

STATE INCENTIVE COOPERATIVE AGREEMENT (SICA) EVALUATION REPORT: PRE-SICA TO PRESENT

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STATE PREVENTION SYSTEM CHARACTERISTICS, 1994 TO 2001

Nebraska's statewide prevention service delivery system prior to the award of its State Incentive Cooperative Agreement

In 1997, Nebraska merged five government departments into three—Regulation and Licensure, Services, and Finance and Support—to form the Nebraska Health and Human Services System (HHS). This merger was forged to improve service coordination and cooperation among the different departments. HHS's mission was to achieve the nation's public health objectives as identified in Healthy People 2000.

One arm of the HHS, the Division of Mental Health, Substance Abuse, and Addiction Services, was largely responsible for the programming targeting those objectives related to substance abuse. This Division was part of the larger Nebraska Behavioral Health System. Within its purview were the State's six geographically defined Behavioral Health Regions, each containing a Regional Prevention Center (RPC).

The RPCs were established to link the State to its various communities, ensuring that research-driven prevention programming would reach throughout Nebraska. Regional program administrators were charged with planning and developing an integrated service system for mental health and substance abuse services at the local level.

Each of the six regions also received technical support from the State-funded Nebraska Council to Prevent Alcohol and Drug Abuse. The Council supported prevention efforts at the regional and community levels by providing training, program development, networking, and evaluation services. Further information was available to regions and communities through a State-funded clearinghouse of substance abuse prevention information.

The RPCs were funded in part with State money garnered from the Federal Substance Abuse Prevention and Treatment Block Grant program. As Nebraska's Single State Agency, the Division of Mental Health, Substance Abuse, and Addiction Services was the administrator of these funds.

Collaboration among State agencies, or between State and local agencies

While the Single State Agency took the lead in bringing prevention services to its far-flung communities, other agencies with substantial substance abuse prevention funding or activities were also a part of Nebraska's disparate system of prevention services delivery. These included: the Nebraska Department of Health and Human Services System Office of Public Health, the Department of Education, the U.S. Attorney's Office, the Nebraska Commission on Law Enforcement and Criminal Justice, the State Office of Highway Safety, Nebraska's Cooperative Extension Agency, and institutions of higher education.

At the time of Nebraska's application for a State Incentive Cooperative Agreement (SICA), these multiple State agencies were funding a number of substance abuse prevention efforts—efforts that were fragmented and largely uncoordinated. While some efforts were singularly effective, the overall effect was a system of prevention that was disconnected at both the State and community levels.

In August of 1998, a workgroup of 12 Nebraska prevention agency representatives came together at the invitation of the Southwest Center for the Application of Prevention Technology (SW CAPT) to determine how Nebraska could use its existing resources to provide better support for prevention at the community level. Participants were quick to recognize overlap in substance abuse prevention efforts, and the following month 14 agency representatives attended a nine-state regional summit on expanding and maximizing a statewide prevention system.

This was the beginning of the Nebraska Prevention Resource System (NPRS). Active representation came from both government and private prevention entities, including: the Governor's Office; the Nebraska Health and Human Services System; the Nebraska Department of Education; the Nebraska Department of Motor Vehicles-Office of Highway Safety; the Nebraska Commission on Law Enforcement and Criminal Justice; the Office of Minority Health; Tobacco Free Nebraska; the Nebraska legislature; the State Probation Administration; the U.S. Department of Justice's U.S. Attorney's Office; the Nebraska Council to Prevent Alcohol & Drug Abuse; Omaha Public Schools; PRIDE Omaha; the Center for the Application of Prevention Technologies; and the Panhandle Substance Abuse Council.

The Work Group's mission was to reduce the number of youth involved in tobacco, alcohol, marijuana, and other drug use and violence by bringing appropriate environmental and individual

prevention strategies to communities. It focused on helping communities access funding, resources, and technical assistance across agency lines.

To put Nebraska's fiscal and human resources to more effective use, in August of 1999 the NPRS began a planning process to provide the framework for an integrated, statewide prevention system. This process failed to bring a plan to fruition.

That same month, in an attempt to teach communities an approach to reducing youth substance abuse, the Nebraska Department of Education partnered with the Department of Health and Human Services' Substance Abuse Program and the Nebraska Council to Prevent Alcohol and Drug Abuse to provide statewide training to both professional and consumer audiences on asset building.

The RPCs and the State's 18 Educational Service Units (ESUs) regularly shared both funding and personnel to provide youth leadership training and build capacity at the regional and local levels. The ESUs offered curriculum planning, staff development, and technical assistance to roughly 600 public and non-public school districts. Linking school districts allowed the ESUs to share in the planning and brokering of services.

Nebraska's Cooperative Extension Centers, another statewide network of educational agencies, funded centers in 85 counties to help enrich family living through research and education, with a focus on rural communities. The Centers' Family Life Specialists worked closely with both the ESUs and the RPCs on youth leadership, parenting education, and other initiatives.

The Nebraska Office of Highway Safety partnered with other organizations on a number of programs targeting the prevention and reduction of underage drinking and driving:

- The Public Information and Education program provided funding for educational materials discouraging illegal alcohol use and driving under the influence of any substance. It offered a special driver's license laminate for underage drivers. It also provided underage drinking warning posters to all law enforcement and licensed alcohol sales outlets.

- The Youth Empowerment program received funds from the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support Youth in Action and other youth organizations involved in advocacy and public policy initiatives.
- The Youth Alcohol Coordination program funded staff from the Nebraska Office of Highway Safety and Project Extra Mile to coordinate youth alcohol projects and activities.
- The DWI/Zero Tolerance Public Information program provided funding to the Omaha Police Department to educate students on Nebraska's driving under the influence and the zero tolerance laws.
- The Alcohol Retailer Enforcement program gave mini-grants to State and local law enforcement agencies to reduce illegal alcohol sales by conducting compliance checks.

The State's Title V prevention dollars, a three-year Federal grant from the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP), were administered through the Nebraska Crime Commission to local communities. Many of these local projects focused on after school and summer programming, mentoring, and teen court.

The U.S. Attorney's Office, through its Law Enforcement Community Coordination (LECC) program, assisted law enforcement with more than 20 community-based prevention initiatives related to drug abuse and violent crime. To make the best use of limited resources, LECC promoted coordination and cooperation between Federal, State, and local law enforcement and community-based groups on training, program development and facilitation, project assistance, grants, victim assistance, and witness management.

Tobacco Free Nebraska was a statewide prevention initiative funded by the Centers for Disease Control and Prevention's (CDC's) Office on Smoking and Health and the Preventive Health and Health Services Block Grant, as well as Nebraska's Single State Agency. This initiative provided financial resources and technical assistance to communities to help them build the capacity to implement and evaluate effective tobacco prevention strategies. Community interventions, countermarketing strategies, tobacco policy and regulation, and surveillance and evaluation were employed to: reduce youth access to tobacco; identify and eliminate disparities among population groups; promote tobacco cessation among adults and youth; and eliminate exposure to environmental tobacco smoke.

In 2000, Citizens for a Healthy Nebraska, a coalition of 13 State associations, was instrumental in the passage of a landmark bill signed by the Governor that allocated \$21 million over three years from the Tobacco Settlement Fund to youth tobacco prevention efforts. The first \$7 million of these funds had been appropriated at the time of the SICA award. This money was being developed into tobacco prevention and cessation funding opportunities through Tobacco Free Nebraska.

Although the Governor’s portion of Nebraska’s Safe and Drug Free Schools and Communities (SDFSC) program was administered by the Single State Agency, the Department of Education administered the school-based prevention component of the program. The goal of this component was to help schools establish, operate, and improve local drug and violence prevention and early intervention programs.

Coordination, leveraging, and redirection of funding streams

Below is a breakdown of the substance abuse funding streams by agency as they existed at the time the SICA was granted to Nebraska.

Agency	FY 00 Funds	FY 01 Funds	Federal Funds	State Funds	Other Funds	FTEs
Liquor Control Commission	N/A	N/A	N/A	N/A	N/A	N/A
NE Commission on Law Enforcement and Criminal Justice	\$262,000	\$225,000 Title V- Delinquency Prevention- No funds specifically for substance abuse	FY 00- \$137,000 (OJJDP) FY 00- \$125,000 (BJA) FY 01- \$225,000 (OJJDP)	\$0	\$0	0
NE Department of Education	\$1,806,781			\$1,806,781 (SDFSC A)		
NE DHSS, Department of Mental	\$2,804,590	\$2,265,400	FY 00- \$2,238,404	FY 00- \$114,491		

Agency	FY 00 Funds	FY 01 Funds	Federal Funds	State Funds	Other Funds	FTEs
Health, Substance Abuse, and Addiction			(SAPT) FY 01- \$2,243,059	FY 00- \$451,695 (SDFSC A) FY 01- \$22,341		
Tobacco Free Nebraska	\$8,200,000		\$1,200,000 (CDC)	\$7,000,000	\$0	
Office of Family Health						
Office of Minority Health	N/A	N/A	N/A	N/A	N/A	N/A
Protection and Safety						
NE National Guard						1
Nebraska Office of Highway Safety	\$340,000	\$484,275	FY 00- \$340,000 (OJJDP, NHTSA) FY 01- \$484,275	\$0	\$0	0
NE State Patrol						
NE Supreme Court						
U.S. Attorney's Office						
University of Nebraska, Cooperative Extension						
NU Directions						
Community Health Ed. Department						

Agency	# of Local Agencies Funded	Amount of Funding Received	# of Local Coalitions Funded	Amount of Funding Received	Science-based Programs Funded (Name & amount)	Kinds of collaborations
Liquor Control Commission	N/A	N/A	N/A	N/A	N/A	Statewide Task Force on Youth Alcohol Use
NE Commission on Law Enforcement and Criminal	0	\$0	0	\$0	N/A	Standardized model; School/community enforcement liaison; Drug

Agency	# of Local Agencies Funded	Amount of Funding Received	# of Local Coalitions Funded	Amount of Funding Received	Science-based Programs Funded (Name & amount)	Kinds of collaborations
Justice						resistance education
NE Department of Education						
NE DHHS, Department of Mental Health, Substance Abuse, and Addiction					Represented all six CSAP core strategies (FY 00 and FY 01)	
Tobacco Free Nebraska						
Office of Family Health						
Office of Minority Health	N/A	N/A	N/A	N/A	N/A	N/A
Protection and Safety						
NE National Guard					Starbase program	
Nebraska Office of Highway Safety	FY 01-12	FY 01-\$125,067	FY 01-5	FY 01-\$359,208	All programs were science-based	Statewide task force on youth alcohol use
NE State Patrol						
NE Supreme Court						
U.S. Attorney's Office					Weed & Seed Drug Courts	
University of Nebraska, Cooperative Extension						
NU Directions						
Community Health Ed.						

Agency	# of Local Agencies Funded	Amount of Funding Received	# of Local Coalitions Funded	Amount of Funding Received	Science-based Programs Funded (Name & amount)	Kinds of collaborations
Department						

In addition, as noted in the preceding section, the Governor’s office allocated \$21 million from the 1998 Master Tobacco Settlement to support a comprehensive tobacco control program in Nebraska.

The State did not coordinate or leverage its diversified funding streams in any significant way. Even with a strong network of prevention agencies, and with the NPRS working to build an integrated, statewide prevention system, fragmentation in funding and programming was prevalent.

Nebraska recognized that more coordination and collaboration was required before a truly effective prevention system—one that used fiscal and human resources more effectively—would be in place.

