PARTNERSHIP Carson City

Education. Prevention. Results

2022 - 2025

Comprehensive Community Prevention Plan

Partnership Carson City

created by: Athena Favero

About
Partnership Carson City

"There is no power for change greater than a community discovering what it cares about." - Margaret J. Wheatley

Partnership Carson City (PCC) is Carson City's community coalition. A coalition connects multiple sectors of the community, including families, businesses, media, law enforcement, schools, faith organizations, health providers, social service agencies, and our local government. As defined as an alliance for combined action, this coalition will benefit by cooperation of the partners who will each bring sources of understanding the community's challenges. PCC and community sectors organize and develop strategies to coordinate solutions. The result is a comprehensive, community-wide approach to ensuring the safety and health of our community.

PCC is committed to increasing the capacity and availability of prevention, intervention, and treatment services in Carson City through its **mission and vision:**

Mission: Partnership Carson City's mission is to foster a healthy community by building strong families and successful youth, through education, collaboration, and engagement of our citizens.

Note to readers: Partnership Carson City's CCPP is published every three years on a July 1 fiscal year.
The 2022 CCPP covers July 1, 2022 to June 30, 2025

Partnership Carson City's Vision

Vision: PCC will extend its collaborative efforts to grow a healthy community of mutual lifetime learning. PCC is dedicated to law enforcement, media, government entities and concerned citizens to promote efforts that enhance:

- multi source assessments of community challenges and strengths impacting children and families
- facilitation of collaborating between community services providers, businesses, and members at large to help children and families
- advocating for ordinances, policies and practices that reduce substance abuse
- opportunities for substance abuse and other health education to be available to children, families, and other community members
- services for mental health support and education to be available to children, families, and other community members
- support of existing positive and supportive activities and services for children and families
- initiation and the pilot of needed services and preparation to transfer to a local agency to sustain
- treatment options for substances abusers in jail
- support of law enforcement and criminal justice response to illegal drug and alcohol activity in Carson City

CCPP is purposefully prepared as a template to assist in prevention planning in the community. It is designed and developed with references to multiple community sectors. It is Partnership Carson City's hope that this document will be used as a valuable resource for community partners to plan comprehensive prevention effects.

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Carson City Demographics

Population	**58,993**

Ethnicity	Nevada
White Alone	66.1%
Hispanic/Latino	24.2%
Black/African American Alone	1.9%
American Indian/Alaskan Native Alone	2.4%
Asian Alone	2.8%
Native Hawaiian/ Pacific Islander	0.1%
Two Races Or More	5.1%

Gender	
Male	51.5%
Female	48.5

Age	
Persons Under Age of 18	20.4%
Persons 65 and Older	20.3%

source: US Census Bureau, 2020

Carson City Economy

Carson City is the capital of the state of Nevada, with the growing population of approximately 55,993 making it the 10th biggest city in Nevada Carson City is located not far from the state line border of California in Lake Tahoe. Carson City is a rural area with a vintage downtown including small neighborhoods.

The Sierra Nevada region in which Carson City is found is ranked the third largest metropolitan area in the Silver State. As the home of the Nevada Legislature, Nevada Supreme Court and all five of Nevada's constitutional offices, as well as a center for federal government, Carson City provides easy access to elected leaders and government officials. Working with the needs of residents and local businesses, these officials have helped provide a pro-business tax climate.

In Nevada, there is a low cost of doing business - 6% lower than the national average. Business owners are lucky to have low worker compensation insurance rates. They are also able to have affordable lease rates on their property with competitive utility rates for those in the real estate business.

- *The Northern Nevada Development Authority (NNDA)*

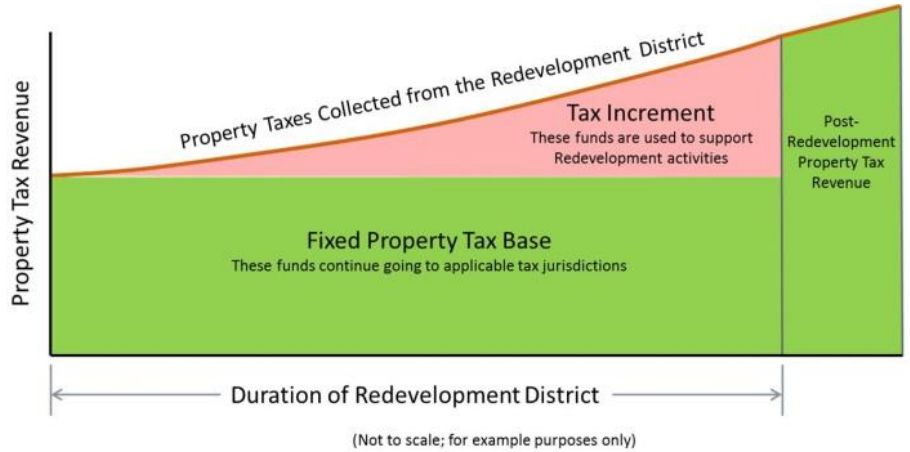
Labor and Employment Statistics
2011-2017

Year	Area	Labor Force	Employment	Unemployment	Unemployment Rate
2017	Carson City	32915	21862	2604	4.7%
2015	Carson City	25132	23266	1866	7.4%
2013	Carson City	25450	22818	2632	10.3%
2011	Carson City	26700	23100	3600	13.5%

Carson City's unemployment rate has been steadily declining since 2011. The statistics above were provided by the Nevada Department of Employment, Training and Rehabilitation (DETR). It is important to note that the labor force has seen a major rise from 2015 to 2017. In 2018, the Milken Institute Best-Performing Cities Index rates Carson City in the top 100 small cities in America. The city went from ranking 141 in 2017 to 63 in 2018. "It is because of the efforts of our community members, leaders, and employees that we find ourselves performing so well." - Mayor Bob Crowell

https://www.bls.gov/eag/eag.nv_carsoncity_msa.htm

Economic Development and Redevelopment



Redevelopment is a process authorized under Nevada law that enables concerned communities to establish redevelopment agencies that can identify deteriorated and blighted areas in need of revitalization. Redevelopment agencies develop a plan and provide the initial funding to launch revitalization of those areas. In doing so, redevelopment encourages and attracts private sector investment that otherwise wouldn't occur.

Redevelopment activities are paid for through “tax-increment financing” (TIF). Property owners within a Redevelopment Area do not pay additional property tax but a portion of the property tax—the “tax increment”—is set aside and must be used for Redevelopment activities.

https://carson.org/government/departments-a-f/community-development/redevelopment

Labor and Employment Statistics

Data Series	Back Data	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018
Labor Force Data							
Civilian Labor Force(1)		26.4	26.6	26.4	26.3	26.4	(P)26.4
Employment (1)		25.3	25.5	25.2	25.3	25.3	(P)25.3
Unemployment(1)		1.1	1.1	1.1	1.1	1.1	(P)1.1
Unemployment Rate(2)		4.3	4.3	4.3	4.2	4.0	(P)4.1
Nonfarm Wage and Salary Employment							
Total Nonfarm(3)		31.2	31.3	31.2	31.1	31.1	(P)31.1
12-month % change		3.0	3.3	3.0	2.3	1.3	(P)1.3
Manufacturing(3)		2.7	2.7	2.7	2.7	2.7	(P)2.7
12-month % change		3.8	3.8	0.0	0.0	0.0	(P)0.0
Trade, Transportation, and Utilities(3)		4.3	4.3	4.3	4.3	4.3	(P)4.4
12-month % change		4.9	4.9	4.9	2.4	2.4	(P)0.0
Professional and Business Services(3)		2.1	2.1	2.1	2.1	2.1	(P)2.1
12-month % change		0.0	0.0	0.0	5.0	5.0	(P)5.0
Leisure and Hospitality(3)		3.7	3.8	3.7	3.7	3.7	(P)3.7
12-month % change		0.0	2.7	0.0	0.0	0.0	(P)2.8
Government (3)		9.9	9.9	9.9	9.8	9.8	(P)9.9
12-month % change		3.1	3.1	3.1	1.0	-1.0	(P)-1.0

https://www.bls.gov/eag/eag.nv_carsoncity_msa.htm

Economic Challenges

- In 2018, approximately 14.7% of the Carson City population was living below poverty level
- In Carson City in 2016, over 20% (20.1%) of children aged 18 and under were living in poverty
- affordable housing continues to be a challenge
- 30% increase in homeless individuals in community - much is caused by mental health and drug addiction
- inadequate number of physicians, nurses, and other medical professionals - quality care cost is rising
- affordability of insurance premiums is strained
- as for tourism, rates have been low in visitor numbers in Northern Nevada
- industrial real estate continues to face increasing cost of land, materials, and labor

How will PCC collaborates address these challenges?

- provide successful long term treatment by assisting in a support structure for the homeless upon discharge from Mallory Center
- support association health plans that Carson Chamber of Commerce has launched
- collaborate with other organizations to find opportunities for low income households to find better paying jobs

sources: Nevada Kids Count Data Book, 2017; Mayor Bob Crowell, State of the City Address, 2019; Economic Forecast for Nevada, 2018

Carson City District – Demographic Profile, 2015-2017

The Carson City School District includes six elementary schools, two middle schools, two high schools, and one charter school. The Carson City 2017-2018 student population is summarized accordingly in the table below:

	Total Enrollment	American Indian/Alaskan		Asian/Pacific Islander		Hispanic		Black		White	
Elementary Schools		#	%	#	%	#	%	#	%	#	%
Seeliger	603	2.32		-		34.83		0.54		54.56	
Fremont	514	-		2.11		46.4		-		46.57	
Bordewich Bray	613	4.49		-		30.18		-		55.86	
Empire	527	3.53		-		69.61		-		21.73	
Fitsch	530	-		2.5		25.24		-		64.35	
Mark Twain	628	-		1.75		55.1		-		35.19	

Carson City District – Demographic Profile, 2015-2017

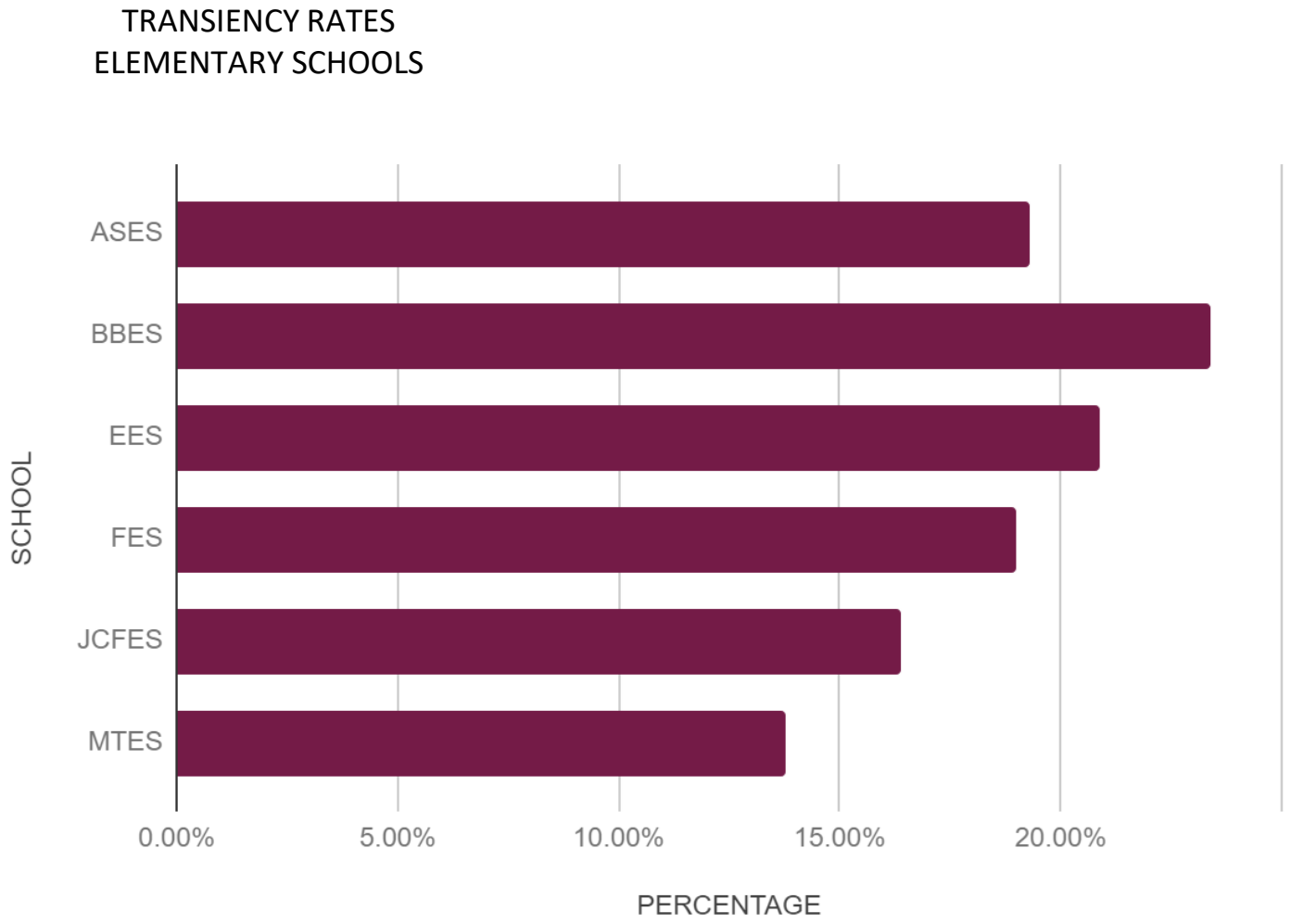
	Total Enrollment	American Indian/Alaskan	Asian/Pacific Islander	Hispanic	Black	White
Middle School						
Eagle Valley	651	3.99	-	45.31	-	44.85
Carson	1,176	2.13	2.38	42.6	-	48.04
High Schools						
Carson	2,257	1.95	2.17	41.6	-	49.98
Pioneer	148	-	-	31.76	N/A	59.46

Carson City School District
Number of Reduced Lunches

School Name	Grade Span	Total	Number of free eligible	Number of Reduced	Total Free and Reduced	% of Free and Reduced
Bordewhich Bray ES	PK-5	626	250	61	311	49.68%
Fritsch ES	K-5	534	176	26	202	37.83%
Fremont ES	PK-5	579	274	65	339	58.55%
Seeliger ES	K-5	617	191	46	237	38.41
Empire ES	PK-5	569	Provision 2	-	460	80.82%
Mark Twain ES	PK-5	647	Provision 2	-	456	70.53%
Carson MS	6-8	1189	436	83	519	43.65%
Eagle Valley MS	6-8	654	255	62	317	48.47%
Carson High School	9-12	2261	652	115	767	33.92%
Pioneer High School	9-12	164	CEP	CEP	125	76.27%

Carson City School District
Transiency Rates 2016-2017

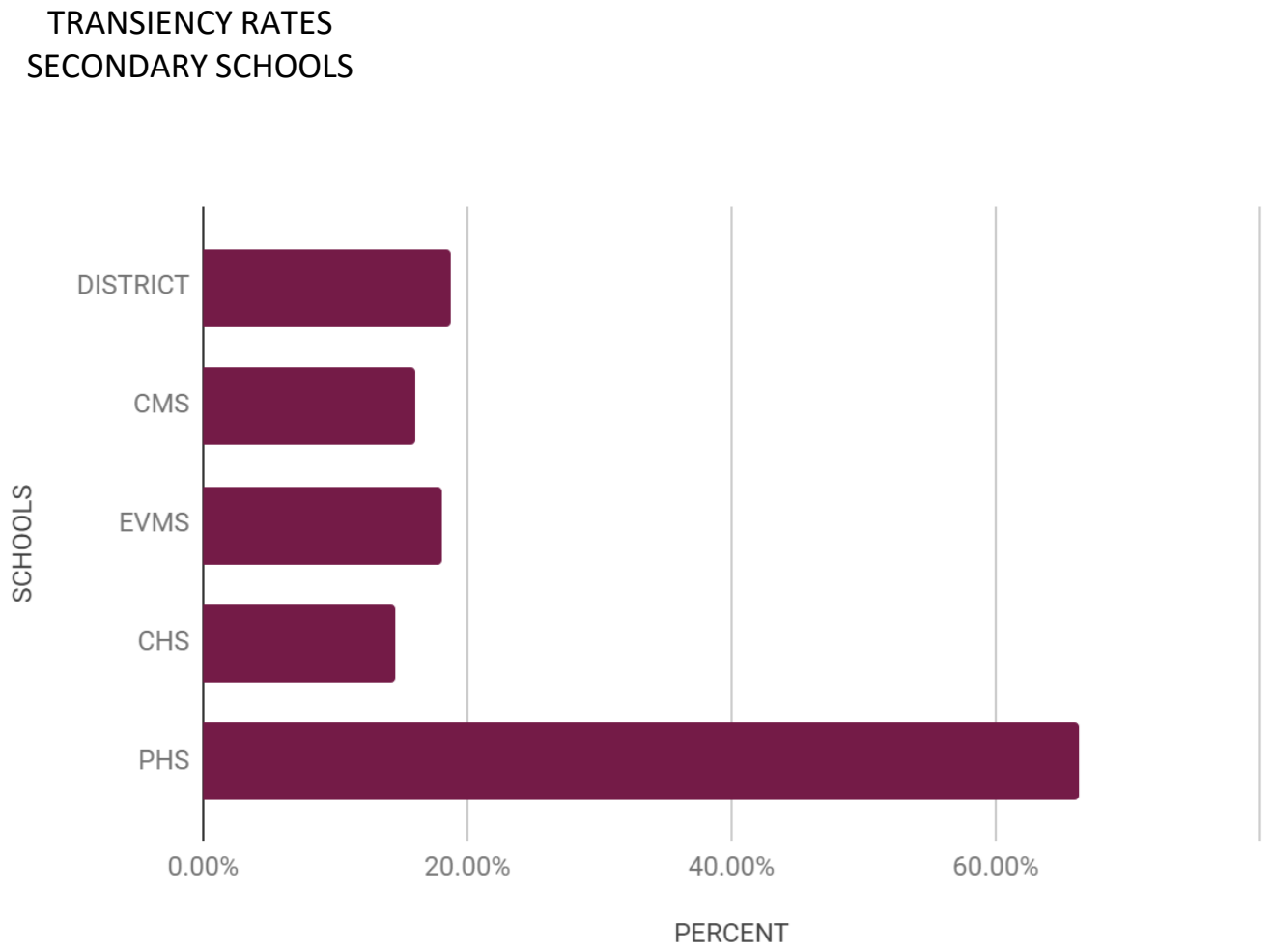
ASES = Al Seeliger Elementary School
BBES = Bordewich Bray Elementary School
EES = Empire Elementary School
FES = Fritsch Elementary School
JCFES = JC Fremont Elementary School
MTES = Mark Twain Elementary School



Data Source: Carson City 2016-2017 School Accountability Report

Carson City School District
Transiency Rates 2016-2017

CMS = Carson Middle School
EVMS = Eagle Valley Middle School
CHS = Carson High School
PHS = Pioneer High School



Data Source: Carson City 2016-2017 School Accountability Report

Carson City School District - Graduation Rates

	TOTAL	MALE	FEMALE	ASIAN	BLACK	HISPANIC	2+ RACES	PAC. ISL./ AM.IN.	WHITE
DISTRICT	80.31%	75%	85.96%	94.12%	-	74.07%	74.07%	-	84.84%
CARSON HIGH	88.06%	85.19%	91.15%	94.12%	-	83.05%	80%	-	91.43%
PIONEER HS	72%	59.38%	81.4%	-	-	54.55%	-	-	79.07%

** '-' indicates data not presented for groups fewer than 10

Data Source: Carson City 2016-2017 School Accountability Report

Hispanic Population in Carson City Schools

2016 High School Graduation Rates	General Population	Hispanic Population
Carson City	80.31%	74.07%
Nevada	73.55%	69.74%

The Latino population is the fastest growing population in Carson City. From 2005 to 2017, there has been an increase in this student population citywide from 16% to over 42.82% (Carson City School District, 2017). Because of language barriers concerning this population, there is difficulty in communication between schools and families. Only 15.09% of the hispanic population are enrolled in the English Learners programs that the school district provides. Hispanic students tend to lag behind a majority of the student subgroups in graduation rates. Partnership Carson City's Strategic Plan provides ways to improve school performance which are among PCC's top priorities.

Data Source: Carson City 2016-2017 School Accountability Report

THE STRATEGIC PREVENTION FRAMEWORK

As outlined in this document, the 2019 Comprehensive Community Prevention Plan for **Partnership Carson City** is structured according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). The five steps that comprise the SPF allow effective collaboration with PCC and other coalition groups for sustained and long term prevention. Each step produces key points that are essential to the validity of the process. "This framework is a dynamic, data-driven planning process that prevention practitioners can use to understand and more effectively address the substance abuse and related mental health problems facing their communities" (SAMHSA).

THE FIVE STEPS:

1. **ASSESSMENT -** discover what your community needs
2. **CAPACITY BUILDING -** find out what your community needs to address identified problems
1. **PLANNING -** develop a detailed plan that links desired outcomes to identified needs
2. **IMPLEMENTATION -** put your plan into action by delivering evidence-based interventions, as intended
1. **EVALUATION -** assess the effectiveness of your prevention efforts

Collective Comparison Evaluation Model

Partnership Carson City always ensures success with prevention efforts by using a process of assessment with data collection. Both hard data and anecdotal data are gathered. Many reliable community resources are used to identify key issues in the area. In order to determine which issues need to be prioritized and addressed with efficiency, use of a collective comparison evaluation (CCe) is needed. CCe requires the consideration of data from multiple, reliable sources to engage in the five steps of a Strategic Prevention Framework (SPF) as effectively as possible. The resources and data used target the priorities in a way that enables professional judgement and expertise when decisions are made regarding responsible funding that will bring about social change. Below are some of the sources PCC uses:

- Carson City Health and Human Services Community Health Improvement Plan
- Carson City School District Accountability Report, 2016-2017
- Community Counseling Center (CCC) Annual Utilization Report 2017 and Quality Assurance Report
- A review and synthesis of alcohol and other drug cases in the Carson City Department of Alternative Sentencing and Justice Courts, 2017
- Nevada 2017 Rural Health Data Book
- Nevada State Demographer's data and U.S. Census Bureau, 2018
- Youth Risk Behavior Survey (YRBS) trend data, 2015, 2017
- Carson City Sheriff's Department arrest trend data, 2005-2017
- Anecdotal observation and analysis by Carson City community key stakeholders

Considerations when reviewing data - data is not point in time, it it often 1 to two years old however the data used shows trends allowing for predictions

Adolescent Drug Use Trends and Prevention Plans

The following pages will reveal trends of engagement of drug and alcohol use among adolescents in the Carson City area. These trends were obtained by Youth Risk Behavior Surveys (YRBS) taken by Carson High School and Carson Middle School students. The graphs shown span the years of 2009-2017.

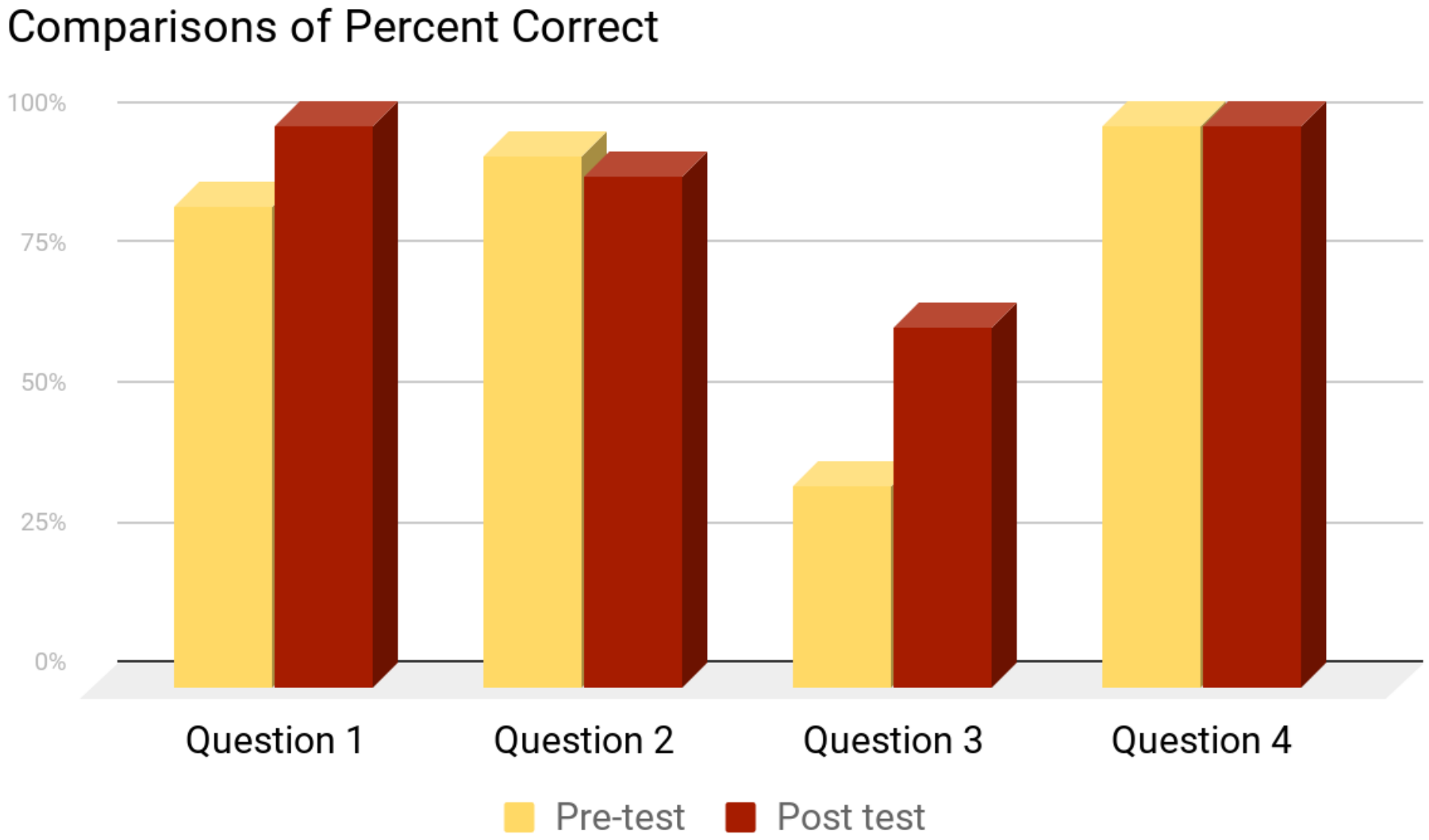
After successful campaigns and community collaborations on prevention plans, recent years have produced numbers that show a pattern of decline in all areas of drug use in the Carson area. Further efforts will be enforced by PCC to keep numbers decreasing for the youth of Carson City.

