

JTNN Prevention PLAN



2012 EXECUTIVE SUMMARY

Join Together Northern Nevada (JTNN) is a community based coalition in Washoe County whose mission is “to build successful partnerships to create, healthy drug free communities.” JTNN accomplishes its mission through a community needs assessment, strategic planning, the funding of prevention strategies, and collaborative initiatives aimed at preventing the use and abuse of alcohol and other drugs.

JTNN is governed by a Board of Directors. The collaborative efforts of a number of committees guide the planning and projects that target the identified substance abuse prevention priorities in Washoe County. Currently, the following committees are active: Environmental Strategies Group (underage drinking prevention); the Washoe County Drug-Alcohol Response Alliance; the Community Prescription Roundup Committee; the Prevention Committee; and the Heroin Committee. In addition, JTNN is currently staffed by an Executive Director, Project Manager, Training Coordinator, Project Assistant, and Coalition Coordinator.

The first JTNN prevention plan was published in 2001. Currently, JTNN is following the *Strategic Prevention Framework* (SPF) as a model to guide planning and prevention strategy implementation. The five steps of the SPF are noted below:

Assessment.....Capacity..... Planning..... Implementation..... Evaluation

Our assessment process is ongoing and really sets the tone for strong use of the SPF model. JTNN staff consistently search for new and improved data sources to help assess prevention needs in Washoe County. Community awareness building related to substance abuse and training activities strengthen local capacity to implement effective prevention strategies. Our planning efforts are, of course, emphasized in this document and target the promotion of both evidence-based strategies to address local prevention needs as well as prevention strategy innovation. Finally, JTNN is committed to strengthening both process and outcome evaluation practices.

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JTNN Prevention Assessment and Planning Introduction

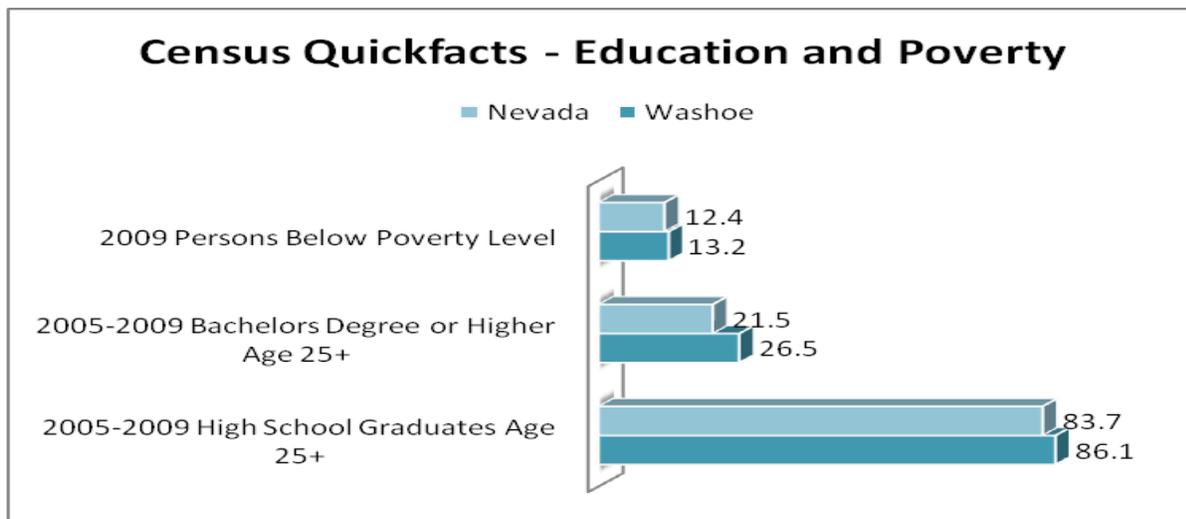
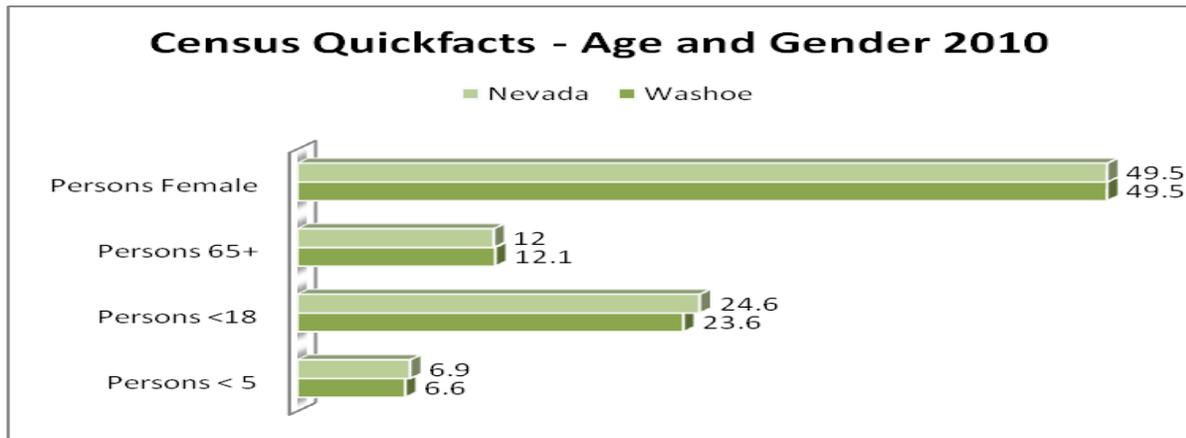
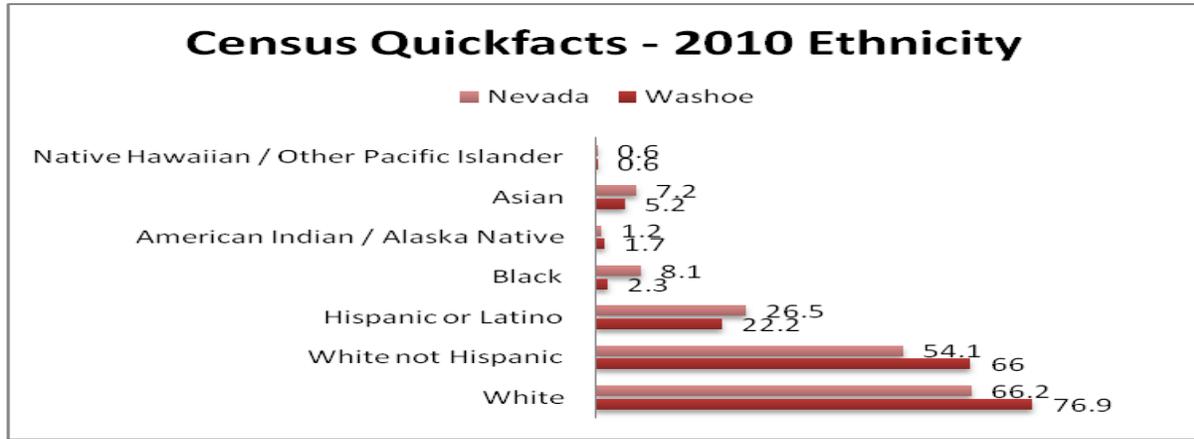
The development of a plan to prevent and reduce substance abuse in Washoe County requires the involvement of key stakeholders across a wide range of community sectors. Central to this plan development process is the gathering of assessment information related to substance abuse trends and those factors that influence substance abuse trends, reviewing the status of substance abuse prevention resources in order to describe resource gaps, and identifying strategies that should have high priority in our collective prevention efforts. It is our hope and intent at JTNN that this plan will be a useful tool in guiding decisions related to how we allocate financial and collaborative resources in the continuing efforts of our coalition to improve community health through the prevention and reduction of substance abuse.

In 2011, JTNN worked on this assessment and strategic plan update through a few different and key practices. First, a strategic planning subcommittee was formed to review and make recommendations as to how JTNN collects data and surveys stakeholders regarding substance abuse prevention priorities. Also, during the Washoe County Drug-Alcohol Response Alliance meetings in October and December, 2011, coalition members in attendance were asked to provide feedback about what they perceive as priorities for substance abuse prevention. Finally, JTNN released a web-based planning survey in December to request additional feedback from the broader coalition as to assessment trends of primary concern and what should be local priorities for preventing substance abuse. The feedback gathered through these practices is described throughout this plan.

This plan will start with a review of current data related to substance abuse trends in Washoe County. Next, the feedback from coalition participants gathered during coalition meetings about prevention priorities will be summarized. Finally, responses to the planning survey will be described.

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Washoe County - Select Demographics



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Data Summary

JTNN coalition members who participated in this planning survey process reviewed a number of data points developed through the JTNN needs assessment process. The following charts help to punctuate the specific drug concerns and priorities that were identified through the planning survey. In addition, some information related to alcohol trends is included to highlight the need to sustain coalition strategies for preventing underage drinking and young adult alcohol abuse.

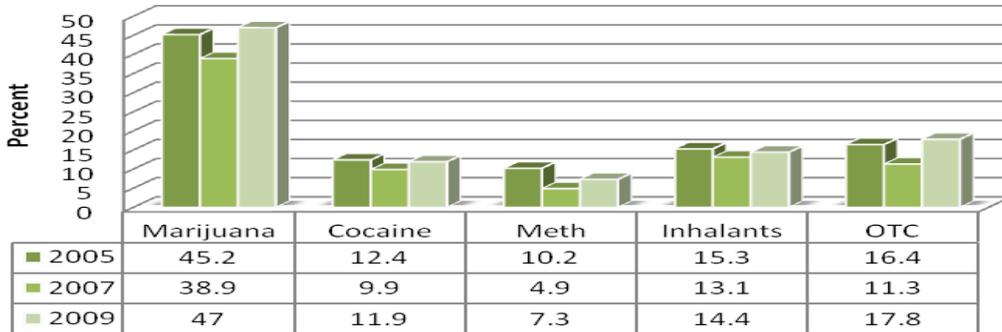
Data / Washoe County School District

The following tables reflect Washoe County School District data from the Youth Risk Behavior Survey (YRBS) as well as the school district's accountability reports referencing disciplinary patterns. The YRBS is administered through the schools every other year and surveys middle school and high school youth about a broad range of risk and health behaviors. Some of the trends of note when examining these data sources include the following:

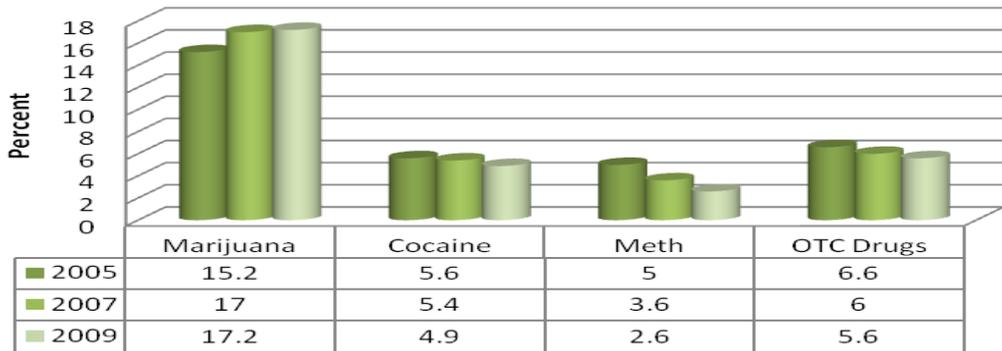
- ***Reported lifetime non-medical use of over the counter drugs increased sharply in 2009, reflected national trends related to increased prescription drug abuse.***
- ***Increases are noted in 2009 with the percentage of high school students reporting 30 day alcohol use, binge drinking, and drinking and driving.***
- ***A sharp increase is seen in the percentage of high school students reporting 30 day marijuana use. An increasing percentage of students also report the perception that their parents would approve or not care if they were to use marijuana.***
- ***A steadily increasing percentage of high school students are reporting suicide attempts in the past year.***
- ***The rate of middle and high school students facing significant disciplinary trouble at school due to drug violations is increasing.***

