



Comprehensive Community Prevention Plan

2019—2021



Healthy Communities Coalition of Lyon and Storey Counties
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Executive Summary

Healthy Communities Coalition (HCC) serves as a neutral convener and a backbone organization with a collective impact resulting from strategies that promote health and wellness and improve behavioral health outcomes. Our Comprehensive Community Prevention Plan serves as an integrated prevention framework with strategies for the implementation of data-driven and evidence-based approaches. We use multiple strategies because no single strategy or program can move a community level indicator. Positive community change comes about through a collective impact when all sectors, including community members of all ages and diverse organizations, work together on common goals. HCC recognizes what it takes to build a healthy community: innovation grounded in evidence; partnerships across non-profit, education, health care, and local government sectors, among others; and a commitment to all residents having an opportunity to lead their healthiest lives. HCC supports residents of the region in managing their own health choices and shares accurate information to insure they can make the best decisions for their own health in the short-term and long-term. This Plan is a “living document” that can be adapted to changing circumstances if needed.

Guiding Principles

Work in our Coalition includes:

- Radical open-mindedness
- Evolving and dynamic multi-sector partnerships
- Prevention first approach
- Data-driven decision-making
- Collective Enoughness: working together on common goals across sectors for lasting, positive collective impact

Vision

Healthy Communities Coalition of Lyon and Storey Counties is a grassroots-based partnership whose vision is to mobilize, share, and collaborate for healthy communities for all to grow, live and learn.

Mission

Our mission is to strive to promote and support sustainable, culturally inclusive prevention services, community initiatives, and capacity building systems that address all factions of a healthy community for all members.

Geographic Service Area

Where are we?

Lyon and Storey Counties are in rural Nevada near Minden, Carson City and Reno. Our offices are located on our 3-acre property at 209 Dayton Valley Road in Dayton, Nevada.



Most of Lyon, Storey and Mineral communities are located in remote areas of each county, distanced from centralized services and without access to the more typical resources of larger cities, such as public transportation, food and clothing retail outlets, recreational programming, health and social services, and mental health services by as much as 70 miles in some areas. Some of the larger communities in each county include Fernley, Yerington, Silver Springs, Dayton, Hawthorne and Virginia City. Dayton and Fernley are our largest population areas and represent 65% of the population. Lyon County alone includes more than 2,000 square miles. Due to the distance between the communities (typically no less than 40 miles), one program cannot encompass all the population centers without duplicating staff or other resources for each area.

How?

Healthy Communities Coalition (HCC) strives to include a diverse population over several hundred miles, and thus we have multiple ways for our communities to become involved including coalition membership, community volunteerism, youth prevention teams and board membership. All our meetings are open to all and anyone can become a member by filling out a simple application and attending meetings.

HCC membership focuses on federal, state and local agencies, direct service providers, and community members who work in strategy teams such as food security; mental health and suicide prevention; opioid, tobacco, alcohol and other drug use prevention; senior issues; student health and school safety; and access to health care and job training to address needs as they

surface in our communities. Our strategy teams lead the coalition members to help meet those needs through effective collaboration.



The HCC Board of Directors governs and leads the Coalition and acts as the “glue” to help hold the Coalition together and maintain our vision and mission.

What?

What role does HCC have in our communities? We use the social change paradigm of Collective Impact and within that paradigm, HCC functions as the backbone agency. Our work is also heavily influenced by Creating the Future and their ideal of catalytic thinking (creatingthefuture.org). This means we

support organizations, governments, and citizens to work together to solve complex social issues by bringing out the best in people within systems to achieve a shared positive future for all in our community. We have come to discover, over the years, that this backbone role is complex because community issues come and go and thus the “feel” of the Coalition has changed accordingly. For example, HCC started as a prevention coalition. As our collective work deepened, we searched for upstream causal factors, and thus together we have addressed poverty, delved into the role of food security, made pathways from volunteerism to paid employment, built networks of volunteers to support each other, sparked a jail diversion system in the adult population, and addressed factors to prevent a “school to prison pipeline.” An additional workforce created with AmeriCorps members who serve their communities through HCC has been extremely effective in schools, community gardens, supports for homebound seniors, etc. and with events such as prescription drug roundups. Many of the AmeriCorps members who have worked with HCC began as local community volunteers and have gone on to further their education and to excel in their career lives. As we move into our third year of AmeriCorps, we are excited to see how HCC has grown and developed through their tireless help. Although the issues and leaders may change, the community organizing strategies stay similar, and so do our shared principles.

Shared Values

These shared values are: 1) reciprocity and empowerment 2) radical inclusion 3) all people are valuable 4) equality not sameness 5) meet people/organizations where they are 6) we are all interconnected and interdependent whether we acknowledge that or not 7) relationships are key 8) diversity deeply valued—social ecosystems 9) strength builds upon strengths, not weaknesses 10) we accomplish what we hold ourselves accountable for and 11) individuals will go

where systems lead them and we are the system. Shared values/principles are extremely important, but what does the day to day work look like?

Eight Everyday Strategies of HCC

Our day to day work roughly falls into the following activities and 8 broad strategies:

Actively build trust by nurturing direct productive relationships between people within governments, agencies, and communities—bringing out the best in all.

Work with diverse groups and individuals to nurture shared visions and strategies around what the partners and citizens deem important for our community. These visions and strategies are constantly changing and shifting as partners contribute their insights and collective knowledge and thus capacity grows. Our role is to help with the constant communication of these shared visions and strategies as the relationships progress or change. We do this by asking people key questions in collaborative environments—establishing consensus, trust, and foundations for relationships.

Align and coordinate

so that the partners are all contributing mutually reinforcing activities to the collective project. This coordination also helps new projects or partners begin not at square one, but to build upon and contribute to the collective work—honoring those who have already contributed



and thus building from our shared strengths, challenges, and wisdom.