Statewide comprehensive prevention plan

In 1994, a statewide planning process that began two years prior resulted in the development of *Nebraska Substance Abuse Vision 2000*. *Vision 2000* outlined the principles, initiatives, and structure for the Health and Human Services Prevention System and the State’s Regional Prevention Centers to strengthen the prevention services network. This was a new approach to planning and system change for the Nebraska Substance Abuse System that stressed:

- responsiveness to the diverse needs of individuals and communities;
- making changes in the field while maintaining the strengths of the past system;
- continually improving the field through a participatory developmental process;
- allowing members of the prevention system to design services based on the needs of their particular constituencies within the context of carefully defined, flexible parameters; and
- balancing system-wide needs with the need to maintain the individual autonomy of local programs.

The goal of *Vision 2000* was to ensure that alcohol and drug prevention and treatment services improve the health of Nebraska’s individuals and communities, moving Nebraska

forward in achieving the alcohol and other drug goals of *Healthy People 2000*. The newly designed prevention and treatment services system based on needs assessment and outcome data described in *Vision 2000* was expected to help reduce alcohol-related motor vehicle crashes, cirrhosis deaths, drug-related deaths, drug abuse-related hospital emergency room visits, and barriers to accessing alcohol and drug treatment for underserved populations across the State.

The prevention services system described by *Vision 2000* also was expected to reduce risk factors that could lead to alcohol, tobacco, and other drug problems. By working together, the member agencies of a more collaborative prevention system were expected to make significant strides toward achieving the following goals:

- Reduce the number of adolescents who had used alcohol, marijuana, and cocaine in the past month
- Reduce the number of high school seniors and college students engaging in heavy drinking
- Reduce youth access to alcoholic beverages
- Reduce the number of low birthweight babies, the number of birth defects, and the number of developmental delays that can occur from alcohol, tobacco, and other drug use during pregnancy
- Delay the onset of first use of cigarettes, alcohol, and marijuana by adolescents
- Increase the number of high school seniors who perceive social disapproval associated with heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine
- Increase the number of high school students who associate physical and psychological harm with heavy use of alcohol
- Increase the number of children who receive alcohol and other drug education as part of the school curriculum

Vision 2000 stressed promoting partnerships both within and across State systems, leveraging available resources, and recognizing that developing effective prevention services would be a continuous process of system quality improvement.

Initiatives of *Vision 2000* included:

- Designing and implementing ongoing needs assessments
- Developing a resource allocation system
- Developing advanced training, prevention, and treatment initiatives

- Designing a process for providing technical assistance to programs
- Developing a multicultural and multidisciplinary consultant pool
- Increasing collaboration at State, regional, and local levels
- Developing a more flexible funding mechanism
- Developing an electronic information management system
- Defining and establishing a training or credentialing system for prevention professionals
- Developing ways to assess risk within geographic regions
- Defining a system for funding that included measurable goals and objectives with outcome measures
- Updating and revising program regulations for prevention programs

As stated previously, in August of 1999, with a persistent need to use fiscal and human resources more effectively, the member agencies of the Nebraska Prevention Resource System began work on a strategic plan that would provide the necessary structure and direction for building an integrated, statewide prevention system. Some of the objectives of the NPRS included: reducing barriers to sharing resources by identifying common goals; identifying available needs assessment information and coordinating data information needs; standardizing a definition of prevention; and providing an information system to help coordinate prevention efforts in the community. This process failed to result in any plan that would be adopted by the State.

In January 2000, the Division of Mental Health, Substance Abuse, and Addiction Services, in league with the Regional Prevention Centers and the Nebraska Council to Prevent Alcohol and Drug Abuse, explored the State's assets and barriers as the group began work on a five-year strategic plan. During the planning process, Nebraska's network of prevention agencies was identified as the State prevention system's main strength. However, the lack of a common framework throughout the six Behavioral Health Regions blocked agency collaboration. What finally resulted was not a strategic plan, but simply a vision for the Regional Prevention Centers, which was not adopted by the State.

DEVELOPMENT OF SICA-SUPPORTED PROCESS

SICA mobilization

Among its first steps after being awarded a State Incentive Cooperative Agreement, Nebraska created an administrative structure to support its activities, including SICA project staff and contractors, an Advisory Council, and, within the Advisory Council, a number of Work Groups. Here is the staffing plan as it was originally configured, indicating broadly the responsibilities for each position:

- Project Director (.25 FTE)—Prevention Manager, Health and Human Services (HHS)
 - Coordinate all aspects of the project
 - Act as the link to communities, NPRS, RPCs, CAPT staff, and program evaluators
- Grant Manager (1 FTE)—HHS
 - Ensure all Work Groups are actively engaged in implementing and planning SICA activities
 - Keep Advisory Council informed and involved in meeting their advisory and policy development roles
- Evaluation Director (.25 FTE)—Nebraska Council to Prevent Alcohol and Drug Abuse
 - Direct the administrative aspects of the SICA evaluation project, including personnel issues and budgeting
 - Gather and analyze quantitative and qualitative data
- Project Evaluator (1FTE)— Nebraska Council to Prevent Alcohol and Drug Abuse
 - Conduct State level evaluation of the strategic planning process
 - Conduct overall evaluation of subrecipient programs
 - Act as evaluation resource for subrecipient communities
- Technical Assistance Coordinator (1 FTE)—SW CAPT (located at HHS)
 - Provide technical expertise in science-based prevention program development and evaluation to the Cooperative Agreement Advisory Committee
- Project Evaluation Assistant (1 FTE)— Nebraska Council to Prevent Alcohol and Drug Abuse
 - Assist both the Project Director and Project Evaluator in scheduling activities and events and preparing documents
 - Coordinate management information system
- Local Technical Assistance to communities—Regional Prevention Centers
 - Provide ongoing technical assistance to communities on all aspects of the State Incentive Cooperative Agreement
 - Identify potential subrecipient communities, provide education and technical assistance, guide communities through the needs assessment and RFA process, provide follow-up support to communities during implementation
- Web Page Maintenance—independent contractor
 - Upgrade and maintain NPRS's Web site, making the site more interactive and providing a place for subrecipients to post their progress

The Prevention Program Manager at HHS—Laurie Barger Sutter, who acts also as the SICA Project Director—was hired in September 2001. The original intent was that she would spend 25 percent of her time managing the SICA; however, a statewide hiring freeze prevented the

immediate hiring of the full-time Grant Manager, requiring Ms. Sutter to allocate a greater percentage of her time to directing the SICA project.

In August 2002, the Grant Manager position was filled, only to be vacated again two months later. The position has since been re-opened and is expected to be filled shortly. In the interim, the Project Director, temporary SICA office support staff (filled in September 2002), and other Office of Mental Health, Substance Abuse, and Addiction Services staff are managing all aspects of SICA implementation.

Evaluators were hired and began baseline data collection in January 2002, but due to lack of performance, the original Evaluation contract was terminated in June 2002. Subsequently, a contract for the baseline SICA Evaluation was awarded to Community Systems International (principals Dr. Carol Hays and Patty Martin). The release of an RFP for the permanent evaluation contract is pending.

The Technical Assistance Coordinator, Karen Abrams, was hired as the full-time State Liaison in May 2002. Ms. Abrams was hired on behalf of the Southwest Center for the Application of Prevention Technology (SW CAPT). She works onsite in Nebraska.

Nebraska's Regional Prevention Centers are being prepared to assist in the implementation the SICA. The RPCs are continuing to focus on building relationships with communities to meet prevention needs; at the same time, they are gearing up to work with professionals in a number of fields, including education, criminal justice, and treatment. The result should be a true prevention system that will be capable of addressing issues before they become problems. Other technical assistance for implementing the SICA is being provided at no cost to the State by the SW CAPT, Johnson Bassin Shaw (JBS), and the Pacific Institute for Research and Evaluation (PIRE).

A contract for Web page creation and maintenance was awarded in July 2002.

Clerical support is provided by existing support staff, as well as contractual support staff. Significant volunteer and other professional resources have been provided by Advisory Council and Work Group members. (NePiP's role will be discussed in the next section of this report, which deals with Advisory Council development and membership.)

The current SICA staff roster and contractors include the following positions:

- Project Director—Prevention Manager, Health and Human Services (HHS)

- Grant Manager (1 FTE)—to be hired
- Temporary office support staff
- SICA Evaluation—independent contractor
- Technical Assistance Coordinator—SW CAPT Nebraska liaison (located at HHS)
- Local Technical Assistance to communities—Regional Prevention Centers and other training/technical assistance (T/TA) providers
- Web Page Maintenance—independent contractor

Other SICA start-up activities within the Office of Mental Health, Substance Abuse, and Addiction Services included intensive strategic planning activities within the Behavioral Health Regions and the Regional Prevention Centers to enable them to begin to build capacity. Enhanced capacity is needed to support and serve the integrated State prevention system that SICA will facilitate in Nebraska.

Advisory Council development and membership

The Cooperative Agreement Advisory Council was appointed by Governor Mike Johanns to make legislative and policy recommendations, and take other actions appropriate to advancing the State's agenda for the coordinated funding of primary prevention programs for the SICA target population (youth ages 12 to 17). Called Nebraska Partners in Prevention (NePiP), the Advisory Council will maintain broad oversight of SICA-funded community-level programs and all aspects of project implementation. Its primary role, however, is to develop a statewide needs assessment and a strategic plan that includes ways to coordinate, redirect, and leverage resources for substance abuse prevention in Nebraska. NePiP is working to develop and conduct a statewide needs assessment and a strategic plan.

Membership for NePiP was culled from the Nebraska Prevention Resource System (NPRS), with Lieutenant Governor David Heineman at the helm to ensure effective coordination and management of the State's resources. The Lieutenant Governor presides over each meeting, demonstrating the commitment of the Governor's Office to meeting the needs of Nebraska's youth by maximizing the State's substance abuse prevention resources.

The implementation of SICA goals demands a broad and equal partnership of State agencies under the leadership of the Governor. The Council's 32 members comprise a wide array of stakeholders. In addition to the Lieutenant Governor, these include the directors of each major State agency that oversees prevention funding, three State senators, a supreme court justice, representatives from higher education, medical and mental health representatives, representatives

from the media, youth, and parent/community organizations, and representatives from major Nebraska ethnic minority groups. (See Appendix J for a complete listing of NePiP’s membership)

Care was taken to avoid conflicts of interest by limiting NePiP membership to those persons not affiliated with institutions or organizations that could potentially apply for SICA funding. Approximately one-third of NePiP members are from ethnic minority backgrounds. Representatives have been assembled from both the rural and the urban parts of the State. Below is a demographic breakdown of the Advisory Council’s membership:

- Non-minority/Minority: 10/22
- Rural/Urban: 5/27
- Male/Female: 20/12
- State government/Non-State government: 17/15

Government agencies represented on NePiP include:

- Governor’s Office
- Behavioral Health Division of the Nebraska Health and Human Service System
- Public Health Division of the Nebraska Health and Human Service System
- Protection and Safety Division of the Nebraska Health and Human Service System
- Policy Cabinet of the Nebraska Health and Human Service System
- Nebraska Department of Education
- State Office of Highway Safety
- Nebraska Commission on Law Enforcement and Criminal Justice
- U.S. Attorney’s Office
- Probation Office of the Nebraska Supreme Court
- Nebraska Legislature
- University of Nebraska
- Nebraska Commission on Indian Affairs

There have been no changes in the structure of the Advisory Council, and minimal changes in the group’s composition. What minor membership changes have occurred have been the necessary result of personal or professional changes.

The CSAP Project Officer—originally Debbie Castell, now Mary Lou Dent—has been a supportive and involved partner in all SICA planning activities, and has attended each Advisory Council meeting since the group’s inception.