Knowledge about Drug Abuse

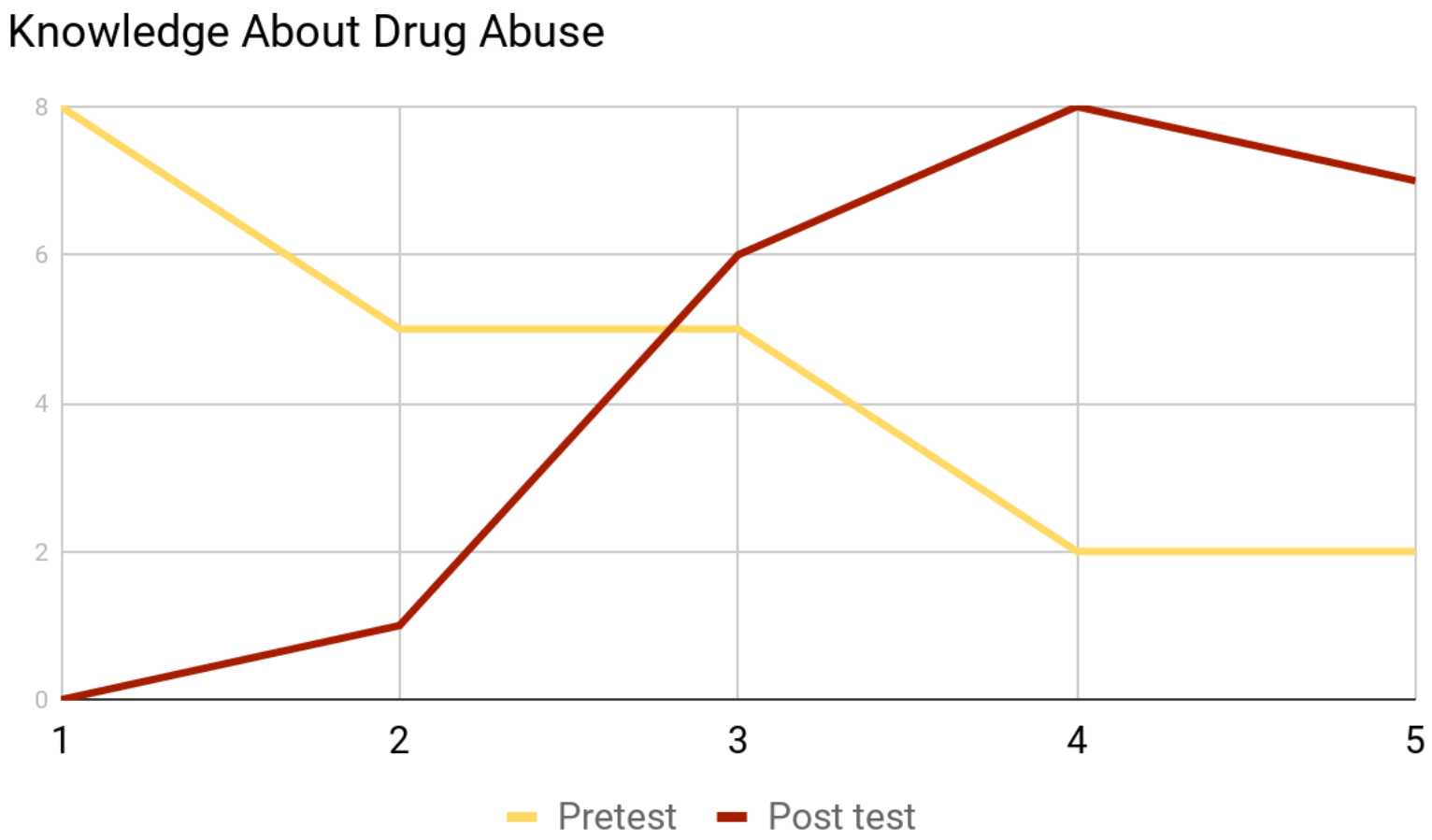
Nevada Statewide Coalition Partnership, AmeriCorps Partners of Prevention

A pre and post test were administered to participants from Carson City in the hispanic community. The tests were given in Spanish, but for these purposes, they have been translated to English. Four questions were given in the pre and post test to test knowledge of drug abuse. Questions and correct answers are shown as follows:

1. Q: What do you know about the prescription drug abuse epidemic?
   A: It is a growing epidemic in our community.
1. Q: What do you know about how drug addiction affects yourself, your work, your studies, and those around you?
   A: It is a problem that affects everything and everyone around me.
1. Q: What do you know about how drugs abuse affects your health?
   A: It puts me at risk of developing fatal illnesses.
1. Q: What do you know about return sites and medicine deposits?
   A: It is something one does to keep medicine out of reach of people who abuse it.


Comparisons of Percent Correct
100%
75%
50%
25%
0%
Question 1
Question 2
Question 3
Question 4
Pre-test
Post test

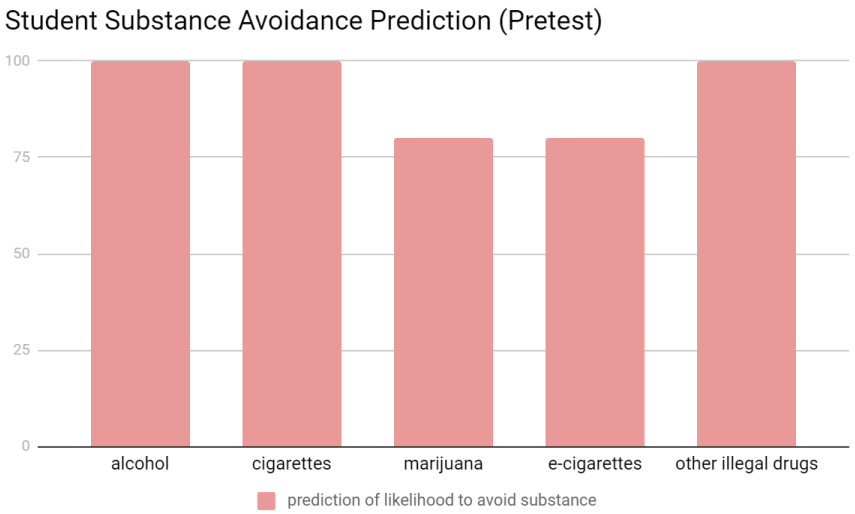
Participants were asked on a scale of 1-5, how sure of themselves they were about their knowledge of prescription drug abuse. Overall, there was an increase in knowledge.

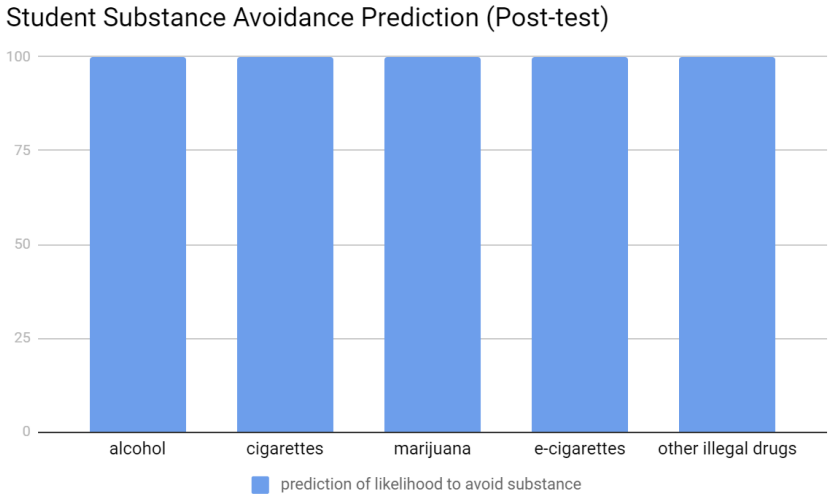


DRUG AVOIDANCE IN CARSON CITY ADOLESCENTS

PREVENTION PLUS WELLNESS HEALTH AND FITNESS PROGRAM

High school students were selected to participate in the Prevention Plus Wellness Health and Fitness Program. They took a pre and post test for the program. In the pretest, students predicted that in the next year, they would avoid alcohol, cigarettes, and other illegal drugs 100% of the time. Marijuana and e-cigarettes would be avoided an average of 80% of the time. In the post test, students predicted that in the next year, alcohol, cigarettes, marijuana, e-cigarettes, and other illegal drugs would be avoided 100% of the time by all who participated in the program.





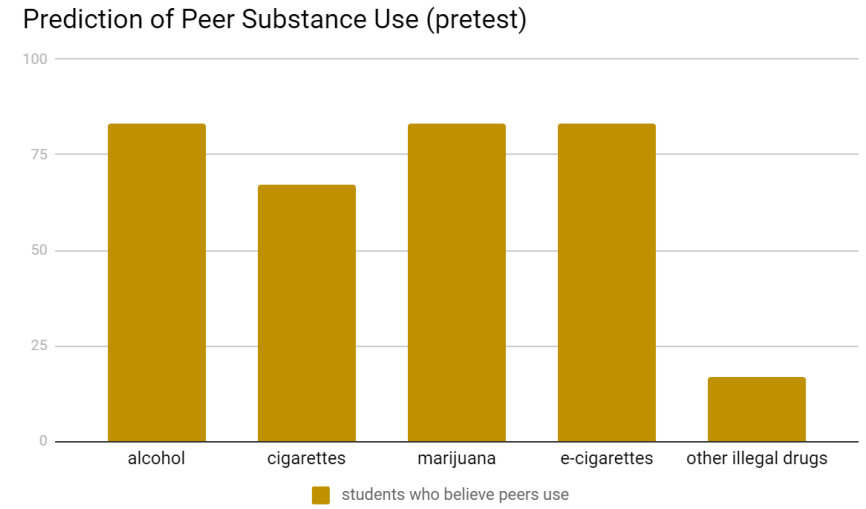
PERCEPTIONS OF DRUG USE IN CARSON CITY ADOLESCENTS

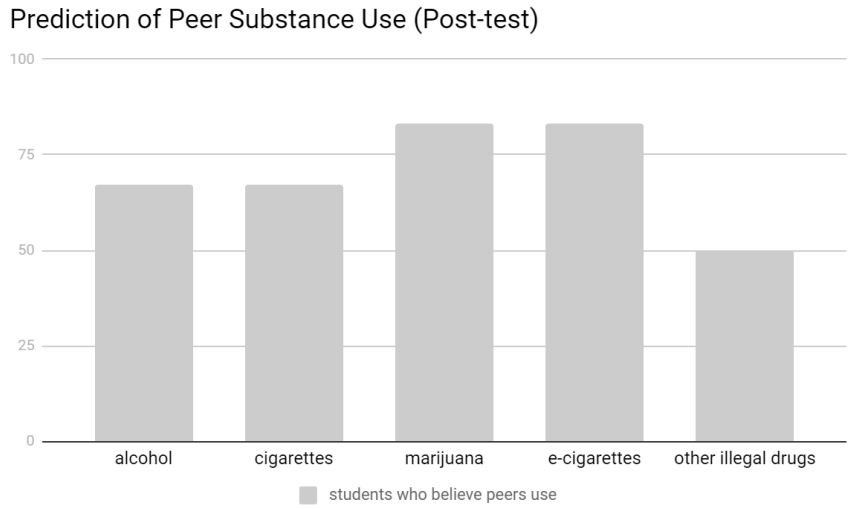
PREVENTION PLUS WELLNESS HEALTH AND FITNESS PROGRAM

High school students were selected to participate in the Prevention Plus Wellness Health and Fitness Program. They took a pre and post test for the program. In the pretest, 83% of students in the program believed their peers would use alcohol, marijuana, and e-cigarettes in the next year. 67% of these students believed their peers would use cigarettes, and 17% believed their peers would use illegal drugs.

In the post test, 83% of students in the program believed their peers would use marijuana and e-cigarettes in the next year. 67% of these students believed their peers would use alcohol and cigarettes, and 50% believed their peers would use illegal drugs.

The Prevention Plus Wellness Health and Fitness Program does not seem to provide adequate information for the participants to understand the reality of drug use among their peers. Before and after the program, answers were mixed and perceptions did not seem to change much.

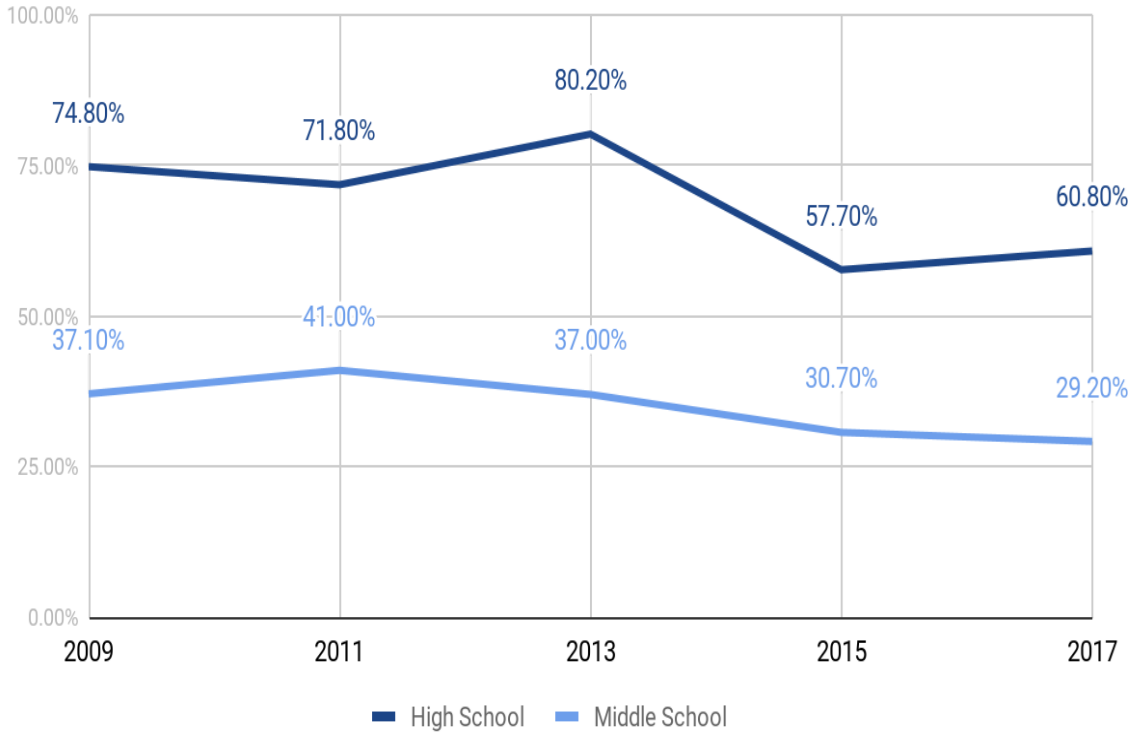




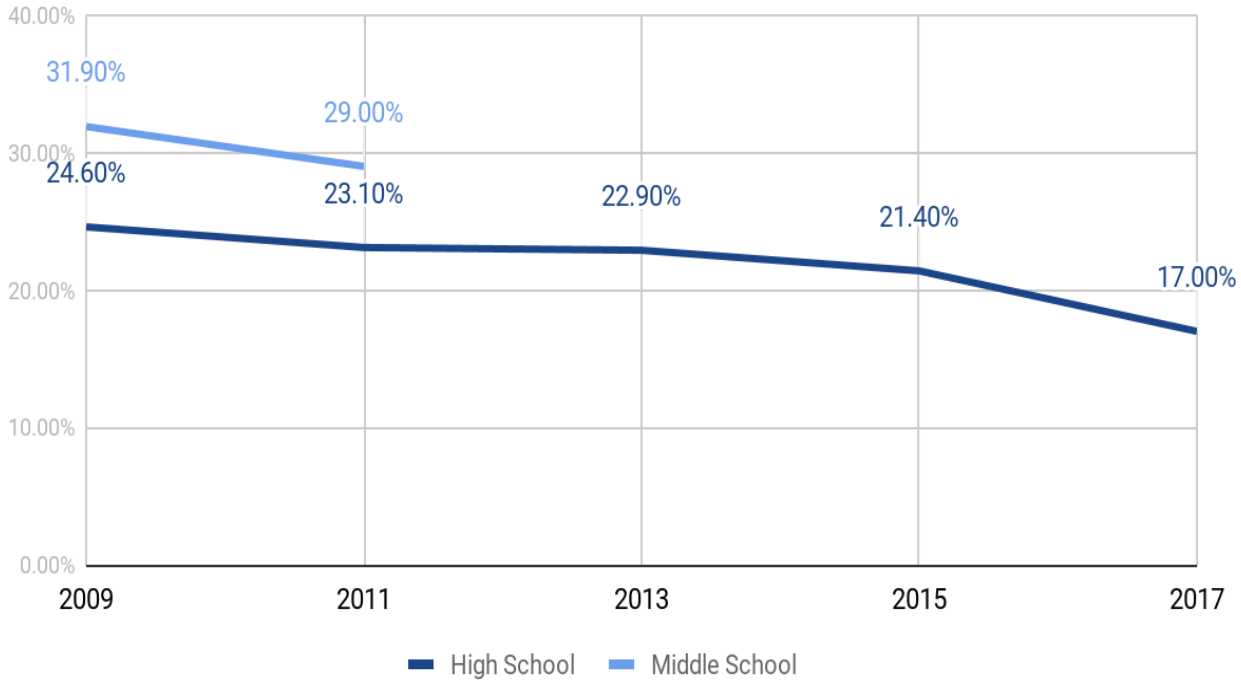
ALCOHOL USE

data source: Nevada Youth Risk Behavior Surveys. 2009-2017

Ever had a drink of alcohol other than a few sips

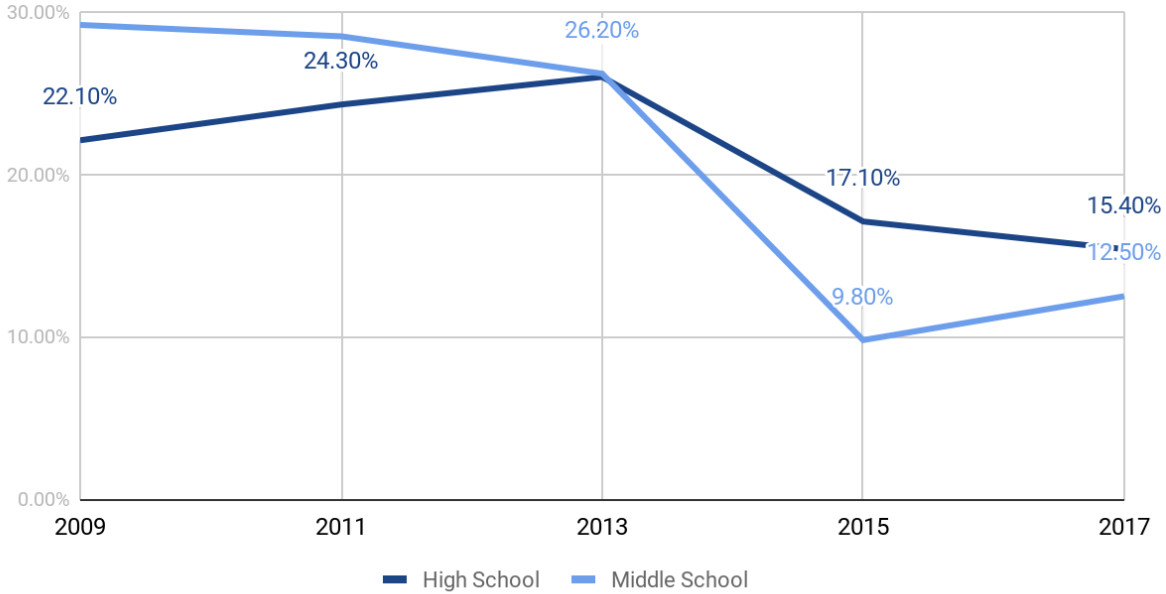


Rode in a car or other vehicle in past 30 days driven by someone who had been drinking alcohol

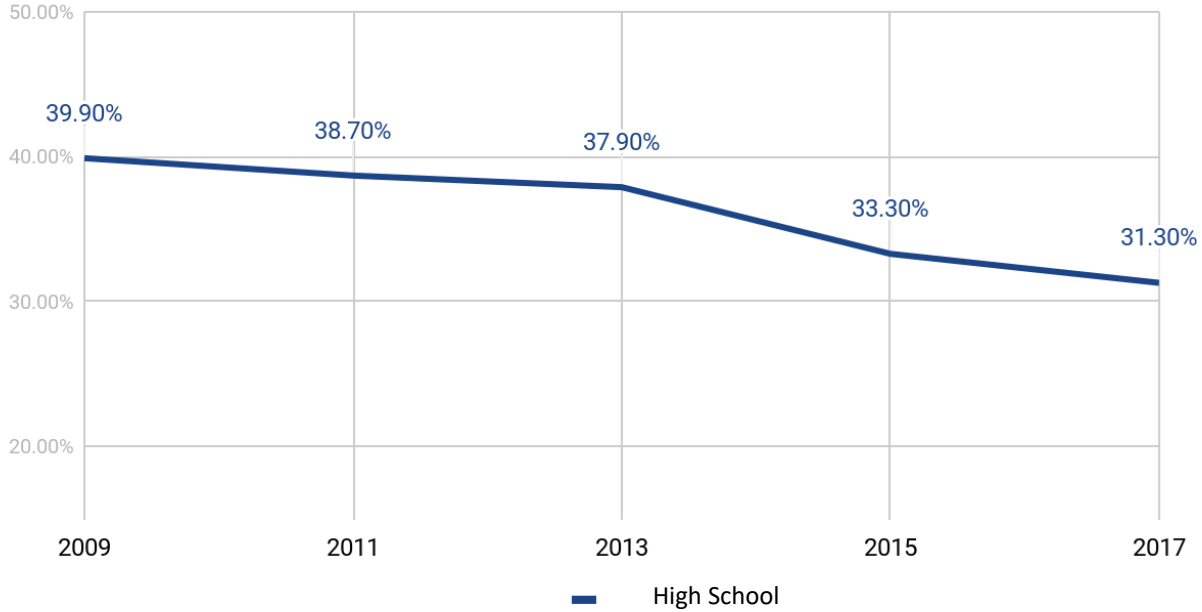


*Middle School data not available 2013-2017

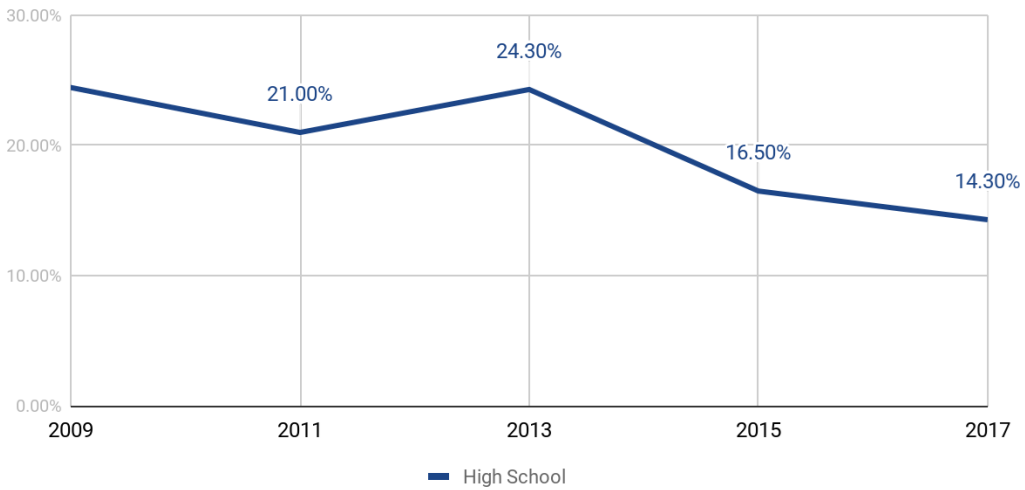
Had first drink of alcohol before age 13



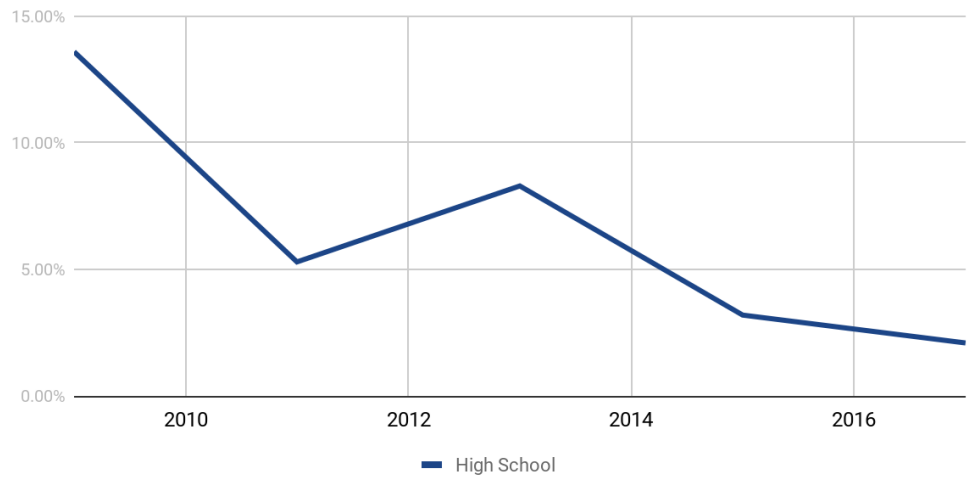
Drank alcohol on one or more of past 30 days

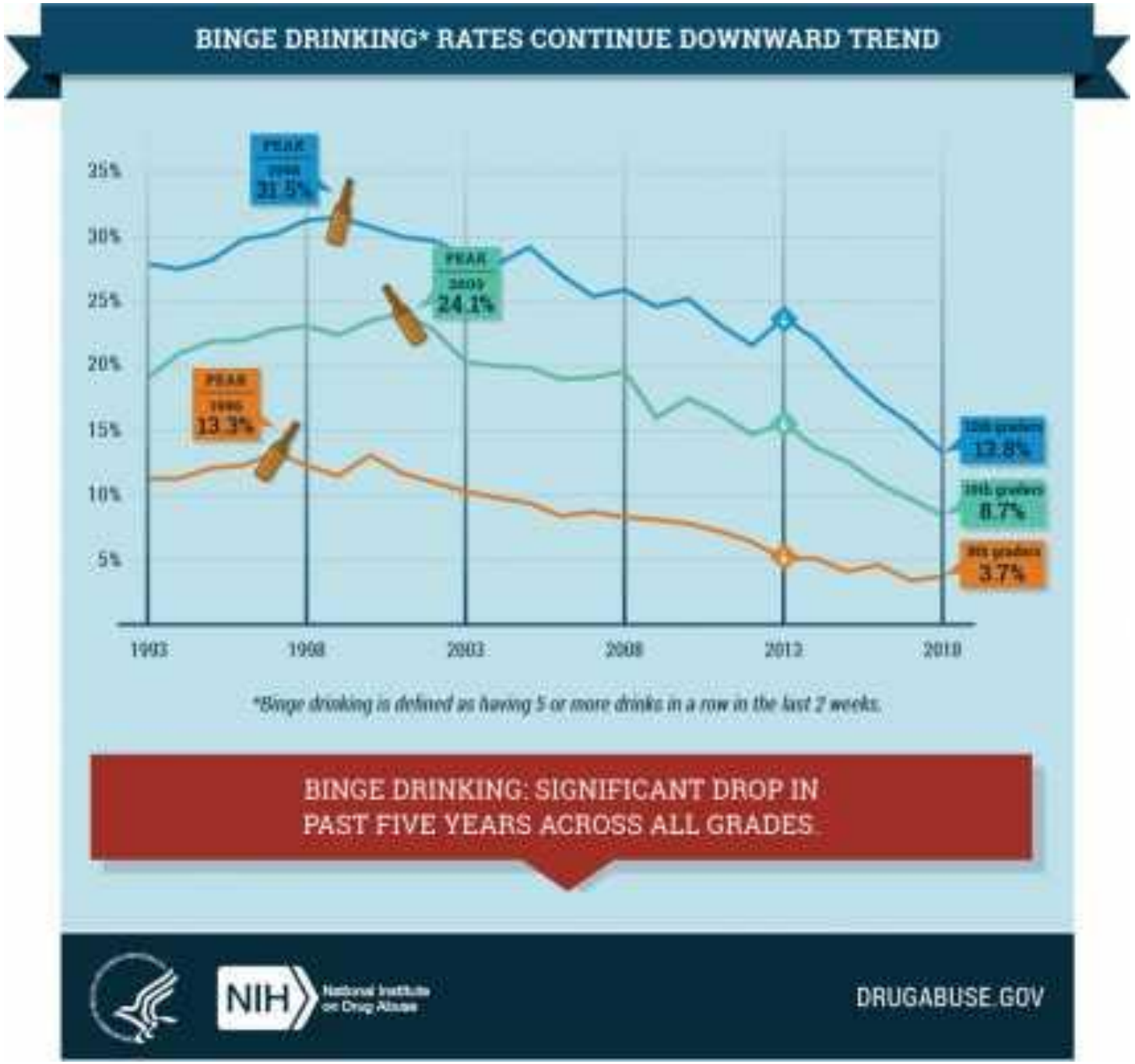


Binge Drinking: Had five or more drinks of alcohol in a row in past 30 days



Drove a car or other vehicle in past 30 days when they had been drinking alcohol





"Adolescent binge drinking can disrupt gene regulation and brain development in ways that promote anxiety and excessive drinking behaviors that can persist into adulthood."