Create and support shared measurement so that the community or collective can celebrate the successes and learn from failures. We want to foster an environment where people are not afraid to fail, not afraid to ask for help when needed, and are willing to contribute their wisdom and feel empowered to innovate. A shared system of measurement helps people understand and relax into knowing many are tackling these tough issues. Because we are working together, we are more willing to take risks and allow for innovation—failure becomes a valuable and natural lesson learned for all. These lessons learned are needed and expected to occur to progress forward in a more productive, collective manner.

Partner in building public will for the collective work.

Advance an agreed upon and aligned advocacy and policy agenda.

Mobilize, coordinate and leverage funding to support the collective effort.

Demographic Snapshot

Selected 2017 Demographics for Lyon County

	Lyon	Nevada
2017 Population Estimate	54,122	2,998,039
2014 Population	51,789	2,700,692
Percent Change (2017-2014)	4.1%	11.0%
Males	51%	50.2%
Females	49.0%	49.8%
Land Area (square miles)	2,001.19	109,781.18
Median Household Income (2012-2016)	\$49,007	\$53,094
Percent persons below poverty level (2012-2016)	11.9%	13.8%

Source: US Census Bureau

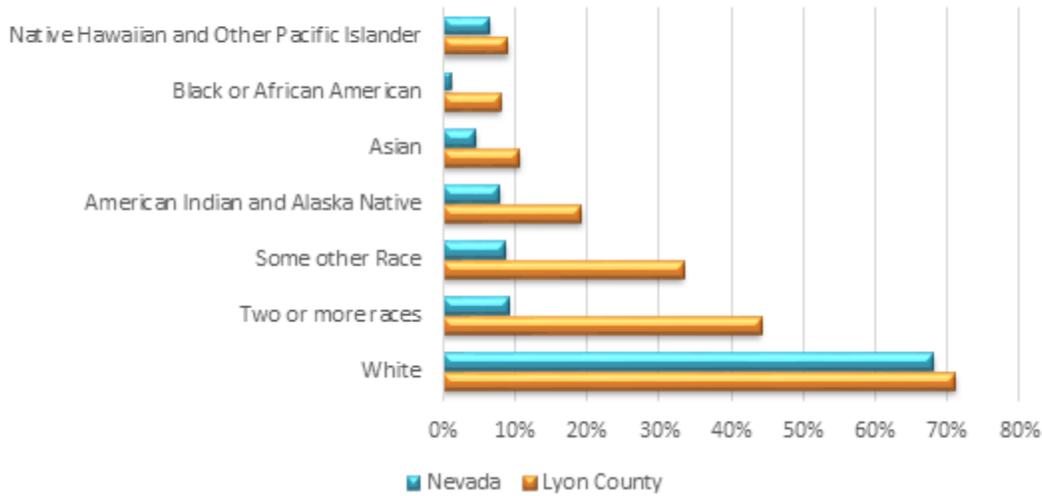
Demographics

Actively seek to engage community members to create a space where all people, who are willing, can **share their gifts and talents with the collective and be part of the solution**. This also ensures that activities are not done to people but with them.

These 8 strategies require a diversity of skills and yet they are critical to bringing out the best in people, so that we are able to nourish relationships that will maintain alignment across the multitude of organizations and individuals collaborating on the collective impact efforts.

In 2017, the estimated population for Lyon County, Nevada was 54,122, a slight increase from the 2014 population. Lyon County is the most populous rural county in Nevada with Elko County coming second at 52,649. Since the national economic downturn in 2008, Lyon has seen a slower pace of growth than urban areas of Nevada. Nonetheless, population and home building are both making a move forward. This is a positive that Lyon County has been working toward for several years. The county has nearly even population of females and males. Lyon County land area is approximately 2,001.19 square miles and represents 1.8% of Nevada’s land area. The median household income for Lyon County was \$49,007, less than Nevada’s median household income. However, Lyon County’s poverty level of 11.9% is lower than the state’s overall level of 13.8%. Lyon County has a higher percentage of the total population aged 65+

Lyon County vs Nevada Population by Race via US Census (2016 ACS 5 year Survey)



years (21.1%) as compared to Nevada at 15.3%.

By race, Lyon County reports a higher prevalence of White, American Indian, and “some other race” and “two or more races” as compared to Nevada as a whole.

Mineral County has three strong community partners, Consolidated Agency of Human Services, Cooperative Extension, and Mineral County that have agreed to begin the coalition process of bringing people together to collaboratively work on substance abuse and poverty issues. In addition, the Mineral Stakeholders group, composed of local, state and federal groups, addresses core issues such as housing, behavioral health, and access to health care.

Fact	Mineral County, Nevada	Storey County, Nevada	Lyon County, Nevada	Nevada
Population estimates, July 1, 2017, (V2017)	4,457	4,006	54,122	2,998,039
Population estimates base, April 1, 2010, (V2017)	4,771	4,010	51,980	2,700,691
Population, % change - 2010-2017	-6.60%	-0.10%	4.10%	11.00%
Population, Census, April 1, 2010	4,772	4,010	51,980	2,700,551
Persons under 5 years, percent	5.30%	2.40%	5.70%	6.20%
Persons under 18 years, percent	19.10%	12.30%	21.70%	22.90%
Persons 65 years and over, percent	24.00%	30.40%	21.10%	15.30%
Female persons, percent	50.40%	49.00%	49.00%	49.80%
White alone, %	68.50%	91.50%	89.80%	74.60%
Black or African American alone, percent	4.30%	1.60%	1.20%	9.80%
American Indian and Alaska Native alone, percent	18.40%	2.00%	3.40%	1.70%
Asian alone, percent	4.20%	2.10%	1.50%	8.80%
Native Hawaiian and Other Pacific Islander alone, percent	0.20%	0.40%	0.30%	0.80%
Two or More Races, percent	4.40%	2.40%	3.60%	4.30%
Hispanic or Latino, percent	11.90%	8.10%	17.30%	28.80%
White alone, not Hispanic or Latino, percent	61.50%	84.20%	75.00%	49.10%
Veterans, 2012-2016	776	485	6,365	216,275