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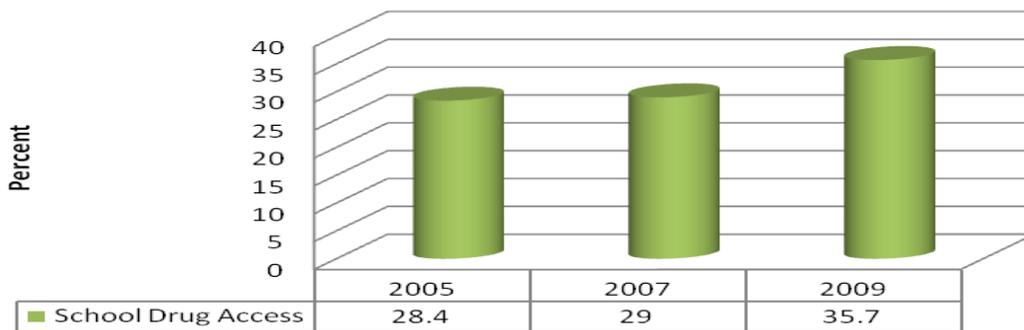
WCSD High School Students - Lifetime Use



WCSD Middle School Students - Lifetime Use

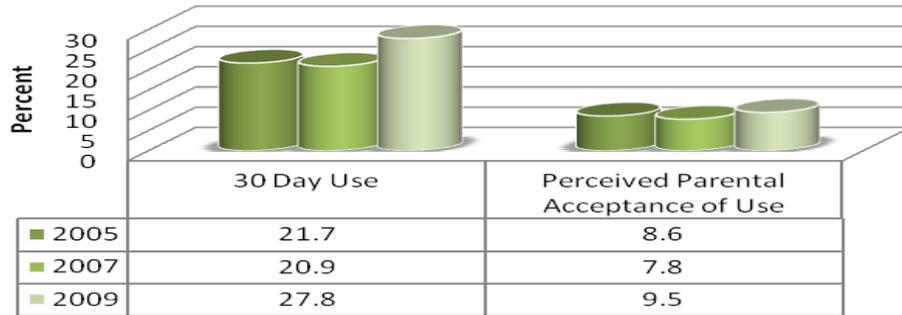


WCSD High School Students Reporting Being Offered, Sold, or Given Drugs at School - Past Year



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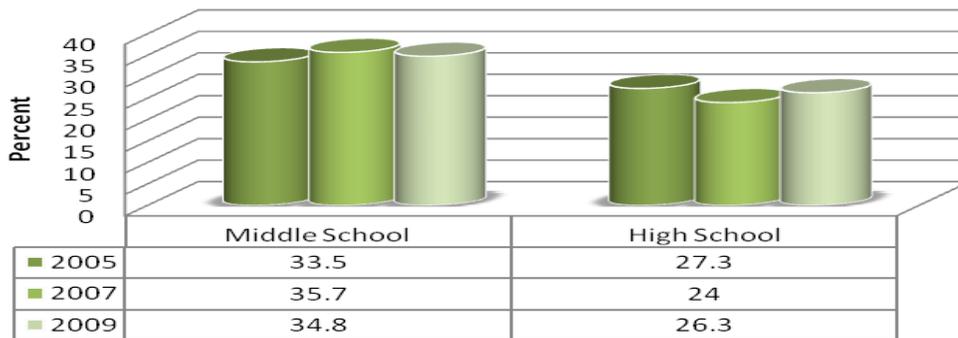
WCSD High School Students - Patterns with Marijuana Use



WCSD High School Students - Patterns of 30 Day Alcohol Use

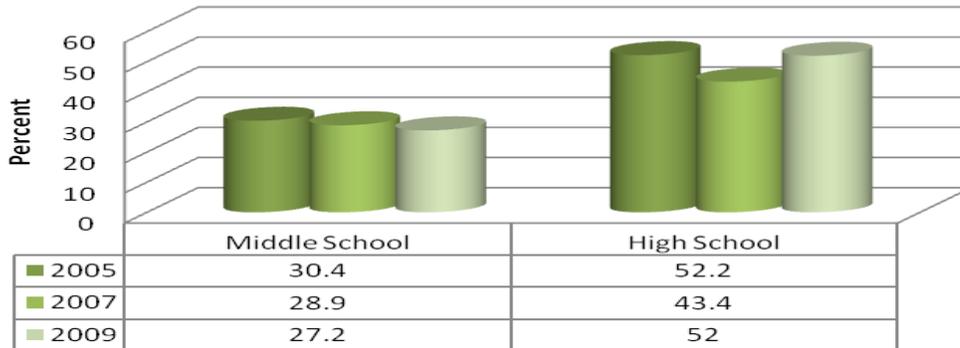


WCSD Alcohol Use < 13

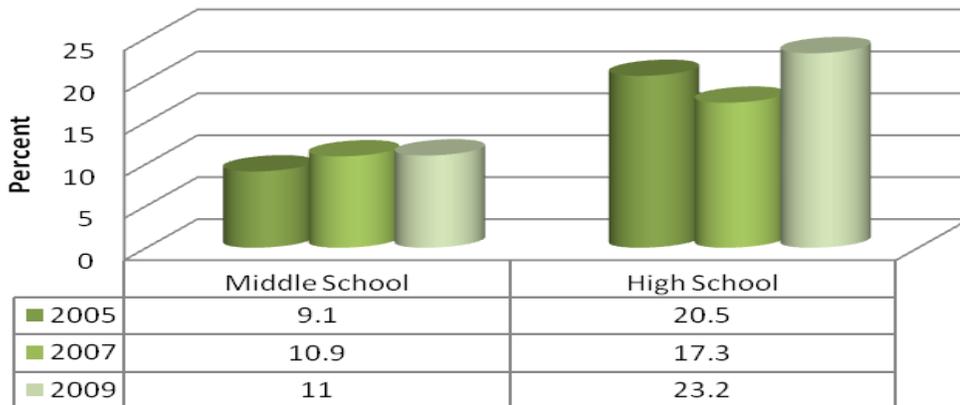


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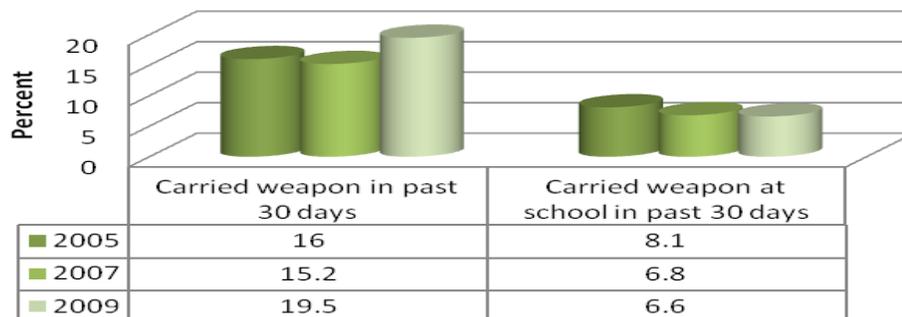
WCSD Students - Lifetime Cigarette Use



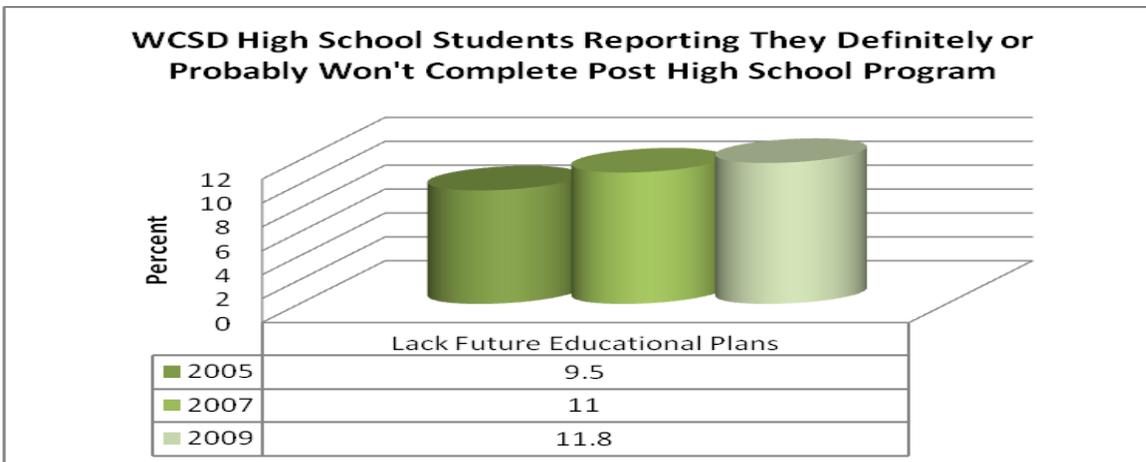
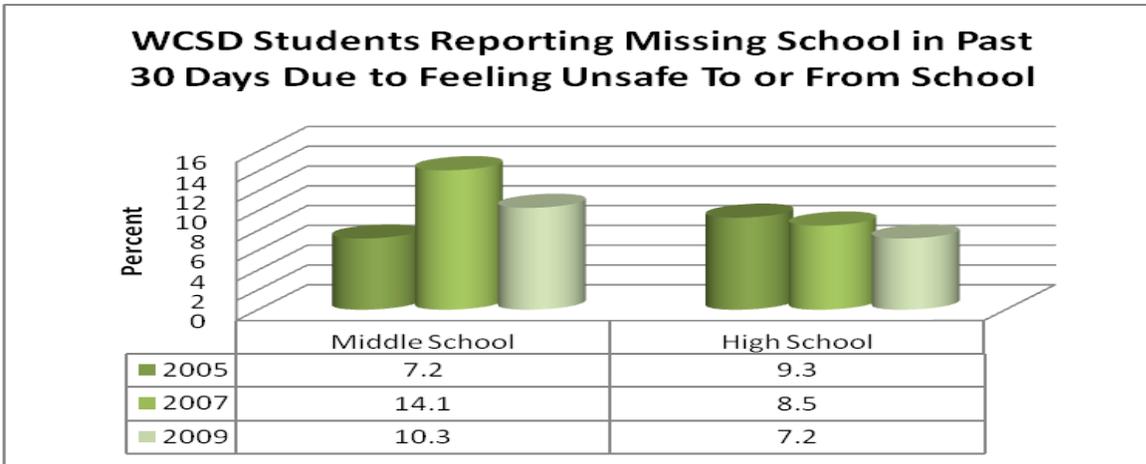
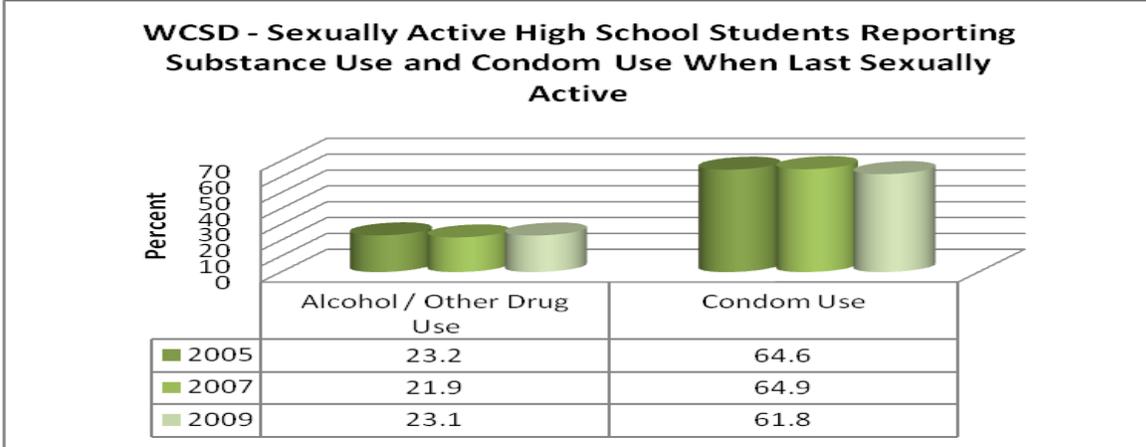
WCSD Students - 30 Day Cigarette Use