The Advisory Council was formed and first convened in January 2002. At the inaugural meeting, the SICA Project Director outlined Nebraska’s vision for the future of prevention, identifying compelling needs and opportunities across the State. The Director of the SW CAPT discussed recent developments in the prevention field and profiled model programs that have

proven effective. The Director of Evaluation from the Nebraska Council to Prevent Alcohol and Drug Abuse described the role evaluation would play in helping the State reach its prevention goals. Finally, NePiP's duties were described, and four Work Groups were planned to guide NePiP in meeting these responsibilities:

- Policy and Strategic Planning (membership: NPRS)
Duties:
 - Review funding and program implementation recommendations
 - Identify additional sources of State and Federal appropriations to sustain prevention funding
 - Propose actions to identify, coordinate, leverage, and/or redirect funding streams and resources
- Data Monitoring (membership: NePiP, Evaluation contractor, data analysis staff, NPRS memberships, SW CAPT)
Duties:
 - Review and provide oversight of the evaluation system design
 - Evaluate efforts of community organization subrecipients
 - Provide oversight of ongoing program evaluation efforts
- Best Practices (membership: to be determined)
Duties:
 - Bring together models of prevention reflecting “best practices” (including literature reviews and training opportunities to facilitate implementation at the community level)
 - Examine a variety of approaches for informing stakeholder groups at the State and community level about program development and practices
 - Ensure that models proposed and implemented are culturally competent and fit the needs of Nebraska’s population
- Initial Review (membership: NePiP, SW CAPT, RPCs, Evaluation contractor, selected community subrecipients)
Duties:
 - Develop proposal criteria and review mechanisms for funding community programs
 - Review funding opportunities
 - Make recommendations for funding

The next meeting was held on June 11, 2002. An overview was presented of the State’s regional prevention system, which has been in existence since the late 1980s. Representatives spoke from each of Nebraska’s six designated regions, with a focus on the nature of each region, its Regional Prevention Center, and its current challenges and approaches to prevention. The

Director of the SW CAPT outlined the four phases of SICA implementation: planning and preparation; capacity building and initial implementation; funding and sustainability; and ongoing implementation and sustainability.

Two notable advancements were made at this second NePiP meeting. First, an evaluator from the SW CAPT reviewed the current methods of data collection employed by Nebraska, including their strengths and weaknesses, and provided an overview of the SICA evaluation framework required by the Center for Substance Abuse Prevention (CSAP). Importantly, the surveys currently being used to collect data on Nebraska substance abuse rates, including the Youth Risk Behavior Survey, the National Household Survey on Drug Abuse (NHSDA), the Youth Tobacco Survey, and the Nebraska Needs Assessment, do not capture information on the underlying causal factors of youth substance abuse. CSAP requires SICA recipients to provide program- and community-level risk and protective factor data to demonstrate outcomes that show change in both behavioral baseline data and risk and protective factors. This began the discussion that would eventually lead to the development of a new survey to be used statewide in collecting appropriate data as required by the SICA.

Secondly, Work Group membership was addressed, with suggested additions/changes to rosters proposed during the first NePiP meeting to ensure broad representation from all constituencies.

Updated membership for each of the Work Groups is as follows:

- Policy and Strategic Planning:
 - Commissioner of Education
 - Executive Director of the Nebraska Commission on Law Enforcement and Criminal Justice
 - Executive Director of the Nebraska Commission on Indian Affairs
 - Director of the State Office of Highway Safety
 - Nebraska U.S. Attorney
 - State Senator (member of the Legislature's Government Committee)
 - NHHSS's Policy Secretary
 - NHHSS's Director of Finance and Support

Consultants: Mike Lowther, PIRE (primary consultant)
Karen Abrams, SW CAPT (training and technical assistance)
Deidra Dain, Johnson, Bassin, Shaw (workforce development)

- Data Monitoring:
 - NHHSS Public Health Division/Tobacco Free Nebraska Program
 - NHHSS Behavioral Health Division
 - NHHSS Office of Minority Health

- Nebraska Department of Education
- Nebraska Commission on Law Enforcement and Criminal Justice
- U.S. Attorney's Office
- Nebraska Office of Juvenile Probation
- Tribal representatives
- School representatives
- Prevention provider organizations and coalitions
- Regional Prevention Centers

Consultants: Patty Martin, SW CAPT (primary consultant)
Karen Abrams, SW CAPT (training and technical assistance)

- Best Practices
 - NHHSS Office of Minority Health
 - NHHSS Office of Maternal and Child Health
 - NHHSS Behavioral Health Division
 - Nebraska Department of Education
 - Nebraska Broadcasters Association
 - University of Nebraska-Lincoln's Bureau of Sociological Research
 - Creighton University
 - University of Nebraska-Omaha College of Public Health
 - Tribal representatives
 - Prevention provider organizations
 - Regional Prevention Centers
 - State Alcohol and Drug Abuse Advisory Council

Consultants: Carl Shackelford, SW CAPT (primary consultant)
Karen Abrams, SW CAPT (training and technical assistance)
Mike Lowther, PIRE (science-based & environmental strategies)

- Initial review
 - NHHSS Public Health Division/Tobacco Free Nebraska Program
 - NHHSS Behavioral Health Division
 - NHHSS Office of Minority Health
 - NHHSS Office of Maternal and Child Health
 - Nebraska Department of Education
 - Nebraska Commission on Law Enforcement and Criminal Justice
 - Nebraska Legislature
 - Regional Prevention Centers

Consultants: Mike Lowther, PIRE (primary consultant)
Karen Abrams, SW CAPT (training and technical assistance)

A Fall 2002 meeting of the Advisory Council was preempted by a special session of the Legislature that was called to address continuing State budget shortfalls. Therefore, the next NePiP meeting took place on January 7, 2003. At this meeting, the four Work Groups reported on their progress and current tasks. The establishment of the four Work Groups and their

subcommittees has been a major accomplishment of the Advisory Council. These Work Groups began meeting in October 2002 to ready Nebraska for full SICA implementation.

At its core, SICA's mission reaches beyond funding scientifically defensible programs for adolescents to developing a strengthened, collaborative State prevention infrastructure across State agencies to reduce alcohol, tobacco, and other drug (ATOD) use among all Nebraskans. This comprehensive prevention system will support data-driven, outcomes-based planning and programming at the State, regional, and community levels. With a membership that has the ability to shape State policy, practice, and programming to support and sustain systems change, the **Policy and Strategic Planning Work Group** is vital to this effort.

The Policy and Strategic Planning Work Group serves as an advisory group to NePiP, using the leadership of State agencies that administer alcohol, tobacco, or other drug (ATOD) prevention programming to develop a prevention system that consistently and collaboratively:

- Strengthens and expands the scope, inclusiveness, and functioning of the Nebraska prevention system infrastructure across all levels.
- Enhances coordination and collaboration among all State agencies that administer ATOD funds.
- Addresses substance abuse prevention needs in an efficient and effective manner.

This Work Group coordinates with all other NePiP Work Groups to:

- Guide the development and implementation of an integrated community planning process that accurately reflects and comprehensively addresses community needs
- Guide the development and implementation of a common, statewide ATOD data collection, needs assessment, and evaluation system that monitors progress at the State level and ensures that sound information for designing and selecting effective prevention strategies is available at both the State and local levels
- Guide the development and implementation of a capacity building and technical assistance plan which empowers communities at all levels of readiness to use a common planning process to identify needs, develop strategies to address needs, and secure the funding and other resources needed to achieve desired outcomes
- Identify additional sources of State and Federal subsidies for sustaining prevention funding

- Propose/implement actions to identify, coordinate, leverage and/or redirect funding streams and resources
- Give input into the development of *Vision 2010*, the Governor’s comprehensive substance abuse prevention strategic plan, using statewide and community needs assessment data collected through the SICA implementation process

The Policy and Strategic Planning Work Group has a role in each phase of the SICA project. During the first phase, the Work Group has concentrated much of its effort on defining parameters for the Request for Applications (RFA). One of its accomplishments has been to establish a funding vision for SICA:

“Through SICA resources, Nebraska seeks to assist communities to develop and/or enhance effective local prevention infrastructures that are able to identify local substance abuse needs and select and implement evidence-based strategies that will produce desired and sustainable decreases in substance abuse.

“Eligible applicants will be broad-based coalitions applying on behalf of a community.

“For purposes of this grant program, coalitions will be defined as ‘an organized group with strong leadership and multiple partners that has a planning process that is reviewed annually and includes: a community assessment; targeted mission; an action plan with objectives and outcomes; and process for documentation and feedback.’ Coalition membership must include, but not be limited to, the following entities: Health (e.g., health departments, mental health); Law Enforcement (e.g., police, county sheriffs, prosecutors); Education (e.g., local schools, ESUs); other infrastructure (e.g., existing coalitions); faith communities; and local units of government. Tribal applicants should include functional equivalents of these entities, and must be tribal councils or coalitions applying under an approved tribal resolution.

“Each coalition must:

- Provide a needs assessment of the substance abuse problems in their community and a plan to address those needs.
- Provide an assessment of their existing community prevention infrastructure, and a plan to develop/enhance/sustain that infrastructure (e.g., address missing entities within the coalition membership).

- Designate a fiscal agent to receive and account for funding. For purposes of this grant program, a fiscal agent is defined as a unit of local government, a tribal government, or a not-for-profit organization 501(c)3.”

The Work Group has determined that funding will be up to \$100,000 per project year, with projects funded for three years contingent upon successful completion of annual goals and objectives. Fifty percent of each coalition’s budget must be spent on scientifically defensible policies, practices, and programs.

As part of its funding vision, the Work Group has discussed making it a requirement of the request for application (RFA) that communities indicate the gaps that SICA dollars will fill, noting the importance for both communities and State agencies to demonstrate success in leveraging and redirecting funding through their prevention planning process. Currently, many communities are involved in funding-driven programming rather than needs-driven programming.

The Policy and Strategic Planning Work Group, in its advisory role, has reviewed the work of the other groups and their subcommittees, including defining terms to develop a framework for community guidance documents and identifying coalition needs in terms of technical assistance so that SICA funds, when disbursed, will reap the benefits for which they are intended.

With the Data Monitoring Work Group, the Policy and Strategic Planning Work Group also is responsible for providing leadership in Nebraska’s prevention evaluation efforts. To this end, these Work Groups are taking a dual leadership role in compiling existing data and noting the sources of these data.

The **Data Monitoring Work Group** was established to assist in the design of process and outcome evaluations for the SICA, providing expert advice to NePiP, the Policy and Strategic Planning Work Group, and SICA staff on data collection, needs assessment, and evaluation.

At the close of SICA, it is expected that changes in community ATOD policies will have occurred, changes in risk and protective factors will have occurred, collaboration in the prevention field will be enhanced, funding streams will be used more efficiently, and a collaborative, statewide prevention system—which includes a comprehensive data collection system—will exist. This Work Group is entrusted with monitoring the extent of Nebraska’s substance abuse problems across the State, measuring annual progress toward targeted outcomes, and developing a collaborative, coordinated, and ongoing statewide data collection and needs

assessment system to ensure the availability of sound information for designing and selecting prevention strategies at both the State and community levels.

The Data Monitoring Work Group is tasked with creating a community planning process that uses data-driven decision making. This Work Group studied existing data collection efforts, such as the Youth Risk Behavior Survey (YRBS), the National Household Survey, the Youth Tobacco Survey, and the Nebraska Treatment Needs Assessment Survey, and compiled a baseline range of substance abuse incidence and prevalence rates for youth from data provided by these efforts. It was then obvious that one of the shortfalls of Nebraska's current system is the lack of local-level data—particularly data concerning risk and protective factors, which, as noted earlier, is required by CSAP for coalitions to receive SICA funds. Therefore, the Data Monitoring Work Group has recommended that a risk and protective factors survey similar to that developed by the CSAP Six-State Needs Assessment Project be implemented, along with the YRBS. Data from the YRBS provide a statewide overview of risk behaviors on a State sample basis. The risk and protective factors survey, on the other hand, will provide local-level, causal factor data on a census basis that can assist communities with targeted prevention planning. Armed with locally gathered information about the underlying conditions that contribute to substance use and abuse, communities will be better able to develop effective policies, practices, and programs. A statewide risk and protective factors survey will be conducted in the Fall of 2003, providing a baseline for the SICA evaluation.