Our History

Healthy Communities Coalition was created in 1995 by a group of concerned citizens whose desire was to keep our kids safe from drugs, alcohol and tobacco, as well as to give a growing population the foundation for developing a community desired by all. Through the last 23 years, HCC has brought to the forefront the reality of poverty and substance abuse and has become more than a basic prevention coalition. HCC supports many aspects of building healthy, thriving communities, from general neighborhood strategies to helping our individual communities become healthier by increasing access to health care, including access to mental health services. Our goal is to produce community plans where citizens join with many organizations and sectors to strategize ways to get people out of addiction--not just to ease the symptoms. This is also why HCC adopted a wellness model. Below you will see how SAMHSA's national prevention initiatives fit with our local wellness model as well and in the plan itself, one will see how we have locally translated these initiatives locally to help promote thriving communities.

SAMHSA Prevention Initiatives



Emotional Wellness

Trauma and Justice--Reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health and behavioral health

care systems and by diverting people with substance use and mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery.

Public Awareness and Support--Increase understanding of mental and substance use disorder prevention and treatment services and activities to achieve the full potential of prevention and assist people in accessing/getting help for these conditions with the same urgency as any other health condition. This also involves strategies for reducing stigma.



Environmental Wellness

Housing and Homelessness--Provide housing and reduce barriers to accessing effective programs that sustain recovery for individuals with mental and substance use disorders who are homeless.



Intellectual Wellness

Data, Outcomes, and Quality--Realize an integrated data strategy that informs policy, measures program impact, and results in improved quality of services and outcomes for individuals, families, and communities.



Occupational Wellness

This is not part of national model, but we felt it very important to the overall wellness of our communities and people.



Physical Wellness

Health Care Reform Implementation--Broaden health coverage to increase access to appropriate high quality care, and to reduce disparities that currently exist between the availability of services for substance abuse, mental disorders, and other medical conditions.

Health Information Technology--Ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participates with the general health care delivery system in the adoption of Health Information Technology (HIT).



Social Wellness

Prevention of Substance Abuse and Mental Illness--Create Prevention Prepared Communities where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This initiative will include a focus on the Nation's youth, Tribal communities, and military families.

Military Families

Support America's service men and women – Active Duty, National Guard, Reserve, and Veterans – together with their families and communities by leading efforts to ensure needed behavioral health services are accessible and outcomes are successful.



Sense of Purpose and/or Spiritual Wellness

This is not part of national model, but we felt it very important to the overall wellness of our communities and people.

The Strategic Prevention Framework (SPF)



Our CCPP Uses SAMHSA's Strategic Prevention Framework

Healthy Communities Coalition has structured our 2019-2021 Comprehensive Community Prevention Plan according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). The five steps that comprise the SPF enable coalitions to build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process. The SPF is conceived of in systemic terms and reflects a public health, community-based approach to delivering effective prevention.

Our SPF process is inclusive of culturally competent strategies to the best of our abilities. We realize cultural competence is an ongoing process and will continue to train staff and coalition partners. HCC feels strongly that people who use the services should also be part of the entire SPF process inclusive of youth, people in recovery, people who have financial challenges, etc.

Step #1: Assessment - Profile population needs, resources, and readiness to address needs and gaps. HCC mobilized key stakeholders including culturally competent groups to collect the needed data to define problems within our geographic area. We insured that our key stakeholders understood the roll of culture, race, ethnicity and gender as they related to our assessment strategies. HCC also completed an assessment of readiness and leadership to implement policies, programs, and practices. See the assessment in our Community Prevention Plan for detailed needs and our implementation plan following for a synopsis of need and gaps.

Step #2: Capacity - Mobilize and/or build capacity to address needs

HCC mobilized resources within Lyon, Storey, and Mineral counties to convene key stakeholders, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources included both financial and organizational resources as well as the creation of partnerships. See our Capacity section in the Community Prevention Plan for details and our coalition partnership list for active participants. We have increased recruiting human resources that ensures cultural representation for our Hispanic population.

Step #3: Planning - Develop a Comprehensive Strategic Plan

HCC developed a strategic plan that includes policies, programs, and practices that created a logical, data-driven plan to address the problems we identified in Step 1 of the SPF. We also identified necessary program adaptations (such as translating to Spanish) to be inclusive of our region's Hispanic population. The planning process produced strategic goals, objectives, and performance targets as well as logic models and action plans. See our Planning section in the Community Prevention Plan for details and our logic models included in this narrative.

Step #4: Implementation - Implement evidence-based prevention programs, policies, and practices.

HCC has been implementing and planning concurrently now for more than 10 years, and we have taken action guided by our Strategic Plan created in Step 3 of the SPF. We have completed action plans, and selected specific policies, programs, and practices that best fit our needs and capacity. The Mineral County Coalition is carefully examining what cultural competency adaptations need to be expanded to include the African American population. Please see our implementation section of our Community Prevention Plan for last year's completion of the implementation plan.

Step #5: Evaluation - Monitor, evaluate, sustain, and improve or replace those that fail

We have evaluated the impact of the SPF and the implemented programs, policies, and practices through our partnership with SAPTA via PIRE. We would like to partner with SAPTA to ensure our data collection methods are culturally responsive and appropriate. HCC has also completed satisfaction surveys, community norm surveys, collected trend data, and conducted key stakeholder interviews to see how we have been doing over the years. Our evaluations lead us to expand collaborative work across sectors under our Health and Wellness Hub. As a result, we are seeing better outcomes.