- **George Koob, director of NIH NIAAA**

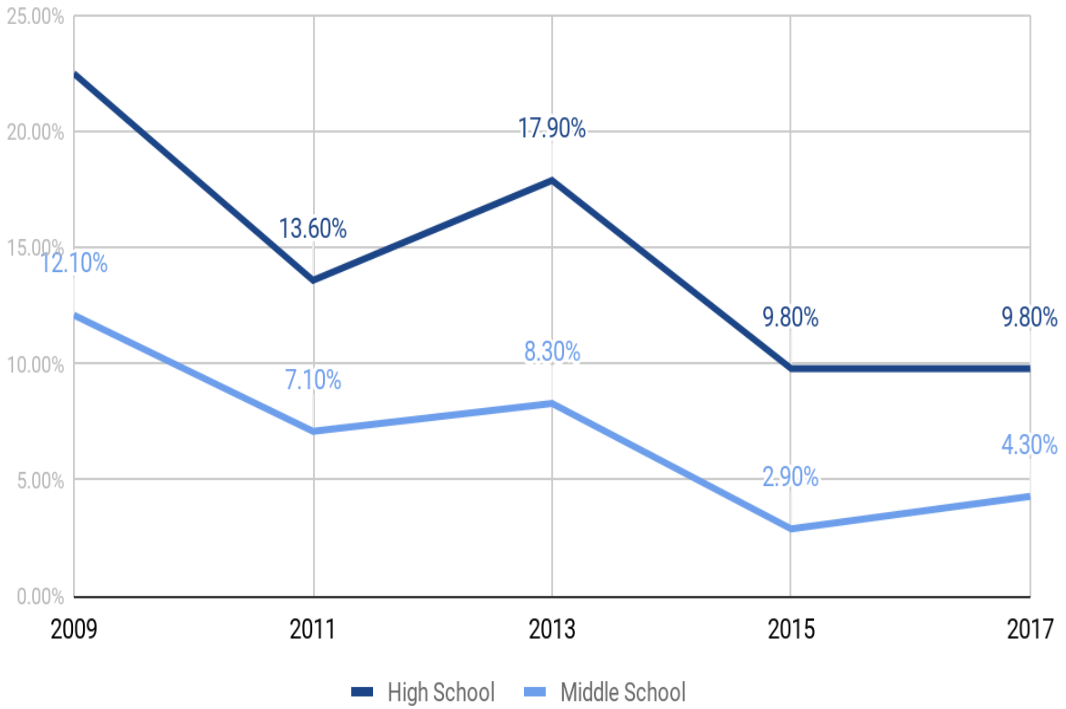
New research has demonstrated that adolescent brains are especially vulnerable to the effects of alcohol. Luckily in recent years, binge drinking has made quite a decrease among the youth population in Carson City. An increase in the community of alcohol poisoning awareness may contribute to the decrease of binge drinking over the years.

This also could be due to responsible beverage server trainings and compliance checks of alcohol sales provided by the Carson City Sheriff's department. In 2018, 18 out of 19 businesses that were randomly selected passed a compliance check which meant that workers refused to sell alcohol to teens. The business that failed was ordered to a mandatory Alcohol Server Training. Deputy Adams hopes for 100% of businesses to pass in the coming year.

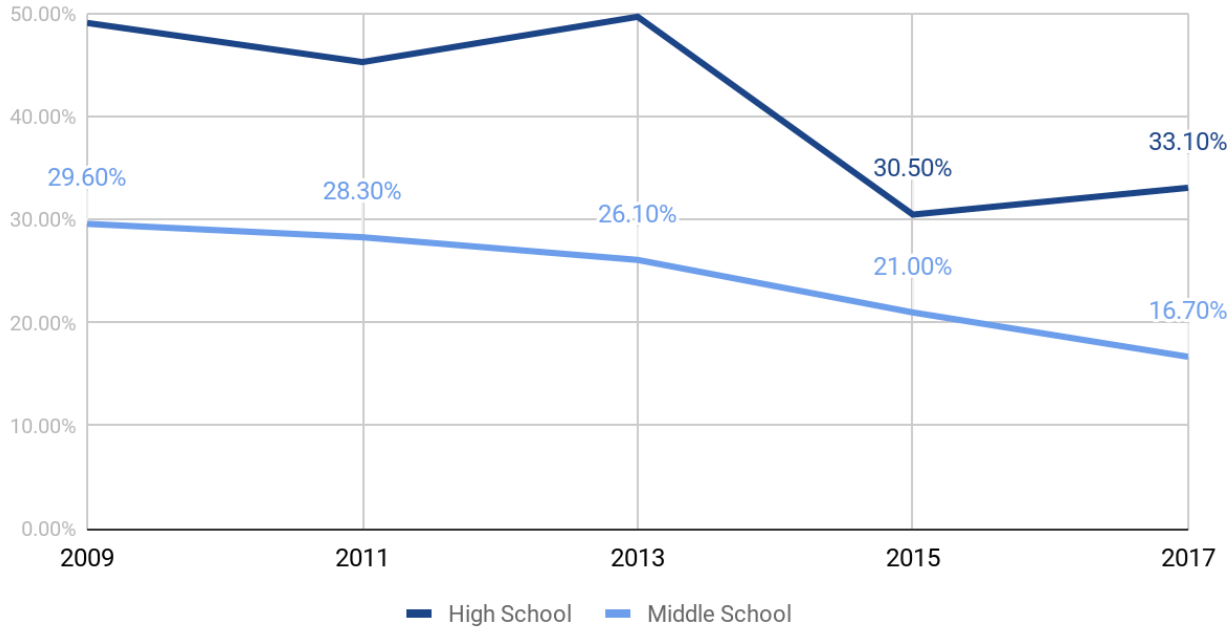
source: CarsonNow, Jeff Munson, 2018

TOBACCO USE

Smoked on one or more of past 30 days

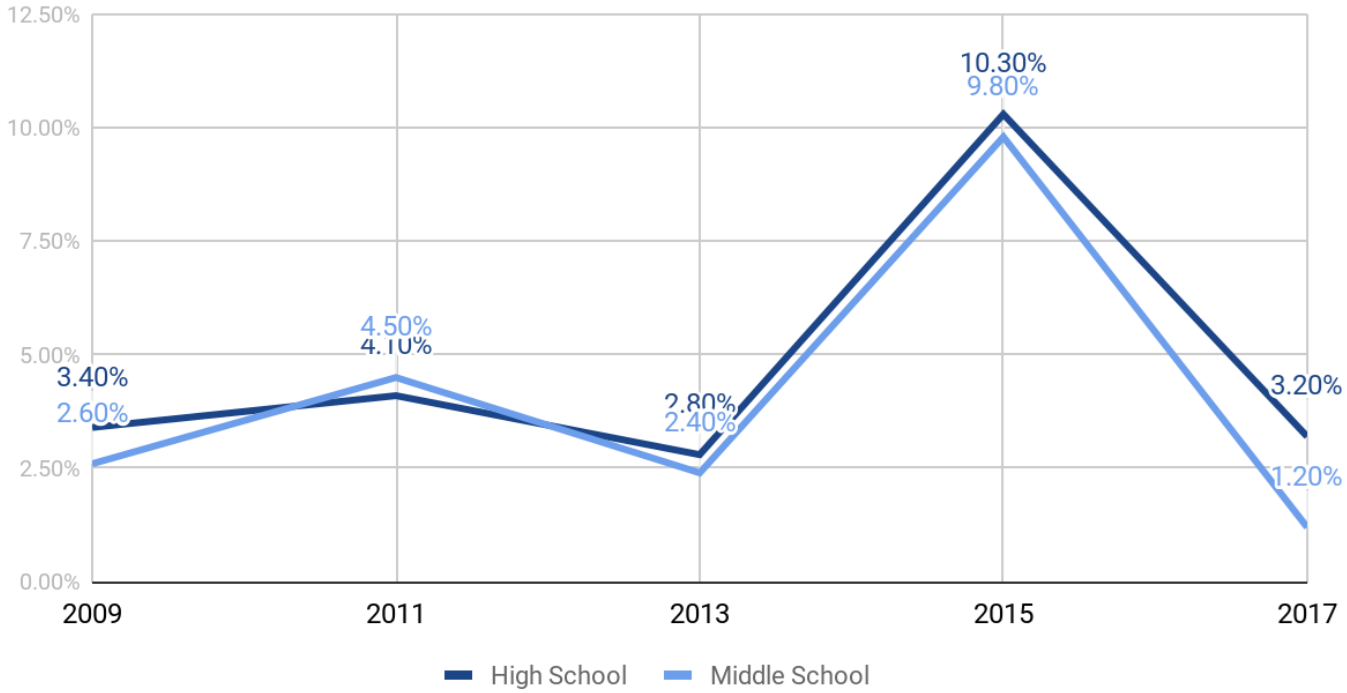


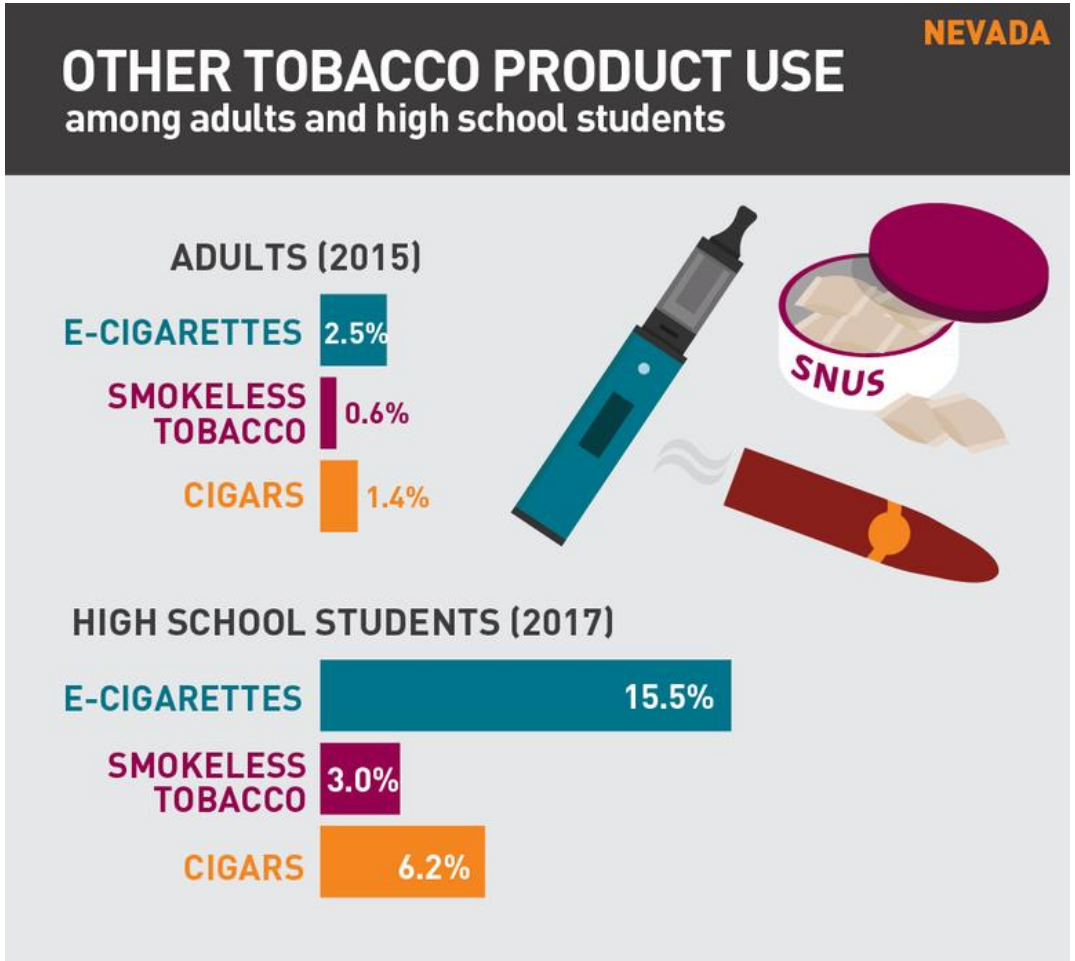
Ever tried cigarette smoking



data source: Nevada Youth Risk Behavior Survey, 2009-2017

Used non-smoke tobacco on one or more of past 30 days





Percent of high school students who report they never tried cigarette smoking (even 1 or 2 puffs)	Nevada	United States
Total	67%	68%
Male	67%	66%
Female	66%	69%

Percent of high school students who report they used electronic vapor products including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens on at least 1 day (during the 30 days before the survey)	Nevada	United States
Total	26%	24%
Male	26%	26%
Female	25%	23%

Percent of high school students who report they drank alcohol for the first time before age 13 (other than a few sips)	Nevada	United States
Total	17%	17%
Male	20%	20%
Female	14%	15%

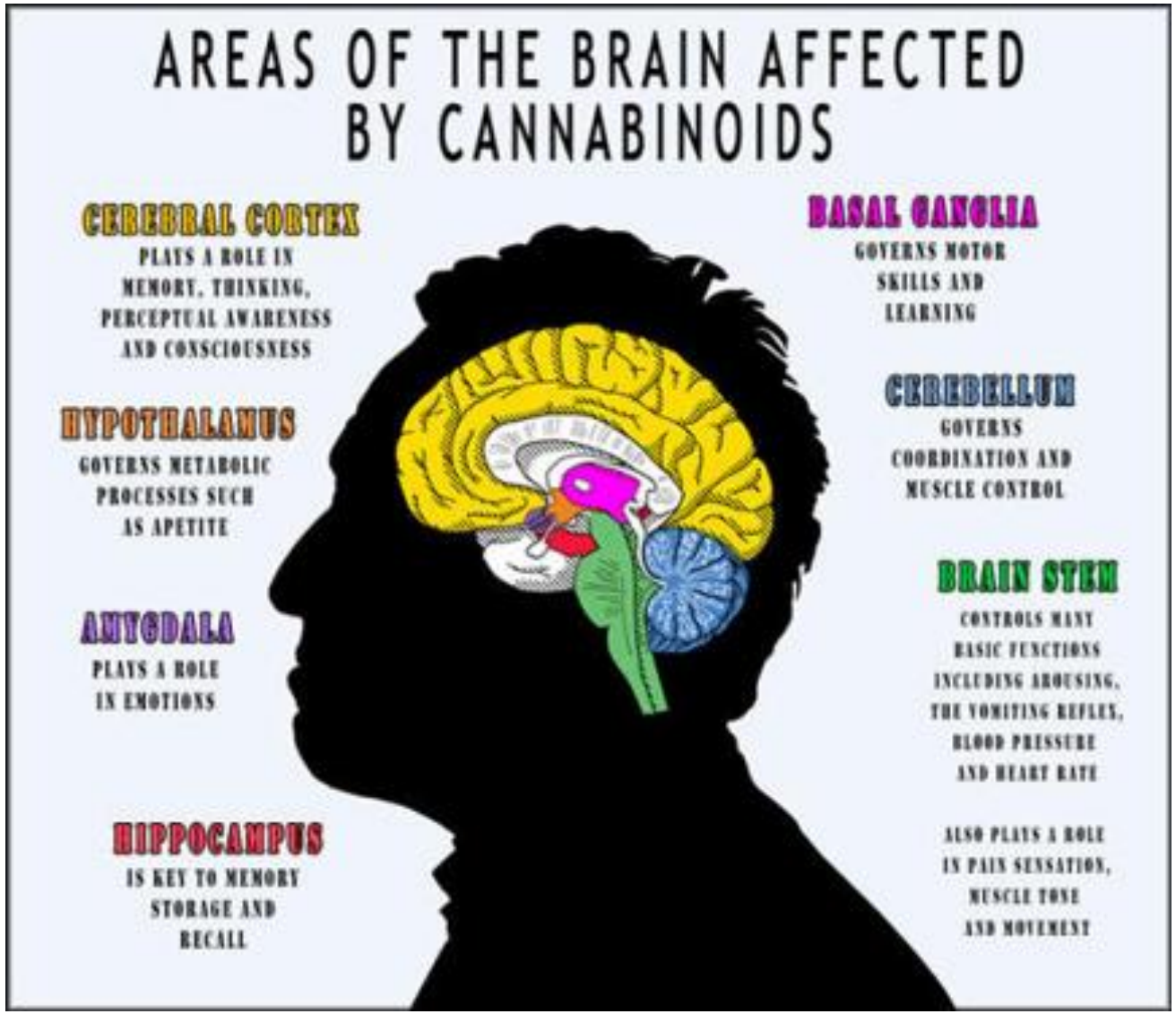
Percent of high school students who report they had at least 1 drink of alcohol on at least 1 day (during the 30 days before the survey)	Nevada	United States
Total	33%	33%
Male	28%	32%
Female	39%	34%

Percent of high school students who report they usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol, during the 30 days before the survey)	Nevada	United States
Total	36%	44%
Male	32%	40%
Female	38%	48%

percent of high school students who report they have ever used marijuana 1 or more times (lifetime)	Nevada	United States
Total	41%	39%
Male	39%	40%
Female	43%	37%

https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescents-and-substance-abuse/nevada/index.html

MARIJUANA USE



" Earlier use of marijuana that persists throughout adolescence is associated with greater burden on teens' ability to process new information and to 'stop and think' in the face of complex stimuli."
- Danielle Ramos, PhD Psychologist at University of California, San Francisco

Although marijuana has now been legalized in Nevada since 2016, it still has a major impact on brain development. For youth under the age of 21, it is illegal to use marijuana, and it remains the most abused illegal substance among youth according to the National Institute on Drug Abuse (NIDA). In 2016, nearly 35.6% of high school seniors were current marijuana users, and 6% used marijuana daily.

https://mmjdoctor.com/can-smoking-marijuana-every-day-cause-brain-damage/

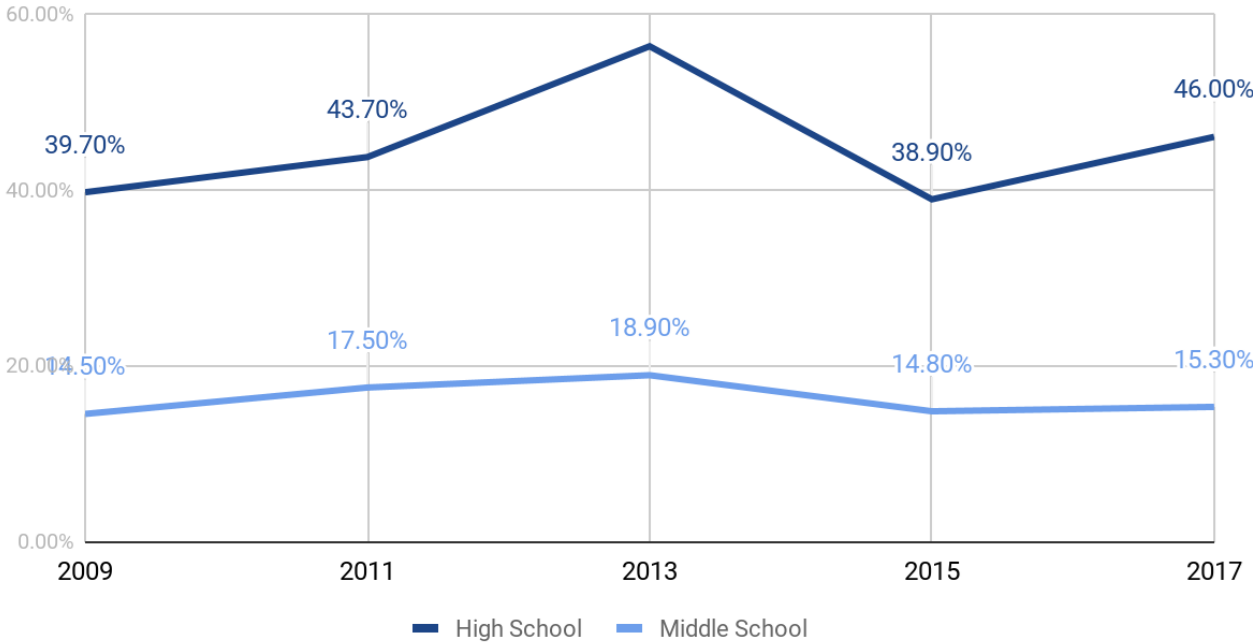
In Nevada, an annual average of about 16,000 adolescents aged 12–17 (7.4% of all adolescents) in 2015–2016 used marijuana in the past month. The annual average percentage in 2015–2016 was not significantly different from the annual average percentage in 2011–2012.

