Recommendations to the
Task Force for the Fund for a Healthy Nevada
and the
Department of Health and Human Services
Grants Management
Advisory Committee

CATEGORY 3: SUBSTANCE ABUSE TREATMENT & PREVENTION, INCLUDING TOBACCO

DECEMBER 2005
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NOTE:

Following is an excerpt from the *Health and Wellness in Nevada* report titled “Recommendations for SFY 07-08.” The full report can be viewed online at: [http://www.hr.state.nv.us/GMU/Meetings/Joint%20GMAC%20TF%2001-05-06/VIIc%20CAT%203%20Recommendations%20final.doc](http://www.hr.state.nv.us/GMU/Meetings/Joint%20GMAC%20TF%2001-05-06/VIIc%20CAT%203%20Recommendations%20final.doc)

(“Recommendations for SFY 07-08” can be viewed on pages 10 through 13 of the full (online) version of the report).
Recommendations for SFY 07-08

This section contains recommendations developed by the Subcommittee for consideration by the Task Force and the GMAC. The recommendations are organized into five sub-sections:

- Overall Recommendations that explain guiding principles used to develop priorities and overall systems-level recommendations that affect most or all activities within the category;
- Funding Priorities that identify activities recommended for future funding in order to focus the use of limited resources;
- Strategies that specify how priority activities will be implemented
- Outcome Measurements to use in evaluating the extent to which funding is having an impact on the priority areas; and
- Other recommendations that the Subcommittee wishes to convey to the Task Force and GMAC.

Overall Recommendations

One overarching principle was defined by the Subcommittee that affected other recommendations.

1. While seeking to promote leveraging of existing funded programs, retain flexibility to invest in capacity building and technical assistance to help grantees diversify funding in the future. Capacity building could include fund development assistance, sustainability planning and tools and templates to help grantees apply for new funding.

Systems-level recommendations that impact how future funding cycles are conducted are:

1. A coordinated, regional approach should be taken on counter-marketing activities that seek to educate the public on preventing and eliminating tobacco use. Regions should be defined based on existing regional definitions used by the Statewide Tobacco Prevention and Education Program.

2. A coordinated approach to outreach and build public awareness of issues and available services. This includes coordinating efforts across categories as well as coordinating outreach/awareness activities among multiple funded programs within the category. An example of an opportunity to coordinate across categories are:
   - Using the 2-1-1 community service information to increase awareness and access of available services.

3. Explicitly create linkages or coordination between funded programs, such as a requirement that all funded programs include activities in their scope of work to coordinate with other funded programs where appropriate.

4. Support the recommendation of the GMU staff to use money available in the middle of funding cycles for technical assistance, evaluation, data development and other such items that support the grantmaking process as a whole.

5. Agree to the recommendation of the GMU staff for a two-year transition period to phase out grants that do not fall within the priority areas adopted by the Task Force and GMAC. Under this proposal, existing grants not falling within the priority areas would receive 80% of their current funding in FY07 (75% if the grant is $150,000 or more), 70% of their current funding in FY08 (65% if the grant is $150,000 or more), and nothing in subsequent years.
6. For existing grants in rural Nevada that do fall within the priority areas, set a baseline of $25,000 for the minimum grant amount to ensure sustainability of rural programs. Programs funded below $25,000 would not be subject to further reductions in funding.

The four areas funded in Category 3 are listed below, along with the rationale provided to the Subcommittee from staff materials and focus groups for investing in these areas.