If funded we will continue to repeat the SPF process to ensure we are meeting the changing needs of our communities, using up to date policies, programs, and practices, and making positive change in our communities. HCC's completion of the SPF process helps this region leverage other money to fund our plan and that is why our Community Prevention Plan goes beyond the SAPTA prioritized strategies and includes national priorities as well. Our partnership with SAPTA has been positive because our coalition uses a cascading form of training and leadership that has been able to leverage all SAPTA funds.

Assessment



Assessment

Assessment Highlights

2019 Assessment Highlights of Wellness Challenges and Strengths in Lyon, Storey and Mineral

Lyon, Storey and Mineral Counties all show improvement on Robert Wood Johnson Foundation's County Health Rankings (countyhealthrankings.org). Overall, from 2018 to 2019, Lyon County improved from 13 to 11, Mineral improved from 17 to 15, and Storey County improved from 11 to 5. Among strengths, Lyon County had a lower number of preventable hospital stays than the state. Storey had a higher rate of mental health providers and more physical activity than most of the state. Mineral has low air pollution, and fewer alcohol impaired driving deaths and less excessive drinking than the state average.

Among challenges, Lyon County's rates of adult smoking, obesity, STIs, and alcohol impaired driving deaths were higher than state averages. The county also has challenges with access to primary care physicians (6650:1 compared to the state at 1760:1). With more than 53,000 people spread over a region nearly twice the size of Rhode Island, the county has just 12 medical doctors, 10 dentists, one licensed professional counselor and no psychiatrists. Few accept Medicaid. However, after county human services hosted a health forum in 2017 with multiple sectors, including university experts, HCC and other nonprofit groups, to examine and discuss the implications of the county's low health ranking and geographical maldistribution of health professionals, the county's elected officials established the County's first Board of Health, which

can make policy decisions regarding public health in the county based on input from relevant professionals. The new Board of Health can also provide officials with the ability to see the “big picture” of how state and county fit together. It can also allow for participation of nontraditional partners such as school districts, and increased participation in the statewide Nevada Association of Local Health officials. Significantly, from 2017 to 2019, Lyon County’s health ranking improved from 14 to 11 (out of 17 counties).

Storey County’s alcohol impaired driving deaths were higher at 67% as compared to 31% statewide.

Mineral County, with a ranking of 15 out of 17, has higher rates of adult smoking and obesity than the state average, as well as a rate of teen pregnancy that is higher than the state (43 compared to 29).

The Nevada High School Youth Risk Behavior Survey (YRBS) for 2017 showed a considerably higher percentage of high school students in Lyon, Storey and Mineral (22%) reporting that they’ve “ever seen adults in their home slap, hit, kick, punch, or beat each other up” than students in other counties.

The YRBS also shows higher rates of ever having smoked, used electronic vapor products, Ecstasy, synthetic marijuana, or marijuana being reported among high school students in Lyon, Storey and Mineral than in most other counties in Nevada.

The YRBS for 2017 shows that high school students in Lyon, Storey and Mineral also report a higher rate of having had sexual intercourse with four or more persons during their life than students from other Nevada counties.

The 2017 Nevada Kids Count Data Book, students in Lyon, Storey and Mineral compare well with the national average of 84% high school adjusted cohort graduation rate (Lyon 83.6%; Storey 90.6% and Mineral 84.4%). They also compare well with the state average of 80.9%.

Data from the Nevada Electronic Death Registry System shows that suicide, including suicide deaths by firearms, continues to be a significant concern in our three rural counties of Lyon, Storey and Mineral (see charts below).

A 2017 presentation of data by the Nevada Department of Health and Human Services to the Governor’s Task Force on Opioids showed that Lyon, Storey and Mineral all had higher rates of opioid pain killer prescribing than most counties and all had much higher rates than the statewide rate of 87.5 per hundred people (Lyon 130; Storey 146.9 and Mineral 158.2).

In 2016, the CDC identified 220 counties in the U.S. at risk of outbreaks of HIV and/or hepatitis C as a result of the opioid epidemic. These represent the top 5% of counties in the nation based on 6 factors assessed. Storey County was ranked number 52 (see <https://opioid.amfar.org/NV>). HCC hosted guest speakers on this issue in 2018, and members learned more about CDC suggestions for mitigating the impact of increased opioid use, in particular, syringe exchange programs. Currently, Nevada has adopted some of the other mitigation suggestions such as adopting Good Samaritan laws that provide legal protections to bystanders who call for help in the event of an overdose. HCC has supported Naloxone harm reduction trainings and Naloxone dis-

tribution throughout our region in 2018-2019 (Nevada Department of Health and Human Services data showed that between 2014-2016 Lyon County had 86 EMS calls requiring the administration of Naloxone).

Emotional Wellness Data

Suicide rates are an indication of the mental well-being of communities. Nevadans suicide rate is nearly twice the national average, and the rate is even higher for our rural residents. In 2009, the suicide rate in Lyon County increased by roughly 3x, and HCC members created a Suicide

Suicide Rates, Lyon and Storey Counties, NV 2015-2017					
County	Year	Injury Intent	Deaths	Population	Crude Rate Std Error
Lyon County, NV	2015	Suicide	10	52,585	6
Lyon County, NV	2016	Suicide	14	53,179	7
Lyon County, NV	2017	Suicide	17	54,122	7.6
Storey County, NV	2015	Suicide	Suppressed	3,987	Suppressed
Storey County, NV	2016	Suicide	Suppressed	4,051	Suppressed
Storey County, NV	2017	Suicide	Suppressed	4,006	Suppressed
Query Parameters:					
Injury Intent: Suicide					
States: Lyon County, NV (32019); Storey County, NV (32029)					
Help: See http://wonder.cdc.gov/wonder/help/ucd.html for more information.					