Drug	Time Period	Ages 12 or Older	Ages 12 to 17	Ages 18 to 25	Ages 26 or Older
Marijuana/ Hashish	Lifetime	44.00	14.80	51.80	46.20
	Past Year	13.90	12.00	33.00	11.00
	Past Month	8.90	6.50	20.80	7.20

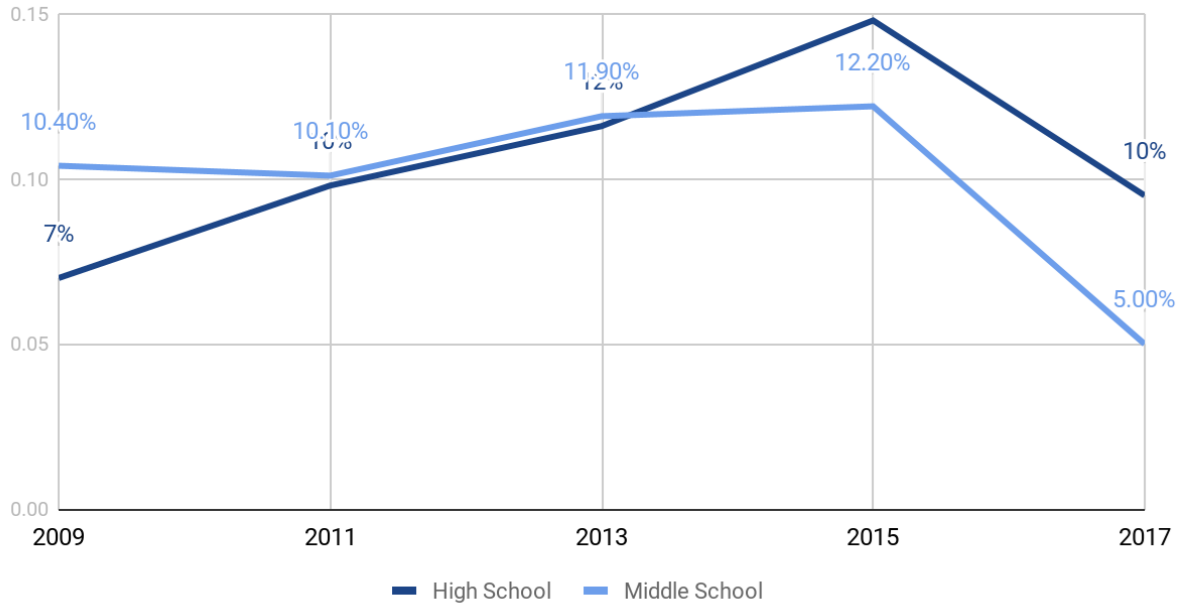
National Survey on Drug Use and Health: Trends in Prevalence of Marijuana/ Hashish for Ages 12 or Older, Ages 12 to 17, Ages 18 to 25, and Ages 26 or Older; 2016 (in percent)*

https://www.drugabuse.gov/drugs-abuse/marijuana

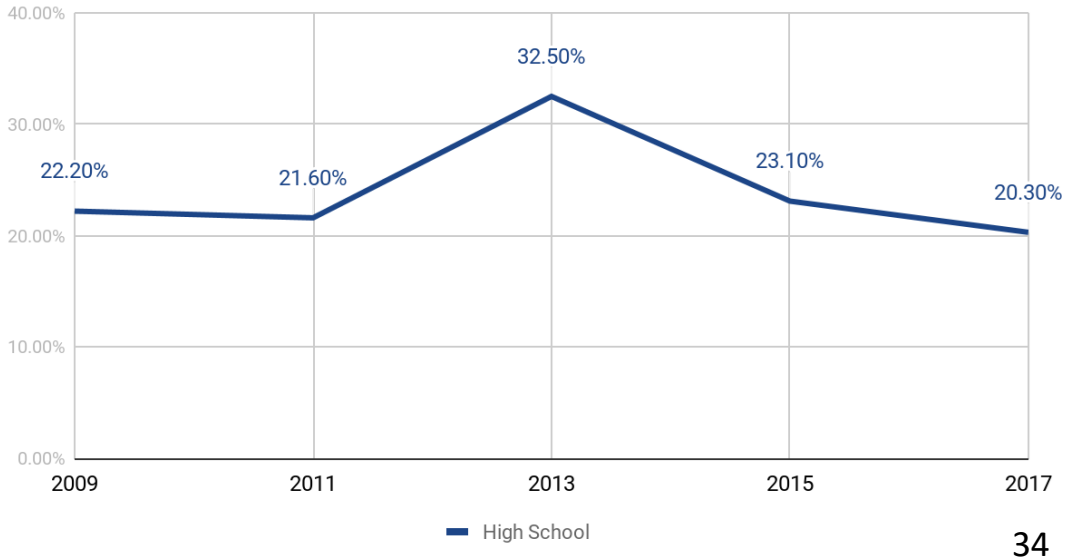
Ever used Marijuana



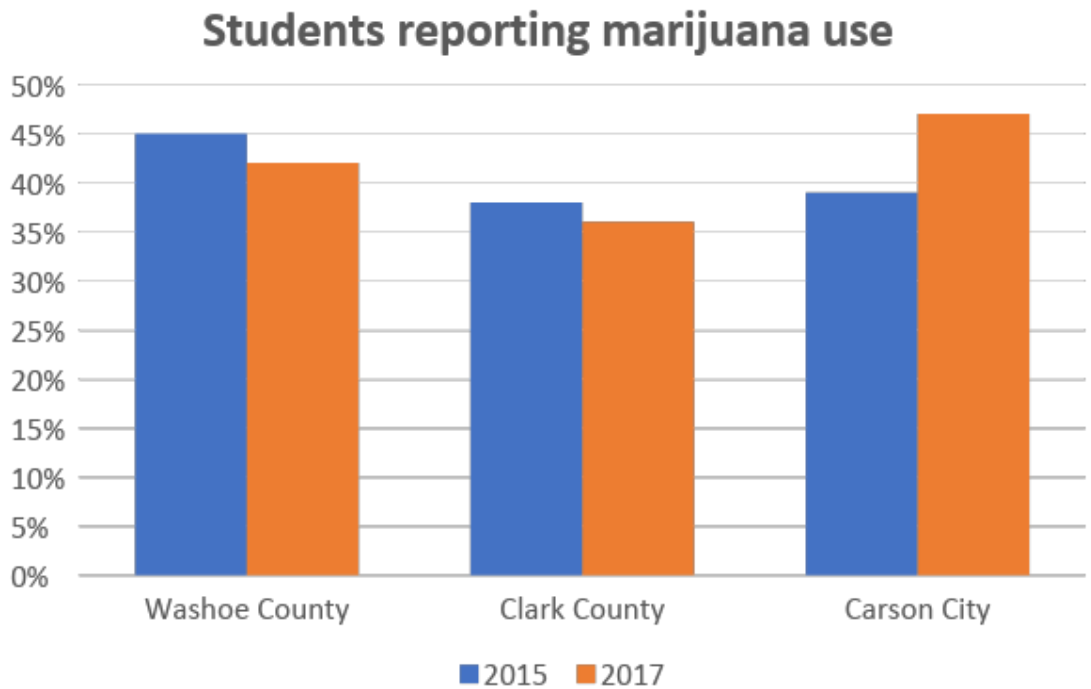
Used Marijuana for the first time before age 13



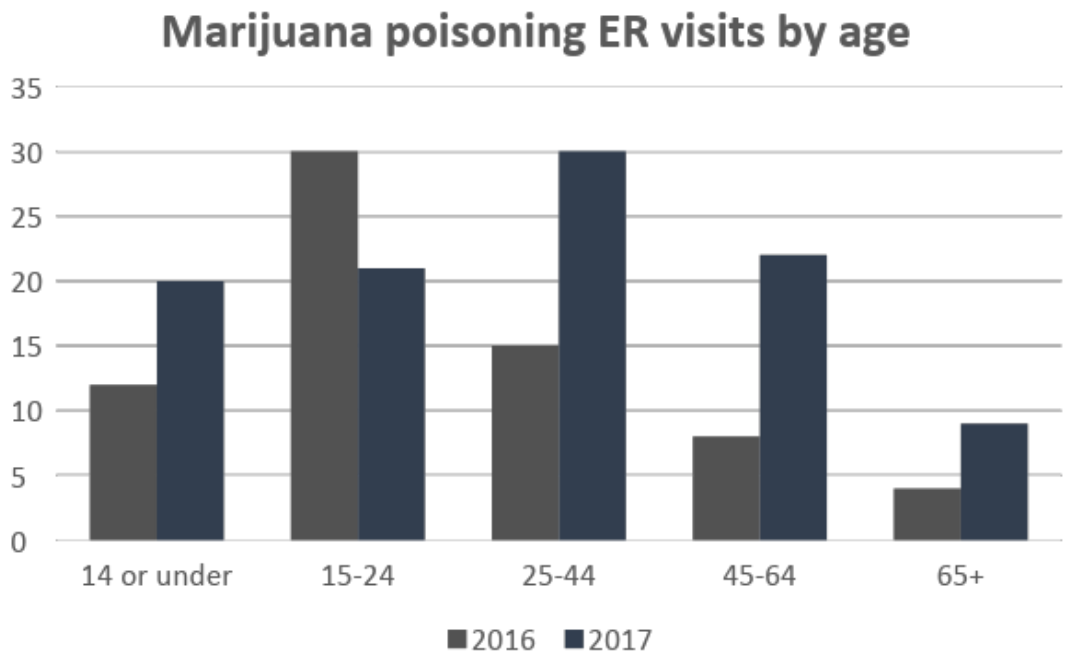
Used marijuana in past 30 days



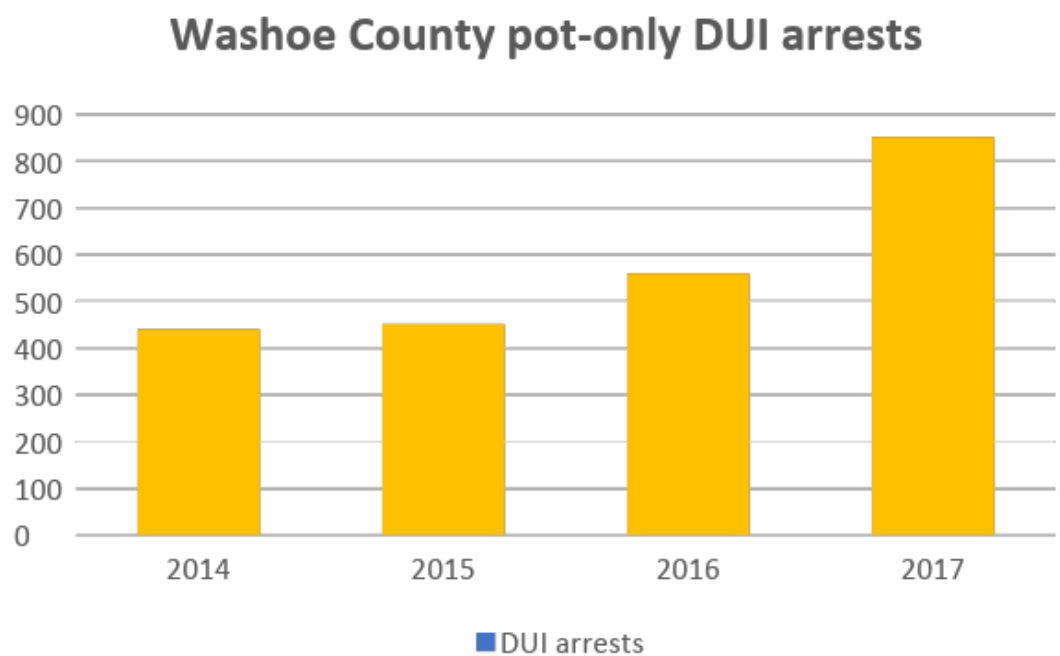
data source: Nevada Youth Risk Behavior Survey, 2009-2017



Source: Nevada Department of Health



Source: Nevada Department of Health



Source: Washoe County Sheriff's Office

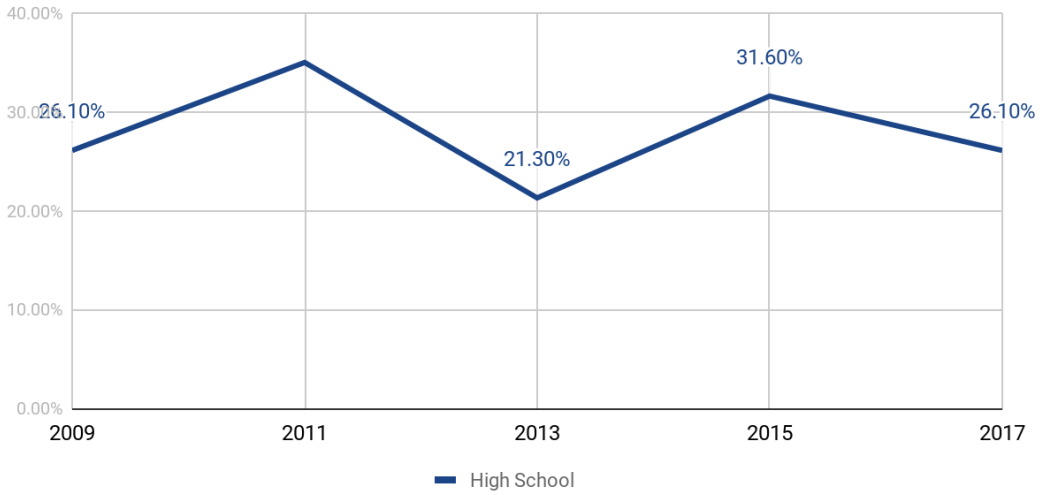
Nevada Medical Marijuana Registry Monthly Program Statistics – June 2018

Carson City	519
Churchill	195
Clark	11,621
Douglas	311
Elko	214
Esmeralda	7
Eureka	4
Humboldt	51
Lander	28
Lincoln	31
Lyon	476
Mineral	37
Nye	517
Pershing	20
Storey	10
Washoe	2,717
White Pine	53
18-20	356
21-24	503
25-34	2,250
35-44	2,869
45-54	3,113
55-64	4,088
65+	3,708

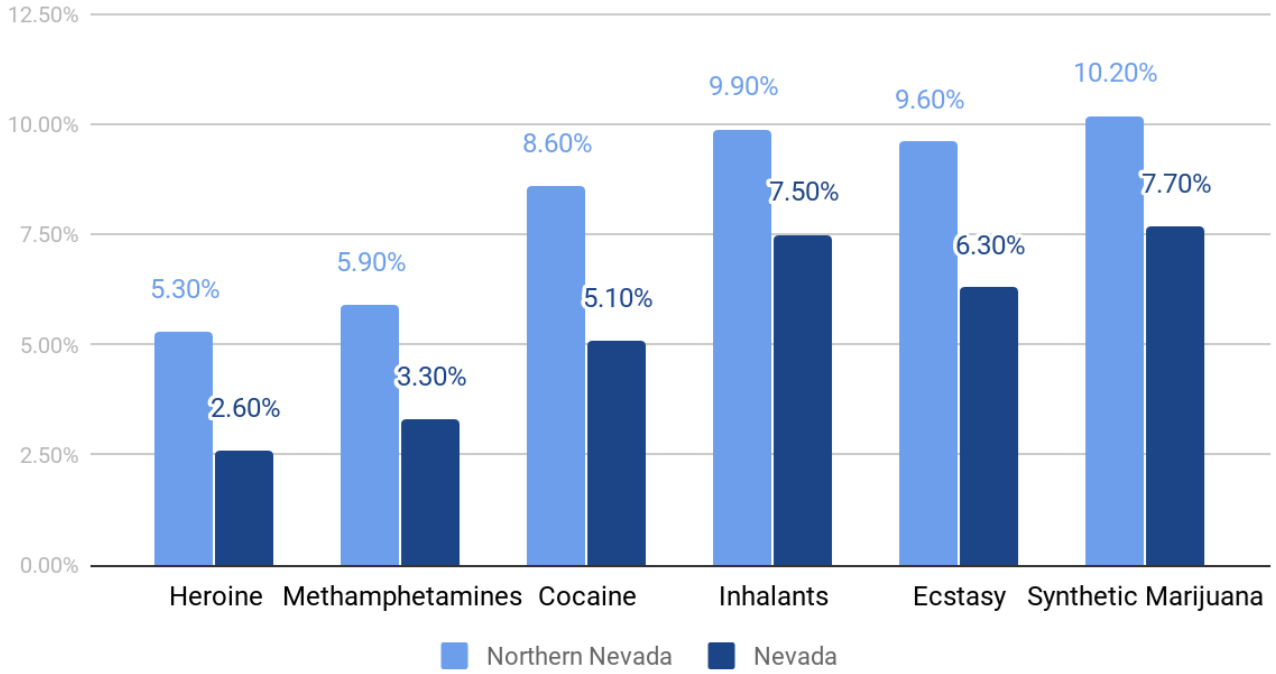
http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Reg/MM-Patient-Cardholder-Registry/dta/Monthly_Reports/MMR%20Monthly%20Statistics%20EOM%20June%202018.pdf

OTHER DRUG USE

Were offered, sold, or given illegal drugs on school property during the past 12 months



Lifetime Drug Use, Northern Nevada High School Students, 2017

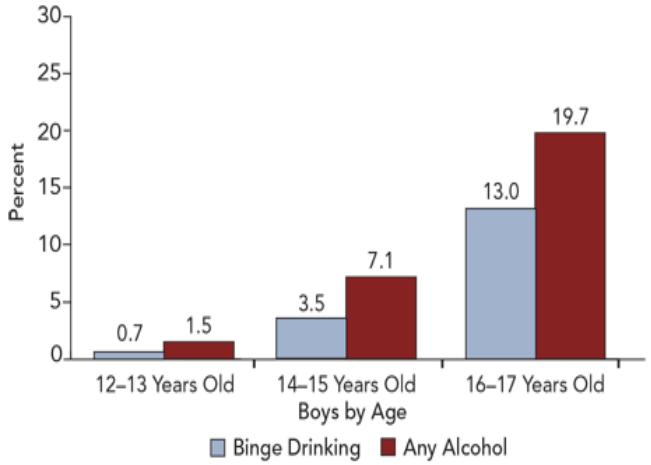


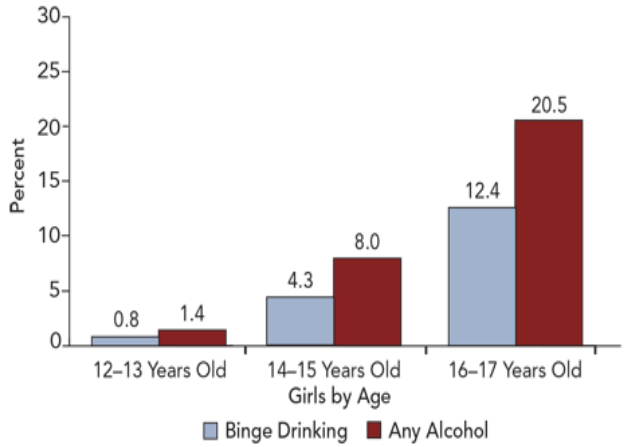
data sources: SAPTA Epidemiologic Profile, 2018; Nevada Youth Risk Behavior Survey 2017

Recent government data shows more than 23 million Americans suffer from addictions to alcohol or drugs. Substance abuse has cost the United States billions of dollars in the past several decades; the overall cost is in the $600 billion range, with more going to Medicare and Medicaid efforts. However, the emotional and mental costs of substance abuse are much higher and more difficult to measure. Each state has a unique substance abuse story, and its residents have been affected in similar, yet distinctive ways.

Nevada has one such unique substance abuse story. When most people think about drug and alcohol abuse in conjunction with Nevada, they might think about Las Vegas. Substance Abuse USA reports the entire state is in the throes of a drug and alcohol epidemic. Alcohol, methamphetamines and prescription pills are three of the most commonly abused substances.

According to the most recent data, Nevada ranks in the top ten states for drug and alcohol abuse; they rank third out of the top five in the percentage of residents dependent on illegal substances. Nevada is also the second in the country for non-medical use of hydrocodone and oxycodone. Per capita sales of oxycodone have increased 366% in the last 10 years, while sales of hydrocodone have increased 233%.



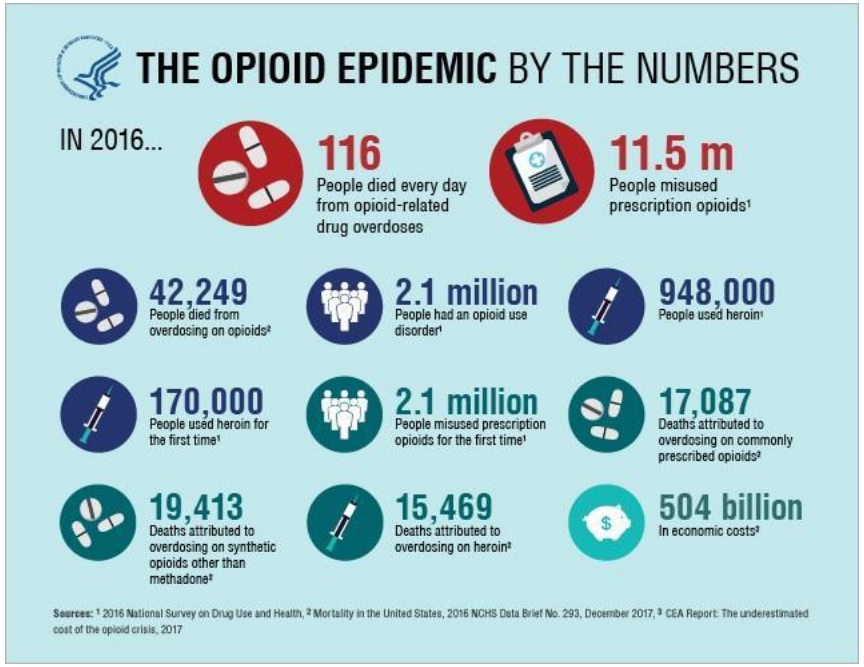


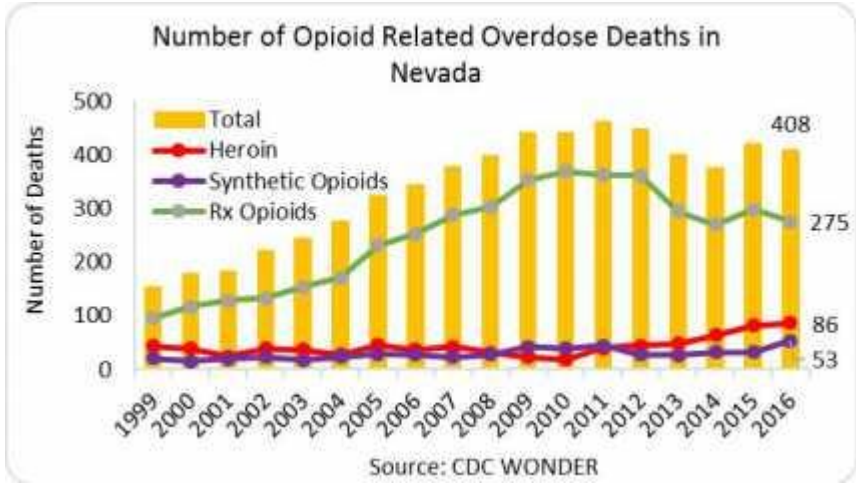
- By age 15, about 33 percent of teens have had at least 1 drink.[1]
- By age 18, about 60 percent of teens have had at least 1 drink.[1]
- In 2015, 7.7 million young people ages 12–20 reported that they drank alcohol beyond “just a few sips” in the past month.

Underage drinking statistics

https://pubs.niaaa.nih.gov/publications/UnderageDrinking/UnderageFact.htm

In 2016, there were 408 opioid-related overdose deaths in Nevada—a rate of 13.3 deaths per 100,000 persons and equal to the national rate. Nevada saw a decrease in overdose deaths from 2011 to 2014, followed by an uptick in 2015 that continued into 2016. From 2011 to 2016, the number of heroin-related deaths has doubled from 40 to 86 deaths, while deaths related to prescription opioids has been steadily decreasing from 362 to 275 deaths.





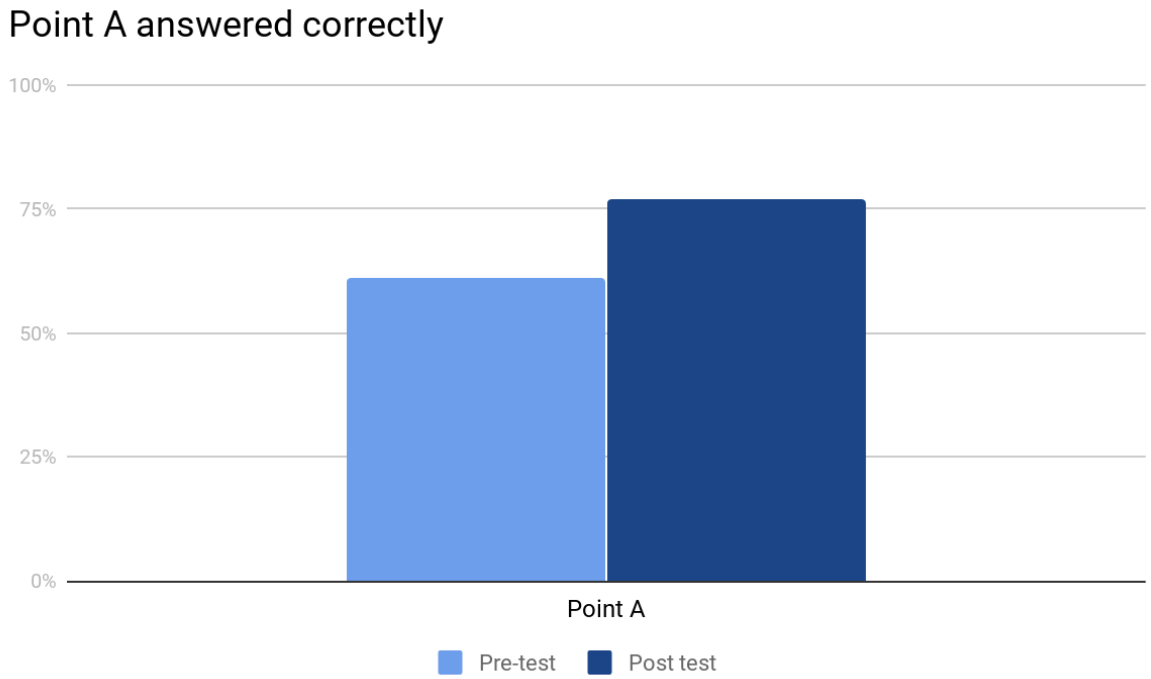
https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/nevada-opioid-summary

https://www.hhs.gov/opioids/about-the-epidemic/index.html

Naloxone: Overdose Training Test

31 Carson City adults ages 18-68+ participated in a training for use of Naloxone in treating someone with a drug overdose. The main points of the training were highlighted in the Pre and Post Tests. Point A (stated below) was known by 61% of participants during the Pre-test and rose to 77% in the post test after the training was given.

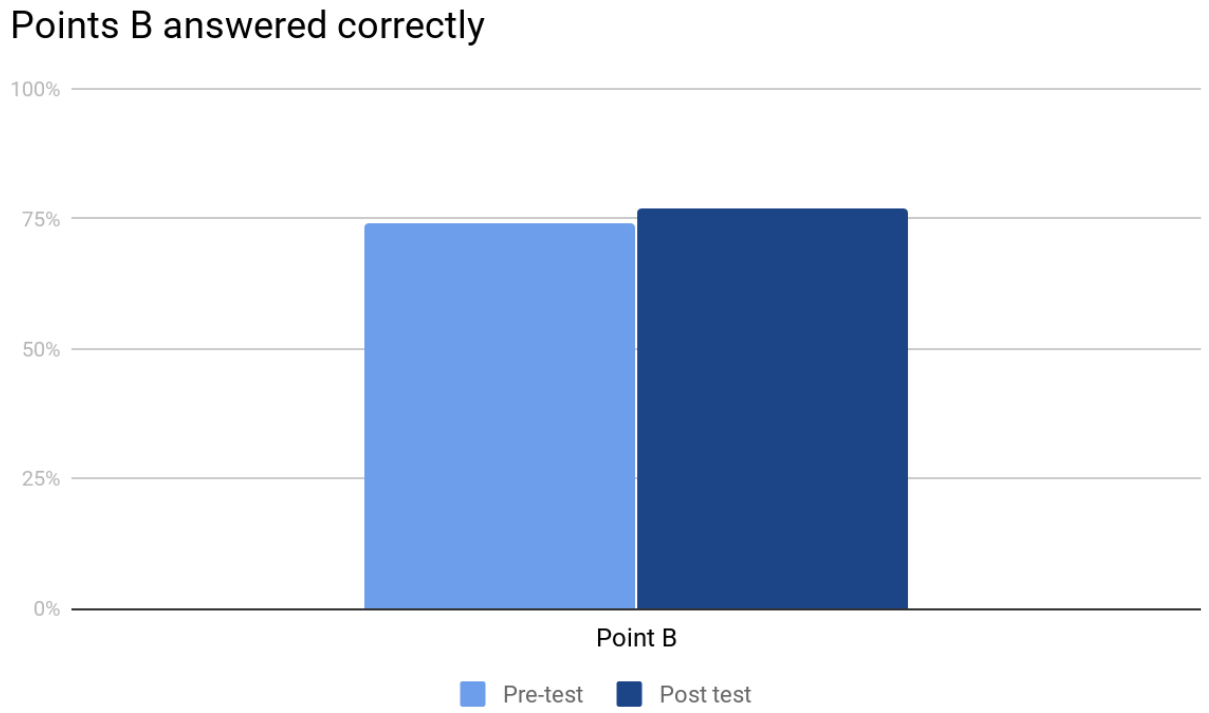
Naloxone is used for bringing someone back from a heroin overdose.



Point B (stated below) was known by 74% of participants during the pre-test and rose to 77% in the post test after the training was given.

B.

