29%	22%
Parenting Wisely	65%	24%	50%
Staying Connected with Your Teen	87%	7%	42%
Student Success	95%	0%	0%
Overall	65%	21%	35%

^{*}Other racial/ethnic categories for participants to choose were: Native American (5% overall), Asian (2%), Pacific Islander (1%), and Native Hawaiian or Other (3%), and an additional 4% of respondents selected more than one category.

Age for matching adult surveys by program

	Participant Age		
	Under 25	25-55	Over 55
Creating Lasting Family Connections	9%	87%	4%
Children in the Middle	23%	77%	0%
Parenteen Solutions	5%	91%	5%
Parenting Wisely	4%	91%	5%
Staying Connected with Your Teen	2%	91%	8%
Student Success	0%	58%	42%
Overall	5%	89%	6%