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death					
CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as					
compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed					
at http://wonder.cdc.gov/ucd-icd10.html on Jun 13, 2019 3:59:41 PM					
Caveats:					
Data are Suppressed when the data meet the criteria for confidentiality constraints.					
http://wonder.cdc.gov/wonder/help/ucd.html#Assurance of Confidentiality .					

Action Plan and worked together to reduce suicide risk factors through strategies such as increased prevention trainings for service providers and school staff. In 2015 the statewide Nevada Suicide rate, according to the CDC, was 18.62 per 100,000 compared to 12.62 per 100,000 nationwide. Lyon County's rate was 25.87, Mineral's was 28.47 and Storey's was 24.44 per 100,000. Today, suicide by firearms continues to be a significant challenge. As part of our prevention work, future strategies may include training direct providers in Counseling on Access to Lethal Means (CALM). SPRC.org

Department of Health and Human Services
Office of Analytics

**Preliminary Report:
Suicide Death Counts by County By Year
Nevada Residents, 2017-2018***

Suicide Death Counts						
County	2018*			2017		
	Firearms	Total	Percent	Firearms	Total	Percent
Carson City, Churchill, Douglas, Lyon, Storey	32	49		29	58	
Clark	224	421		215	422	
Elko, Eureka, Humbolt, Lander, Pershing, White Pine	20	28		16	20	
Nye/Lincoln/Esmeralda	15	22		10	16	
Washoe	43	75		50	91	
Unknown	14	19		0	3	
Total	348	614	57%	320	610	52%

**Data are preliminary and are subject to changes.*

Table 27: Percentage of high school students who attempted suicide during the 12 months before the survey^e — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	22	10.2%	(5.3-15.1)	199	89.8%	(84.9-94.7)
	2: Douglas	14	7.7%	(3.8-11.7)	164	92.3%	(88.3-96.2)
	3: Elko, White Pine, and Eureka	31	9.5%	(5.6-13.5)	301	90.5%	(86.5-94.4)
	4: Churchill, Humboldt, Pershing, and Lander	52	11.8%	(7.3-16.4)	345	88.2%	(83.6-92.7)
	5: Lyon, Mineral, and Storey	28	12.0%	(6.1-17.9)	211	88.0%	(82.1-93.9)
	6: Nye and Lincoln	25	6.8%	(3.6-10.0)	330	93.2%	(90.0-96.4)
	7: Washoe	107	8.9%	(6.6-11.2)	999	91.1%	(88.8-93.4)
	8: Clark	141	8.2%	(6.6-9.9)	1574	91.8%	(90.1-93.4)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^d Non-Hispanic

^e One or more times during the 12 months before the survey

Intellectual Wellness

School Success

When students' behavioral health needs are not identified, they are more likely to experience difficulties in school, including higher rates of suspensions, expulsions, dropouts, and truancy, as well as lower grades. Lyon, Mineral and Storey high school graduation rates exceed the national

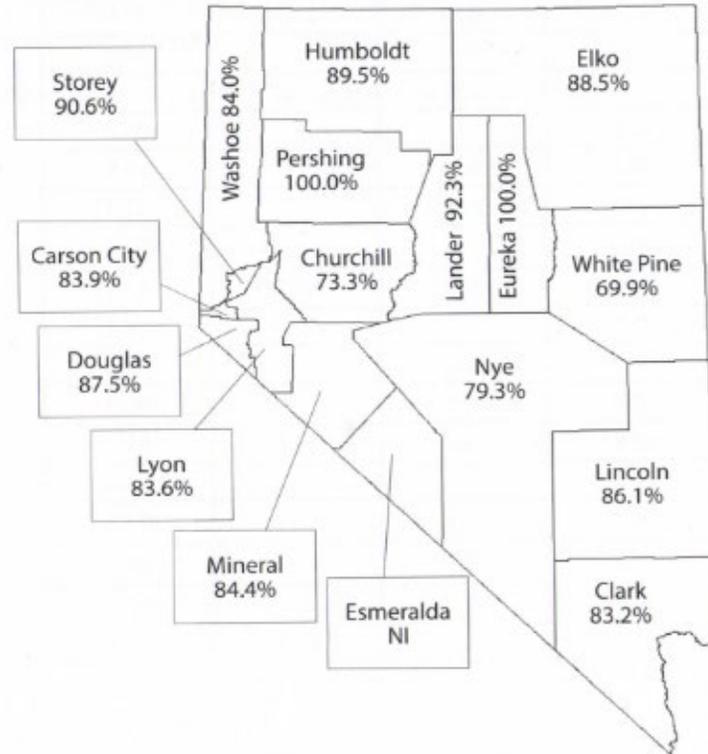


average.

Definition

The adjusted cohort graduation rate "is essentially the rate at which 9th graders graduate by the end of the 12th grade."¹

Nevada Adjusted Cohort Graduation Rate by School District: 2016-2017 (Class of 2017)



Nevada: 80.9%

Note: NI = No Instruction.

Source: Nevada Department of Education, available online at: <http://nevadareportcard.com/DI/Content/pdf/finalcohort1617.pdf>, as of 4/24/18.

Center for Business and Economic Research, UNLV • <http://cber.unlv.edu>

Sense of Purpose or Spiritual Wellness

HCC has documented from our past experiences not to underestimate the power of sense of purpose in life. In other words, if youth or adults do not have this sense of greater purpose or connection, we have witnessed that it can affect all areas of wellness and lead to apathy, isolation, and depression—some of the negative building blocks to real problem behaviors. In focus groups and at coalition meetings, we have discussed this concept at length, and have concluded that

both youth and elders, in particular, seem to struggle with this sense of purpose. Both are the first to suffer the effects of isolation. Thus even though the research is still out on the role of sense of purpose in wellness and prevention, we think it very important. Many of our unemployed adult volunteers as well as our youth volunteers reported that what they liked best about volunteering is the sense of purpose and the connections they made. Therefore, we now recognize volunteering as one of our most important prevention programs to help cultivate this greater sense of purpose. People need to be needed and need to play a meaningful role in community life. We are so fortunate to have an average of 585 volunteer hours per week at our food pantries!