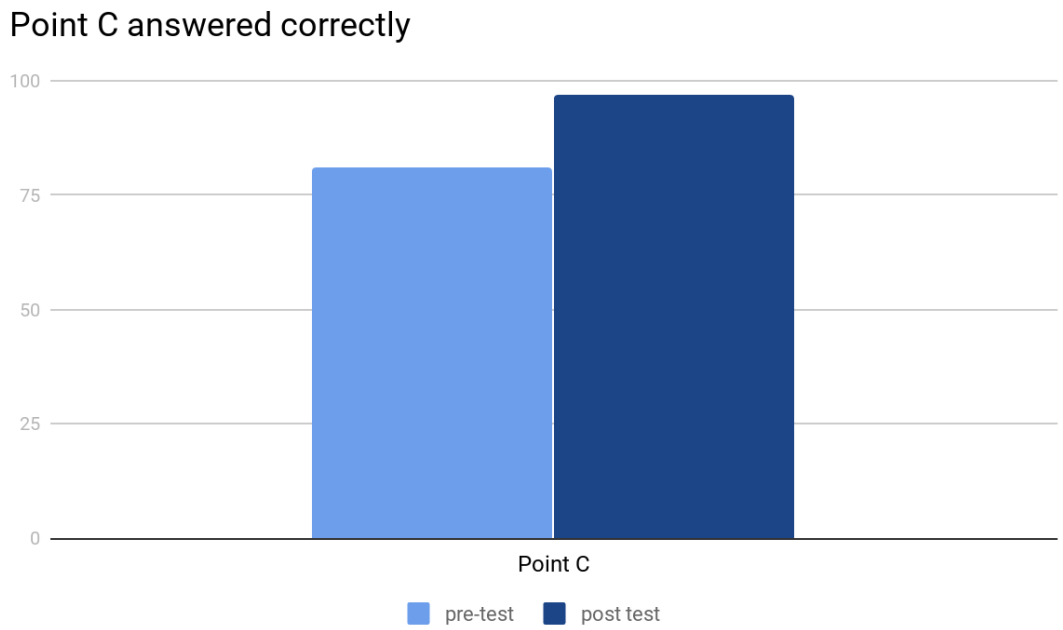
Your risk of overdose increases when you mix opiates with other downers, us after your tolerance has gone down, and use a stronger product than usual.



Point C (stated below) was known by 81% of participants during the pre-test and rose to 97% in the post test after the training was given.

C.

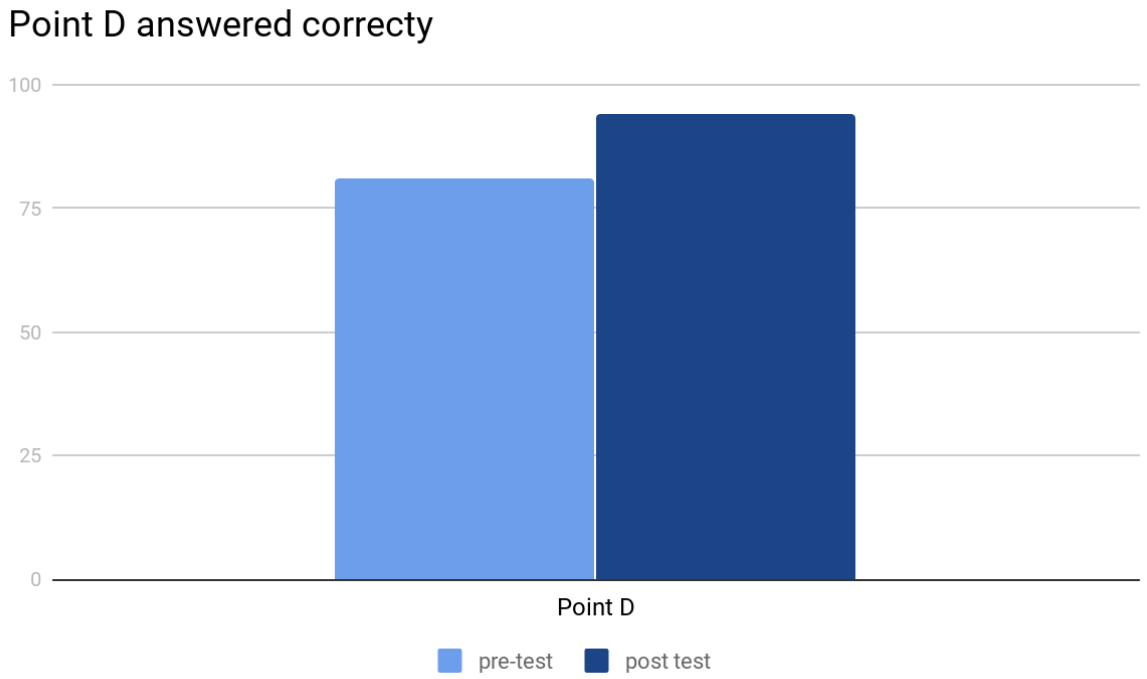
You can tell when someone is overdosing (not just really high) when they don't respond to loud calls, shaking their shoulder or grinding a fist hard into their sternum, their lips and nails look blue, and they emit a deep gurgling sound.



Point D (stated below) was known by 81% of participants during the pre-test and rose to 94% in the post test after the training was given.

D.

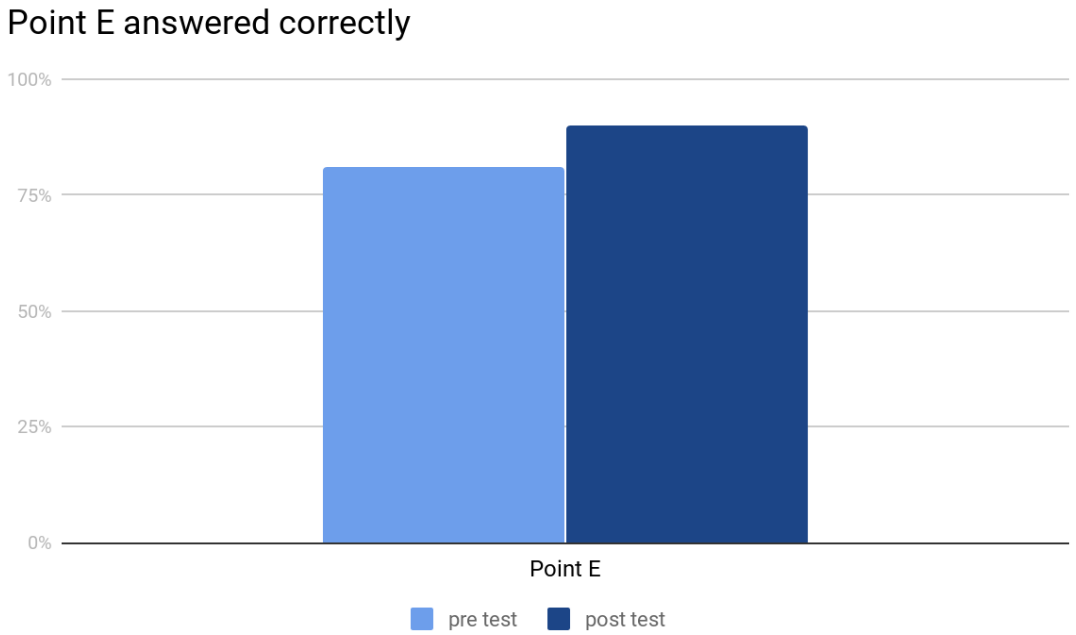
A good way to deal with someone who is overdosing is to do rescue breathing and call an ambulance.



Point E (stated below) was known by 81% of participants during the pre-test and rose to 90% in the post test after the training was given.

E.

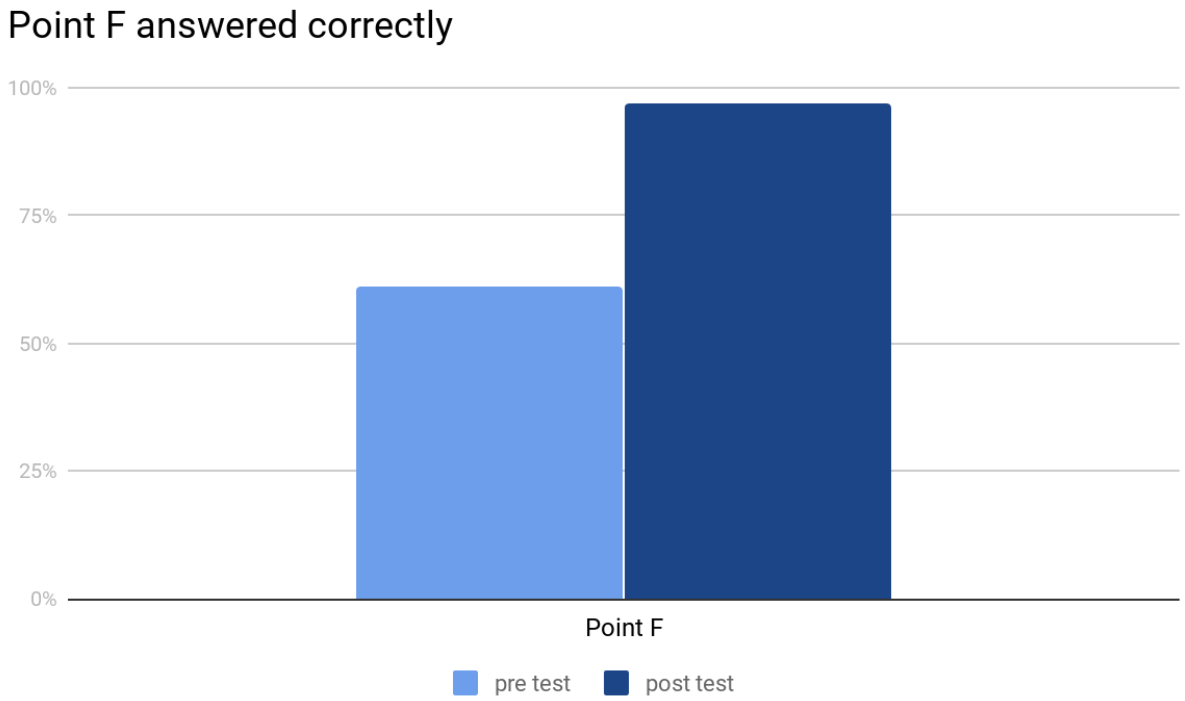
After you inject the Naloxone, it is important to continue rescue breathing until help arrives or the person revives, call an ambulance or make sure someone does, and stay with the person or make sure someone does.



Point F (stated below) was known by 61% of participants during the pre-test and rose to 97% in the post test after the training was given.

F.

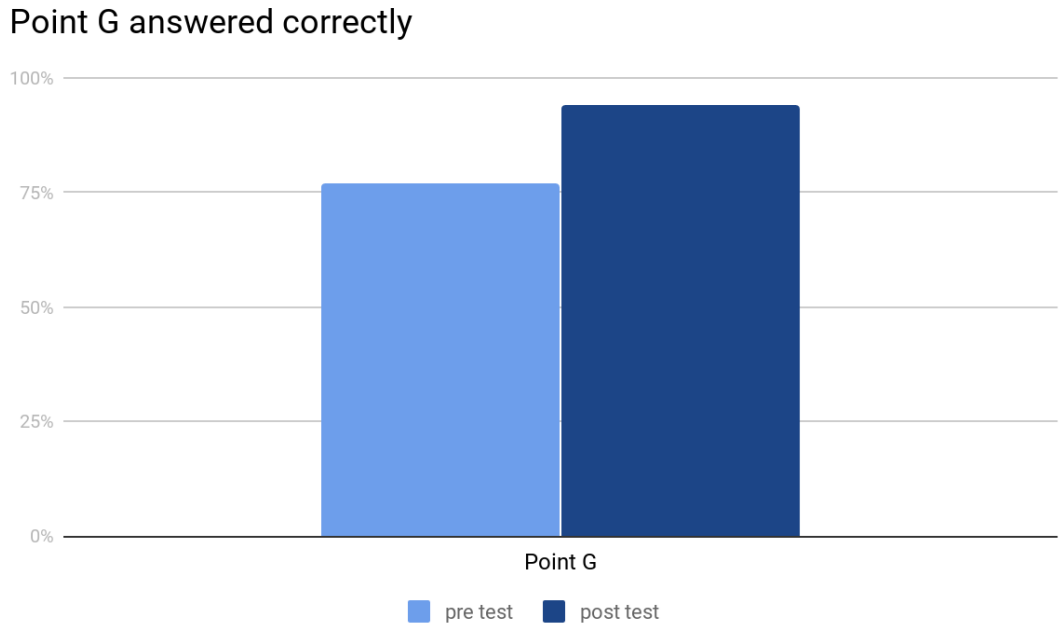
If the first dose of Naloxone doesn't work within 3 minutes, you can try another dose.



Point G (stated below) was known by 77% of participants during the pre-test and rose to 94% in the post test after the training was given.

G.

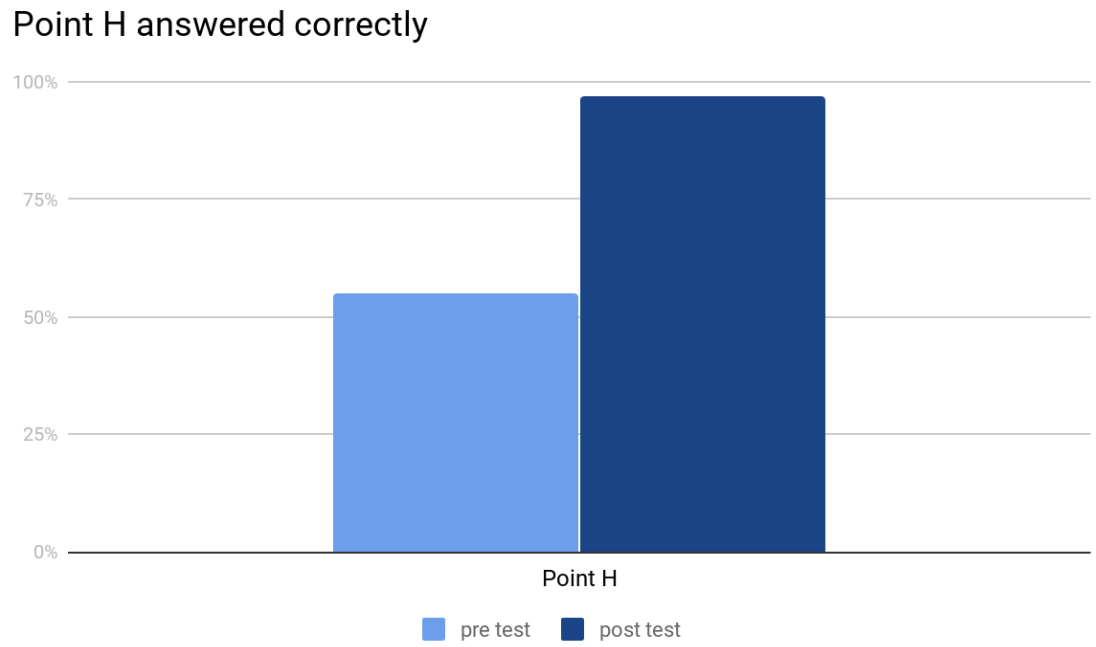
An overdose can outlast a dose of naloxone so after the person is revived someone needs to stay with them for at least an hour to make sure they don’t slip back into an overdose.

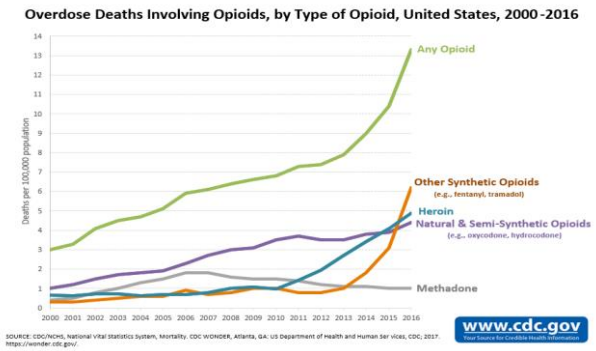


Point H (stated below) was known by 55% of participants during the pre-test and rose to 97% in the post test after the training was given.

H.

You cannot overdose on Naloxone.





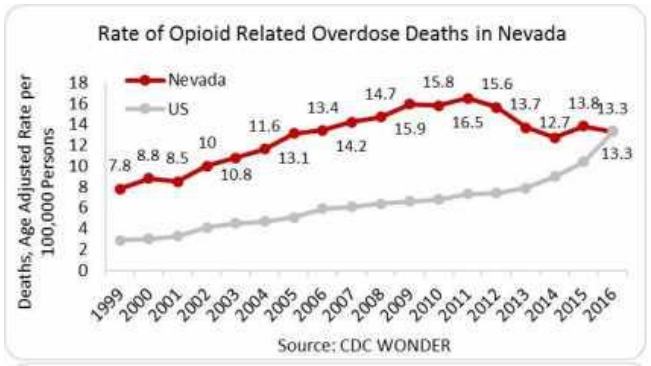


TABLE. Number and age-adjusted rates of drug overdose deaths,* by sex, age, race and Hispanic origin,† Census region, and state —United States, 2013 and 2014

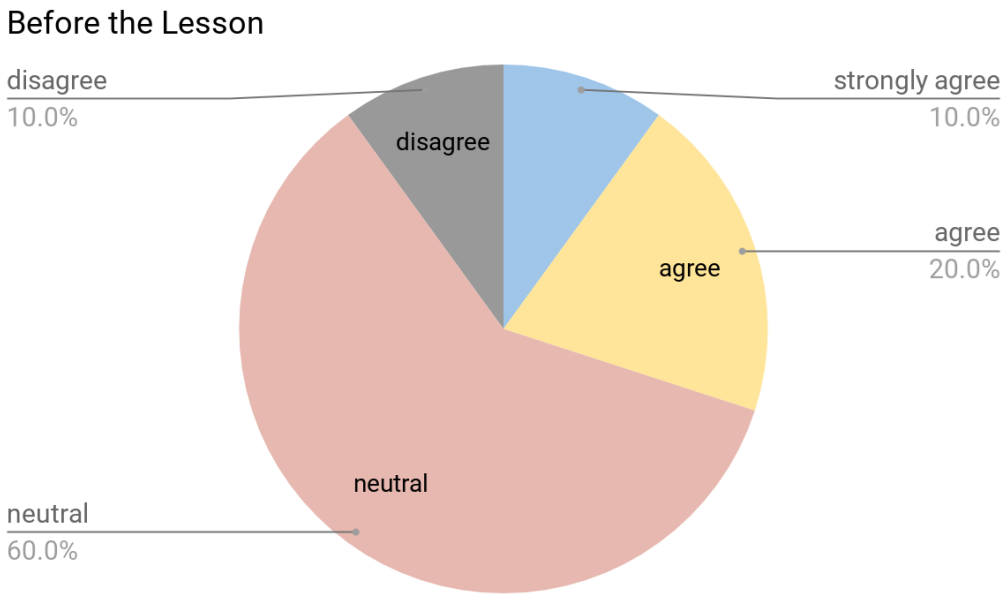
Decedent characteristic	2013		2014		% change from 2013 to 2014
	No.	Age-adjusted rate	No.	Age-adjusted rate	
All	**43,982**	**13.8**	**47,055**	**14.7**	**6.5§**
Sex					
Male	26,799	17.0	28,812	18.3	7.6§
Female	17,183	10.6	18,243	11.1	4.7§
Age group (yrs)					
0–14	105	0.2	109	0.2	0.0
15–24	3,664	8.3	3,798	8.6	3.6
25–34	8,947	20.9	10,055	23.1	10.5§
35–44	9,320	23.0	10,134	25.0	8.7§
45–54	12,045	27.5	12,263	28.2	2.5
55–64	7,551	19.2	8,122	20.3	5.7§
≥65	2,344	5.2	2,568	5.6	7.7§

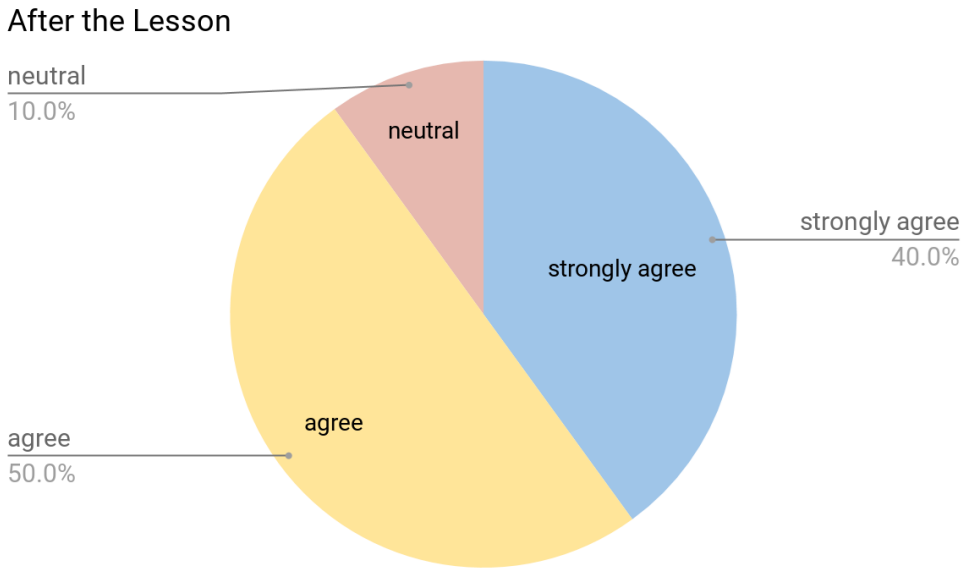
Place	Range Drug Overdose Mortality Rate
Carson City	20-21.9
Churchill	24-25.9
Clark	28-29.9
Douglas	22-23.9
Elko	12-13.9
Esmeralda	8-11.9
Eureka	20-21.9
Humboldt	12-13.9
Lander	26-27.9
Lincoln	30+
Lyon	18-19.9
Mineral	30+
Nye	30+
Pershing	18-19.9
Storey	28-29.9
Washoe	28-29.9
White Pine	30+

TABLE. Number and age-adjusted rates of drug overdose deaths,* by sex, age, race and Hispanic origin,† Census region, and state —United States, 2013 and 2014 Decedent characteristic 2013 2014 % change from 2013 to 2014 No. Age-adjusted rate No. Age-adjusted rate All 43,982 13.8 47,055 14.7 6.5§ Sex Male 26,799 17.0 28,812 18.3 7.6§ Female 17,183 10.6 18,243 11.1 4.7§ Age group (yrs) 0–14 105 0.2 109 0.2 0.0 15–24 3,664 8.3 3,798 8.6 3.6 25–34 8,947 20.9 10,055 23.1 10.5§ 35–44 9,320 23.0 10,134 25.0 8.7§ 45–54 12,045 27.5 12,263 28.2 2.5 55–64 7,551 19.2 8,122 20.3 5.7§ ≥65 2,344 5.2 2,568 5.6 7.7§ https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/nevada-opioid-summary