A **Marketing Subcommittee** is charged with educating and informing schools, communities, and other prevention stakeholders about the new Nebraska Risk and Protective Factors Survey. This annual data collection tool will be administered initially in the Fall of 2003. The Marketing Subcommittee's purpose is to secure maximum participation in the survey. This will require media advocacy and well as the education of local politicians, government officials, legislators, educators, and the general public. (The Best Practices Work Group's Communications Subcommittee is assisting in this task by developing informational and promotional materials.)

One selling point, which the Marketing Subcommittee has noted, is the potential for communities to attract funding from other sources once risk and protective factor data have been collected. The information provided by the new survey will help communities improve their planning and meet requirements for funding outlined by both the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the "No Child Left Behind" Act.

A big coup came from a meeting between the Project Director and the Commissioner of Education, who agreed to support the Nebraska Risk and Protective Factors Survey. The Commissioner also agreed to provide technical assistance to schools and communities through the Nebraska Department of Education, and to share in the cost. The Office of Mental Health, Substance Abuse, and Addiction Services will pay for survey implementation, and the Department of Education will share in the cost of the data reports resulting from the survey.

The Data Monitoring Work Group has established a second subcommittee to review the assessment section of the Planning for Prevention Toolkit that will be provided to coalitions applying for SICA funding.

In developing a data-driven prevention system, it is important to ensure that the prevention planning process, needs assessment, and other SICA tools, materials, and products are inclusive, appropriate, and responsive to Nebraska's diverse populations. The **Best Practices Work Group** is working collaboratively with other NePiP Work Groups to research and recommend approaches for best practices to ensure appropriateness and inclusiveness at all levels of SICA planning, programming, implementation, and evaluation. To this end, three subcommittees have been formed to refine products, policies, and programs:

- Science-Based Subcommittee
- Cultural Competency Subcommittee
- Communications Subcommittee

The purpose of the **Science-Based Subcommittee** is to ensure that the list of programs, policies, and practices funded through SICA not only meet the CSAP definition of scientifically defensible, but also address the unique needs of Nebraska's diverse populations in terms of ethnicity, gender, culture, and geographic location. This subcommittee is establishing criteria, such as cost, scope, longevity, impact, and inclusiveness, for reviewing and recommending existing model programs for inclusion on SICA's funding list. These recommendations take into account program adaptability and the burden of responsibility that communities bear in documenting and defending any changes they make in established science-based programs to better fit the needs of their particular population.

The Science-Based Subcommittee has drafted a nomination form to be widely disseminated in the search for programs not already on CSAP's list of model programs, but which might be scientifically defensible. The subcommittee specifically has noted environmental strategies as an

acceptable part of coalitions' science-based funding allocation. These often have a high cost-benefit ratio and are inherently sustainable because they are one-time efforts that don't require continued funding.

Resources have been so limited throughout Nebraska that community groups everywhere are trying to get as much mileage out of their spending as possible. The Science-Based Subcommittee is working to demonstrate to communities how an evidence-based model of program planning and implementation can help achieve this goal. While the Data Monitoring Work Group creates a process for collecting the necessary data, the Science-Based Subcommittee of the Best Practices Work Group has been appointed to increase the readiness of prevention stakeholders to use science-based strategies, and to increase their understanding of how to use and their ability to implement those strategies. This entails putting together a transition process that will help move communities from where they are to where they need to be.

The **Cultural Competency Subcommittee** is charged with developing systems to ensure that the prevention planning process, needs assessment, and other SICA tools, materials, and products are inclusive, appropriate, and responsive to all of Nebraska's diverse and hard-to-reach populations. The Cultural Competency Subcommittee is recommending that the Best Practices Work Group adopt the Federal Department of Minority Health's Cultural and Linguistically Appropriate Services (CLAS) standards. The subcommittee will develop a set of core competencies that will provide a way to gauge cultural competency. Ideally, these core competencies will become a standard throughout the State, and be adopted by all State agencies.

A barrier to inclusion has been a statewide perspective that tends to lead to decision making based on population size. This perspective can leave out small, minority populations, despite the relative severity of problems these communities might face. In addressing this problem, the Policy and Strategic Planning Work Group has proposed that SICA funding be allocated on Congressional Districts, with an additional discretionary amount. This would, ostensibly, create allocation in proportion to population and make it easy to report out data and evaluation results at the Congressional District level. This proposal was presented to the Cultural Competency Subcommittee, which suggested that Congressional Districts act more as a guideline for funding disbursement, rather than the rule.

To ensure a commitment to cultural competency throughout all SICA practices and processes, the subcommittee is developing review criteria and has recruited volunteer reviewers to assess the

accessibility and cultural competency of the community prevention planning toolkit for all Nebraskans. The toolkit is a comprehensive, evidence-based, logic model to be used by all communities and coalitions to facilitate data-driven decision making in planning substance abuse prevention.

The **Communications Subcommittee** is developing and implementing strategies to educate and inform citizens and communities about substance abuse, advocate for prevention, and promote and publicize SICA goals and activities. In addition to developing an information dissemination campaign about the pending statewide risk and protective factors survey, this subcommittee is producing promotional materials about the SICA initiative and constructing a communications network.

As a whole, the Best Practices Work Group has drafted a timeline that includes the release of the funding announcement for the SICA, an announcement of the school survey and technical assistance to schools, and the release of the RFA in two parts. After much discussion, the Work Group reached the consensus that building long-term relationships with communities should start with organizational infrastructure and capacity building, and be followed by substance abuse prevention planning, including the provision at that time of a list of approved science-based strategies. Capacity building is essential because there are many communities and non-profit organizations that do not have the experience or skills to respond adequately to the requirements of the SICA. This schedule provides the necessary time to prepare communities for the SICA process.

The **Initial Review Work Group** is acting to create a system for disbursing the \$2.5 million in Federal funds to SICA subrecipients annually over the three-year grant period. This includes creating or enhancing sustainable, collaborative coalitions that are capable of implementing effective substance abuse prevention policies, practices, and programs. Through its three subcommittees—Infrastructure, Support, and Sustainability—this Work Group will help potential subrecipients build local capacities and identify and select appropriate, scientifically defensible prevention programs, policies, and practices, while developing strategies to ensure their sustainability.

Regional planning workshops will play a pivotal role in assisting communities to get up to speed. Sustainability requires that some SICA funding go towards building infrastructure at the community level. The SICA has the capacity to provide technical assistance for these efforts

through both the SW CAPT and the Pacific Institute for Research and Evaluation (PIRE) at no cost to the State.

In addition, technical assistance can be leveraged from a number of State agencies. And the six Behavioral Health Regions, through the Regional Prevention Centers, have been preparing to provide technical assistance to communities applying for SICA dollars. The October 2002 Behavioral Health prevention planning retreat focused on preparing the Behavioral Health system to accommodate the Federal paradigm shift from outputs to outcomes. This retreat was essential, as a number of Behavioral Health Regions and Regional Prevention Centers have always operated on a direct service/outputs mode, allocating funding without data justification. The RPCs are making significant gains in knowledge, skills, and abilities related to outcomes-based planning, organizational development budgeting for outcomes, and making the transition from direct service and outputs to capacity building and outcomes. Some regions have begun developing protocols to assess communities/coalitions in terms of readiness, identify their technical assistance needs, and plan appropriate technical assistance.

The **Infrastructure Subcommittee**'s role is to identify and develop a community-based planning process that assists communities in developing or enhancing their substance abuse prevention infrastructures, promoting community readiness to implement strategies that advance the health and well-being of the community. The subcommittee has drafted criteria for assessing infrastructures, using as its base key indicators for characteristics of an effective substance abuse prevention system. Scales are being considered so that coalitions are able to rank sub-components of their community infrastructures, providing them with a more visual representation of where they are on the continuum of infrastructure development.

The **Sustainability Subcommittee**'s role, in the short term, is to assist in the RFA development. In the long term, this subcommittee should provide sustainability assistance to programs receiving funding—both in terms of creating sustainable local substance abuse prevention infrastructures and ensuring the sustainability of effective, locally responsive prevention strategies.

The **Support Subcommittee** was established to support communities in their efforts to achieve desired substance abuse prevention outcomes. To this end, the subcommittee members have developed an initial draft of a SICA phase one training and technical assistance plan and timeline. Using the same key indicators employed by the Infrastructure Subcommittee, the

Support Subcommittee developed criteria to identify the training and technical assistance needs of subrecipients, and employed a training and technical assistance matrix to identify and assess existing support resources.

Below is a chronological listing of Advisory Council and Work Group meetings:

NePiP Meetings:

- January 8, 2002
- June 11, 2002
- January 7, 2003

Policy Work Group Meetings:

- October 24, 2002
- November 25, 2002
- December 16, 2002
- January 7, 2003
- February 3, 2003
- March 3, 2003

Data Monitoring Workgroup and Subcommittee Meetings:

- October 9, 2002
- November 13, 2002
- December 4, 2002
- December 11, 2002
- January 7, 2003
- January 16, 2003
- February 26, 2003

Best Practices Workgroup and Subcommittee Meetings:

- October 18, 2002
- November 26, 2002
- December 15, 2002
- January 7, 2003
- February 4, 2003
- February 28, 2003

- March 11, 2003

Initial Review Workgroup and Subcommittee Meetings:

- October 24, 2002
- November 25, 2002
- December 17, 2002
- January 7, 2003
- February 3, 2002
- February 10, 2003
- February 12, 2003

Coordination, leveraging, and redirection of funding streams

Through the activities of the four Work Groups and their subcommittees, NePiP is working to develop a higher level of coordination and collaboration between State agencies. This, in turn, will result in better leveraging and coordination of State funding streams, which in turn will result in producing the outcomes and impacts in substance use and abuse that is CSAP's ultimate goal.

As a first step, the Data Monitoring Work Group conducted a funding streams inventory. This involved contacting Federal agencies to discern what State agencies they currently were funding; contacting each State agency to determine where and how prevention dollars were being spent; and ascertaining from grantees the sources of their funding. Unfortunately, agencies were not forthcoming with this information.

The Office of Mental Health, Substance Abuse, and Addiction Services has leveraged funding from the Nebraska Department of Education. As mentioned previously, the Commissioner of Education has agreed to support the Nebraska Risk and Protective Factors survey. The Department of Education will provide technical assistance to schools and communities and will share in the cost of the data reports resulting from the survey. The Single State Agency will absorb the cost of survey implementation.

Strategic plan

Work on *Vision 2010*, the Governor's comprehensive strategic plan on substance abuse prevention, will begin once initial baseline data have been collected and a needs assessment has

been performed. A statewide risk and protective factors survey will be conducted in the Fall of 2003. This survey will provide both statewide and community needs assessment data. The data will provide a baseline for the SICA evaluation. *Vision 2010* is slated for completion in the Summer or early Fall of 2004.

STATE PREVENTION SYSTEM CHARACTERISTICS, OCTOBER 2001 TO MARCH 2003

Statewide prevention service delivery system

Significant State budget shortfalls resulted in organizational restructuring of Nebraska's Health and Human Service System in late 2001. Most top management positions were reconfigured and combined, and a substantial number of middle management positions were eliminated. Separate Divisions were merged, combined into Offices. The Single State Agency, previously the Division of Mental Health, Substance Abuse, and Addiction Services, was renamed the Office of Mental Health, Substance Abuse, and Addiction Services. Since the restructuring, the Single State Agency has been operating at approximately half of the staffing level it did five years previously, but with increases in workload.