Search Institute describes this sense of purpose as “sparks.” Dr. Peter Benson, author of *Sparks: How Parents Can Help Ignite the Hidden Strengths of Teenager* describes sparks as “something that gives your life meaning and purpose. It’s an interest, a passion, or a gift. Sparks are the hidden flames in kids that excite them and tap into their true passions. Sparks come from the gut. They motivate and inspire. They’re authentic passions, talents, assets, skills, and dreams. Sparks can be musical, athletic, intellectual, academic, or relational; from playing the violin to working with kids or senior citizens. Sparks can ignite a lifelong vocation or career, or balance other activities to create an emotionally satisfying, enriched life. Sparks get kids going on a positive path, away from the conflicts and negative issues—violence, drugs, and alcohol—that give teens a bad name and attract so much negative energy.”

Why Do Sparks Matter?

Sparks help give young people joy and energy, meaning, purpose, and direction. Pursuing and developing sparks helps young people make positive choices about their activities and use of time, helps them fully reach their potential, and helps them contribute to their families, schools, and communities right now, as young people. Young people with sparks lead more caring, responsible, healthy, and productive lives than those who do not have sparks. This concept, documented by Search Institute, also shows us why the arts, school gardens, and volunteering are just as important as school sports in developing passionate and committed young people.

Social Wellness

The wellness model shows how each one of these spheres is important to good community health. Traditional prevention has typically focused on social wellness and thus much of the archival data now collected is about what goes wrong in the social sphere.

Alcohol is a frequently abused drug for both adults and youth in all three of our counties. In previous toxicology reports supplied by the Lyon County Sheriff of suicide victims, all had alcohol present in their bloodstream. In our youth focus groups, the youth identified adult alcohol use as the most common family disruptor. In the Dayton regional Backpack Food Program, one of the key reasons youth identified for not having food in the home was adult alcohol use. Below is highlighted data from the 2017 YRBS around alcohol and other drug use.

Percentage of high school students who ever smoked cigarettes — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	75	33.1%	(22.6-43.6)	169	66.9%	(56.4-77.4)
	2: Douglas	49	31.0%	(19.4-42.5)	128	69.0%	(57.5-80.6)
	3: Elko, White Pine, and Eureka	132	35.6%	(28.2-43.0)	239	64.4%	(57.0-71.8)
	4: Churchill, Humboldt, Pershing, and Lander	171	38.1%	(31.2-45.0)	274	61.9%	(55.0-68.8)
	5: Lyon, Mineral, and Storey	111	40.8%	(31.9-49.7)	155	59.2%	(50.3-68.1)
	6: Nye and Lincoln	108	27.2%	(22.1-32.4)	280	72.8%	(67.6-77.9)
	7: Washoe	329	26.5%	(22.5-30.5)	908	73.5%	(69.5-77.5)
	8: Clark	422	21.8%	(19.4-24.2)	1487	78.2%	(75.8-80.6)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e Even one or two puffs

Percentage of high school students who ever used electronic vapor products^e Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	126	50.0%	(42.9-57.0)	117	50.0%	(43.0-57.1)
	2: Douglas	79	49.7%	(35.9-63.5)	103	50.3%	(36.5-64.1)
	3: Elko, White Pine, and Eureka	174	48.9%	(40.0-57.8)	182	51.1%	(42.2-60.0)
	4: Churchill, Humboldt, Pershing, and Lander	223	48.8%	(42.5-55.1)	213	51.2%	(44.9-57.5)
	5: Lyon, Mineral, and Storey	155	56.7%	(48.2-65.2)	112	43.3%	(34.8-51.8)
	6: Nye and Lincoln	159	40.7%	(34.8-46.5)	217	59.3%	(53.5-65.2)
	7: Washoe	586	47.8%	(43.7-51.8)	626	52.2%	(48.2-56.3)
	8: Clark	778	40.6%	(36.9-44.3)	1127	59.4%	(55.7-63.1)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval^e Including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo

Percentage of high school students who ever drank alcohol^{e,f} — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	145	60.8%	(53.0-68.7)	98	39.2%	(31.3-47.0)
	2: Douglas	131	74.4%	(65.7-83.2)	51	25.6%	(16.8-34.3)
	3: Elko, White Pine, and Eureka	245	66.2%	(58.7-73.6)	127	33.8%	(26.4-41.3)
	4: Churchill, Humboldt, Pershing, and Lander	300	66.7%	(61.7-71.7)	136	33.3%	(28.3-38.3)
	5: Lyon, Mineral, and Storey	182	68.3%	(61.8-74.8)	82	31.7%	(25.2-38.2)
	6: Nye and Lincoln	194	56.0%	(48.6-63.4)	159	44.0%	(36.6-51.4)
	7: Washoe	715	60.2%	(56.2-64.1)	475	39.8%	(35.9-43.8)
	8: Clark	1126	59.9%	(56.3-63.6)	738	40.1%	(36.4-43.7)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e Not including for religious purposes