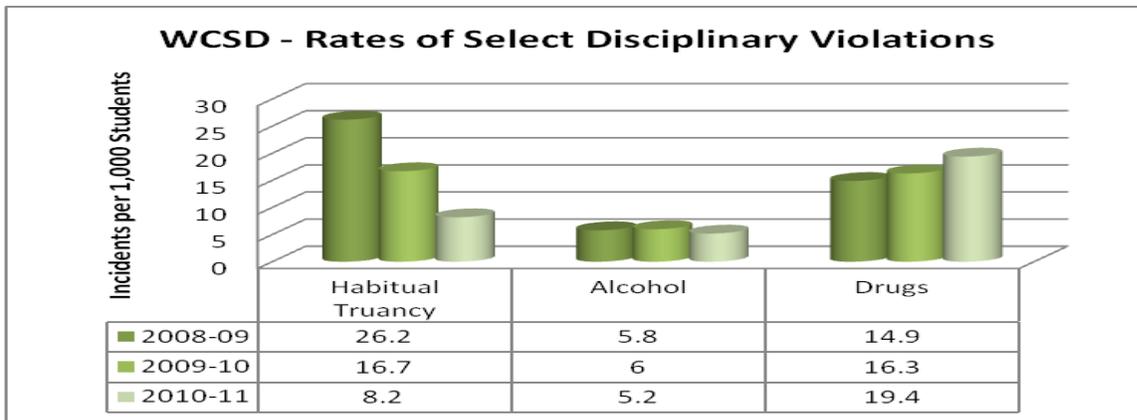
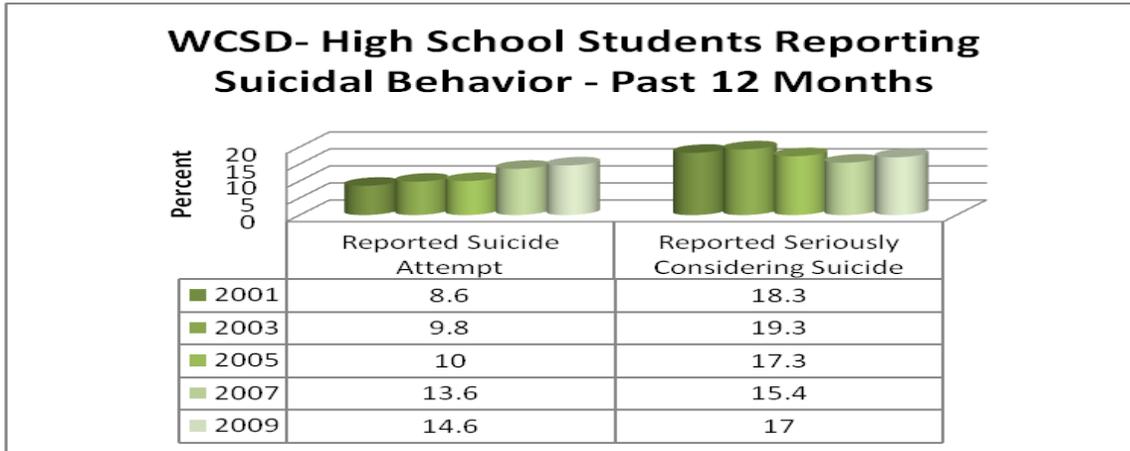
WCSD- High School Students Reporting Weapon Possession



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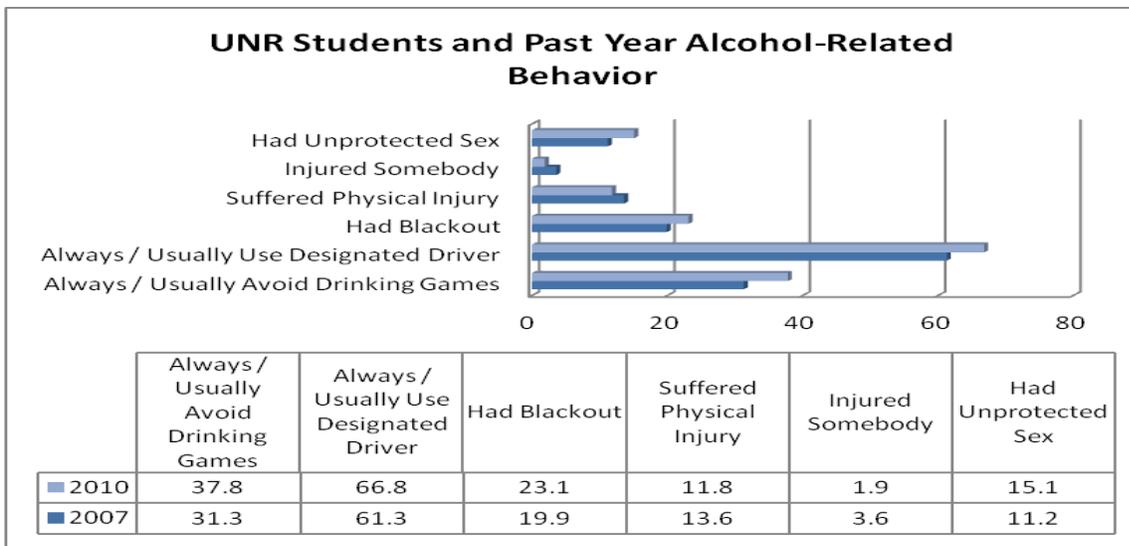
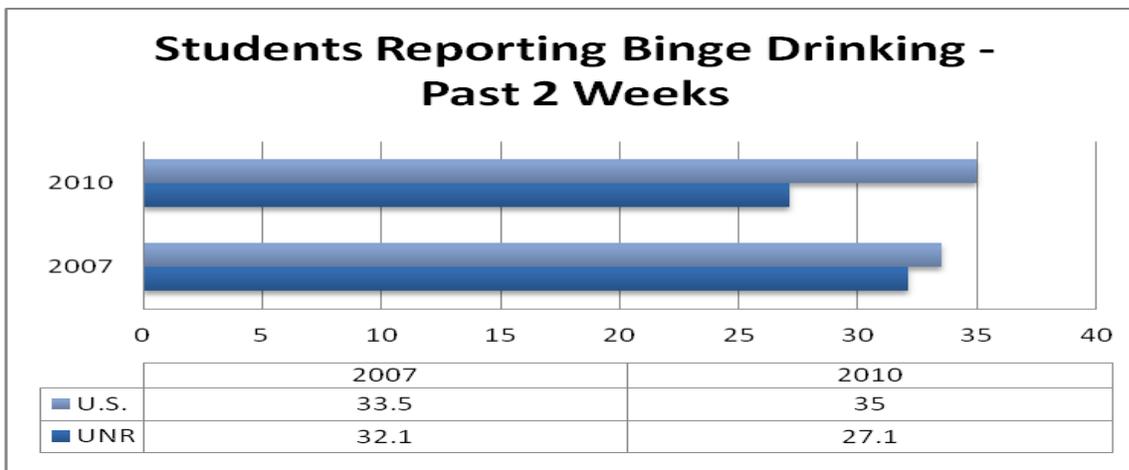
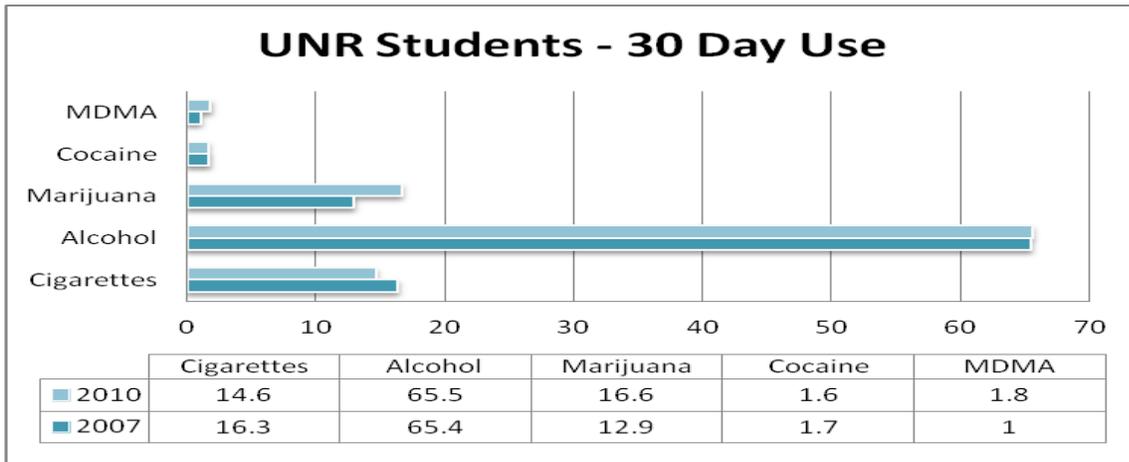


Data / UNR

The following tables reflect data from the National College Health Assessment, a web-based survey administered periodically at UNR that examines a range of health and risk behaviors. In some cases here, data from the national reference sample of all colleges participating in the survey is included. From these tables, we can see some interesting trends that include the following:

- **Rates of reported 30 day use of marijuana are increasing and higher in 2010 than rates of cigarette smoking.**
- **A decreasing percentage of UNR students reported past 2 week binge drinking in 2010. This percentage was also lower than the national reference sample of students reporting binge drinking.**
- **While an increasing percentage of students reported consistently using designated drivers in 2010, a higher percentage also reported experiencing alcohol-related blackouts and engaging in unprotected sex while under the influence of alcohol.**