A hiring freeze imposed to allow displaced employees an opportunity to move into vacant, retained positions prevented the recruitment and hiring of the SICA Grant Manager until August 2002 and temporary office support staff for the SICA project until September 2002. Due to these staff vacancies, and the termination of the original evaluation contract, SICA implementation has not progressed in accord with the original timeline.

Any additional staff cuts are likely to have significant impacts on all aspects of the operation of the Office of Mental Health, Substance Abuse, and Addiction Services, which makes leveraging of resources and funding more of an imperative.

The scope of SICA's training and technical assistance has been expanded beyond the Regional Prevention Centers (RPCs) to include other State, regional, and local training and technical assistance (T/TA) providers. Therefore, the \$175,000 earmarked originally for the RPCs will be dispersed more broadly—used not only to build the capacity of the RPCs, but also to build a strengthened and coordinated network of T/TA providers, and to build community capacity for outcomes-based planning by supporting local data collection and assessment efforts. The goal is to maximize current capacities and build upon these, developing an integrated statewide network to

support communities and sub-State entities in outcomes-based planning and the selection and implementation of science-based substance abuse prevention strategies.

Through changes made to the Behavioral Health Regions' contracts, and revisions to the State's Plan of Expenditures guidelines (used to guide budgeting by the Behavioral Health Regions) to require outcomes-based budgeting for prevention expenditures, the Single State Agency has moved to outcomes-based performance. In particular, the Behavioral Health Regions and the RPCs have been redirected from direct provision of services to providing technical assistance and building community capacity. To this end, a training/technical assistance (T/TA) request process has been developed; this is used to identify and address regional T/TA needs to build organizational capacity.

Collaboration among State agencies or State and local organizations

Prior to its SICA award, little formal collaboration existed among the State agencies, despite shared prevention goals. One of the first steps taken after the award was the establishment by Governor Johanns of the Cooperative Agreement Advisory Council—Nebraska Partners in Prevention (NePiP). This group includes State policymakers and the leadership of the major State agencies with a commitment to alcohol, tobacco, or other drug (ATOD) prevention (see Appendix J). The membership has provided overwhelming and active support for the implementation of the SICA and a new, integrated, statewide system of prevention. A much broader and richer range of partnering prevention stakeholders are involved in NePiP's Work Groups and their subcommittees than was originally planned. These Work Groups and subcommittees are responsible for the major policy development, guidance, and visioning of SICA, with support from SICA staff and the Single State Agency.

NePiP's leadership has been meeting regularly since October 2002 as the Policy and Strategic Planning Work Group to plan for collaboration and coordination at both the State and community levels. Each agency director has become aware of the important role he or she plays in encouraging and facilitating collaboration, not only at the interagency level, but also within the prevention infrastructures that the agency funds at the local and regional levels. These infrastructures encompass local health departments, law enforcement agencies, mental health regions, juvenile justice coalitions, educational service units, and others. One major focus of the Work Group has been to identify ways to assist communities to assess their existing community

prevention system by analyzing the extent to which local infrastructures are collaborating in prevention efforts.

A post-award shift in emphasis has been placed on building foundational support, developing infrastructure capacity, and promoting outcomes-based planning at the community level to maximize the sustainability and benefit of the SICA funds awarded to subrecipient communities. The leadership of NePiP has been instrumental in this effort. Technical assistance to communities is being coordinated through the Regional Prevention Centers and other sources of training and technical assistance across the State.

Through NePiP, State agencies also are planning for the coordination of data collection. The Fall of 2003 will witness the first Nebraska Risk and Protective Factors Survey, which will go out to all interested schools and communities. This survey will provide census-type data for both local areas and the State.

The shift in focus on building foundational support (e.g., strategic planning, training and technical assistance to community coalitions, organizational development, workforce development, and statewide data collection) for the development and enhancement of the statewide prevention system infrastructure and the successful awarding of SICA funding to subrecipients has contributed to the alteration of the original timeline for SICA implementation.

Differences in funding streams, October 2001 to March 2003

The Nebraska Risk and Protective Factors Survey represents one of the first efforts in funding collaboration across agency lines. The Commissioner of Education has agreed to support the survey and to provide technical assistance to schools and communities through the Nebraska Department of Education. The Office of Mental Health, Substance Abuse, and Addiction Services will pay for survey implementation, and the Department of Education will share in the cost of the data reports resulting from the survey.

The plan for funding subrecipients also has changed as a result of discussions among Nebraska's prevention agencies. The original SICA application specified 21 grant awards of \$125,000 per year for three years. NePiP members recognized that, while there is great need for substance abuse prevention programming in Nebraska's rural and urban populations, there are not 21 communities in the State that could successfully support, let alone sustain, an award of that size. NePiP and its Work Groups are developing a Request for Applications (RFA) that will

provide for a larger number of grants of varying amounts. This plan better reflects the needs and resources of Nebraska's rural and urban communities, and promotes future sustainability of funded SICA prevention strategies by providing grant funding in an amount that communities will be able to sustain by other means.

Strategic plan (*Vision 2010*)

Vision 2000 outlined a plan for a statewide, integrated prevention system. While a number of State agencies stepped up to take part in prevention activities, and some limited, largely informal collaboration took place, the result was still a fragmented, disconnected system of prevention.

Work on the Governor's new statewide comprehensive prevention plan, *Vision 2010*, will begin once initial baseline data have been collected and a needs assessment has been performed. A baseline range of substance abuse incidence and prevalence rates for youth has been compiled by NePiP's Data Monitoring Work Group from data provided by the Youth Risk Behavior Survey, the National Household Survey, the Youth Tobacco Survey, and the Nebraska Treatment Needs Assessment Survey. However, risk and protective factor data are still needed. A statewide risk and protective factors survey will be conducted in the Fall of 2003, and a baseline SICA evaluation will take place using the data from this survey. *Vision 2010* is slated for completion in the Summer or early Fall of 2004.

GOALS, OBJECTIVES, ACCOMPLISHMENTS, AND MILESTONES

GOAL 1: Strengthen and expand the State prevention system infrastructure across all levels

Objective 1.1: Strengthen and expand the scope, inclusiveness, and functioning of the Nebraska prevention system under the leadership of State alcohol, tobacco, and other drug (ATOD) agencies that administer State and Federal funding for ATOD programming to consistently and collaboratively address substance abuse prevention needs in an efficient and effective manner.

ACCOMPLISHMENTS: NePiP's Policy and Strategic Planning Work Group is comprised of the directors of each key State agency responsible for ATOD programming. This group meets on a regular basis to work toward the implementation of SICA and the coordination and development of a new State prevention system. The members of this Work Group are

providing guidance in drafting the SICA funding announcement and funding criteria. They are heading up the strategic planning effort for workforce development. They also are coordinating the collection of baseline data for prevention funding and programming within their respective organizations.

In addition, the Policy and Strategic Planning Work Group is working in collaboration with the Lieutenant Governor on the development of a State strategic plan for substance abuse prevention—the Governor’s *Vision 2010*.

Objective 1.2: Build the capacity of the Regional Prevention Centers and other State, regional, and local T/TA providers to provide coordinated needs assessment, policy development, community capacity building, facilitation, and technical assistance services within an integrated and coordinated State ATOD prevention system.

CHANGES: The scope of SICA’s training and technical assistance has been expanded beyond the RPCs, to include other State, regional, and local training and technical assistance providers—newly developed system of county health departments, the University of Nebraska system (i.e., the Cooperative Extension program), the juvenile justice system, and the broader system of education. The goal is to maximize current capacities and build upon these, developing an integrated statewide network to support communities and sub-State entities in outcomes-based planning and the selection and implementation of science-based substance abuse prevention strategies.

ACCOMPLISHMENTS: A specific amendment was added to the State contract with the Behavioral Health Regions to address prevention system coordination. Changes also were made to the State contracting and budgeting process to move the Behavioral Health Regions from direct service provision to technical assistance and capacity building. A training and technical assistance request process has been developed to identify and address regional needs in these areas to assist in this process, building organizational capacity.

The RPCs are in varying states of readiness in terms of shifting from an outputs mode to an outcomes mode of operation. Technical assistance providers and SICA staff have been working with the State’s Behavioral Health Regions and Regional Prevention Centers to educate them about emerging Federal and State prevention system priorities, and to assist them as they conduct strategic planning for their own organizational development. To this end, a three-day retreat was held in October 2002 focusing on prevention system capacity

building. All Behavioral Health Region administrators, Regional Prevention Center directors, and Single State Agency staff took part in this retreat. Some of the regions have made significant progress in shifting their funding allocations.

Johnson, Bassin, Shaw is devising a plan to develop and support training for existing prevention professionals across disciplines, recruit a diverse body of new prevention professionals to the field, and ensure the use of science-based strategies and technologies among the prevention workforce in Nebraska. The Single State Agency will provide leadership and funding to ensure the plan is acted on once it is completed.

Objective 1.3: Provide intensive, statewide training, technical assistance, and capacity building to enable and empower communities to identify and address their substance abuse prevention needs on the local level.

ACCOMPLISHMENTS: SICA staff, in collaboration with the SW CAPT, have developed a comprehensive, evidence-based toolkit. This is a logic model to assist communities and community coalitions in substance abuse prevention planning. The toolkit and instructions on its use were featured at the October 2002 prevention retreat for the Behavioral Health Regions, readying the Regional Prevention Centers to use the toolkit with local communities. In preparation for its release to communities, the toolkit is being reviewed for clarity, ease of use, and cultural appropriateness by a panel of volunteer reviewers from different ethnicities, professional and community affiliations, and geographic locales.

In addition, the Support Subcommittee of the Initial Review Work Group is working on the creation of a collaborative network of training/technical assistance (T/TA) providers across State agencies and other sources to support communities in their efforts to prevent substance abuse. These State and local providers, along with national T/TA providers, will be used to deliver T/TA across the State in the coming months to prepare communities and their local prevention infrastructures to apply for and receive SICA funding. Community trainings will cover prevention basics, outcomes-based planning, data collection and assessment, science-based strategies, environmental strategies, evaluation, and cultural competency. The SW CAPT, PIRE, and the Nebraska Office of Minority Health are partners with the Single State Agency in this effort.

In preparation for targeting T/TA needs and maximizing training resources, the Regional Prevention Centers have conducted community readiness and infrastructure assessments for

all communities within their jurisdictions. These assessments will be used to specifically target T/TA across the State.

In addition, efforts are underway to analyze both interim and long-term prevention education and workforce development needs at the community and professional levels. The SSA has requested and received technical assistance from JBS on comprehensive strategic planning around workforce development.

Objective 1.4: Develop and implement *Vision 2010*, the Governor's comprehensive substance abuse prevention strategic plan, using statewide and community needs assessment data collected through the SICA implementation process.

ACCOMPLISHMENTS: Work on this document will begin once initial baseline data have been collected and a needs assessment has been performed. A statewide risk and protective factors survey will be conducted in the Fall of 2003, and a baseline SICA evaluation will take place using the data from this survey. *Vision 2010* is slated for completion in the Summer or early Fall of 2004.

GOAL 2: Enhance coordination and collaboration of all State agencies that administer alcohol, tobacco, and other drug (ATOD) funds

Objective 2.1: Facilitate the creation of a common community planning process that accurately reflects and comprehensively addresses community needs.

ACCOMPLISHMENTS: An evidence-based toolkit has been created to assist communities and community coalitions in substance abuse prevention planning using a logic model. This toolkit, which will be used to guide the SICA T/TA and RFA process, has been favorably reviewed for compatibility by management staff of State ATOD agencies. As part of its long-term work, the Policy and Strategic Planning Work Group is reviewing this toolkit, as well as other prevention planning processes currently in use by State ATOD agencies, and developing recommendations for adaptations and/or adoption of a common State planning process.