^f Had at least one drink of alcohol on at least 1 day during their life

Percentage of high school students who ever used marijuana^e — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	107	46.0%	(34.5-57.4)	134	54.0%	(42.6-65.5)
	2: Douglas	70	42.0%	(30.2-53.9)	106	58.0%	(46.1-69.8)
	3: Elko, White Pine, and Eureka	133	35.8%	(27.8-43.9)	235	64.2%	(56.1-72.2)
	4: Churchill, Humboldt, Pershing, and Lander	178	39.1%	(33.0-45.3)	256	60.9%	(54.7-67.0)
	5: Lyon, Mineral, and Storey	125	45.5%	(36.1-54.9)	142	54.5%	(45.1-63.9)
	6: Nye and Lincoln	112	30.3%	(23.7-36.9)	257	69.7%	(63.1-76.3)
	7: Washoe	488	41.5%	(36.9-46.2)	693	58.5%	(53.8-63.1)
	8: Clark	650	35.2%	(30.9-39.4)	1216	64.8%	(60.6-69.1)

^aThe sample size in the total and subgroups may differ due to missing data

^bWeighted row percent

^c95% confidence interval

^eUsed marijuana (also called “grass”, “pot”, or “weed”)

Percentage of high school students who ever used methamphetamines^{e,f} — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	12	4.3%	(0.0-9.9)	247	95.7%	(90.1-100.0)
	2: Douglas	9	7.1%	(0.0-14.8)	181	92.9%	(85.2-100.0)
	3: Elko, White Pine, and Eureka	16	4.0%	(0.9-7.2)	369	96.0%	(92.8-99.1)
	4: Churchill, Humboldt, Pershing, and Lander	27	5.4%	(2.9-8.0)	439	94.6%	(92.0-97.1)
	5: Lyon, Mineral, and Storey	18	6.6%	(2.8-10.3)	260	93.4%	(89.7-97.2)
	6: Nye and Lincoln	8	2.0%	(0.6-3.3)	374	98.0%	(96.7-99.4)
	7: Washoe	58	4.8%	(3.2-6.3)	1219	95.2%	(93.7-96.8)
	8: Clark	58	2.8%	(1.9-3.7)	1914	97.2%	(96.3-98.1)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e Used methamphetamines (also called “speed”, “crystal”, “crank”, or “ice”)

^f One or more times during their life

Percentage of high school students who used ecstasy^{e,f} — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	17	6.3%	(1.4-11.2)	242	93.7%	(88.8-98.6)
	2: Douglas	18	11.3%	(2.4-20.2)	171	88.7%	(79.8-97.6)
	3: Elko, White Pine, and Eureka	27	6.9%	(3.7-10.1)	358	93.1%	(89.9-96.3)
	4: Churchill, Humboldt, Pershing, and Lander	34	7.4%	(4.2-10.6)	432	92.6%	(89.4-95.8)
	5: Lyon, Mineral, and Storey	31	11.4%	(6.9-16.0)	247	88.6%	(84.0-93.1)
	6: Nye and Lincoln	12	2.9%	(0.9-4.9)	369	97.1%	(95.1-99.1)
	7: Washoe	104	8.3%	(6.1-10.5)	1169	91.7%	(89.5-93.9)
	8: Clark	113	5.7%	(4.2-7.2)	1857	94.3%	(92.8-95.8)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval^e Used ecstasy (also called “MDMA”)

^f One or more times during their life

Percentage of high school students who ever used synthetic marijuana^{e,f} — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	25	8.2%	(2.7-13.7)	232	91.8%	(86.3-97.3)
	2: Douglas	16	9.7%	(0.0-19.8)	170	90.3%	(80.2-100.0)
	3: Elko, White Pine, and Eureka	43	10.6%	(6.4-14.8)	340	89.4%	(85.2-93.6)
	4: Churchill, Humboldt, Pershing, and Lander	40	8.0%	(4.7-11.4)	418	92.0%	(88.6-95.3)
	5: Lyon, Mineral, and Storey	34	12.7%	(8.4-17.0)	243	87.3%	(83.0-91.6)
	6: Nye and Lincoln	23	5.4%	(3.0-7.8)	354	94.6%	(92.2-97.0)
	7: Washoe	117	9.7%	(6.9-12.5)	1133	90.3%	(87.5-93.1)
	8: Clark	135	7.0%	(5.4-8.6)	1794	93.0%	(91.4-94.6)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e Used synthetic marijuana (also called “K2”, “Spice”, “fake weed”, “King Kong”, “Yucatan Fire”, “Skunk”, or “Moon Rocks”)

^f One or more times during their life

* Note: In 2017, the wording for this question changed. Comparisons should not be made with previous years.

Percentage of high school students who ever took prescription pain medicine without a doctor’s prescription or differently than prescribed^{e,f} — Nevada, Youth Risk Behavior Survey, 2017*

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	39	15.5%	(8.1-22.9)	217	84.5%	(77.1-91.9)
	2: Douglas	38	21.3%	(12.7-29.9)	149	78.7%	(70.1-87.3)
	3: Elko, White Pine, and Eureka	54	14.2%	(9.9-18.4)	328	85.8%	(81.6-90.1)
	4: Churchill, Humboldt, Pershing, and Lander	86	18.1%	(13.7-22.6)	372	81.9%	(77.4-86.3)
	5: Lyon, Mineral, and Storey	54	18.7%	(12.4-25.1)	222	81.3%	(74.9-87.6)
	6: Nye and Lincoln	46	12.3%	(7.6-16.9)	330	87.7%	(83.1-92.4)
	7: Washoe	185	14.8%	(11.8-17.9)	1081	85.2%	(82.1-88.2)
	8: Clark	287	14.5%	(12.5-16.5)	1658	85.5%	(83.5-87.5)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e Took prescription pain medicine (e.g., codeine, Vicodin, OxyContin, Hydrocodone, and Percocet)

^f One or more times during their life

* Note: In 2017, the wording for this question changed. Comparisons should not be made with previous years.