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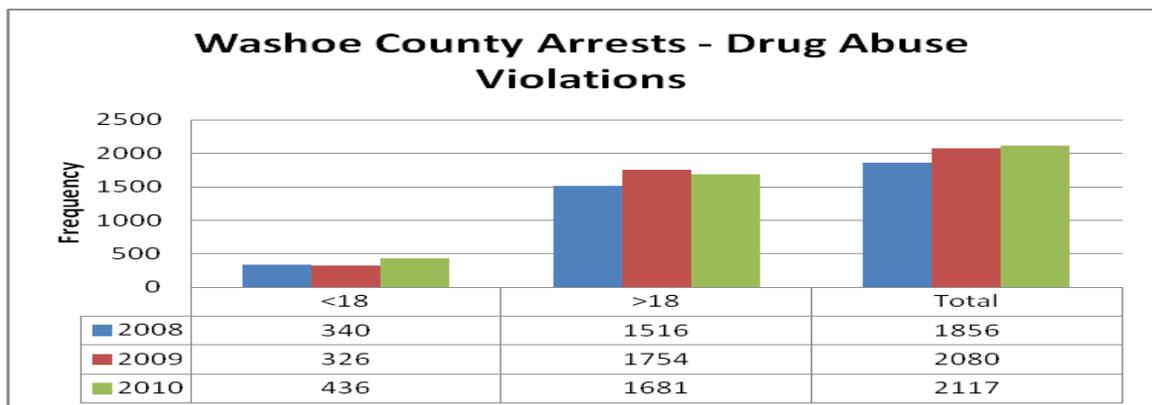
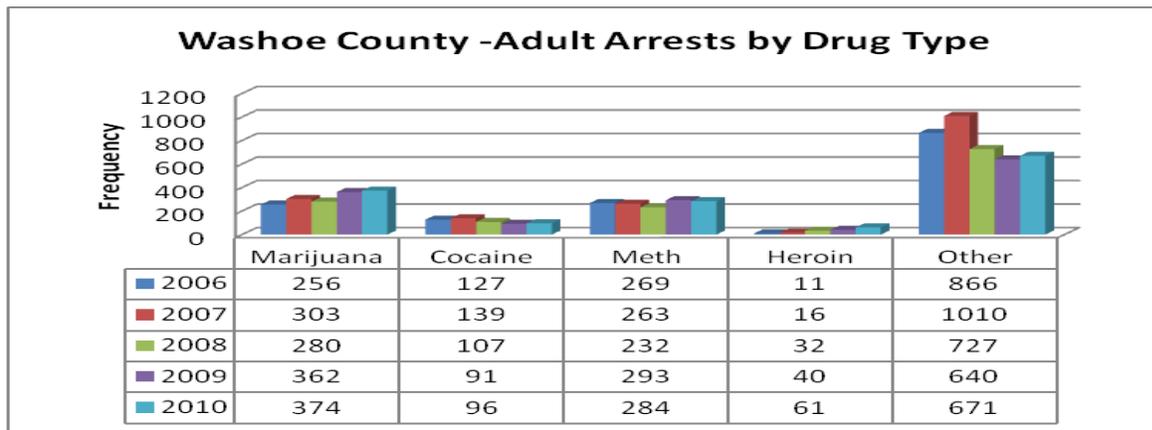


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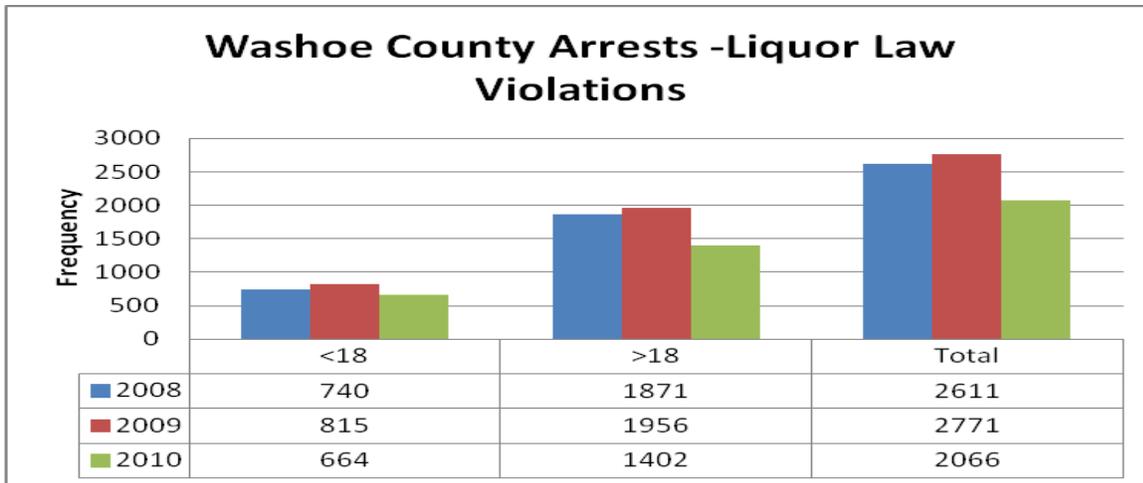
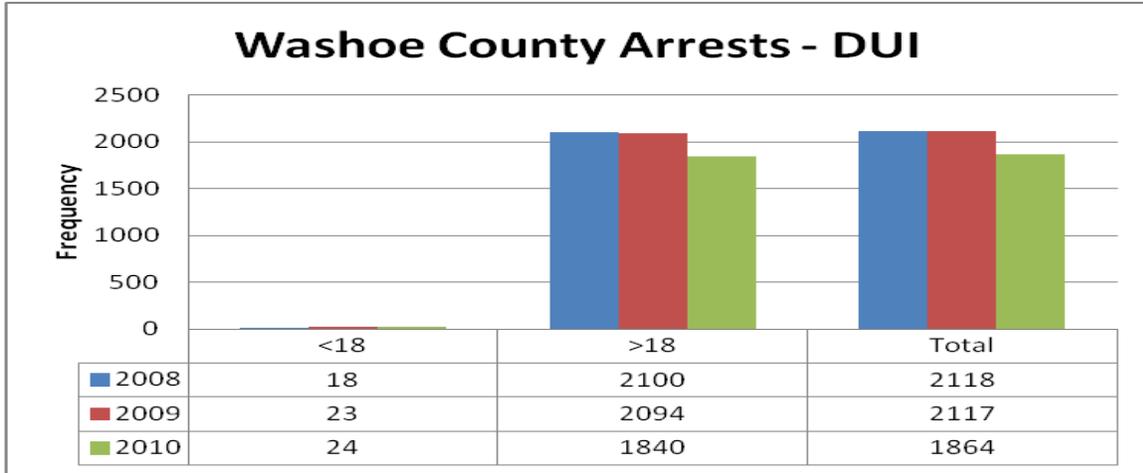
Data / Law Enforcement and Public Safety

Several sources of data related to law enforcement and highway safety trends are included below. Data sources include Reno Police Department, Department of Public Safety, Washoe County Juvenile Services, and Nevada Department of Transportation. Trends of note observed here include:

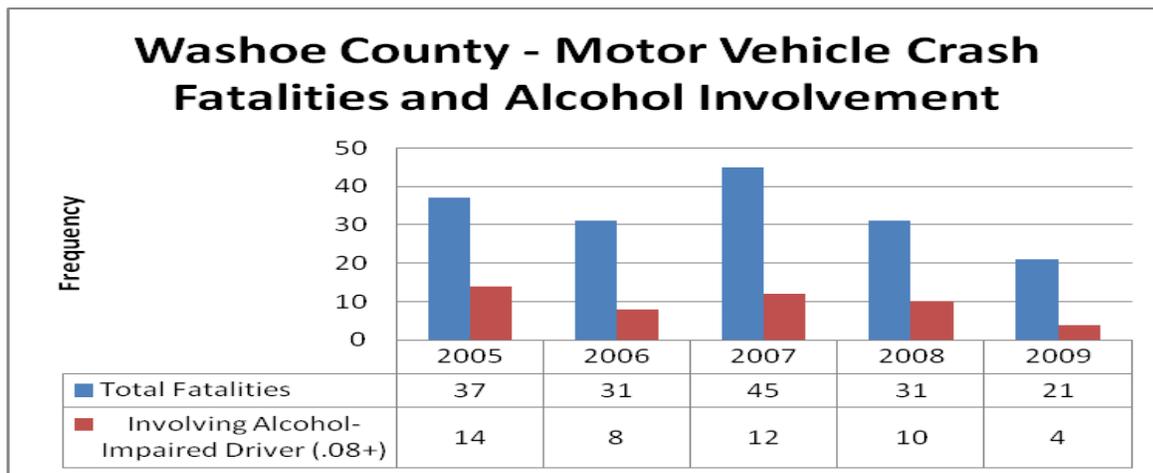
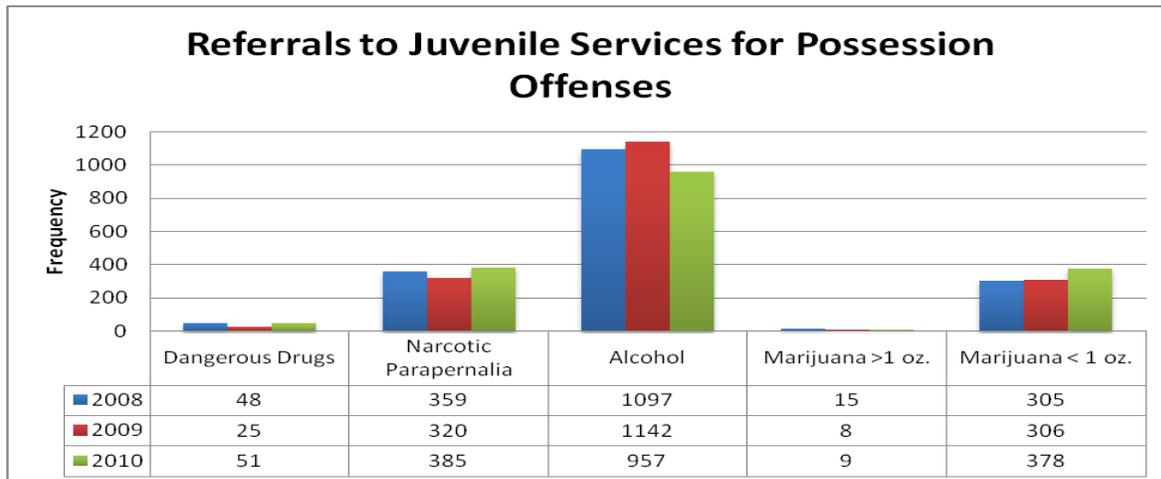
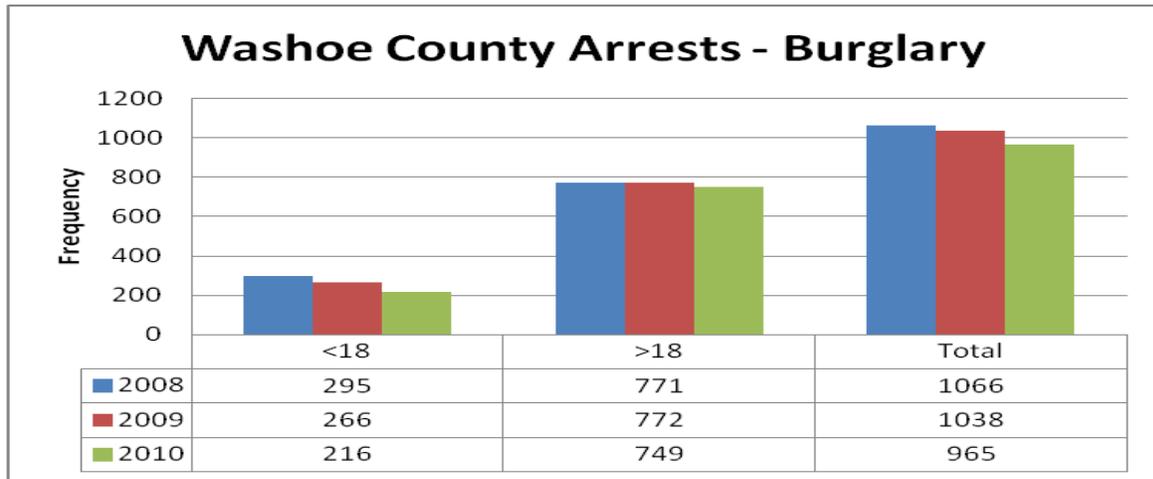
- *The number of arrests for heroin violations, while relatively small in comparison to arrests for drugs like methamphetamine, has been steadily increasing.*
- *A sharp increase in the number of youth referred to Washoe County Juvenile Services is noted.*
- *The amount of heroin seized by the Street Enforcement Team has increased significantly.*
- *Seizures of methamphetamine by the Street Enforcement Team had decreased as recently as 2008 but spiked upward considerably in 2009 and 2010.*