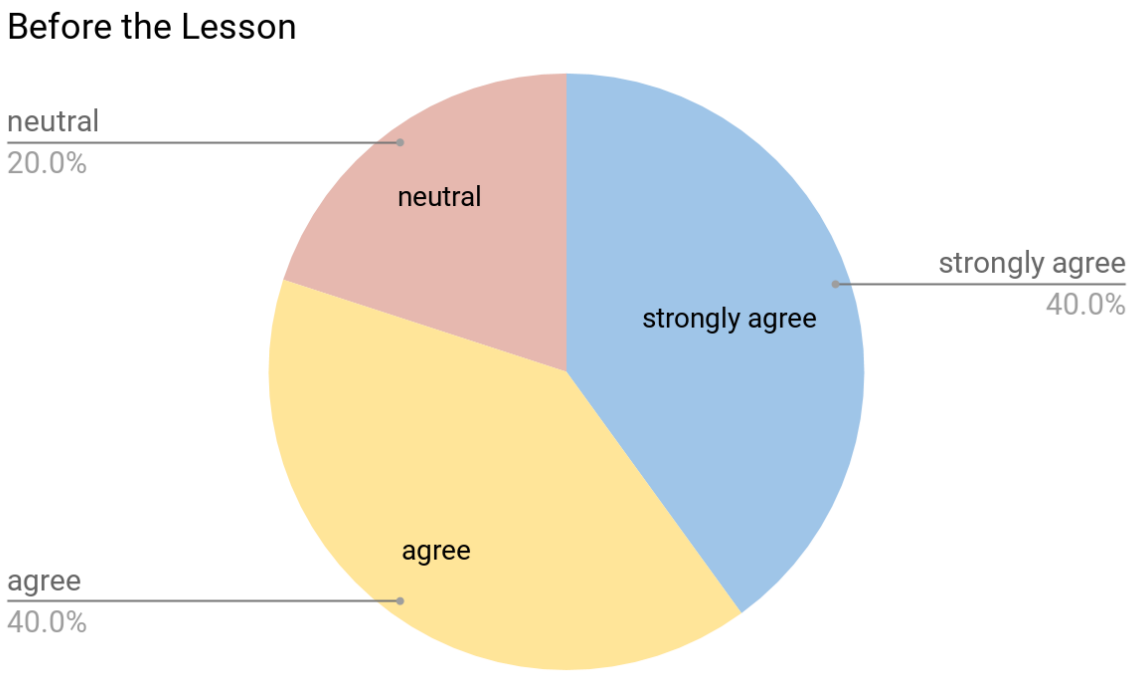
This is (Not) about drugs

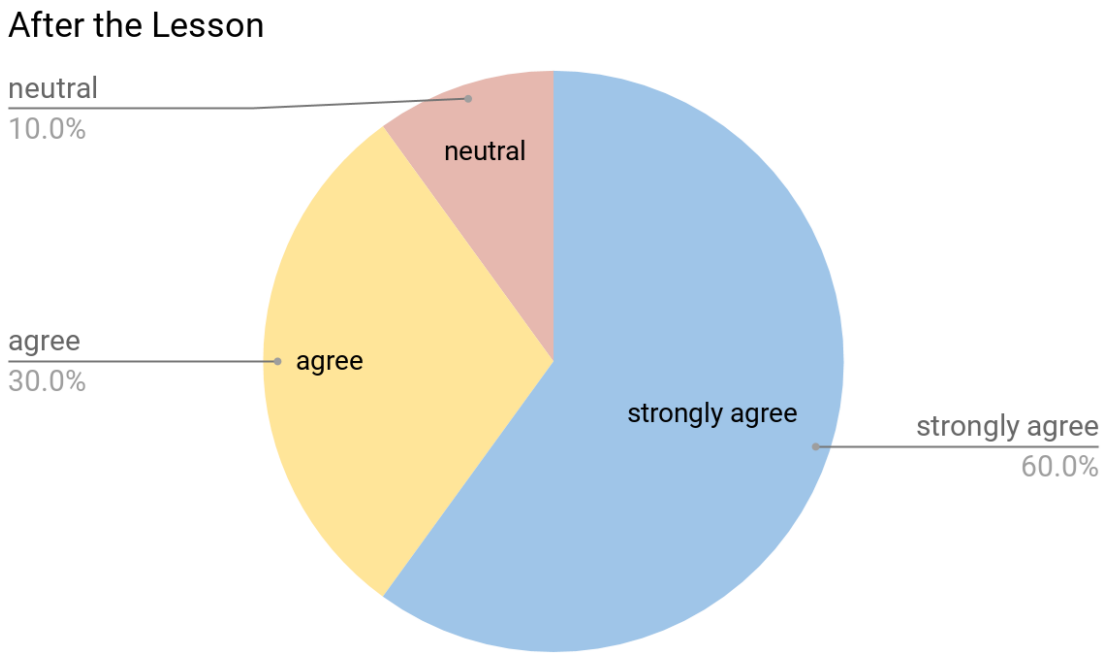
Overdose Lifeline, Inc. 2015



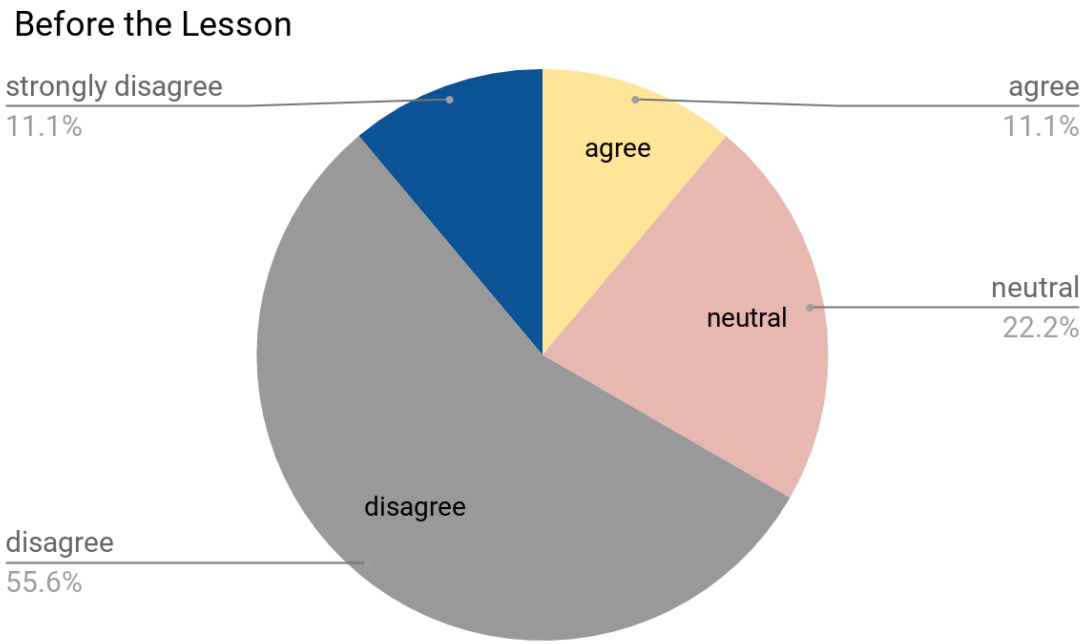


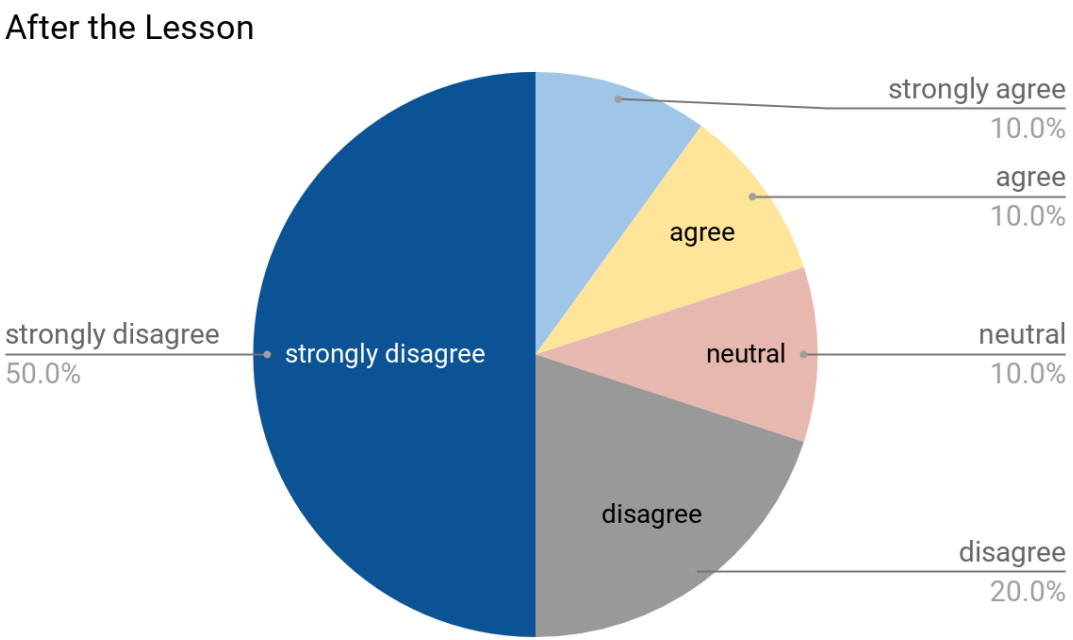
Participants (ages 14-16 yrs. old) were asked how strongly they agreed/disagreed with this statement: Prescription pain pills such as Hydrocodone and Oxycodone are the SAME TYPE of drug as heroin.





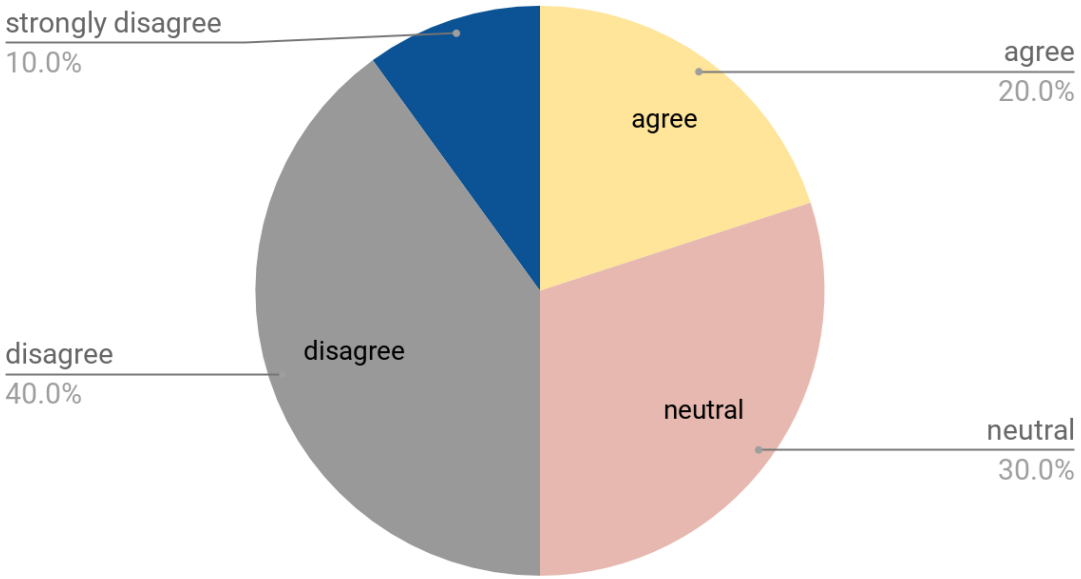
Participants were asked how strongly they agreed/disagreed with this statement: Using prescription pain pills not prescribed to you is AS RISKY as using heroin.



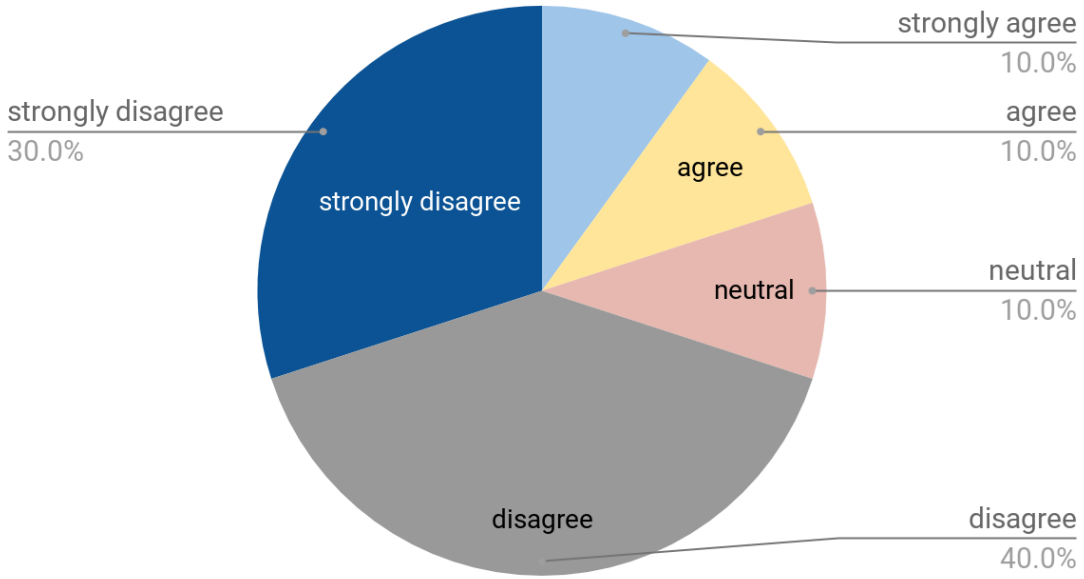


Participants were asked how strongly they agreed/disagreed with this statement: Overdose ONLY happens with heavy drug use.

Before the Lesson

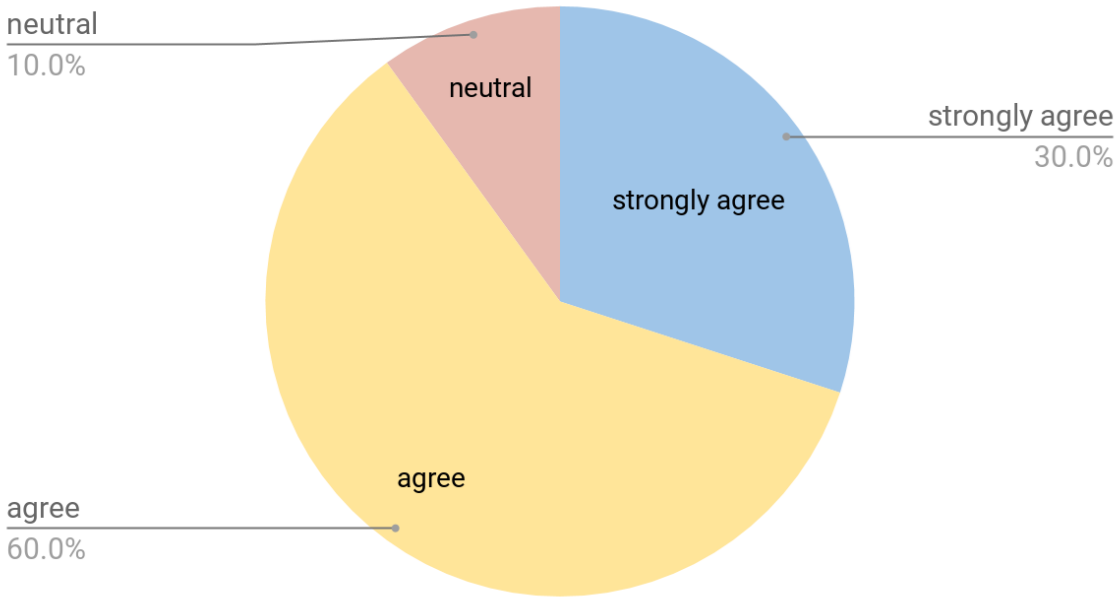


After the Lesson

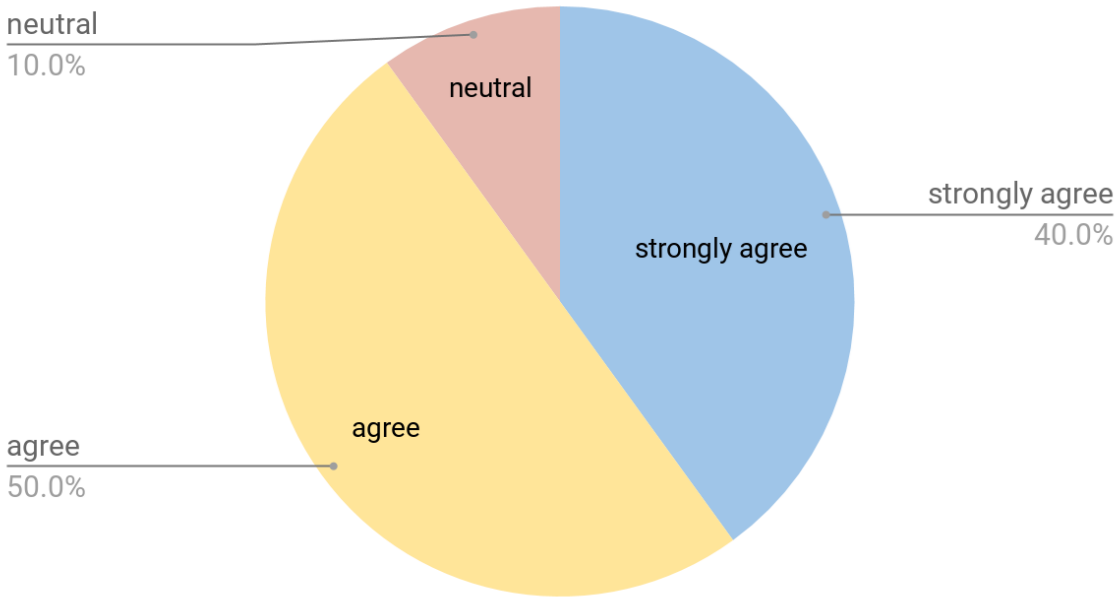


Participants were asked how strongly they agreed/disagreed with this statement: I WOULD NOT be able to recognize if someone was having an overdose.

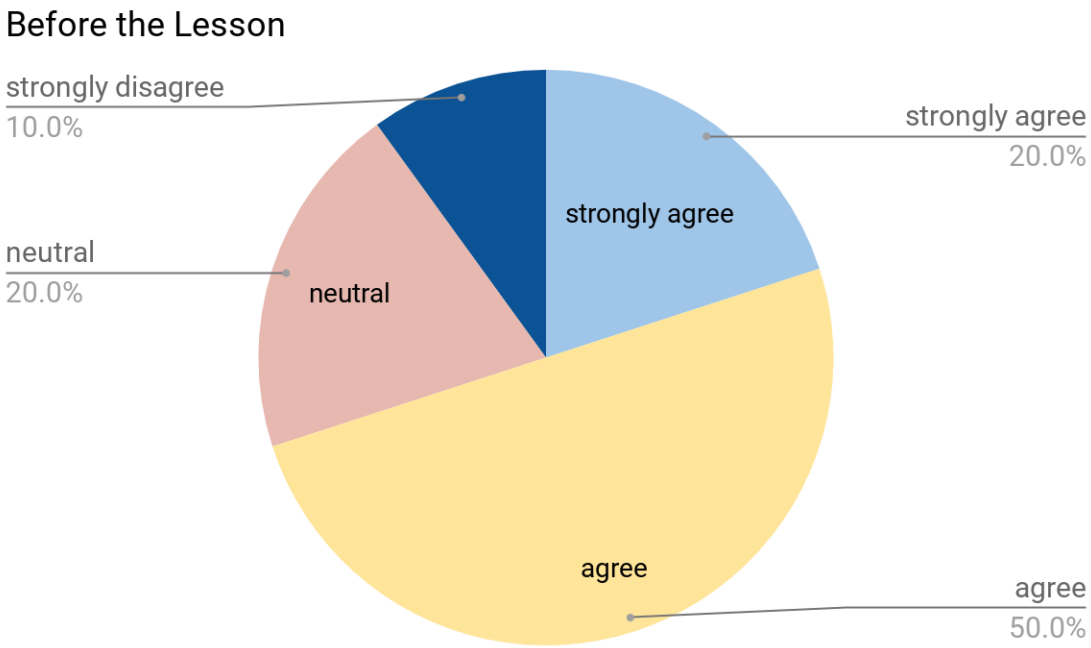
Before the Lesson

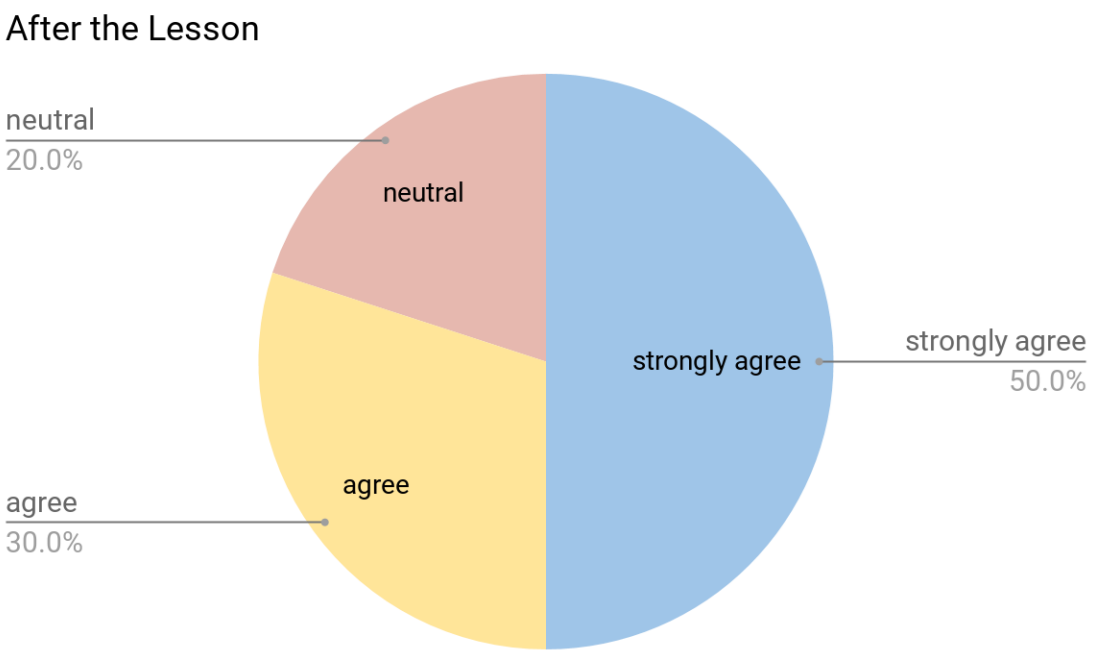


After the Lesson



Participants were asked how strongly they agreed/disagreed with this statement: The younger someone starts drinking alcohol or using drugs INCREASES the risk of addiction or alcoholism.





Participants were asked how strongly they agreed/disagreed with this statement: Drinking alcohol, using marijuana or other drugs INCREASES the likelihood that someone would use heroin.

Top 5 substances by admissions to Nevada substance abuse treatment facilities in Carson City, 2017

Rank	Drug	Percent
1	amphetamines/methamphetamines	32.9%
2	Alcohol	28%
3	Heroin	18.8%
4	Marijuana/Hashish	12.8%
5	Other Opiates/ Synthetic Opiates	4.7%

At 32.9% of patients receiving treatment for this particular drug, methamphetamines continues to be the substance most abused in Carson City. Compared to Douglas County where alcohol has the highest percentage of substance by admissions to treatment facilities in the area, meth is second on their list with a percentage of 23%.

data source: Behavioral Health Summary: Partnership of Community Resources and Carson City, 2017

Methamphetamines

National Survey on Drug Use and Health: Trends in Prevalence of Methamphetamine for Ages 12 or Older, Ages 12 to 17, Ages 18 to 25, and Ages 26 or Older; 2016 (in percent)*

Drug	Time Period	Ages 12 or Older	Ages 12 to 17	Ages 18 to 25	Ages 26 or Older
Methamphetamine	Lifetime	5.40	0.30	2.40	6.50
	Past Year	0.50	0.10	0.80	0.50
	Past Month	0.20	0.00	0.20	0.30

Monitoring the Future Study: Trends in Prevalence of Methamphetamine for 8th Graders, 10th Graders, and 12th Graders; 2017 (in percent)*

Drug	Time Period	8th Graders	10th Graders	12th Graders
Methamphetamine	Lifetime	0.70	0.90	1.10
	Past Year	0.50	0.40	0.60
	Past Month	0.20	0.20	0.30

"What we're saying is we're going to declare a war on meth." - Karl Neathammer, Chief Mediator for Performance Mediation

https://www.drugabuse.gov/drugs-abuse/methamphetamine
https://drugabuse.com/library/methamphetamine-history-and-statistics/

Carson City: Major Hub for Methamphetamine Trafficking

"What we're finding out is major drug runners from trafficking organizations are calling Carson City one of the major hubs. We're seeing that a majority of the time we investigate outside the county we're ending up in Carson City. 80% of the investigations we do end up here and it seems like it's been that way for quite some time."

- Detective Sgt. Mitch Pier,
Department of Public Safety's Tri-Net Drug Task Force

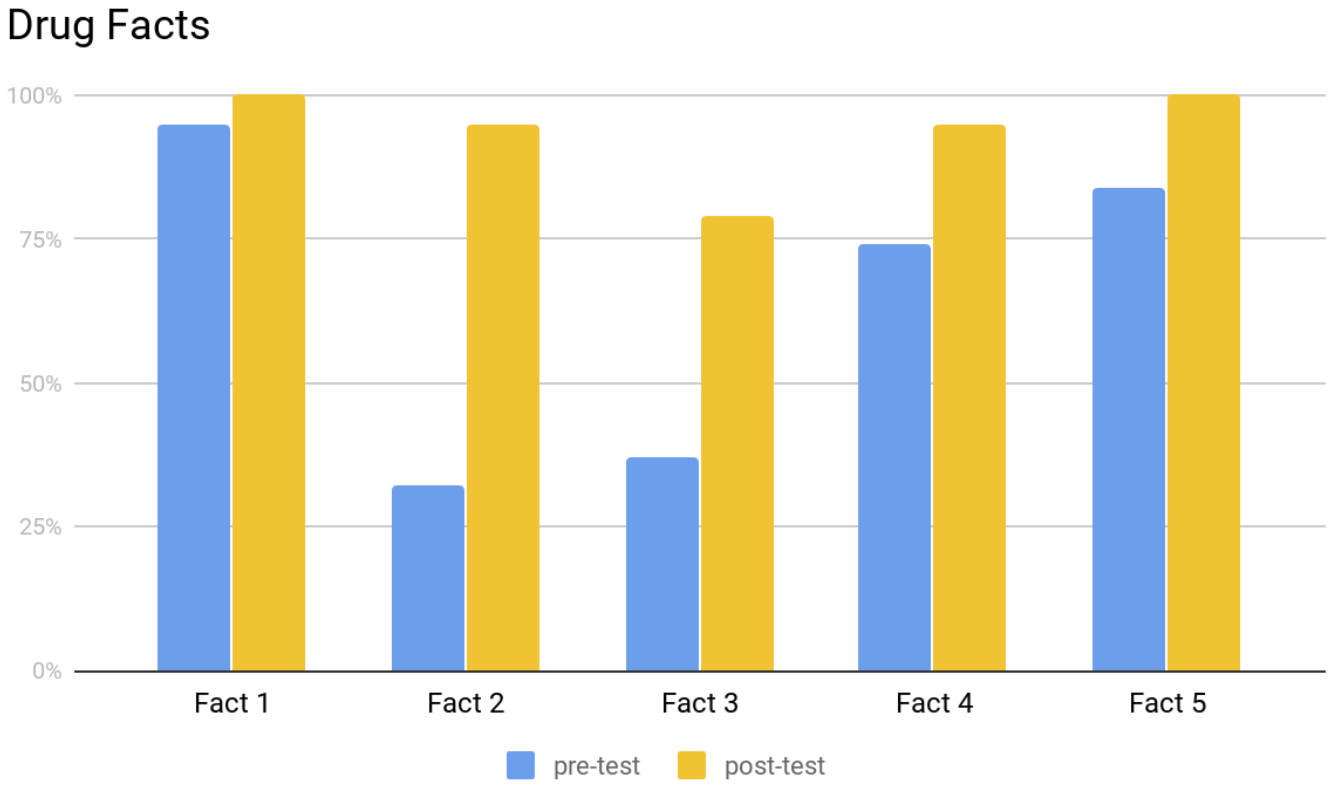
Youth Trends Program: Nevada Statewide Coalition Partnership and AmeriCorps Partners of Prevention

A pre test and post test were administered to residents of Carson City ages 13-60+ including what they knew of 5 facts about drug information as follows:

1. Energy drinks are stimulants and alcohol is a depressant.
2. AlcoPops are sweetened alcoholic beverages.
3. Designer Drugs are drugs that have been created to get around pre-existing drug laws.
4. Spice is a synthetic cannabinoid.
5. Molly is another name for ecstasy.

TEST RESULT COMPARISON

All participants of the Youth Trends Program took the pre-test. Not a single participant was able to answer all 5 of the facts (previously shown) correctly. After the program, all participants took the post test. 79% of all participants answered all 5 of the facts correctly. The most common missed question was about fact 3. The graph shows the pre-test results of each question (percent of participants who answered correctly) as well as the post test results.