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<th>Area</th>
<th>Rationale</th>
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| 1. **Tobacco Program Technical Assistance and Evaluation** | - While the majority of current grantees are implementing activities and outputs that are consistent with the Centers for Disease Control and Prevention tobacco program models, few of the grantees are measuring outcomes.  
  - There has been increasing emphasis on “evidence-based” programs for tobacco control and preventions without universal agreement about which programs are evidence-based, despite the CDC’s identification of evidence-based programs.  
  - Without materials and skill-based resources to develop, implement and evaluated evidence-based programs, many current grantees can not report significant outcomes for their target populations, particularly in rural Nevada where there are not sufficient full-time staff to commit to the level of comprehensive programming required to report significant outcomes. |
| 2. **Substance Abuse Prevention**                  | Investing in evidence-based prevention activities will help reduce costs for substance abuse treatment in the future. It is estimated that every $1 invested in substance abuse prevention will result in future saving of over $7 in treatment. |
| 3. **Substance Abuse Treatment**                   | - Statewide data indicates that waiting lists for substance abuse treatment in Nevada continue to grow with thousands of individuals seeking treatment, unable to secure treatment on demand.  
  - Nevada’s substance abuse treatment resources have not grown in relationship to the growth of the state’s population. It is estimated that one in ten individuals suffers from substance abuse addiction.  
  - Services for women, women with children and youth continue to account for the greatest gap in services in Nevada. |
| 4. **Tobacco Prevention, Cessation and Treatment** | Tobacco use continues to be the leading preventable cause of chronic diseases and death in Nevada. The State Strategic Tobacco Control Plan indicates the need for prevention, cessation and treatment programs. A number of evidence-based programs have been proven to be effective in preventing or reducing the use of tobacco. |
Strategies to be Pursued

The Subcommittee recommends the following regarding the specific types of services, activities and/or characteristics of services that should be funded in Category 3. The Subcommittee had requested a proposal for tobacco program evaluation at its first subcommittee meeting in October. In December, they supported going forward on the GMU staff proposal related to the tobacco program technical assistance and evaluation. The specific proposal, presented includes:

1. **Tobacco Program Technical Assistance and Evaluation**
   - Commit to invest up to 10% of the total FHN tobacco-control funds (approximately $400,000) per year for technical assistance and evaluation.

2. **Develop initial RFP for a 2-year contract to include the following deliverables:**
   - **Process Evaluation** – Grantee staff Interviews and observation
   - Identify strengths, weaknesses and areas that need improvement for each funded program.
   - Provide specific recommendations to grantees and to the subcommittee
   - **Document Evaluation**
   - Review of outcome measures for each funded program
   - Provide specific recommendations regarding outcome measures for each funded program
   - Analysis of current statewide surveys (ATS, BRFFS, YRBS) with regard to tobacco control
     - How well is tobacco-related information captured
     - Specific recommendations for improving data collection
   - What is the relationship between funded programs and current surveys
     - Specific recommendations for strengthening relationship between programs and surveys
   - **Technical Assistance**
   - Provide technical assistance to each funded program to implement recommendations
   - **Outcome Evaluation - Survey**
   - Develop recommendations for outcome evaluation to include all funded programs
   - Implement outcome evaluation for all funded programs

3. **Substance Abuse Treatment and Prevention**
   Fund evidence-based regional counter-marketing efforts to prevent substance abuse with separate, targeted messages to specific populations.

4. **Tobacco Prevention, Cessation and Treatment**
   Fund evidence-based regional counter-marketing efforts to prevent tobacco use with separate, targeted messages to specific populations.
   Fund evidence-based tobacco prevention, cessation and treatment programs as identified by the CDC and in accordance with the State Tobacco Control Plan.

Outcome Measurements

Listed below are sources that have identified recommended outcome measures to use in assessing the extent to which progress is being made in the four priority areas. The outcome measures are also important because they help define the ultimate goals or desired results sought through Category 3 funding. Rather than identifying specific outcome measures to be achieved, the Subcommittee proposed referencing existing, evidence-based outcomes in the RFA as described below:

1. **Tobacco Prevention, Cessation and Treatment**
   - Utilize outcome measures published by the Centers for Disease Control and Prevention related to the evaluation of tobacco control programs.
2. Substance Abuse Prevention and Treatment
   - Utilize outcome measures suggested by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention related to substance abuse prevention best practices and evidence-based programming.

Other
The Subcommittee would like resources related to the Tobacco Technical Assistance and Evaluation project to be available to current tobacco prevention, cessation and treatment grantees separate from the amount they are funded for program activities under the leveraging proposal.