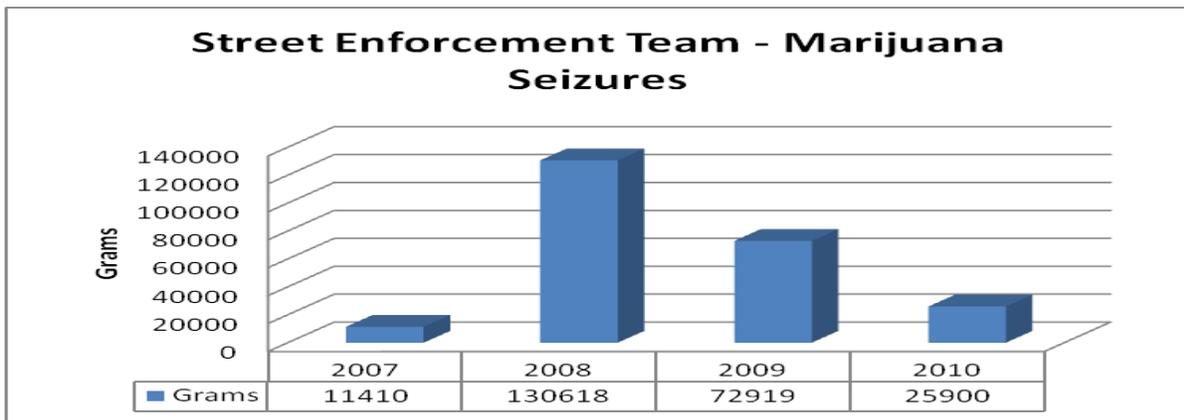
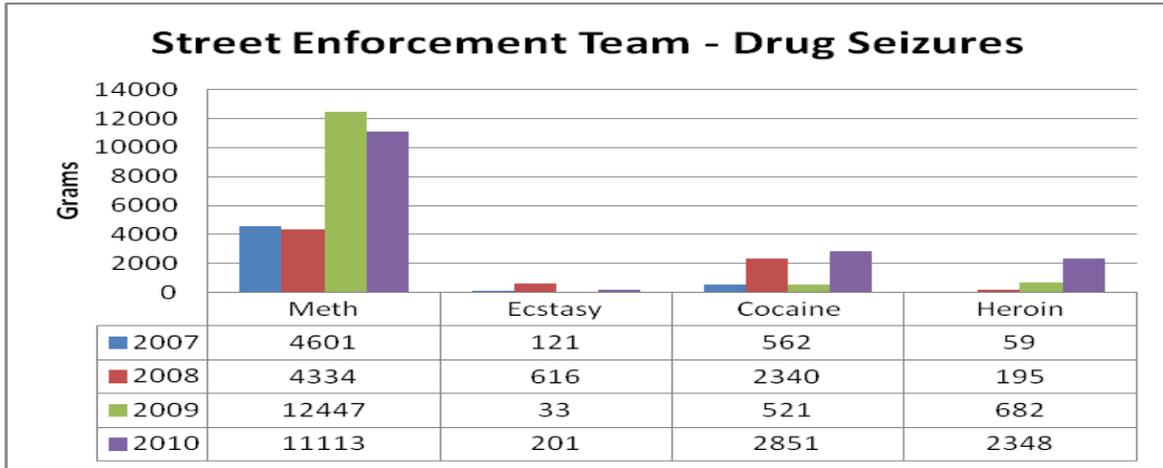
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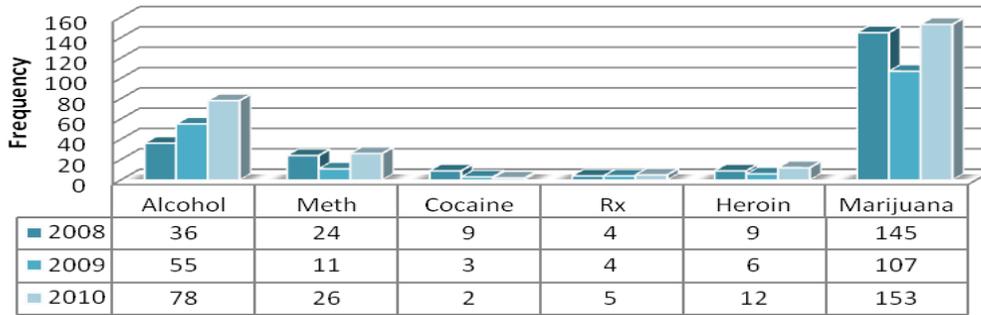
Data / Treatment

The following tables reflect data acquired from the Substance Abuse Prevention and Treatment Agency (SAPTA), Nevada's Single State Agency for substance abuse prevention and treatment services. The following trends of note can be observed through review of this data:

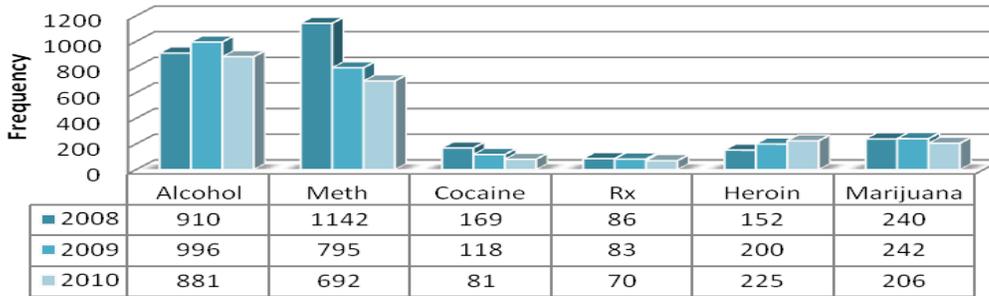
- **The percentage of youth entering SAPTA funded treatment programs citing marijuana as their primary drug of choice increased sharply in 2010.**
- **The percentage of adults entering SAPTA funded treatment programs citing heroin as their primary drug of choice is steadily rising.**
- **The majority of referrals to SAPTA programs are made through the judicial system.**

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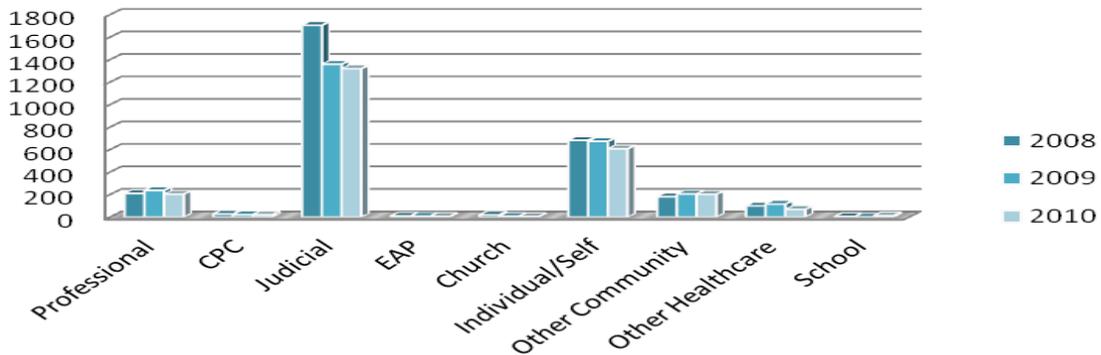
SAPTA Adolescent Admissions with Primary Drug of Choice



SAPTA Adult Admissions with Primary Drug of Choice



SAPTA Treatment Admissions by Referral Source



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Coalition Focus Groups

In October and December of 2011, participants from the Washoe County Drug / Alcohol Response Alliance were asked for feedback regarding substance abuse prevention priorities. In the October meeting, participants were asked to think about a scenario in which some unexpected funding became available for local prevention activities. What would they consider a priority for this funding based on their experience and observations in the community? In December, participants reviewed a range of data sources and then contributed comments about what should be considered priorities for prevention. Through these meetings, the following priority areas were identified as of interest to coalition members:

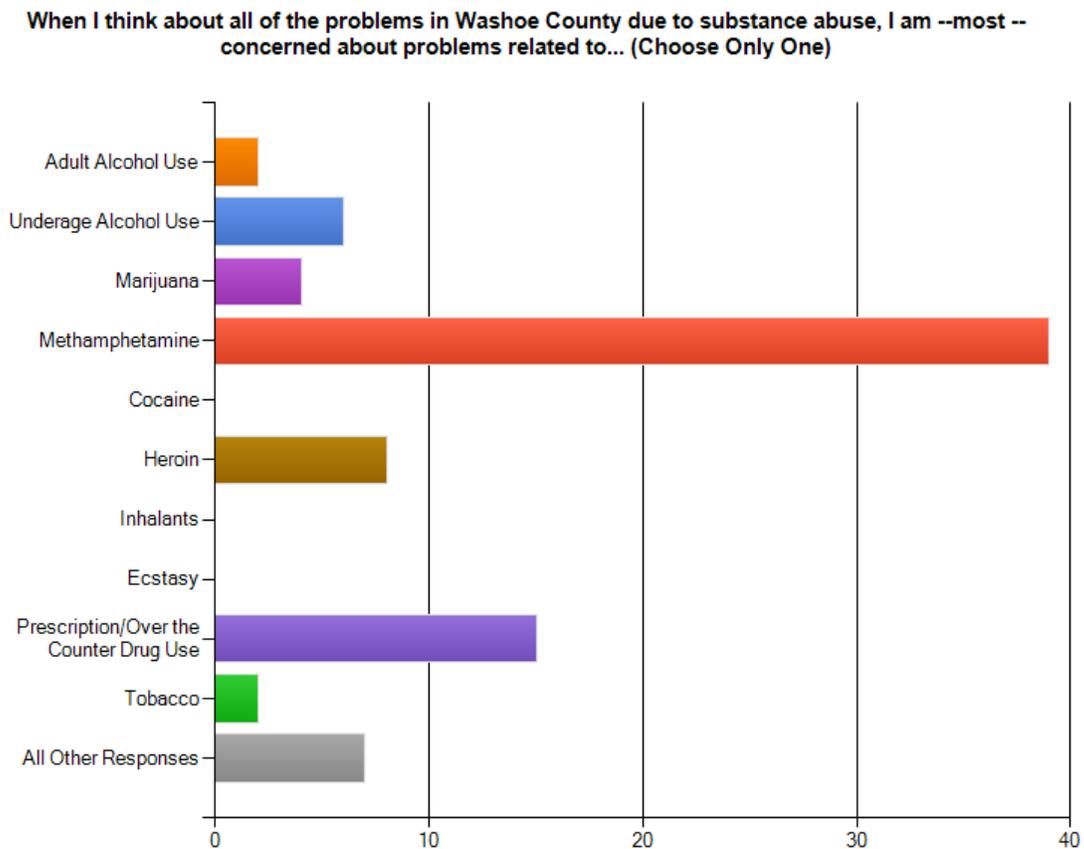
- Promote access to treatment and prevention services for pregnant women addicted to opiates and their families.
- Provide prevention support for families of clients in substance abuse treatment to help break the cycle of substance abuse across family generations.
- Develop community awareness and policy strategies for dealing with the emergence of synthetic drug use, such as Spice and bath salts.
- Implement education and policy campaigns working with medical professionals related to preventing and decreasing prescription drug abuse.
- Disseminate accurate information to the community on risks associated with marijuana use.
- Increase collaboration between prevention and truancy intervention activities.
- Integrate within community education practices the use of current science related to brain scans reflecting the impact of substance abuse on the developing adolescent brain.
- Maintain prevention focus on underage drinking and binge drinking.
- Increase collaboration between substance abuse and suicide prevention campaigns.