Objective 2.2: Collaborate on the creation and implementation of a capacity building and technical assistance plan which empowers communities at all levels of readiness to utilize common planning processes in order to identify needs, develop strategies to address needs, and secure the funding and other resources needed to achieve desired outcomes .

ACCOMPLISHMENTS: SICA Work Groups are developing application criteria that will require community coalitions to assess their local substance abuse prevention needs, develop a plan to address those needs, assess the current prevention infrastructure, and develop a plan to address capacity building and gaps in infrastructure. This will require an analysis of existing community-level prevention funding streams, and currently funded policies, practices, and programs. In addition, application criteria will focus on the importance of achieving sustainable outcomes.

The Support Subcommittee of the Initial Review Work Group is working to create a comprehensive network of T/TA providers across State agencies and other sources, to support communities in SICA planning and implementation activities. A comprehensive, statewide community capacity building and T/TA plan should be ready for implementation in Summer 2003. This plan will prepare communities to successfully participate in SICA funding opportunities.

Objective 2.3: Collaborate on the creation and utilization of common data collection and needs assessment systems, to ensure that sound information for designing and selecting effective prevention strategies is available at both the State and local levels. Specifically:

- Identify the extent of the substance abuse problem affecting 12-17 year old youth statewide.

ACCOMPLISHMENTS: Existing survey, archival, and social indicator data are being compiled by the evaluation contractors. These data will be augmented by data from a risk and protective factors school survey to be administered statewide in the Fall of 2003 in all interested communities. The Data Monitoring Work Group of NePiP, which includes representatives from each of the key State ATOD agencies, has formally recommended the implementation of this survey. To secure maximum participation, this Work Group has formed a marketing task force to educate schools and communities about the benefits of the survey. The Nebraska Department of Education is key in this effort and has agreed to support the survey. The NDE will be an active partner through cost sharing, and will sponsor videoconferences to provide all interested schools with the necessary training and technical assistance to administer the survey and subsequently make use of the data.

- Generate State-level baselines to create targeted outcomes and measure progress.

ACCOMPLISHMENTS: The statewide risk and protective factors survey will be used to compile baseline data. These data will be used in targeting outcomes and measuring progress toward community and statewide goals.

- Develop a comprehensive, ongoing, statewide ATOD evaluation system that monitors progress at the State level and empowers communities to improve programming through the use of local-level data.

ACCOMPLISHMENTS: The Data Monitoring Work Group is developing a statewide ATOD evaluation system. This development is in its initial stages. The Work Group's current emphasis is on collecting existing survey, archival, and social indicator data, and implementing a risk and protective factors survey. The initial survey, which will be administered in the Fall of 2003, will provide Nebraska communities with local-level data. Efforts are underway to identify State databases and data holdings, link existing data resources and fill gaps in data, and conduct strategic planning for a statewide ATOD data system. The evaluation contractor is serving as the consultant to this Work Group.

- Conduct a systemic study and analysis of prevention funding to develop/implement strategies to effectively coordinate, leverage, and/or redirect funding streams and resources.

ACCOMPLISHMENTS: A systemic study and analysis of prevention funding streams among State ATOD agencies is underway. When completed, it will be distributed to State agencies for review and confirmation. Additional studies are underway to identify prevention funding among other public and private regional and State-level agencies and entities (e.g., higher education, cooperative extension, regional health departments). In addition, as noted previously, SICA funding application criteria will require community coalitions to assess their current community prevention infrastructures and develop plans to address capacity building and gaps in infrastructure. This will require an analysis of existing prevention funding streams and currently funded policies, practices, and programs at the community level.

GOAL 3: Create a system to regrant Federal SICA funds of \$2.5 million/year for the next three years to create and/or expand sustainable, collaborative community coalitions to implement effective substance abuse prevention policies, practices, and programs to eliminate or substantially reduce substance abuse among youth ages 12-17.

Objective 3.1: Develop/implement a systematic approach for allocating SICA funds to subrecipient community coalitions to implement effective substance abuse prevention policies, practices, and programs, directing at least 50 percent of the funding to those which are scientifically defensible.

ACCOMPLISHMENTS: The original SICA application specified 21 grant awards of \$125,000 per year for three years. NePiP and its Work Groups are developing a Request for Applications (RFA) that will provide for a larger number of grants of varying amounts to better reflect the needs and resources of Nebraska's rural and urban communities, and promote future sustainability of funded SICA prevention strategies by providing grant funding in an amount that communities will be able to sustain by other means. While there is great need for substance abuse prevention programming in Nebraska's rural and urban populations, there are not 21 communities in the state that could successfully support, let alone sustain, an award of that size.

The Initial Review Work Group of NePiP has taken the leadership role in drafting the SICA RFA. This group has been meeting regularly since October 2002, coordinating its work on the RFA under the guidance of the Policy and Strategic Planning Work Group. NePiP's Best Practices Work Group is collaborating in this effort to ensure that at least 50 percent of SICA budgeted funding is used for scientifically defensible programs, policies, and practices. A draft of the funding announcement is scheduled for completion in the Spring of 2003, with the final draft of the RFA to be completed in early summer.

Objective 3.2: Design/implement an effective process for identifying subrecipient community coalitions that would be eligible to receive SICA funds, specifically:

- Design and implement a plan to work with potential subrecipient community coalitions to enable them to identify and select scientifically defensible prevention policies, practices, and programs.
- Develop strategies to ensure successful implementation and sustainability of SICA funded programs, policies, and practices.

ACCOMPLISHMENTS: The Policy and Strategic Planning Work Group, in coordination with other SICA Work Groups and subcommittees, has established the following SICA funding vision:

“Through SICA resources, Nebraska seeks to assist communities to develop and/or enhance effective local prevention infrastructures that are able to identify local substance abuse needs and select and implement evidence-based strategies that will produce desired and sustainable decreases in substance abuse.

“Eligible applicants will be broad-based coalitions applying on behalf of a community.

“For purposes of this grant program, coalitions will be defined as ‘an organized group with strong leadership and multiple partners that has a planning process that is reviewed annually and includes: a community assessment, targeted mission, an action plan with objectives and outcomes, and a process for documentation and feedback.’ Coalition membership must include, but will not be limited to, the following entities: Health (e.g., health departments, mental health); Law Enforcement (e.g., police, county sheriffs, prosecutors); Education (e.g., local schools, ESUs); other infrastructure (e.g., existing coalitions); faith communities; and local units of government. Tribal applicants should include functional equivalents of these entities, and must be tribal councils or coalitions applying under an approved tribal resolution.

“Each coalition must:

- Provide a needs assessment of the substance abuse problems in their community and a plan to address those needs.
- Provide an assessment of its existing community prevention infrastructure, and a plan to develop/enhance/sustain that infrastructure (e.g., address missing entities within the coalition membership).
- Designate a fiscal agent to receive and account for funding. For purposes of this grant program, a fiscal agent is defined as a unit of local government, a tribal government, or a not-for-profit organization 501(c)3.”

The Science-Based Subcommittee of the Best Practices Work Group is establishing criteria (e.g., cost, focus, cultural inclusiveness, sustainability) for reviewing and recommending existing science-based model programs, other science-based policies and practices, and existing programs that might qualify as scientifically defensible for inclusion on the Nebraska SICA funding list. The subcommittee is also formulating a recommendation that the

remainder of SICA funding be allocated to “promising” prevention strategies. Accordingly, members and consultants to the group are preparing evaluation and screening criteria to guide selection in this area.

Creating a selected funding list of science-based and promising programs, policies, and practices using criteria related to cost, cultural relevance, and so forth, will help subrecipients select strategies that have a primary prevention focus, are sustainable, and are culturally and locally appropriate. The Support and Sustainability Subcommittees of the Initial Review Work Group are developing systems and criteria that will support and sustain local capacities to implement strategies and sustain desired outcomes. These subcommittees are currently collecting information on cutting edge and best practices for analysis, adaptation, and/or adoption in the Nebraska SICA RFA. In addition, these subcommittees are engaged in developing a post-award monitoring system for continuous improvement that will set subrecipients up for success, support them in their implementation and evaluation efforts, and ensure long term sustainability of outcomes.

The Cultural Competency Subcommittee, the inclusionary filter for all SICA products and processes, is developing review criteria and recruiting volunteer reviewers to assess the accessibility and cultural competency of all SICA products and processes. The Communications Subcommittee is producing promotional materials about the SICA initiative, compiling a communications network, and developing an information dissemination campaign about the pending statewide risk and protective factors survey. The work of these two subcommittees of the Best Practices Work Group should expedite the successful implementation and sustainability of strategies funded through the SICA.

GOAL 4: Create an Administrative structure to support SICA activities

Objective 4.1: Hire and establish project staff and contractual, to include:

- Project Director (.25FTE) Prevention Program Manager, Health and Human Services (HHS)
- Grant Manager (1FTE) – HHS
- Temporary Office Support Staff - HHS
- SICA Evaluation Contractor
- Technical Assistance Coordinator (1FTE) –SW CAPT (located at HHS)
- Local Technical Assistance to communities – Regional Prevention Centers and other T/TA providers
- Web Page Maintenance – independent contractor

CHANGES: Local technical assistance has been expanded to include other T/TA providers.

ACCOMPLISHMENTS: The Project Director has been in place since September 2001.

Hiring for the SICA Grant Manager position was delayed until August 2002 due to a statewide hiring freeze, was briefly filled, and then was vacated again in October 2002. The position is currently reopened and expected to be filled by Summer 2003. In the interim, the Project Director, temporary SICA office support staff (filled in September 2002), and other Single State Agency staff are managing all aspects of SICA implementation.

The original SICA Evaluation contract was terminated due to performance issues. A new contract for the baseline SICA Evaluation was awarded to Community Systems, International (Principals Dr. Carol Hays and Patty Martin). An RFP for the implementation evaluation is pending.

The on-site Technical Assistance Coordinator from the SW CAPT has been in place since May 2002.

Regional Prevention Centers and other training/technical assistance (T/TA) providers are being prepared for their role in SICA implementation.

A contract for Web page creation and maintenance was awarded in July 2002.

Objective 4.2: Establish a Cooperative Agreement Advisory Council to be appointed by the Governor to:

- Provide recommendations for administrative policy changes, legislation, and other actions that will advance the State's agenda for the coordinated funding of primary prevention programs for the adolescent population.
- Maintain broad oversight of the community-level programs funded through the SICA.
- Oversee and advise all aspects of project implementation, including the development of a statewide needs assessment, the Governor's strategic plan (*Vision 2010*), and the RFA for subrecipients.

ACCOMPLISHMENTS: Nebraska Partners in Prevention (NePiP) was formed in December 2001. The first meeting convened on January 8, 2002. Subsequent meetings were held on June 11, 2002, and January 7, 2003. As noted by the membership list provided as Appendix J to this report, NePiP is composed of a wide array of stakeholders, from State policymakers to

community representatives to youth. The Lieutenant Governor chairs NePiP and presides over each meeting.

One key accomplishment was the decision by NePiP to implement a statewide risk and protective factors survey to assess student substance abuse prevention needs. The first survey will be conducted in the Fall of 2003. This decision was approved at NEPiP's January 7, 2003, meeting.

After funding is awarded to subrecipients in early 2004, NePiP will focus on the oversight of these community-level programs and the completion of the Governor's strategic plan for substance abuse prevention—*Vision 2010*—which will include providing recommendations for administrative policy changes, legislation, and other actions that will advance the State's agenda for the coordinated funding of primary prevention programs for the adolescent population. In addition to the formal Advisory Council meetings, NePiP members are engaged in ongoing Work Group and subcommittee meetings, where much of the major policy development, guidance, and visioning of SICA has been done.

Objective 4.3: Establish NePiP Work Groups to actively provide input and guidance for all active SICA programs, policies, and practices.