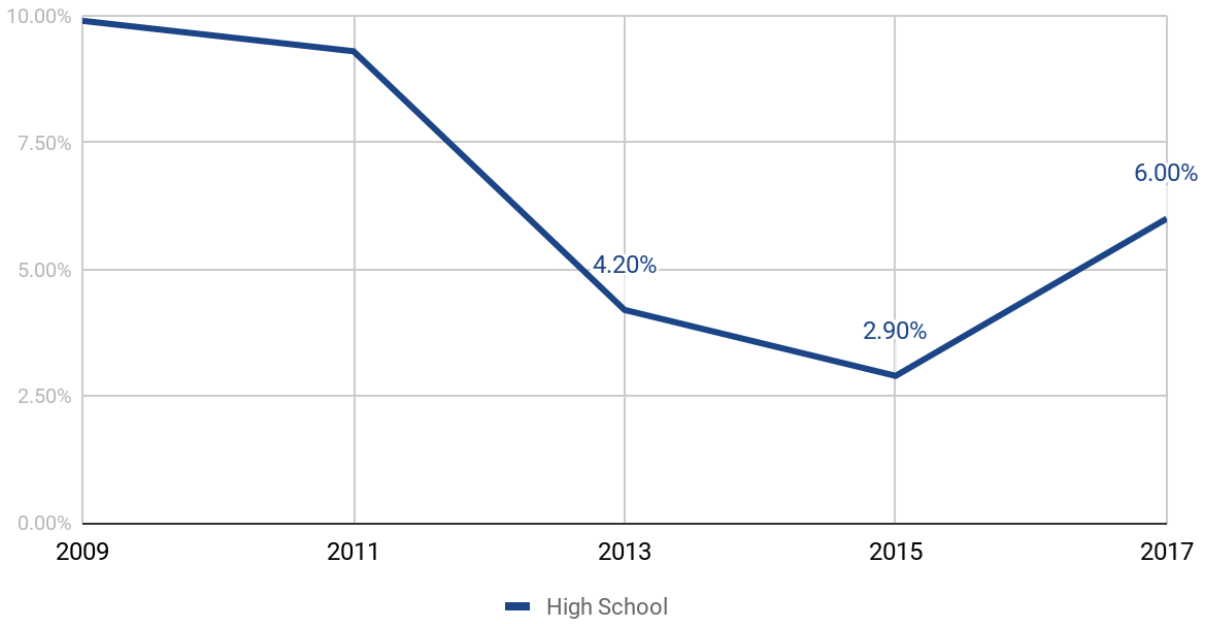


Discussion

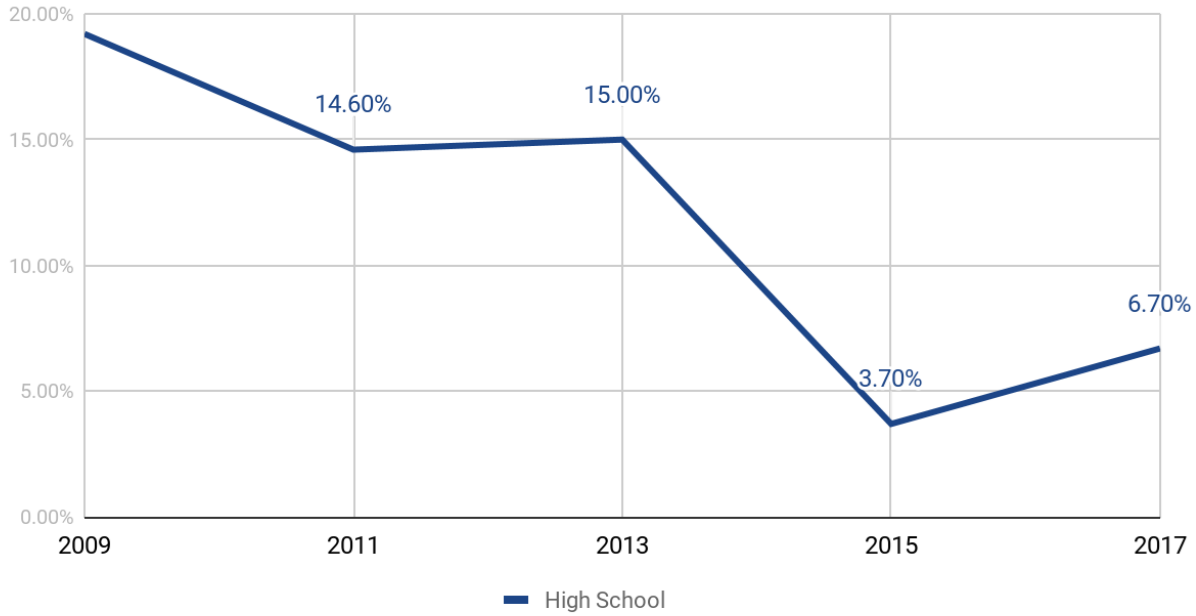
From the results of the Pre and Post test, the Youth Trends Program proves to be a beneficial way of raising awareness of different types of drugs and what people call them. The majority of participants were between the ages of 30 and 55 with an ethnicity of either caucasian or hispanic/latino. Because of the similarity of the participant majority to Carson City demographic majority, the results of this program would be able to be replicable to the area.

VIOLENCE AND SAFETY

Were in a physical fight on school property in the past 12 months



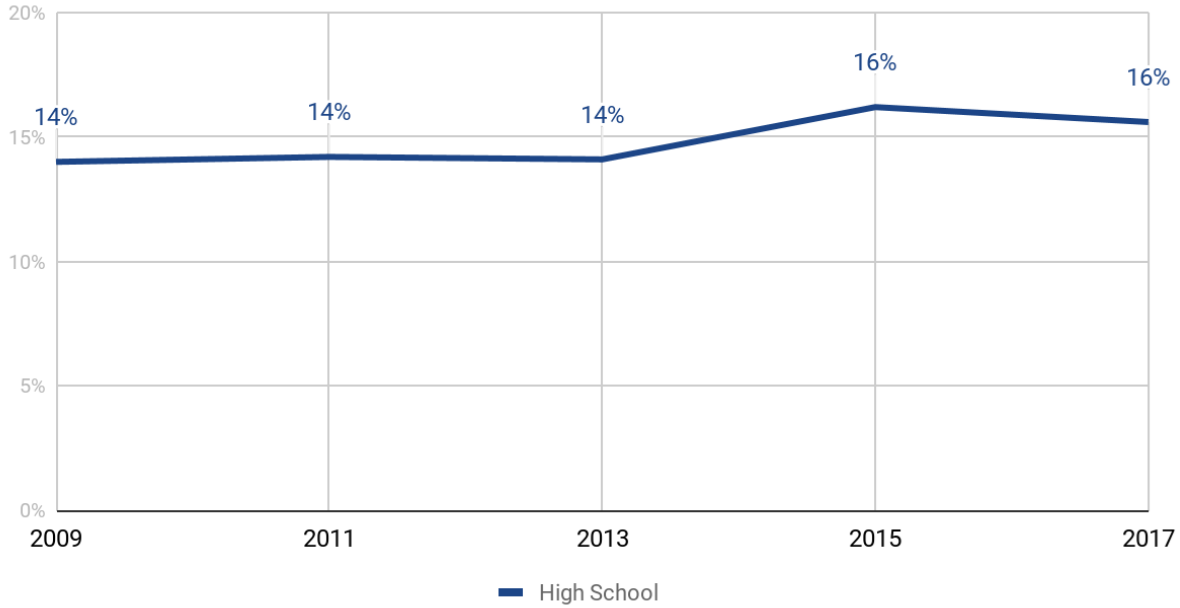
Carried a weapon on 1 or more of the past 30 days



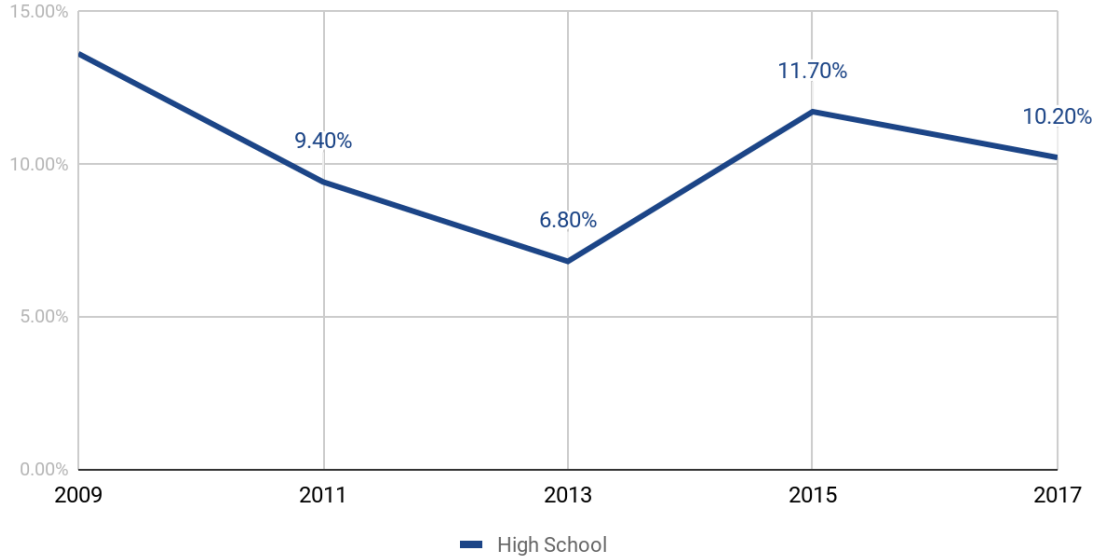
SafeVoice: SafeVoice was established in 2018 by the Nevada Department of Education to protect student well-being, prevent violence, and save lives. Students, parents, and faculty can report suspicions or concerns by texting a tip to 833.216.SAFE or online at safevoiceNV.org. The report and the reporter remain confidential and anonymous.

source: Nevada Youth Behavior Report; Carson City School District

Made a plan about how they would attempt suicide in past 12 months



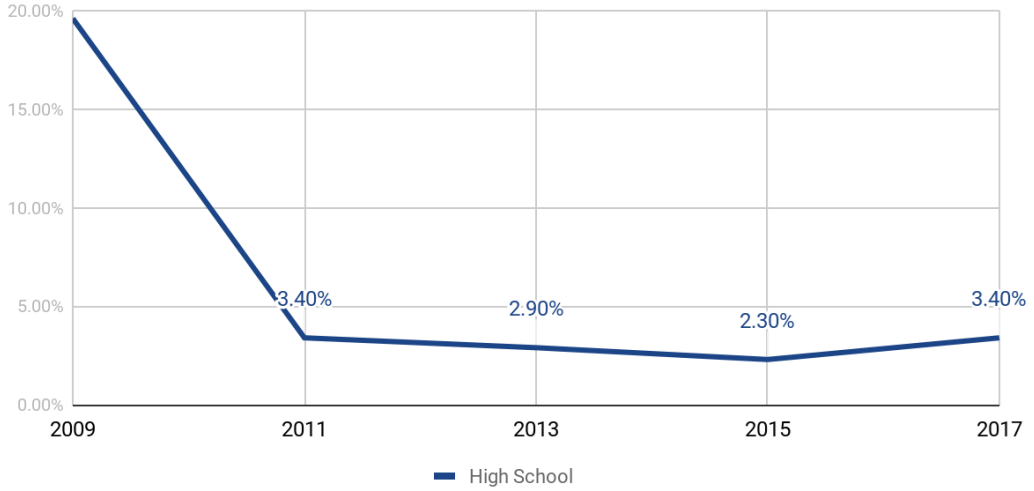
Actually attempted suicide in past 12 months



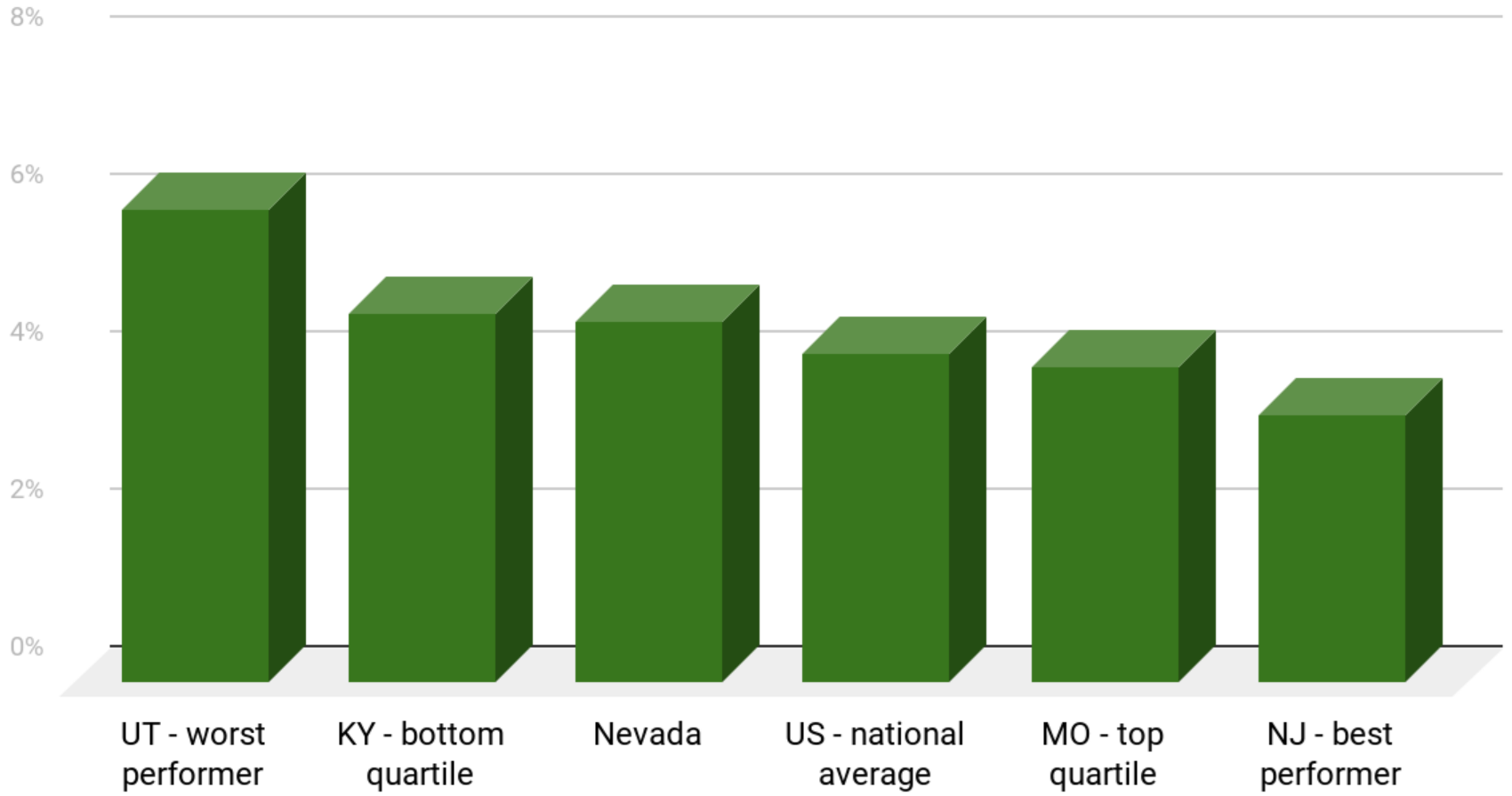
Although suicide attempts have made a major decline in recent years, the idea of suicide has been at a constant in high school students in Northern Nevada from 2009 to the present. Recognizing the signs of suicide ideation in oneself and also receiving treatment for depression through medication or different forms of therapy is proven to be the best method of prevention for suicidal behaviors. PCC collaborates with the Nevada State Office of Suicide Prevention to educate and raise awareness of the signs of suicide. They also create strategies for prevention to share which includes connecting at risk individuals to available resources.

source: Nevada Youth Risk Behavior Survey 2009-2017

Of those who attempted suicide in the past 12 months, attempts resulted in injury, poisoning or overdose requiring treatment by doctor



Serious Thoughts of Suicide in the Past Year



Nevada has a percentage of 4.6% of reported persons that have serious thought of suicide which is just above the national average for suicide ideation and just below the beginning of the bottom quartile for the US states, Kentucky being the first in that quartile. New Jersey has the least amount of people with serious thoughts of suicide in 2017 which is 3.4% of its population.

data source: nvmedicalcenter.org/nevada-healthcare-statistics/mental-health/

Mental Health

Percent of adolescents ages 12-17 who report they had at least one major depressive episode (during the 12 months before the survey)	Nevada	United States
Total	12%	11%

Percent of high school students who report they felt sad or hopeless (during the 12 months before the survey)	Nevada	United States
Total	33%	30%
Male	22%	20%
Female	44%	40%

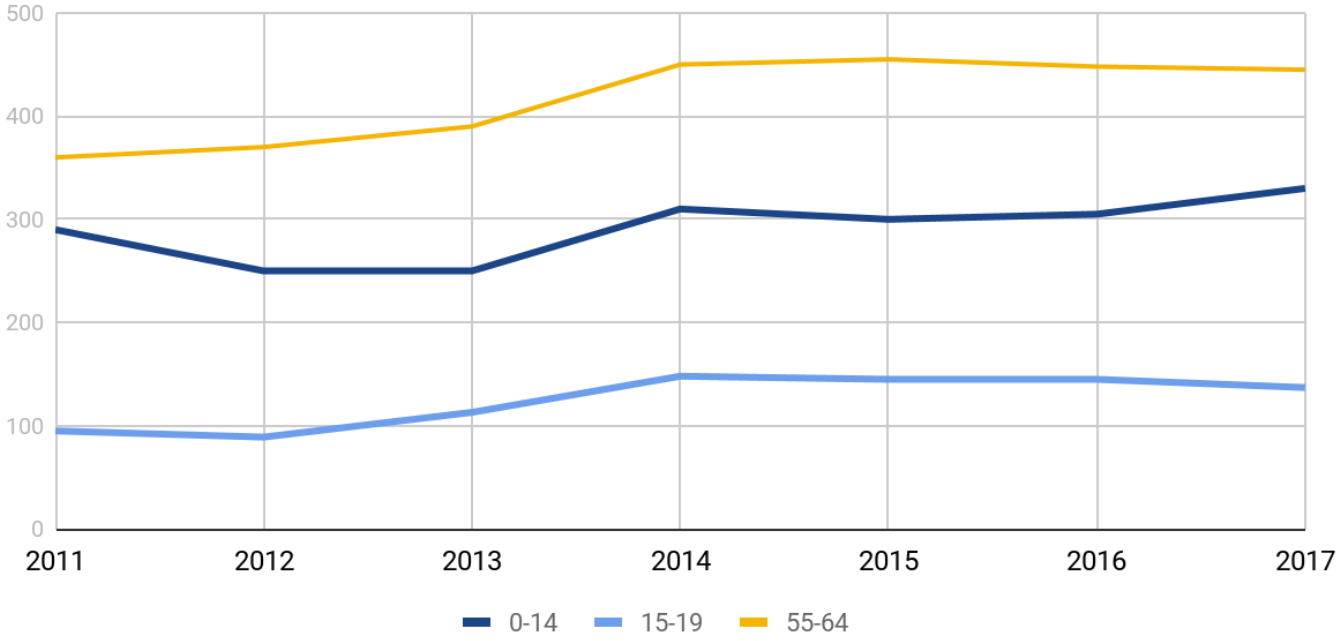
Percent of high school students who report they attempted suicide one or more times (during the 12 months before the survey)	Nevada	United States
Total	11%	9%
Male	8%	6%
Female	13%	12%

Percent of high school students who report they attempted suicide one or more times (during the 12 months before the survey)	Nevada	United States
Total	11%	9%
Male	8%	6%
Female	13%	12%

Percent of high school students who report they seriously considered attempting suicide (during the 12 months before the survey)	Nevada	United States
Total	17%	18%
Male	11%	12%
Female	24%	23%

https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/nevada/index.html

State mental health clinics utilization by age group, Northern Nevada Residents



There appears to be a slow rise in mental health clinic utilization across Northern Nevada among all ages. Not all age groups are shown in the graph above, but ages 55-64 had the highest amount of utilization numbers in 2017 than any other age group. The top mental health clinic services in Northern Nevada appear to have an average of between 300-450 patients served in the last 6 years

Top Mental Health Clinic Services by Number of Patients Served in Northern Nevada, 2011-2017

	2011	2012	2013	2014	2015	2016	2017
Carson Med Clinic	376	410	349	344	455	428	453
Carson Outpatient counselling	472	443	483	544	507	395	451
Carson Outpatient Screening	145	94	16	45	235	278	324
Fallon Outpatient Counselling	244	235	188	254	184	263	279
Fallon Med Clinic	199	199	158	165	165	238	274
Fernley Med Clinic	90	107	130	138	178	223	264
Douglas Med Clinic	269	269	269	261	300	283	253
Douglas Outpatient Counselling	379	376	343	317	303	286	224

source: Substance Abuse Prevention and Treatment Agency 2018 Epidemiologic Profile

Nevada Average Teen Birth Rate

Teen Birth Rate: *Number of births to teenage females between the ages of 15 and 19, per 1,000 teenage females*

Years	Carson City	Nevada	Significant Factors
2014-2016	39.6	25.3	Among the 17 counties, Mineral County and Carson City had the highest rates, 41.5 and 39.6, respectively. Esmeralda county had a teen birth rate of zero.
2011-2013	34	31.5	The average teen birth rat3e ranged from 0 in Esmeralda County to 45.5 in Humboldt County. Eureka, LIncoln, and Storey Counties' average teen birth rates were considered not meaningful due to low number of births from each county. Calculated rates based on very small numbers are not statistically reliable. As such, rates for counties with fewer than 10 births for the three year period are not recorded.
2010-2012	37.8	34.7	Among the 13 counties for which statistically reliable teen birth rates could be calculated, Humboldt and Pershing had the highest rates, 55.8 and 47.4, respectively. Esmeralda had a teen birth rate of zero. Rates are not shown for the two counties that had fewer than 10 births.
2009-2011	42.7	40.4	The average teen birth rate ranged from 0 in Esmeralda COunty to 57 in Humboldt County. Eureka, Lincoln, and Storey countie's averaged teen birth rates were considered not meaningful due to low number births for each county. Rates for counties with fewer than 10 births for the three year period are not reported.

data source: Nevada KIDS COUNT Data Books, 2009-2017

CAPACITY BUILDING - find out what the community needs to address the identified problems

Capacity involves the mobilization of resources within a geographic area. As has been previously shown, the needs of the community have been assessed which brings us to this second step of the Strategic Prevention Framework. A key aspect of identify community capacity to deal with substance abuse issues in Carson City is bringing together key agencies, individuals, and organizations to plan and implement appropriate and sustainable prevention efforts in the community. PCC creates partnerships that address and strengthen community readiness, cultural competence, and leadership capacity. The following committees and task forces play a significant role in achieving the mission of PCC.

Partnership Carson City Steering Committee - Mayor Bob Crowell, Chair: The PCC Executive Board and staff are guided by a Steering Committee formed in April 2005 to cope with the growing methamphetamine and drug related issues. In January of 2007, the Steering Committee expanded their emphasis to include all illegal drug and alcohol activity, and gang prevention. Chaired by the Mayor, the membership includes the Sheriff, District Attorney, Municipal Court Judge, Director of the Chamber of Commerce, Director of the Community Counseling Center, Director of th Nevada Press Association, Chief of Juvenile Probation, School Superintendent, Publisher of the Nevada Appeal, and Chief of Alternative Sentencing. The responsibilities of the Steering Committee are threefold:

1. Review the available community assessment data to identify priority concerns with the mission of PCC.
2. Identify prevention and intervention strategies that can be implemented at their level, within the disciplines they represent: courts, hospital, treatment facility, etc.
3. Provide support to the organization using their positions as key stakeholders to obtain funding, lend their name/credibility to project initiatives, and overcome obstacles to success.

The following individuals are members of the PCC Steering Committee		
Robert Crowell, Chair	Mayor, Carson City, and local attorney	local government/elected/criminal justice/veteran
Mary Bryan	Executive Director, Community Counseling Center	treatment/parent
Ken Furlong	Sheriff, Carson City	law enforcement/elected
Ronni Hannaman	Executive Director, Carson Chamber of Commerce	business community
Tad Fletcher	Chief, Carson City Alternative Sentencing	criminal justice/military veteran
Jason Woodbury	District Attorney, Carson City	criminal justice/elected
Ali Banister	Chief Probation Officer, Carson Juvenile Probation	criminal justice
Richard Stokes	Superintendent, Carson City School District	Education
Kristen Luis	Judge, Carson City Municipal Court	judicial/elected
Susan Pintar	CCHHS, Chief Med. Officer	
Richard Karpel	Director, Nevada Press Association	Media
Nicki Aakers	CCHHS, Director	Health
Rob Hooper	Director, Northern Nevada Developmental Authority	business
Tom Armstrong	Judge, Carson City Municipal Court	judicial/elected

Partnership Carson City Executive Board - Dr. Jack Araza, President: Several of the Executive Board members have been with the organization since it began in 1987 under the name Community Council on Youth. THey bring the history of the agency experiences to the table. Since 2007 when the agency became PCC, 5 new board members have been added based on their area of expertise needed by the organization. Their role is to be the legally responsible party ensuring the agency is operating in accordance with the agency By Laws and Policies and Procedures, and supervise the Executive Director in the completion of her responsibilities. The Executive Board oversees the Sub Grant process for all funding sources, reviewing applications and selecting those for funding in accordance with the requirements of the grants and selected priorities.

The following individuals are members of the PCC Executive Board		
Dr. Jack Araza, President	Psychologist	Mental Health
Richard Staub	Attorney	Criminal Justice
Pat Carpenter	Principal, Empire School	Education
Robert Glenn	Nevada Appeal	Media
Renee Plain	Business Owner - media and marketing company	Parent/Media
Lupe Ramirez	Carson School Board, Latino Outreach Coord./Cohort Pro. (WNC)	Education
Yaraseth Lugo	Latino community Advocate, State employee-Medicaid	Parent/Latino community/state gov.
Ron Swirczek	Community member	Education

Community Action Agency Network (CAAN): CAAN is similar to the Steering Committee except the membership is comprised of local professionals in the field who come together to bring the whole group issues ranging from individual cases of need to larger, systemic challenges needing to be addressed through stronger communication and collaboration between non-profits, private and government services. Additionally, CAAN identifies training needs that can be addressed by PCC, and holds training every other month. CAAN is most specifically involved in the building of prevention capacity and infrastructure through enhanced communication and collaboration among their front line services.

The Drug Suppression Task Force: This task force is specific to law enforcement members representing a broad range of enforcement agencies serving the community. Their goal is to create a zero tolerance environment in Carson City for drug dealers and gang members with the full force of the enforcement and criminal justice system. During bi-monthly meetings, the task force shares intelligence and identifies targeted priorities for enforcement.

Mental Health: The FASTT team is a community collaboration between mental health providers, law enforcement, family members, and consumer advocates. The FASTT team committee's goal is to determine the best way to transfer people with mental illness from police custody to the mental health system and ensure that there are adequate services for mental health triage. the FASTT program is a Pre-Booking Jail Diversion intervention program as opposed to a Post-Booking Jail Diversion program best represented by the Carson Mental Health Court. The FASTT program treats individuals with serious mental illness who have been involved with the criminal justice system by providing intensive round-the-clock services in the community. This is accomplished through a Forensic Assertive Community Treatment model involving street enforcement officers, jailers, and community based treatment providers.