In many ways, the comments generated through these coalition discussions align strongly with feedback obtained through the online survey distributed to coalition participants, which will be summarized in the next section of this plan. Combined, these sources of feedback related to local substance abuse problems and prevention priorities inform the overall priorities articulated in this plan.

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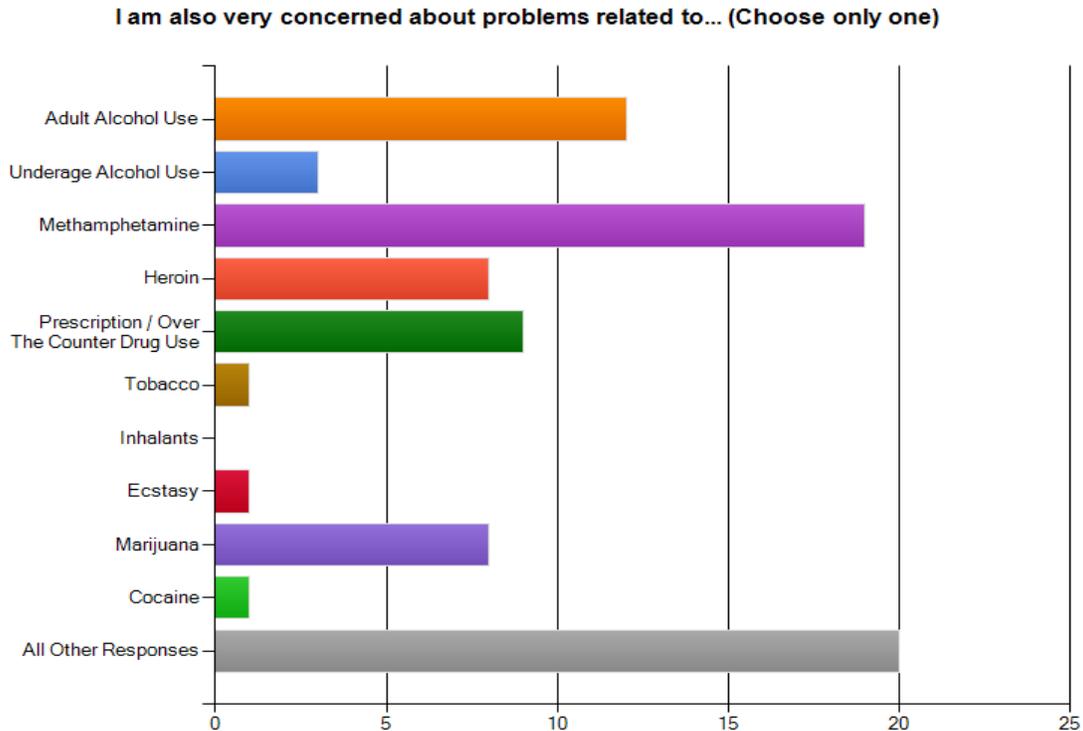
Planning Survey / Substance Abuse Trends to Target

In December, 2011, the online survey was distributed throughout the coalition via Survey Monkey to request additional feedback related to substance abuse prevention trends and priorities for prevention. Through the planning survey, coalition and other community members were first asked about their concerns regarding a range of local substance abuse trends. Specifically, they were asked to consider local problems related to substance abuse and identify which drug caused them the most concern. The following chart reflects the frequency of participant responses. We can see that concerns about **methamphetamine** are still very strong, followed by **prescription and over the counter drugs, heroin,** and **underage alcohol use**.



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Survey participants were asked as well to identify another drug that causes concern. We still see significant concern related to methamphetamine, prescription and over the counter drugs, and heroin, but this chart also reflects relatively strong concern about adult alcohol use and marijuana.



We tend to look for underlying risk factors that influence substance abuse trends across multiple drug categories, but there is some benefit to prioritizing specific drugs of concern. Each drug presents some unique challenges for selecting and implementing prevention strategies. The rise in prescription drug abuse, for example, calls for strategies that are responsive to practices and needs within our healthcare and pharmaceutical industries. With this example in mind, as a coalition, we have been studying the role of Nevada's Prescription Monitoring System in order to understand how such a monitoring system might prevent and reduce "doctor shopping", a practice through which people approach several physicians in an effort to obtain multiple prescriptions for painkillers or other commonly abused medications, either for personal use or to sell on the streets.

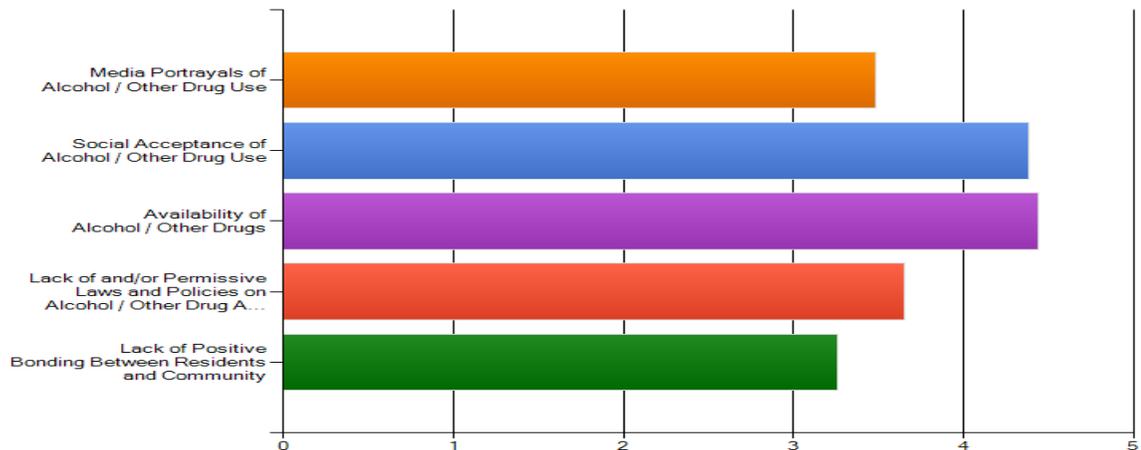
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Planning Survey / Variables Perceived as Influencing Local Trends

Survey participants were then asked to look at a range of risk factors that can influence substance abuse trends and reflect on how significant they believed each factor to be in shaping substance abuse trends in Washoe County. Participants looked at **community**, **family**, **school**, and **individual** risk factors and were given a five point scale with 1="not significant" and 5="very significant". They were also given the option to state that they were "not sure". The following charts portray the responses in each of the risk factor categories.

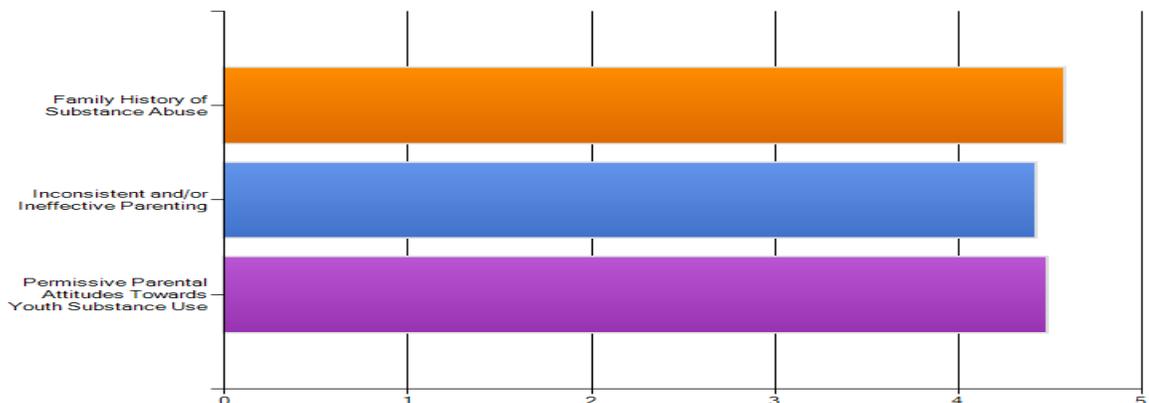
Community Risk Factors

The following --community risk factors-- at times can influence substance abuse. Please rate how significant each of them are in influencing substance abuse in Washoe County.



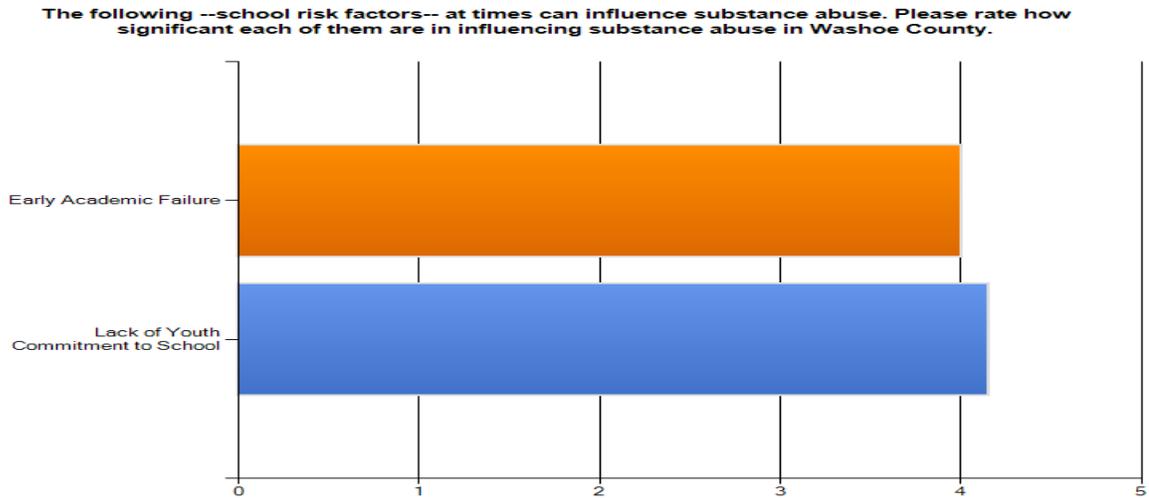
Family Risk Factors

The following --family risk factors-- at times can influence substance abuse. Please rate how significant each of them are in influencing substance abuse in Washoe County.