ACCOMPLISHMENTS: Four Work Groups, and associated subcommittees, have been formed, each focusing on a different aspect of SICA implementation. The SICA Project Director staffs and attends all Work Group and subcommittee meetings.

Each Work Group is described below, including its membership, its mission, its subcommittees, and highlights in activities to date.

POLICY AND STRATEGIC PLANNING WORK GROUP

Membership: State policymakers and ATOD agency directors, specifically: the Commissioner of Education; the Executive Director of the Nebraska Commission on Law Enforcement and Criminal Justice; the Executive Director of the Nebraska Commission on Indian Affairs; the Director of the State Office of Highway Safety; the Nebraska U.S. Attorney; a State Senator who serves on the Legislature's Government Committee; the Nebraska Health and Human Service System's Deputy Directors for Behavioral Health and Public Health; the Nebraska Health and Human Service System's Policy Secretary; and the Nebraska Health and Human Service System's Director of Finance and Support.

Consultants to Work Group: Primary consultant: Mike Lowther (PIRE); training and technical assistance consultant: Karen Abrams (SW CAPT); workforce development consultant: Deidra Dain (Johnson, Bassin, Shaw).

Overall Mission: Serve as an advisory group to NePiP and utilize the leadership of State agencies that administer alcohol, tobacco, and other drug (ATOD) programming in order to develop systems to consistently and collaboratively: 1) strengthen and expand the scope, inclusiveness, and functioning of the Nebraska prevention system infrastructure across all levels; 2) enhance coordination and collaboration of all State agencies that administer ATOD funds; 3) address substance abuse prevention needs in an efficient and effective manner; and 4) coordinate with all other NePiP Work Groups to achieve the following specific objectives:

- Guide the development and implementation of an integrated community planning process that accurately reflects and comprehensively addresses community needs
- Guide the development and implementation of a common, statewide ATOD data collection, needs assessment, and evaluation system that monitors progress at the State level and ensures that sound information for designing and selecting effective prevention strategies is available at the State and local levels
- Guide the development and implementation of a capacity-building and technical assistance plan which empowers communities at all levels of readiness to utilize a common planning process in order to identify needs, develop strategies to address needs, and secure the funding and other resources needed to achieve desired outcomes
- Identify additional sources of State and Federal funding for sustaining prevention funding
- Propose/implement actions to identify, coordinate, leverage, and/or redirect funding streams and resources
- Give input into the development of *Vision 2010*, the Governor's comprehensive substance abuse prevention strategic plan, using statewide and community needs assessment data collected through the SICA implementation process.

The Policy and Strategic Planning Work Group was formed in October 2002 and has been meeting regularly since that time. Much of its effort to date has been on setting parameters for the RFA, including defining a funding vision for SICA. The Work Group

has developed a statewide needs assessment, and is providing leadership in Nebraska's prevention evaluation efforts.

DATA MONITORING WORK GROUP

Membership: Representative organizations and agencies include: NHHSS Public Health Division/Tobacco Free Nebraska Program; NHHSS Behavioral Health Division; NHHSS Office of Minority Health; Nebraska Department of Education; Nebraska Commission of Law Enforcement and Criminal Justice; U.S. Attorney's Office; Nebraska Office of Juvenile Probation; Tribal representatives; school representatives; prevention provider organizations and coalitions; and Regional Prevention Centers.

Consultants to Work Group: Primary consultant: Patty Martin (CSI); training and technical assistance consultant: Karen Abrams (SW CAPT).

Overall Mission: 1) Provide expert advice to NePiP, the Policy and Strategic Planning Work Group, and SICA staff on data collection, needs assessment, and evaluation; 2) assist in the design of process and outcome evaluation systems for the SICA; and 3) develop a collaborative, coordinated, and ongoing statewide data collection and needs assessment system in order to ensure that sound information for designing and selecting effective prevention strategies is available at both the State and local levels. Work includes:

- Develop strategies to fulfill SICA evaluation framework requirements.
- Develop and implement a common, statewide ATOD data collection, needs assessment, and evaluation system that monitors the extent of the statewide substance abuse problem and measures annual progress toward targeted outcomes, and ensures that sound information for designing and selecting effective prevention strategies is available at the State and local levels.

Subcommittees:

Marketing: Educate and inform schools, communities, and other prevention stakeholders about the Nebraska Risk and Protective Factors Survey to secure maximum participation.

Assessment: Ensure that SICA assessment tools for communities are accessible, appropriate, and conform with other State assessment tools.

The Data Monitoring Work Group was formed and has been meeting monthly since October 2002. This Work Group studied existing data collection efforts, such as the Youth Risk Behavior Survey (YRBS), the National Household Survey, the Youth

Tobacco Survey, and the Nebraska Treatment Needs Assessment Survey, and compiled a baseline range of substance abuse incidence and prevalence rates for youth from data provided by these efforts. After examining these existing data collection instruments, this Work Group recommended a census-type risk and protective factors school survey be developed and made available to all Nebraska communities to fill the obvious gap in local-level data. Work group attention is currently directed at coordinating this survey in view of competing demands on school schedules (e.g., the Youth Risk Behavior Survey).

BEST PRACTICES WORK GROUP

Membership: Representative organizations and agencies include: NHHSS Office of Minority Health; NHHSS Office of Maternal and Child Health; NHHSS Behavioral Health Division; Nebraska Department of Education; Nebraska Broadcasters Association; University of Nebraska-Lincoln's Bureau of Sociological Research; Creighton University; University of Nebraska-Omaha College of Public Health; Tribal representatives; prevention provider organizations; Regional Prevention Centers; and the State Alcohol and Drug Abuse Advisory Council.

Consultants to Work Group: Primary consultant: Carl Shackelford (SW CAPT); training and technical assistance consultant: Karen Abrams (SW CAPT); consultant for science-based and environmental strategies: Mike Lowther (PIRE).

Overall Mission: Work collaboratively with other NePiP Work Groups to research and recommend approaches for best practices in order to ensure appropriateness and inclusiveness at all levels of SICA planning, programming, implementation, and evaluation.

Subcommittees:

- **Science-Based:** Ensure that the list of programs, policies, and practices to be utilized by and funded through SICA not only meet the CSAP definition of promising and/or scientifically defensible (a minimum of 50 percent of the funding), but also comprehensively address the unique needs of Nebraska's diverse populations (e.g., ethnicity, gender, culture, rural, urban).
- **Cultural Competency:** Develop systems to ensure that the prevention planning process, needs assessment, and other SICA tools, materials, and products are

inclusive, appropriate, and responsive to all of Nebraska's diverse and hard-to-reach populations.

- **Communications:** Develop and implement strategies to educate and inform citizens and communities about substance abuse, advocate for prevention, and promote and publicize SICA goals, activities, and opportunities.

The Best Practices Work Group was formed and has been meeting at regular intervals since October 2002. Subcommittees for each of the key focus areas also have been meeting and have begun to work on their tasks, all targeting best practices to ensure appropriateness and inclusiveness at all levels of SICA planning, programming, implementation, and evaluation.

The Science-Based Subcommittee is establishing criteria (e.g., cost, focus, cultural inclusiveness, sustainability) for reviewing and recommending existing model programs and is researching other scientifically defensible policies, practices, and programs for inclusion on the SICA funding list.

The Cultural Competency Subcommittee, which serves as the inclusionary filter for all SICA products and processes, is developing review criteria and recruiting volunteer reviewers to assess the accessibility and cultural competency of the community prevention planning toolkit.

The Communications Subcommittee is producing promotional materials about the SICA initiative, compiling a communications network, and developing an information dissemination campaign about the pending statewide risk and protective factors survey.

INITIAL REVIEW WORK GROUP

Membership (restricted to persons not affiliated with potential subrecipients):

Representative organizations and agencies include: NHHSS Public Health Division/Tobacco Free Nebraska Program; NHHSS Behavioral Health Division; NHHSS Office of Minority Health; NHHSS Office of Maternal and Child Health; Nebraska Department of Education; Nebraska Commission of Law Enforcement and Criminal Justice; Nebraska Legislature and Regional Prevention Centers.

Consultants to Work Group: Primary consultant: Mike Lowther (PIRE); training and technical assistance consultant: Karen Abrams (SW CAPT)._

Overall Mission: Create a system to regrant \$2.5 million/year in Federal funds for 3 years to community coalitions in order to eliminate or significantly reduce substance abuse in youth ages 12-17 by assisting communities to create and/or enhance sustainable, collaborative coalitions which implement effective substance abuse prevention policies, practices, and programs. Tasks include:

- Work collaboratively with other Work Groups to develop and implement a systematic method for allocating SICA funds to subrecipient coalitions to build local capacities and implement effective prevention programs, policies, and practices.
- Design and implement a plan to help potential subrecipient communities identify and select appropriate scientifically defensible prevention programs, policies, and practices.
- Develop strategies to ensure successful implementation and sustainability of SICA funded programs, policies, and practices.

The Initial Review Work Group was formed and has been meeting regularly since October 2002. The Work Group has drafted an initial Funding Announcement document for comment and review by other Work Groups, and has established three subcommittees to provide research and recommendations in a number of key areas.

Subcommittees:

Infrastructure: Assist communities to create and/or enhance effective local infrastructures that will positively impact community readiness to implement strategies that promote the health and well-being of the community.

Sustainability: Assist communities to create sustainable local SAP infrastructures, and to ensure sustainability of outcomes in the implementation of effective, locally responsive prevention strategies.

Support: Ensure the development and implementation of supportive systems to help ensure successful implementation and achievement of desired substance abuse prevention outcomes.

The subcommittees are currently collecting information on cutting edge and best practices for analysis, adaptation, and/or adoption to craft a Nebraska SICA RFA and monitoring system that will set subrecipients up for success, support community program implementation, and ensure long term sustainability of subrecipient efforts.

The Infrastructure Subcommittee of the Initial Review Work Group has been established to define key terminology. This subcommittee is also charged with identifying and developing a community-based planning process to enhance local infrastructures that promote prevention readiness.

To date, the Sustainability Subcommittee has spent the bulk of its time on RFA development. Its long-term assignment will be to provide assistance to SICA-funded programs, both in terms of creating sustainable prevention infrastructures and choosing locally responsive prevention strategies.

The Support Subcommittee has developed criteria to identify the training and technical assistance needs of subrecipients, has identified and assessed existing support resources, and has developed an initial draft for a training and technical assistance plan and timeline.

Quantifiable Accomplishments and Activities Related to Goals and Objectives:

- The establishment of Work Groups and their subcommittees
- The agreement of State agencies, including the Nebraska Department of Education, to implement a statewide risk and protective factors survey
- An amendment to address prevention system coordination added to the State contract with the Behavioral Health Regions
- Changes made to the State contracting and budgeting process to move the Behavioral Health Regions from direct service provision to technical assistance and capacity building
- Development of a method to assist the Regional Prevention Centers in assessing communities' ability to create and sustain collaborations that give them the ability to plan, develop, and implement SICA programs
- Regional assessments of community readiness and infrastructure completed

- Training in outcomes-based planning and organizational development for Behavioral Health Regions
- Development of a toolkit for substance abuse prevention planning to be used by communities and community coalitions.
- Draft RFA developed
- Hiring of interim evaluation team
- Agreement on core terminology definitions across State agencies and systems:
 - Coalition
 - Cultural competency
 - Inclusion
 - Promising substance abuse prevention strategies
 - Science-based substance abuse prevention strategies
 - Substance Abuse
 - Sustainability
 - Technical Assistance/Technical Support

APPENDIX A

APPENDIX B

Appendix B

**Prevalence of Alcohol, Tobacco, and Marijuana Use as measured by the
1999 Youth Risk Behavior Survey**

Drug Characteristic	National Estimates	Nebraska Estimates
Alcohol		
• Lifetime Use of Alcohol	81	82.4
• Current Use of Alcohol	50	55.8
• Binge Drinking	31.5	*
Tobacco		
• Lifetime Use of Cigarettes	70.4	65.1
• Current Use of Cigarettes	34.8	*
• Lifetime Use of Smokeless Tobacco	*	*
• Current Use of Smokeless Tobacco	7.8	12.1
Marijuana		
• Lifetime Use of Marijuana	47.2	31.2
• Current Use of Marijuana	26.7	*

Lifetime Use is defined as having tried the substance at least one time during the respondent's lifetime.