Additionally, Partnership Carson City is working closely with the local chapter of the National Alliance of Mental Illness to expand and enhance recovery support services such as Peer to Peer, Family to Family, Basics and In Our Own Voice. The primary objective of the partnership is to increase community based support of those living with mental illness or a loved one with this affliction, and to increase understanding to ultimately de-stigmatize mental illness. PCC currently manages a grant provided by Substance Abuse Prevention and Treatment Agency (SAPTA) to support FASTT services

PLANNING - develop a detailed plan that links desired outcomes to identified needs

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified by a coalition. The partners recognize that the community prevention plan provides a unique opportunity to advance prevention and coordinate prevention funds and resources. Long-term change will be realized by pursuit of a shared vision and common goals and objectives that improve the well-being of the citizens. The expertise and knowledge from multiple agencies, organizations, and key leaders set the foundation to work toward a more cohesive and collaborative system that coordinate and maximizes resources to fill gaps in services and address unmet needs. The following Logic Models provide the strategies, activities and outcomes related to issues that have been prioritized for Carson City. The Logic Models will guide community partners in program selection, policy development, and environmental changes to approach.

IMPLEMENTATION - put the plan into action by delivering evidence-based interventions

The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. PCC utilizes evidence-based programs, policies, and practices to address the strategies outlined in the planning section. This involves taking action guided by the logic models, and looking at the coalition's ability to implement a plan and affect the established priorities. PCC will review this ability from a three-pronged position. First, environmental strategies that affect local policies and social norms; second, local practices established that create partnerships and processes; and third, evidence-based programs that scientifically address the priorities.

PROGRAMS

PCC supports local prevention programming through securing funds to distribute to local, direct service providers; identifying gaps in services to youth and families; ensuring there is no duplication among programs; and providing both fiscal and programmatic grants management to agencies. PCC currently provides $480,038 in prevention programming funding to local agencies. The services providers provide evidence-based programming identified through three federally recognized sources:

1. **Substance Abuse and Mental Health Services Administration's (SAMHSA) -** a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field
2. **Center for the Study and Prevention of Violence at the University of Colorado, Blueprints for Violence Prevention -** addresses the demand for effective violence, drug, and crime prevention programs by identifying violence and drug prevention programs that meet a high scientific standard of effectiveness. Blueprints serves as a resource for governments, foundations, businesses, and other organizations trying to make informed judgements about their investments in violence and drug prevention programs.
3. **The Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide -** designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry. The guide can be used to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. The guide offers a database of scientifically-proven programs that address a range of issues, including substance abuse, mental health, and education programs.

The National Institute on Drug Abuse (NIDA) outlines Prevention Principles in a document titled "*Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition.*" These principles are intended to help parents, educators, and community leaders plan for and deliver research-based drug prevention programs at the community level. PCC utilizes these principles when prioritizing prevention programming as each principle is representative of current research.

Principle 1: Prevention programs should enhance protective factors and reverse or reduce risk factors.
Principle 2: Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g. tobacco or alcohol); the use of illegal drugs (e.g. marijuana or heroin); and the inappropriate use of legally obtained substances (e.g. inhalants), prescription medications, or over-the-counter drugs.
Principle 3: Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen protective factors.
Principle 4: Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.
Principle 5: Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.
Principle 6: Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.
Principle 7: Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills: self-control, emotional awareness, communication, social problem-solving, and academic support.
Principle 8: Prevention Programs for middle or junior high and high school students should increase academic and social competence with the following skills: study habits and academic support, communication, peer relationships, self-efficacy and assertiveness, drug resistance skills, reinforcement of anti-drug attitudes, and strengthening of personal commitments against drug abuse.

Principle 9: Prevention Programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.
Principle 10: Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.
Principle 11: Community prevention programs reaching populations in multiple settings-- for example, schools, clubs, faith-based organizations, and the media-- are most effective when they present consistent, community-wide messages in each setting.
Principle 12: When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include structure, content and delivery.
Principle 13: Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals, research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.
Principle 14: Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.
Principle 15: Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.
Principle 16: Research-based prevention programs can be cost-effective. SImilar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen.

POLICIES

PCC's multiple boards, committees, and task forces serve as the primary conduit to affect policy change, both at the local and state levels. Policy changes and/or adaptations are crucial to the environmental approach to prevention as there are times that current policies do not support healthy behaviors or messages that promote a substance free community. Reviewing and discussing current policies is continual in that national and state laws can affect local laws, a policy adopted by one institution can affect multiple sectors of the community, and new issues are constantly emerging that need to be addressed in an effective manner.

Carson City has instituted some major policy changes in the past several years and is working with other partners across the state on several new effort:

- High School Drug Testing: In cooperation with the Carson High School, PCC supports the mandatory, random drug testing for all athletes beginning in 2009 to the present school year and is continuing to support.
- Graduated Sanctions for Selling Alcohol to Minors: PCC assisted the Carson City Sheriff's Office and District Attorney to draft the graduated sanction policy addressing the repeated sale of alcohol to minors.
- Prescription Drug Disposal Procedures: PCC conducts two Prescription Drug Round-ups annually designed to collect unused prescription and over the counter medications. Information is handed out at the round up explaining why proper disposal is important, and how drugs can be disposed of safely.
- Methamphetamine Legislation: Former District Attorney, Neil Rombardo, lead the movement to require all medications used for the manufacturing of meth to be available through prescription only in Nevada.
- PCC assisted the Carson City Sheriff in developing policy to mandate all new liquor licensees and all clerks failing alcohol sale to minors compliance checks to attend server training classes.
- A policy that will present significant challenges to Carson City is the adoption of the state law to provide medical marijuana. Carson City is approved for two dispensaries, and multiple edible labs and cultivation centers. The reduction in the perception of harm and the increase in supply will require aggressive community education about the compounds in marijuana creating undesirable results (THC)as opposed to the medicinal compounds (CBD).

PRACTICES

PCC supports the establishment of local partnerships to create practices that alter the environment of the community related to acceptance of substance use and abuse. To ensure a comprehensive approach, PCC utilizes the prevention strategies by the Federal Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP). The six strategies allow for a community to address an issue in an individualized manner and in multiple ways to positively affect unhealthy practices in a community.

EVALUATION - assess the effectiveness of the prevention efforts

The process of evaluation involves measuring the impact of programs, policies, and practices to understand their effectiveness and an any need for change. PCC is required to capture many evaluation outcomes dependent on the funding source, therefore, it has chosen to use a Collective Comparison evaluation (CCe) methodology. CCe considers data from multiple and diverse reliable source to engage in the five steps of a Strategic Prevention Framework thoroughly and effectively. Therefore, PCC uses CCe to assimilate the data available through the diverse disciplines represented in the membership of the Steering Committee to guide a thoughtful selection of targets priorities, justified and supported by diverse data sources.
PCC also tracks SAMHSA's National Outcome Measures (NOMs) for SUbstance Abuse Prevention. The NOMs are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in their communities. The NOMs are key to SAMHSA's initiative to set performance targets for State and Federally funded initiatives and programs for substance abuse prevention and mental health promotion, early intervention, and treatment services.

Domain	Outcome	Measures
Reduced Morbidity	Abstinence from drug/ alcohol use	30-day substance use, perceived harm of use, age of 1st use, perception of attitude
Employment/ Education	increased/retained employment or return to/stay in school	perception of workplace policy, ATOD-related suspensions/expulsions. attendance and role
Crime/Justice	Decreased justice involvement	alcohol-related crashes/injuries, alcohol and drug-related crime
Social connect	increased social connectedness	family communication around drug use
Access/Capacity	increased access to services	number of persons served by age, gender, race and ethnicity
Retention	increased retention in treatment	total number of evidence-based programs, % of youth viewing prevention message
Cost Effectiveness	average cost	services provided within cost bands

PARTNERSHIP CARSON CITY STRATEGIC PLAN, 2019

Mission Statement:

"Partnership Carson City's mission is to foster a healthy community by building strong families and successful youth, through education, collaboration and engagement of our citizens."

Goals:

I. Compete a **multi source assessment** of community challenges and strengths impacting children and families.

II. **Facilitate collaboration** between community service providers, businesses and members at large to help children and families.

III. **Advocate** for ordinances, policies and practices that reduce substance abuse.

IV. **Substance abuse and other health education** opportunities will be available to children, families, and other community members.

V. **Mental health** education and support services will be available to children, families, and other community members.

VI. **Support existing positive and supportive activities and services** for children and families.

VII. Initiate and **pilot needed services** and prepare to transfer to a local agency to sustain.

VIII. **Increase treatment** options for substance abusers in jail.

IX. Support a **law enforcement and criminal justice response** to illegal drug and alcohol activity in Carson City.

PARTNERSHIP CARSON CITY

STRATEGIES TO ACCOMPLISH GOALS BY CATEGORY

CATEGORY	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
GOALS: **POSSIBLE STRATEGIES:**	Needs Assessment	Facilitate Collaboration	Advocacy	Drug/Health Education	Mental Health	Positive Activities	Create Service	Offender Treatment	Law Enforcement
COMMUNITY EDUCATION and HEALTHY LIVING PROJECTS									
1.Website: www.PCCCarson.org includes info on drugs of abuse, community services available, parent/youth pages, & calendar		X		X					
2.Community Action Agency Network meeting every month for local non profit and other service providers.	X	X		X		X			X
3.Numerous drug information presentations and displays will be available for general and specific audiences.			X	X	X				
4.Resource Library - handouts, videos and DVD's				X					
5.Alcohol Beverage Server Training support with CCSO		X		X					X
6.Tobacco Server Training support with CCSO		X	X						X
7.Collaborate with United Latino Community (ULC) for Spanish translation for prevention/community education projects	X				X				
8.3 youth teams- 2 middle school(Soar & Upstanders) & 1 high school(Represent) that meet once/wk & coordinate activities			X	X	X	X			
9.Prescription Drug Roundups every 6 mos., & maintain awareness of drug dropbox in Sheriff's office & in home disposal				X					X
10.Mail Chimp- monthly electronic newsletter featuring notice on CAAN meeting & 3 "hot" topics		X		X	X				
11.Drug Identification Training for Education Professors				X					X

CATEGORY	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
GOALS: **POSSIBLE STRATEGIES:**	Needs Assessment	Facilitate Collaboration	Advocacy	Drug/Health Education	Mental Health	Positive Activities	Create Service	Offender Treatment	Law Enforcement
COMMUNITY EDUCATION AND HEALTHY LIVING PROJECTS CONT.									
12. Mental Health First Aid Training - 8 hr training for those who come in contact with someone suffering from mental illness.				X	X				
13. Presentation for law enforcement/ criminal justice professionals by Dr. Mel Pohl on Signs & Symptoms of RX abuse.				X					X
14. Parent Project and laying solutions parenting classes.				X		X			X
15. Training in Functional Assets & Deficits for service providers.		X		X					
16. Create movie theater ads to rotate every 2 months in 2 Carson City Theaters.				X					
17. Work with HIDTA to send local law enforcement/criminal justice to attend national HIDTA conf. in Reno on Rx Drugs.				X					X
18. Create/ maintain a directory of local services on the website to allow for a directory that is current.		X		X					
19.Create SNAP program for Farmers Market to assist low income people in accessing healthy food.		X	X			X	X		
20.Work w/ Carson City Health & Human Services to create common health indicators to standardize health data citywide.	X	X							
21.Work with the industry Coalition (comprised of members of the medical, dental. and pharmacy associations and retail associations) to reduce narcotic abuse.	X	X	X						

CATEGORY	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
GOALS: **POSSIBLE STRATEGIES:**	Needs Assessment	Facilitate Collaboration	Advocacy	Drug/Health Education	Mental Health	Positive Activities	Create Service	Offender Treatment	Law Enforcement
COMMUNITY EDUCATION AND HEALTHY LIVING PROJECTS CONT.									
22.Collect reliable data sources for inclusion in program planning and place under “Data” link on website.	**X**	**X**							
23.Hold a minimum of quarterly meetings of key stakeholders: PCC Steering Committee.	**X**	**X**	**X**						
24.Participate in the Statewide Coalition Partnership, CADCA, and Government’s Substance Abuse Working Group.	**X**	**X**	**X**						
25.Mandatory Student Athlete/Extra Curricular drug prevention course at Carson High School.				**X**	**X**				

CATEGORY	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
GOALS: **POSSIBLE STRATEGIES:**	Needs Assessment	Facilitate Collaboration	Advocacy	Drug/Health Education	Mental Health	Positive Activities	Create Service	Offender Treatment	Law Enforcement
LAW ENFORCEMENT AND TREATMENT									
1.Forensic Assessment Support Triage Team: The CCSO is partnering with Nevada Mental Health Division & Community Counselling Center to create a seamless transition from jail to treatment for inmates exhibiting mental illness and/or substance abuse. PCC acts as the program coordinator/reporter and has staff group meetings.	**X**	**X**		**X**	**X**			**X**	**X**

CATEGORY	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
GOALS: **POSSIBLE STRATEGIES:**	Needs Assessment	Facilitate Collaboration	Advocacy	Drug/Health Education	Mental Health	Positive Activities	Create Service	Offender Treatment	Law Enforcement
COMMUNITY PREVENTION PROGRAM SUB GRANTS									
1.Educational Enrichment Mini-Grants: "Mini" ($1000 max.) projects enriching classroom curriculum or new experiences awarded to educators.		**X**				**X**			
2.Educational Enrichment Fund: A fund to support small needs for children such as school lab fees, shoes, sports fees, bus passes, medical check ups, etc.		**X**				**X**			
3.Carson High School: Drug Testing Kits for high school athletes conducted randomly during the 10 month athletic season.				**X**					
4.BGCWN: 40 participants ages 7-18 projected in their *Life Skills Training Program* delivered on-site at their facility.				**X**		**X**			
5.BGCWN: 340 participants' ages 7-18 projected in their *SMART Moves Program* delivered on-site at their BGCWN, Carson City and Carson Valley-Douglas County facilities.				**X**		**X**			
6.BGCWN:-Teen Center: Projected to serve over 1000 youth ages 5-18, and related staffing costs.				**X**		**X**			
7. RWFRC: 70 participants ages 12+ projected in their *Positive Action Youth and Adult Program* delivered on-site at their Carson City facility.				**X**		**X**			
8.Carson JPO: Drug Testing Kits made available for tracking offenders.		**X**		**X**					

CATEGORY	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
GOALS: **POSSIBLE STRATEGIES:**	Needs Assessment	Facilitate Collaboration	Advocacy	Drug/Health Education	Mental Health	Positive Activities	Create Service	Offender Treatment	Law Enforcement
SECONDARY PREVENTION AND INTERVENTION SERVICES									
1.RWFRC: Projected to serve over 13,000 related Youth and Family Support services for associated operating costs.				**X**		**X**			
2.National Alliance of Mental Illness (NAMI): In Our Own Voice presentations by those experiencing mental illness for teens.				**X**	**X**		**X**		
3.NAMI: Family to Family support groups for families of those suffering from mental illness.		**X**			**X**		**X**		
4.NAMI: Peer to Peer training of trainers for people living with a mental illness.		**X**		**X**	**X**		**X**		
5.NAMI: Basics Training to assist families with coping skills in dealing with a mentally ill family member.		**X**		**X**	**X**		**X**		
6.Latino Community Health Worker Project - 2 CHWs		**X**		**X**			**X**		
7.Operate the MOMs program in serving Latino mothers with preschool age children, with a preschool education component.		**X**		**X**		**X**	**X**		
8.Diabetes Education Program - for those with diabetes and their caretakers. Presented in English and Spanish.				**X**			**X**		
9.ESL and Computer Literacy Training and Citizenship classes in English and Spanish.		**X**				**X**	**X**		

Strategic Prevention Framework

The SPF includes these five steps:

Assessment: Identify local prevention needs based on data

Capacity: Build local resources and readiness to address prevention needs

Planning: Find out what works to address prevention needs and how to do it well

Implementation: Deliver evidence-based programs and practices as intended

Evaluation: Examine the process and outcomes of programs and practices

The SPF is also guided by two cross-cutting principles that should be integrated into each of the 5 steps stand alone steps, of documents but rather considerations to make throughout the process:

Cultural competence. The ability of an individual or organization to understand and interact effective people who have different values, lifestyles, and traditions based on their distinctive heritage and soc relationships. To ensure that prevention practices produce positive outcomes for members of diverse popula communities must engage in an inclusive and culturally appropriate approach to identifying and addressing th misuse problems . Culturally competent prevention is the only type of prevention worth doing—and sustaining .

Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results. Engage partners who represent and work with sub-populations experiencing behavioral health disparities in your sustainability planning efforts .
Sustain processes that have successfully engaged members of these populations .
Sustain programs that produce positive outcomes for these populations .

Partnership Carson City (PCC) Sustainability Plan

Sustainability affects Partnership Carson City (PCC) on all levels including those of our partners, sustainability is not a step of the SPF process but rather a consideration to be made while following the SPF process for the creation of a CCPP. Sustainable Program Management relates to the planning, supervising, and monitoring of program delivery and support processes, with consideration of the environmental, economic, and social aspects of the life cycle of the project's funding, procedures, deliverables, and effects, aimed at appreciating benefits for stakeholders and program participants in a fair and ethical way that includes proactive stakeholder participation. It is required for PCC to have an adequate number of staff, resources, and relationships to accomplish the set forth goals.

Relationships that are crucial to sustainability of the coalition are PCC's Coalition members. Members of PCC are dedicated to their own agencies and organizations also to the work that they are involved in with the coalition. PCC employs staff with competences, abilities, knowledge, strengths, and fortitude that believe in community coalition work and its value to themselves and those they serve. Members and staff work toward common objectives to enhance the health and wellness of the community they serve.

PCC commits itself to Capacity building through recruitment of new members and ongoing support and engagement of its current members. Capacity building is an integral part of sustainability as it is about the nonprofit's ability to deliver its mission effectively now, and in the future as well as the creation of relationships that lead to funding opportunities. PCC continuously looks at funding streams for programs and projects currently in place as well as future programs and projects that are important, needed, or desired by the PCC Steering Committee, Executive Board, coalition members, and sub- grantees. When capacity building is productive, it reinforces a nonprofit's capability to achieve its mission, overall enhancing the coalitions' ability to have a positive influence on its community. Capacity building is an integral step and it is vital to consider sustainability during this step.

PCC's Sustainability Plan includes the priority areas, the data, what resources, or current activities are available, and the partnered relationships with direct service providers including the resources that are needed to implement the activities.

Elementary School

Priorities- to Be Sustained	Data Indicators	Activities	Required Resources
Carson City Children are be exposed to nicotine products, vaping in elementary school as well as consuming alcohol.	Age of Initiation to nicotine products and alcohol as reported by Middle School & High School students.	Direct programming to youth. Parenting Classes. After school enrichment programs for those at high risk. Retailer training on advertisement and sells to minors. Trainings to Community Leaders, Family & Youth Workers. Alternative activities for youth Educationally opportunities at youth facilities i.e.: Boys and Girls Club	Funding for Prevention programming; Coalition staff and members to assess community needs and priority areas; youth advocates to conduct surveys; adult volunteers conduct purchase surveys; staff to interpret and utilize data; athletic department to conducting testing; subgrant to community non-profits

Middle School Youth

Priorities	Indicators	Activities/ Projects/ Efforts	Required Resources
Carson City Youth in Middle School abuse marijuana, binge drink. Middle school youth obtain substances from their household. Parents provide youth with substances. Perception of harm.	30 Day Use Binge Drinking, Age of Initiation to Marijuana On campus offenses Data from programs evaluations, YRBS and JPO.	Parenting Classes that include substance misuse education. Supplies to lock up or dispose of substances at home. Trainings for youth, families, officers, and coalition members Direct programming to youth. Youth engagement clubs and team. Grant writing, partnering, & educational opportunities. Trainings to Stakeholders, parents, and leaders Retailer trainings Store clerk compliance checks and shoulder taps Resources guides and media outreach	Funding for prevention programming Staff to secure funding to support activities. Professionals to donate or be paid to provide quality training to community. Staff to coordinate youth activities. members to promote and engage attendees. Youth to assist with compliance and education. Media professionals Law enforcement partnerships

High School Youth

Priorities- What Needs to Be Sustained	Data Indicators	Activities	Required Resources
Carson City High School students abuse marijuana, alcohol, party drugs and over the counter stimulant medications. Youth obtain substances through store purchases, on campus sales, Youth consider suicide and display the onset on behavioral health issues.	30 Day Use Rates Lifetime Use Rates JPO/school resource officers reports YRBS data reports, self-reporting Epi Profile Anecdotal data Program data/evaluations Mobile Outreach Safety Team (MOST) reports	Compliance checks /retailer trainings Direct Programming to Youth and parents Alternative activities and increased law enforcement during life events such as prom, graduation, football games. In school or school promoted education and trainings Nevada Interscholastic Activities Association drug testing program for athletes. Provide Crisis intervention trainings	Law enforcement participation Funding for direct prevention programming Funding for non-evidence programs and activities Fundraising and donations Community events, prevention activities/ events Staff to staff activities, events programs, and projects Materials to provide and disseminate. Testing kits Funding that ties mental health and substance abuse as one

Adults

Priorities- to Be Sustained	Data Indicators	Activities	Required Resources
Carson City Adults abuse alcohol Carson City Adults have mental health concerns. Adults abuse illegal street drugs (heroin/opioids, methamphetamines, cocaine)	Adult Arrests/ Incarcerations Street Enforcement Task Force reports of drug sales Treatment Admissions MOST reports Unemployment & Welfare Rates. Steering committee information from stakeholders	Trainings, Presentations, classes to adults and parents Education to business owners Increase access to services through partnership and funding. Information dissemination Media and marketing	Staff or grantees to provide education opportunities. Chamber of commerce partnership Staff to writing grants, seek out funding for prevention promotion. Staff to manage grantees. Funding to support parenting classes, MOST, and media. Staff for community wide events

Funding Strategies/ Partnerships

- Staff includes one experienced grant writer, two skilled grant managers, and 3 skilled in seeking opportunities for funding. PCC find importance of having staff that have a variety of skills.
- PCC has 'shared' applications with partners including those statewide or various programs.
- PCC reduces operating costs through offering office safe for rent and has a small fee for conference room use, purchases from businesses that cater to non-profits, and seeks low-cost services.
- PCC accepts donations at community wide events to sustain small programs that are no longer grant funded and still desired by the community.
- As a professional grant manager PCC will assist agencies that do not have the capacity to manage their own funds doing so for a fee. The fees contribute to the overall budget of PCC.
- PCC acts as a pilot for programs and projects, nurturing them fully until a partner desires to manage the project on their own or chooses to take on the effort. The intent is to foster it and allow the partners to adopt it as their own.
- Working with various state and federal departments to create vast strategies and opportunities as to not be tied to one entity, funding stream, or effort.
- PCC is not solely a substance abuse prevention and education coalition, programs include diabetes, ESL, farmers market, suicide prevention, jail diversion and more. Maintaining a variety of options for programming and community efforts is sustainability of staff and engagement of citizens.

Continued...

Partnership Carson City started as an effort to fight the spread of methamphetamine more than a decade ago. Since then, it has taken on the role of a coalition, or group, to support and organize all kinds of services throughout the capital city. Still focusing on stopping drug abuse — not just meth. At the same time, it promotes a variety of programs that help kids and families be healthy and safe. Its roots can be traced to the former Community Council on Youth, a longtime support for young people in Carson City. PCC does this mostly by helping other organizations obtain state and federal grant money and making sure their work is united and useful. In fact, many government grants require that an organization like PCC exist to help reduce redundancy and waste in services. Since the days of fighting meth, PCC has evolved to a more proactive approach, because it is almost always better to prevent problems than to deal with the aftermath.

Partnership Carson City ensures that it has a method in place so that all programs can eventually become self-sustaining, so that should funding dissipate the program can maintain for a period of time until new options are made available. PCC works with its sub grantees, community partners, members, and citizens to find ways to continue implementation of projects. PCC achieved this many times sustaining projects through various funding opportunities and donations, community agencies embedding programs into their practice, partnering with others to share costs of funding and outside partners providing staff to increase the reach of the efforts.

SPF GUIDING PRINCIPLE: CULTURAL COMPETENCE

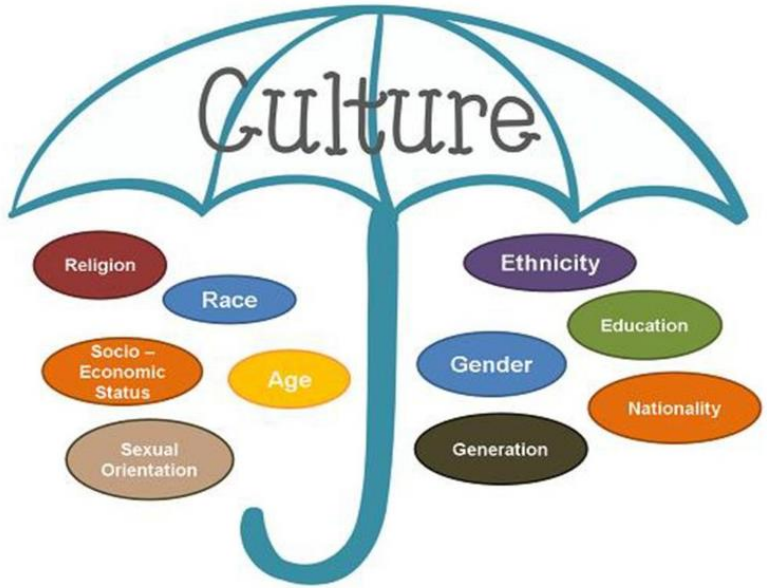
To overcome systemic barriers that may contribute to disparities, PCC remains culturally competent . PCC recognizes and values cultural differences, such as those in the health beliefs, practices, and linguistic needs of diverse populations . PCC develops and delivers prevention programs and practices in ways that ensures members of diverse cultural groups benefit from the efforts .

SAMHSA has identified the following cultural competence principles for prevention planners to use when using the 5 step model:

- Include the target population in all aspects of prevention planning
- Use a population-based definition of community (i .e ., let the community define itself)
- Stress the importance of relevant, culturally appropriate prevention approaches
- Employ culturally competent evaluators
- Promote cultural competence among program staff, reflecting the communities they serve

Cultural competence is one of the SPF's two guiding, cross-cutting principles and, as such, should be integrated into each step of the frameworks implementation. By considering culture at each step, planners can help to ensure that members of diverse population groups can actively participate in, feel comfortable with, and benefit from prevention practices

Cultural Competency and PCC

Partnership Carson City includes Cultural Competency in all five stages of the SPF process, this is not a step but rather a continuous thought process to guide decision making. During the assessment, capacity, and planning processes PCC works towards having all members of the coalition meet meet one of the 12 community sectors as well as making sure that a representative of different genders, ethnic backgrounds, creeds and socioeconomic groups are present either as a coalition member or staff.

Implementation of programs such as the PCC Latina Moms Groups are created to meet identified target populations and needs this can be seen in many programs funded or coordinated by PCC such as Loving Solutions Parenting class, SPORT Prevention plus wellness for athletes, Signs of Suicide for middle and high school students, Yoga series for pain managment opioid avoidance and much more. PCC surveys, test and evaluations all its programs through quantitative and qualitative data ensuring that each party is equally represented with the goal in mind to provide the best possible outcomes and adjustments for the future.