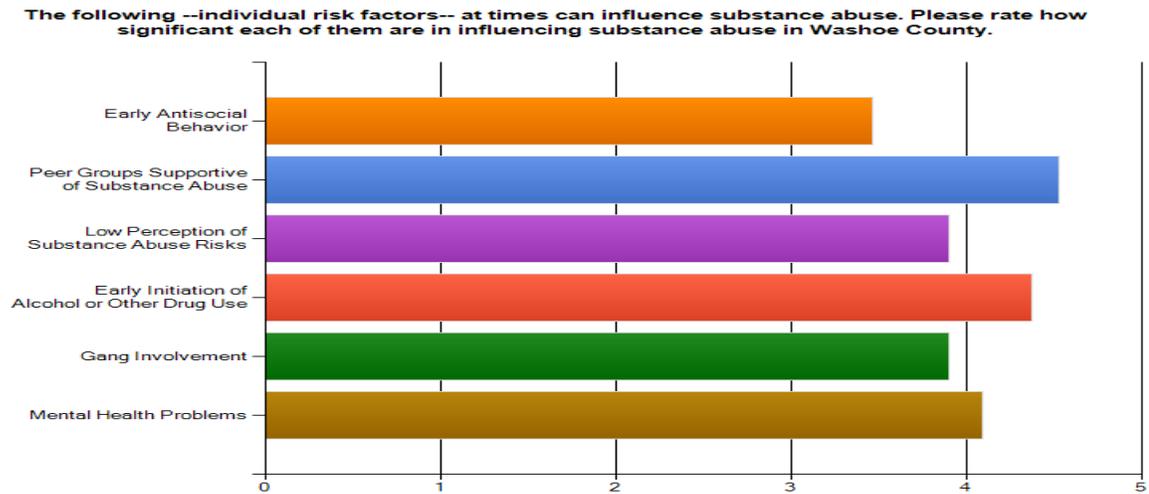


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School Risk Factors



Individual Risk Factors



Pulling from these charts, we can see that survey participants perceive the following risk factors to be of higher relative significance in affecting substance abuse trends in Washoe County: **family history of substance abuse; permissive parental attitudes towards substance abuse; availability of alcohol and other drugs; social acceptance of alcohol and other drug use; and youth peer groups supportive of substance abuse.**

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Prevention Strengths and Gaps

A final component of the online survey distributed to coalition members explored strengths and gaps related to prevention activities in Washoe County. Participants were asked to complete the following two statements.

1. When it comes to preventing substance abuse in Washoe County, I think we do a good job of...
2. At the same time, I really think we need to do more of the following to prevent substance abuse locally...

Narrative responses were reviewed and organized to identify themes that emerged. This process was challenging, as the responses were quite varied, and in some cases, conflicting. For example, many respondents expressed the need for firm and consistent consequences for drug offenders through our judicial system while others promote decriminalizing drug possession and use. Some participants also expressed a lack of awareness about what is happening related to prevention. There is a clear need to develop a more systematic way of documenting and publicizing local prevention resources to allow for ongoing analysis and planning.

The following themes emerged when looking at local strengths related to prevention activities:

- Community awareness campaigns to inform youth, parents, and the general community about substance abuse trends and risks.
- Law enforcement activities to reduce underage drinking and drug dealing.
- Media strategies to highlight community awareness activities and promote positive social norms.
- Specialty court intervention resources.
- School-based prevention programming.

The following themes related to prevention gaps were also noted:

- Accessible parent education opportunities.
- Consistent substance abuse prevention education for youth across all ages.
- Firm and consistent prosecution of alcohol and other drug laws through our judicial system.

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Priority Strategy Directions

Considering the different sources of information to inform JTNN prevention planning efforts, there are a broad range of priorities to highlight as part of an overall comprehensive prevention campaign in Washoe County. It is helpful to utilize a prevention strategy framework such as the following provided by the Community Anti-Drug Coalitions of America (**CADCA**) to organize strategy selection.

- **Strategy: Provide Information-** *Educational presentations, workshops, or seminars or other presentations of data*
- **Strategy: Enhance Skills** *Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes*
- **Strategy: Provide Support-** *Creating opportunities to support people to participate in activities that reduce risk or enhance protection*
- **Strategy: Enhance Access / Reduce Barriers-** *Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services*
- **Strategy: Change Consequences (Incentives / Disincentives)-** *Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior*
- **Strategy: Physical Design-** *Changing the physical design or structure of the environment to reduce risk or enhance protection*
- **Strategy: Modifying / Changing Policy-** *Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures*

Some of the prioritized concerns regarding specific drugs and social acceptance of substance abuse call for **informational strategies** to raise awareness about these specific drug risks and consequences as well as healthy community norms. Particular concern was noted related to **methamphetamines, heroin, prescription drugs, alcohol, marijuana**, as well as **synthetic drugs**, such as Spice and bath salts. In many cases, these strategies can be carried out by coalition staff and partners involved in community education through presentations, information dissemination, social norms campaigns, and media messaging.

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The identification of **drug availability** as a priority risk factor signals the need for environmental strategies, such as the strategic use of **incentives and disincentives** as well as **policy development and enforcement** when appropriate. Here we can look to sustain and develop strategies to limit youth access to alcohol, marijuana, prescription drugs, and synthetic drugs. Consistent law enforcement can help limit the availability of drugs like heroin and methamphetamines. Easy access to prescription drugs of abuse, like a wide range of opiate painkillers, calls for new policy strategies partnering with medical professionals, pharmacists, and law enforcement to discourage the diversion of such medications.

The prioritization of **family history of substance abuse, permissive parental attitudes towards substance abuse, and youth peer groups supportive of substance abuse** will likely be addressed by prevention providers in Washoe County through evidence-based **skill-building and support strategies**. JTNN will pass through state and federal prevention funding to SAPTA certified prevention providers when such funds are available in support of such evidence-based strategies. Based on the feedback from coalition participants, we are looking for skill-building and support strategies targeting parents, pregnant mothers with a history of substance abuse, youth and young adult binge drinkers, families with young children and a family history of substance abuse, youth exhibiting early onset of mental health and substance abuse concerns, and youth at-risk for early initiation of substance abuse.

Evidence-Based Strategy Selection

An important part of this plan is the process for selecting strategies that address identified needs and gaps in Washoe County. The following 3 pages, referenced as Attachment D, is copied from JTNN's RFA to community prevention providers and explains the definition of "evidence-based" that is adopted by SAPTA. Following this definition, a partial sample of programs listed on the National Registry of Evidence-based Programs and Practices (NREPP) is included. This list is included only to help readers understand the kinds of programs found on NREPP. It is not meant as an endorsement of these specific programs for purposes of local prevention funding decisions. Prevention programs applying for funding through JTNN are encouraged to consider the broader range of evidence-based programs and strategies, how any particular program fits our local prevention priorities, and how any particular program aligns with an agency's implementation capacity.

ATTACHMENT D

Mental Health and Developmental Services Substance Abuse Prevention and Treatment Agency

Definition of Evidence-Based for Substance Abuse Prevention

Revised July 2009

Introduction:

The Substance Abuse Prevention and Treatment Agency (SAPTA) is committed to the implementation of effective substance abuse prevention programs, strategies, policies, and practices by supporting community coalitions and their partners.

The purpose of this document is to provide program policy for one operational definition and structure for the implementation of Evidence Based Practices by prevention and other SAPTA funded program providers with oversight by community coalitions and/or SAPTA. In addition, this document will guide the prioritization and allocation of funding available through this agency. This program policy is to assist prevention providers certified by SAPTA to implement activities that meet one of the three following definitions for evidence-based prevention practices. Evidence-based practices in prevention are defined by the Substance Abuse and Mental Health Service Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) in their Identifying and Selecting Evidence-Based Interventions Guidance Document (Revised January 2009). According to their definition, an Evidence-Based intervention is defined by inclusion in one or more of the three categories below:

- A. Included in Federal registries of evidence-based interventions; OR
- B. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; OR
- C. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow), all of which must be met:

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Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model, AND

Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature, AND

Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects, AND

Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

Defining Evidence-based:

SAPTA, in implementing the evidence-based definition for substance abuse prevention, realizes that it is important to provide a structured definition that will guide SAPTA funded prevention providers when choosing their prevention activities. Below is a review and further explanation of the three definitions that will be used by SAPTA and its funded providers when choosing community based prevention programs, policies, strategies and practices to be implemented.

Three Definitions of Evidence-Based

A. Included in Federal registries of evidence-based interventions:

Any program, policy, strategy or practice that appears on a Federal registry of approved prevention interventions that uses terms such as “Model”, “Best Practice”, “Promising Practice”, “Evidence-based”, or “Principle of Effectiveness”, etc.

When a provider identifies a program, practice, policy, or strategy, the activity chosen must coincide with a prioritized substance abuse prevention need that has been identified by SAPTA or a SAPTA funded coalition. Programs that meet this definition may address, but are not limited to; risk and protective factors, intervening variables, causal factors, and/or strategies that have been identified by SAPTA or a SAPTA funded community Substance Abuse Prevention Coalition (Coalition). SAPTA

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recognizes and endorses the use of CSAP's recognized six prevention strategies (Information Dissemination, Prevention Education, Alternative Activities, Problem Identification and Referral, Community-based Process, or Environmental) and the Institute of Medicine's Continuum of Care, and the Strategic Prevention Framework as part of the foundation of evidence-based substance abuse prevention planning and implementation.

These prevention activities may be chosen from a variety of federal registries of approved programs and practices that make up the current standards recognized in substance abuse prevention nationally. These include but are not limited to: Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Effective Prevention Programs (NREPP), Center for Disease Control and Prevention (CDC), Office of Juvenile Justice Delinquency Prevention (OJJDP), US Department of Education, CSAP's Centers for the Application of Prevention Technologies, and the Office of National Drug Control Policy.

B. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals:

Providers wishing to use a program or intervention not on a Federal registry, may choose, as an option, a prevention program, policy, practice, or strategy that has been published in a peer reviewed journal and shown to have positive results in substance abuse prevention or a related field. Other related fields include but are not limited to education, tobacco prevention, public health, HIV/AIDS, mental health, developmental assets, resiliency, etc.

C. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow):

If a proposed activity does not meet either of the above definitions, documented effectiveness of the proposed intervention desired may be considered on a case-by-case basis. In the event that documented effectiveness will be used, the proposed prevention activity must meet each of the guideline definitions below in order to be considered.

Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model, AND

Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature, AND

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Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects, AND

Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

SAPTA recognizes that in order for all providers in Nevada to meet these standards they may require technical assistance, resource development, and training. SAPTA will support the efforts of the community coalitions to work with providers so that they can meet the requirements of evidence-based prevention in the selection, development, and implementation of substance abuse prevention activities in Nevada. The SAPTA funded coalitions will be responsible for maintaining documentation regarding and related to the selection criteria and the utilization of the criteria and providing this documentation to SAPTA.

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NREPP Summaries

CASASTART

CASASTART (Striving Together to Achieve Rewarding Tomorrows, formerly known as Children at Risk), is a community-based, school-centered substance abuse and violence prevention program developed by the National Center on Addiction and Substance Abuse at Columbia University (CASA). CASASTART targets youths between 8 and 13 years old who have a minimum of four identified risk factors. Youth participants may remain in the program up to 2 years. Specific program objectives of CASASTART include reducing drug and alcohol use, reducing involvement in drug trafficking, decreasing associations with delinquent peers, improving school performance, and reducing violent offenses.

Coping With Work and Family Stress

Coping With Work and Family Stress is a workplace preventive intervention designed to teach employees 18 years and older how to deal with stressors at work and at home. The model is derived from Pearlin and Schooler's hierarchy of coping mechanisms as well as Bandura's social learning theory. The 16 90-minute sessions, typically provided weekly to groups of 15-20 employees, teach effective methods for reducing risk factors (stressors and avoidance coping) and enhancing protective factors (active coping and social support) through behavior modification (e.g., methods to modify or eliminate sources of stress), information sharing (e.g., didactic presentations, group discussions), and skill development (e.g., learning effective communication and problem-solving skills, expanding use of social network).

DARE to be You

DARE to be You (DTBY) is a multilevel prevention program that serves high-risk families with children 2 to 5 years old. Program objectives focus on children's developmental attainments and aspects of parenting that contribute to youth resilience to later substance abuse, including parental self-efficacy, effective child rearing, social support, and problem-solving skills. Families engage in parent-child workshops that focus on developing the parents' sense of competence and satisfaction with the parent role, providing knowledge of appropriate child management strategies, improving parents' and children's relationships with their families and peers, and contributing to child developmental advancement.

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Drinker's Check-up

Drinker's Check-up (DCU) is a computer-based brief intervention designed to help problem drinkers reduce their alcohol use and alcohol-related consequences. The program targets individuals along the continuum of problem drinking from hazardous use (e.g., binge-drinking college students) to alcohol dependence (e.g., individuals presenting for specialized alcohol treatment). DCU is based on the principles of brief motivational interviewing and is sensitive to the individual's readiness to change.

Early Risers "Skills for Success"

Early Risers "Skills for Success" is a multicomponent, developmentally focused, competency-enhancement program that targets 6- to 12-year-old elementary school students who are at high risk for early development of conduct problems, including substance use. Early Risers is based on the premise that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. The program uses integrated child-, school-, and family-focused interventions to move high-risk children onto a more adaptive developmental pathway.

Families and Schools Together (FAST)

Families and Schools Together (FAST) is a multifamily group intervention designed to build relationships between families, schools, and communities to increase well-being among elementary school children. The program's objectives are to enhance family functioning, prevent school failure, prevent substance misuse by the children and other family members, and reduce the stress that children and parents experience in daily situations. Participants in the multifamily group work together to enhance protective factors for children, including parent-child bonding, parent involvement in schools, parent networks, family communication, parental authority, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans.

Guiding Good Choices

Guiding Good Choices (GGC) is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully.

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Healthy Workplace

Healthy Workplace is a set of substance abuse prevention interventions for the workplace that are designed for workers who are not substance-dependent and still have the power to make choices about their substance use. The five Healthy Workplace interventions--SAY YES! Healthy Choices for Feeling Good, Working People: Decisions About Drinking, the Make the Connection series, Prime Life 2000, and Power Tools--target unsafe drinking, illegal drug use, prescription drug use, and the healthy lifestyle practices of workers. Cast in a health promotion framework and grounded in social-cognitive principles of behavior change, Healthy Workplace interventions integrate substance abuse prevention materials into popular health promotion programs, thereby defusing the stigma of substance abuse and reducing barriers to help-seeking behavior. Intervention materials are designed to raise awareness of the hazards of substance use and the benefits of healthy behaviors and to teach techniques to live healthier lives.

New Beginnings Program

The New Beginnings Program (NBP) is designed for divorced parents who have children between the ages of 3 and 17. The goal of NBP is to promote resilience of children following parental divorce. The NBP consists of 10 weekly group sessions and two individual sessions. The parents learn skills to improve parent-child relationship quality and effectiveness of discipline, reduce exposure to interparental conflict, and decrease barriers to nonresidential parent-child contact.

Nurse-Family Partnership

Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children. NFP was founded on concepts of human ecology, self-efficacy, and human attachment. Its program activities are designed to link families with needed health and human services, promote good decision making about personal development, assist families in making healthy choices during pregnancy and providing proper care to their children, and help women build supportive relationships with families and friends.

Parenting Through Change

Parenting Through Change (PTC) is a theory-based intervention to prevent internalizing and externalizing conduct behaviors and associated problems and promote healthy child adjustment. Based on the Parent Management Training--Oregon Model (PMTO), PTC provides recently separated single mothers with 14 weekly group sessions to learn effective parenting practices including skill encouragement, limit-setting, problem-solving, monitoring, and positive involvement. PTC also includes strategies to help parents decrease coercive exchanges with their children and use contingent positive reinforcements (e.g., praise, incentives) to promote prosocial behavior.

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Project SUCCESS

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students.

Real Life Heroes

Real Life Heroes (RLH) is based on cognitive behavioral therapy models for treating posttraumatic stress disorder (PTSD) in school-aged youth. Designed for use in child and family agencies, RLH can be used to treat attachment, loss, and trauma issues resulting from family violence, disasters, severe and chronic neglect, physical and sexual abuse, repeated traumas, and posttraumatic developmental disorder. RLH focuses on rebuilding attachments, building the skills and interpersonal resources needed to reintegrate painful memories, fostering healing, and restoring hope. These goals are accomplished using nonverbal creative arts, narrative interventions, and gradual exposure to help children process their traumatic memories and bolster their adaptive coping strategies.

SPORT

SPORT is a brief, multiple behavior program integrating substance abuse prevention and fitness promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-promoting habits. It is based on the Behavior-Image Model, which asserts that social and self-images are key motivators for the development of healthy behavior. The intervention promotes the benefits of an active lifestyle with positive images of youth as active and fit, and emphasizes that substance use is counterproductive in achieving positive image and behavior goals.

Team Awareness

Team Awareness is a customizable worksite prevention training program that addresses behavioral risks associated with substance abuse among employees, their coworkers, and, indirectly, their families. The training seeks to promote social health and increased communication between workers; improve knowledge about and attitudes toward alcohol- and drug-related protective factors in the workplace, such as company policy and Employee Assistance Programs (EAPs); and increase peer referral behaviors. To achieve these objectives, the training focuses on six components: the importance of substance abuse prevention; team ownership of policy (embracing policy as a useful tool for enhancing safety and well-being for the whole workgroup); stress, including stressors, individual coping styles, and other methods for coping; tolerance and how it can become a risk factor for groups; the importance of appropriate help-seeking and help-giving behavior; and access to resources for preventive counseling or treatment (e.g., EAPs, local community resources, 12-step programs, wellness programs).

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TeenScreen

The Columbia University TeenScreen Program identifies middle school- and high school-aged youth in need of mental health services due to risk for suicide and undetected mental illness. The program's main objective is to assist in the early identification of problems that might not otherwise come to the attention of professionals. TeenScreen can be implemented in schools, clinics, doctors' offices, juvenile justice settings, shelters, or any other youth-serving setting. Typically, all youth in the target age group(s) at a setting are invited to participate.

Transtheoretical Model (TTM)-Based Stress Management Program

The Transtheoretical Model (TTM)-Based Stress Management Program targets adults who have not been practicing effective stress management for 6 months or longer. TTM is a theory of behavior change that can be applied to single, multiple, and complex behavioral targets. TTM's premise is that behavior change is a process and that as a person attempts to change a behavior, he or she moves through five stages: precontemplation (not intending to begin in the next 6 months), contemplation (intending to begin in the next 6 months), preparation (intending to begin in the next 30 days), action (practicing the behavior for less than 6 months), and maintenance (practicing the behavior for at least 6 months). This application of TTM to stress management focuses on increased regular relaxation, exercise, and social support activities.

Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. TARGET teaches a set of seven skills (summarized by the acronym FREEDOM--Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution) that can be used by trauma survivors to regulate extreme emotion states, manage intrusive trauma memories, promote self-efficacy, and achieve lasting recovery from trauma.

Trauma Recovery and Empowerment Model (TREM)

The Trauma Recovery and Empowerment Model (TREM) is a fully manualized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring, psychoeducational, and skills-training techniques, the gender-specific 24-29 session group emphasizes the development of coping skills and social support.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement.

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Triple P--Positive Parenting Program

The Triple P--Positive Parenting Program is a multilevel system or suite of parenting and family support strategies for families with children from birth to age 12, with extensions to families with teenagers ages 13 to 16. Developed for use with families from many cultural groups, Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program, which also can be used for early intervention and treatment, is founded on social learning theory and draws on cognitive, developmental, and public health theories. Triple P has five intervention levels of increasing intensity to meet each family's specific needs. Each level includes and builds upon strategies used at previous levels:

Wellness Outreach at Work

Wellness Outreach at Work provides comprehensive risk reduction services to workplace employees, offering cardiovascular and cancer risk screening and personalized follow-up health coaching that addresses alcohol and tobacco use. Wellness Outreach at Work begins with outreach to all employees through voluntary, worksite-wide health risk screening, including biometric measures of health status, delivered as near to workstations as is practical. The screening directs employees' attention to health issues and to their own health risks and provides baseline information about the health risks of the total workforce. The screening takes approximately 20 minutes per employee and includes immediate feedback on health risks and first steps that might improve them. After the screening, employees are triaged for follow-up based on the number and severity of the health risks identified. Within the context of personalized, one-on-one coaching for cardiovascular health improvement and cancer risk, wellness coaches provide employees with education and counseling on alcohol use, tobacco use, weight control, and health management.

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Prevention Priority Summary for Prevention Funding Applicants

JTNN supports prevention planning and strategy implementation throughout Washoe County. The following priorities are taken from JTNN's Comprehensive Community Prevention Plan:

Target Substances:

- Methamphetamines
- Prescription Drugs
- Heroin
- Alcohol (Underage and Heavy Adult Drinking)
- Marijuana
- Synthetic Drugs (e.g. Spice, Bath Salts)

Target Risk Factors:

- Family History of Substance Abuse
- Availability of Drugs
- Social Norms Accepting of Alcohol / Other Drug Use
- Parental Attitudes Accepting or Tolerant of Substance Abuse
- Youth Peer Groups Supportive of Substance Abuse

Target Populations:

- Pregnant Women with a History of Substance Abuse
- Substance Abusing Parents with Children Ages 0-5
- Parents of Youth Engaging in Early Initiation of Substance Abuse
- Middle and High School Students Showing Signs of Depression and Substance Abuse
- Elementary School Students At-Risk for Early Initiation of Alcohol and Other Drug Use
- Adolescent and Young Adult Binge Drinkers Ages 12-25