Current Use is defined as having used the substance at least once during the 30 days preceding the survey.

Binge drinking is defined as having five or more alcoholic drinks in one sitting.

* Data were not available for the specified question

APPENDIX C

APPENDIX D

APPENDIX E

APPENDIX F

APPENDIX G

APPENDIX H

APPENDIX I

APPENDIX J

APPENDIX K

Nebraska Partners in Prevention

State Incentive Cooperative Agreement (SICA) Cooperative Agreement Advisory Council (C.A.A.C)

- Chair:** Lieutenant Governor David Heineman
- SAMHSA:** Mary Lou Dent, Program Officer for Nebraska, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration
- State Government:** Christine Peterson, Policy Secretary, NE Health & Human Service System
Steve Curtiss, Director, Finance and Support, NE Health & Human Service System
- State Agency Heads:** Doug Christensen, Commissioner, NE Department of Education
Fred Zwonechek, Administrator, Department of Highway Safety
Allen Curtis, Executive Director, NE Commission on Criminal Justice and Law Enforcement (Crime Commission)
Michael Heavican, U.S. Attorney, U. S. Attorney's Office
Edward Birkel, Probation Administrator, Nebraska Supreme Court
Chris Hanus Schulenberg, Deputy Administrator, Protection and Safety, NE Health & Human Service System
Romeo Guerra, Deputy Director, Preventive and Community Health , NE Health & Human Service System
George Hanigan, Deputy Director, Behavioral Health, NE Health & Human Service System
Ron Sorensen, Administrator, Office of Mental Health, Substance Abuse & Addiction Services, NE Health and Human Service System
- Legislature:** Senator Jim Jensen, District 20, Nebraska Legislature, Chair, HHS Committee
Senator Chip Maxwell, District 9, Nebraska Legislature, HHS & Education Committees
Senator Ray Aguilar, District 35, Nebraska Legislature, Government Committee
- Special Constituencies and At-Large:** Sally Sylvester, State Alcohol & Drug Abuse Advisory Council
Dan Hoyt, Director, Bureau of Sociological Research, University of Nebraska-Lincoln
Kevin Flores, member, Nebraska Minority Public Health Assn.
Judi Morgan Gaiashkibos, Executive Director, NE Commission on Indian Affairs
Carrie A. Wolfe, Community Member

Appendix K

Joel Gajardo, Community Member
Dr. Keith Parker, University of Nebraska-Lincoln
Frank Peak, Creighton University
Maria Vu, Director, Asian Community and Cultural Center
Karen Walklin, Nebraska Broadcasters Association
Dr. Kenneth Vettel, Physician, Grand Island
Dr. Jessiline Anderson, University of Nebraska-Omaha, Clinical
Psychologist
Bette Poutre, Director, Nebraska State Parent Teacher Association
Hon. Justice John Wright, Nebraska Supreme Court
Tara Nettifee, Youth
Jenna Smith, Youth

NON-VOTING

SICA Staff:

Laurie Barger Sutter, SICA Project Director, Prevention Program
Manager, Office of Mental Health, Substance
Abuse and Addiction Services; NE Health &
Human Service System
Faith Mills, Youth Development Specialist/Consultant, Office of Mental
Health, Substance Abuse & Addiction Services; NE Health
& Human Service System

SW CAPT:

Carl Shackelford, State Liaison, Southwest Center for the Application
of Prevention Technologies (SW CAPT)
Karen Abrams, Nebraska Liaison, SW CAPT

PIRE:

Mike Lowther, Director of Prevention Support Systems Pacific Institute
for Research and Evaluation

APPENDIX L

APPENDIX M

APPENDIX N

Chronological Summary of Significant Events

September, 2001

- SICA Project Director/Prevention Program Manager is hired to fill the vacancy created by the previous Prevention Program Manager's resignation.

October, 2001

- Due to budget shortfalls, a State hiring freeze is put into place, delaying the hiring of the SICA Project Manager.

November, 2001

- SWCAPT and SICA Project Director engage Regional Prevention Center Directors in three full-day sessions to conduct strategic planning activities relative to SICA implementation and the restructuring and strengthening of the State prevention system.
- SICA Project Director serves as a grant reviewer for Louisiana Partners in Prevention's SICA grant review process.

December, 2001

- SWCAPT and SICA Project Director engage Regional Prevention Center Directors in a two-day retreat to continue strategic planning activities relative to SICA implementation and the restructuring and strengthening of the State prevention system.
- Membership for Nebraska Partners in Prevention, the SICA Cooperative Agreement Advisory Council, is finalized with 31 members who include the heads of major State agencies and departments, three State senators, and representatives from key stakeholder groups (e.g., youth, community, ethnic minority).
- Meeting of representatives from key State agencies administering ATOD funds is held to gain agreement and consensus on interagency collaboration toward a common community planning process, coordinated community technical assistance, and pooled data collection efforts.

January, 2002

- Evaluation contractor begins baseline data collection regarding youth substance abuse rates, prevention funding streams, and prevention programming currently in existence.
- First meeting of the CAAC—Nebraska Partners in Prevention—occurs on January 8, 2002.
- Governor's Office issues a press release on the SICA Initiative.

February, 2002

- SICA Project Director and Evaluator attend the SICA meeting in Baltimore.
- SWCAPT and SICA Project Director engage Regional Prevention Center Directors in a two-day retreat to continue strategic planning activities relative to SICA implementation and the restructuring and strengthening of the State prevention system.

April 2002

- SICA Project Director serves as a grant reviewer for Louisiana SICA.
- Nebraska SICA Team attends the Phoenix Prevention Summit hosted by CSAP.
- SICA Project Director presents on SICA at State Juvenile Justice Conference.
- Collaboration meetings are held with State prevention stakeholders.
- Regional technical assistance site visits are conducted.

May 2002

- SWCAPT State Liaison is hired and begins full-time technical assistance work on site.
- SICA Director begins meeting with tribal governments to prepare Native American groups for SICA readiness.
- Collaboration meetings are held with State prevention stakeholders.
- Regional technical assistance site visits are conducted.

June 2002

Appendix N

- Contract for SICA evaluation is terminated.
- Youth development consultant is hired to analyze youth development opportunity for SICA and to begin to prepare youth-serving organizations for SICA readiness.
- NePiP meets on June 11 and finalizes Work Groups.
- Planning meeting with Regional Prevention Centers is held to begin technical assistance and capacity building.
- Collaboration meetings are held with State prevention stakeholders.
- Regional technical assistance site visits are conducted.
- CSAP Project Officer conducts site visit.
- Prevention Generalist Training is held for prevention providers.

July 2002

- SICA update meeting with Lieutenant Governor.
- Collaboration meetings are held with State prevention stakeholders.
- Regional technical assistance site visits are conducted.
- SICA Director attends National Prevention Leadership Conference.

August 2002

- SICA Grant Manager is hired and begins employment.
- SICA Director meets with tribal leaderships to continue to prepare Native American groups for SICA readiness.
- SICA Project Director presents at the SAMHSA/CSAT regional Faith-Based Institute in Omaha.
- Collaboration meetings are held with State prevention stakeholders.
- Regional technical assistance site visits are conducted.

September 2002

- “Planning for Prevention; An Evidence-Based Toolkit for Effective Substance Abuse Planning” is developed.
- SICA staff begin working with Deidra Dain of JBS to conduct strategic planning for workforce development.
- Collaboration meetings are held with State prevention stakeholders.
- Regional technical assistance site visits are conducted.

October 2002

- Details of new Evaluation RFA are finalized.
- SICA Grant Manager resigns for personal reasons.
- SICA Project Director attends SICA evaluation meeting in Rockville, MD.
- SWCAPT State Liaison presents on SICA at State Minority Health Conference.
- NePiP Work Groups hold initial meetings.
- Three-day retreat is held with all Behavioral Health Regions and Regional Prevention Centers. Technical assistance and training is offered to enable these entities to use and understand science-based planning and implementation processes, and to conduct related organizational development needs assessments.
- Collaboration meetings are held with State prevention stakeholders.

November 2002 through December 2002

- Office for Mental Health, Substance Abuse and Addiction Services begins to implement changes in formal contracting procedures and Plans of Expenditures to underscore its commitment to move the Behavioral Health system away from a direct service/outputs model to an outcomes-based model of interagency planning, policy development, technical assistance, and capacity building.
- Regional Prevention Centers assess community and coalition states of readiness to help plan for technical assistance needs.

Appendix N

- An evidence-based substance abuse planning toolkit is created for use by communities and coalitions.
- NePiP Work groups continue to meet and work toward accomplishment of individual and group goals.
- State agencies begin working on verifying and identifying additional funding streams and prevention partners, as well as strategic planning for prevention work force development
- Efforts to strengthen and coordinate the prevention system at the State, regional, and local levels are ongoing.
- Work on interagency collaboration on community planning, support, training, technical assistance, data collection, and needs assessment is ongoing.

January 2003 through March 2003

- NePiP meets to provide input and guidance to Work Groups.
- Work Groups continue to meet; recommendations are drafted for the RFA, the planning toolkit, the State risk and protective factors survey, and the funding list of approved science-based policies, programs, and practices.
- Technical Assistance planning is completed for the community education workshops to be held across the State to teach: prevention basics; science-based prevention policies, programs, and practices; and the community planning process to be embedded in the RFA.
- Interim prevention training is developed.
- Social marketing is conducted at the school and community levels to secure awareness of the SICA funding opportunities and accrue support for maximum participation in the Fall 2003 survey.
- Efforts to strengthen and coordinate the prevention system at the State, regional, and local levels are ongoing.
- Work on interagency collaboration on community planning, support, training, technical assistance, data collection, and needs assessment is ongoing.

April 2003 through December 2003

- NePiP Work groups continue to meet and work toward accomplishment of individual and group goals.
- Work Groups continue to meet; recommendations are finalized for the RFA, the planning toolkit, the State risk and protective factors survey, and the funding list of approved science-based policies, programs, and practices.
- NePiP approves the RFA process for selecting subrecipient communities to receive funds.
- Release SICA RFA to communities.
- Schools provide letter of intent to participate in Nebraska risk and protective factors survey.
- Logistics for implementation of State risk and protective factors survey are finalized.
- Technical assistance regarding the risk and protective factors survey is provided to schools in partnership with the Department of Education.
- Community education workshops and interim prevention training is conducted.
- Technical assistance provided on an ongoing basis to community groups throughout the State.
- Efforts to strengthen and coordinate the prevention system at the State, regional, and local levels are ongoing.
- Work on interagency collaboration on community planning, support, training, technical assistance, data collection, and needs assessment is ongoing.
- Schools participate in Nebraska risk and protective factors survey.
- Nebraska risk and protective factors survey due to contractor for processing.
- Risk and protective factors data available to schools.
- SICA subrecipient bidders' conference held in early December.

Appendix N

2004

- SICA subrecipient RFAs due to the State of Nebraska.
- Peer review committee conducts SICA subrecipient grant review.
- Initial Review Work Group develops recommendations for Policy and Strategic Planning Work Group to review.
- Policy and Strategic Planning Work Group makes funding recommendations to NePiP.
- NePiP makes funding recommendations to Governor.
- SICA subrecipients are notified of funding.
- SICA subrecipients begin implementation.
- Governor's *Vision 2010* completed.