Percentage of high school students who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	83	31.9%	(25.7-38.0)	172	68.1%	(62.0-74.3)
	2: Douglas	66	34.0%	(25.2-42.9)	123	66.0%	(57.1-74.8)
	3: Elko, White Pine, and Eureka	134	35.2%	(28.9-41.6)	245	64.8%	(58.4-71.1)
	4: Churchill, Humboldt, Pershing, and Lander	163	34.7%	(28.9-40.4)	295	65.3%	(59.6-71.1)
	5: Lyon, Mineral, and Storey	108	39.4%	(31.3-47.4)	161	60.6%	(52.6-68.7)
	6: Nye and Lincoln	97	26.9%	(22.2-31.5)	260	73.1%	(68.5-77.8)
	7: Washoe	433	35.2%	(31.7-38.7)	808	64.8%	(61.3-68.3)
	8: Clark	612	31.4%	(28.9-33.9)	1329	68.6%	(66.1-71.1)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

Table 24: Percentage of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey^e — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	86	33.5%	(26.9-40.2)	167	66.5%	(59.8-73.1)
	2: Douglas	72	32.4%	(18.9-45.9)	119	67.6%	(54.1-81.1)
	3: Elko, White Pine, and Eureka	126	33.1%	(26.7-39.5)	260	66.9%	(60.5-73.3)
	4: Churchill, Humboldt, Pershing, and Lander	168	32.6%	(27.0-38.2)	297	67.4%	(61.8-73.0)
	5: Lyon, Mineral, and Storey	98	33.2%	(26.4-40.1)	180	66.8%	(59.9-73.6)
	6: Nye and Lincoln	125	31.3%	(25.6-37.1)	269	68.7%	(62.9-74.4)
	7: Washoe	470	36.6%	(33.5-39.8)	818	63.4%	(60.2-66.5)
	8: Clark	700	34.4%	(32.0-36.8)	1287	65.6%	(63.2-68.0)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e So that they stopped doing some usual activities

Adult Data from RWJF County Health Rankings on Health Behaviors in Lyon, Storey, Mineral

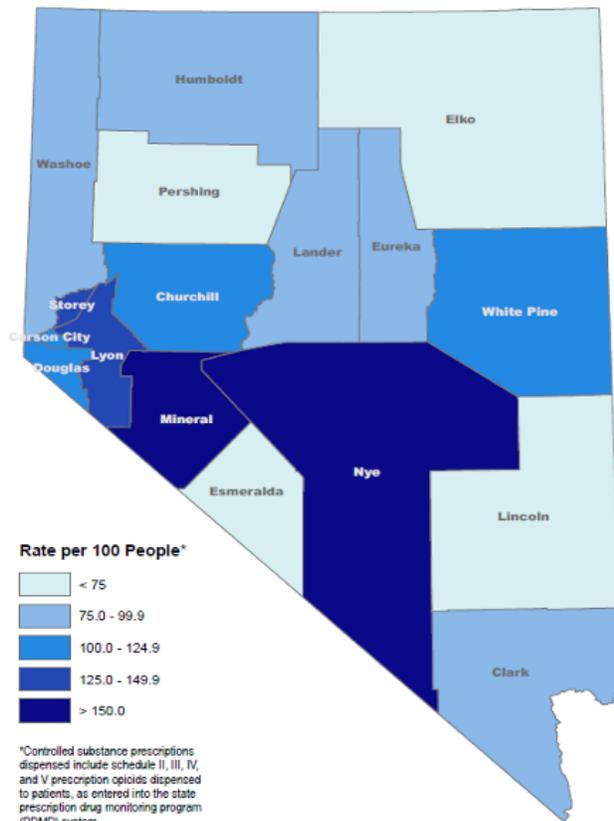
	Storey County	Trend	Error Margin	Top U.S. Performers	Nevada	Rank (of 15)
Health Behaviors						15
Adult smoking	21%		20-21%	14%	16%	
Adult obesity	34%		29-38%	26%	27%	
Food environment index	7.5			8.7	7.9	
Physical inactivity	24%		20-28%	19%	22%	
Access to exercise opportunities	53%			91%	73%	
Excessive drinking	18%		17-19%	13%	18%	
Alcohol-impaired driving deaths	40%		31-48%	13%	31%	
Sexually transmitted infections	258.6			152.8	506.7	
Teen births	<u>30</u>		27-34	14	29	

	Lyon County	Trend	Error Margin	Top U.S. Performers	Nevada	Rank (of 15)
Health Behaviors						4
Adult smoking	15%		14-15%	14%	16%	
Adult obesity	27%		21-34%	26%	27%	
Food environment index	8.7			8.7	7.9	
Physical inactivity	24%		18-31%	19%	22%	
Access to exercise opportunities	24%			91%	73%	
Excessive drinking	20%		19-21%	13%	18%	
Alcohol-impaired driving deaths	67%		49-78%	13%	31%	
Sexually transmitted infections				152.8	506.7	
Teen births				14	29	

Adult smoking	20%		20-21%	14%	16%
Adult obesity	30%		24-37%	26%	27%
Food environment index	4.8			8.7	7.9
Physical inactivity	26%		20-33%	19%	22%
Access to exercise opportunities	5%			91%	73%
Excessive drinking	16%		16-17%	13%	18%
Alcohol-impaired driving deaths	20%		5-39%	13%	31%
Sexually transmitted infections	156.3			152.8	506.7
Teen births	43		31-59	14	29

Opioid Prescribing

Opioid Pain Killer Prescription Rates*, Nevada, 2016



Opioid Painkiller Prescribing Rates Per 100, by County, 2016

County	Rate
Carson City	105.4
Churchill	106.8
Clark	84.3
Douglas	102.0
Elko	71.7
Esmeralda	72.5
Eureka	92.7
Humboldt	75.5
Lander	85.2
Lincoln	60.7
Lyon	130.0
Mineral	158.2
Nye	155.6
Pershing	69.5
Storey	146.9
Washoe	87.5
White Pine	99.9
Statewide	87.5

(Sources: Office of Public Health Informatics and Epidemiology; Prescription Drug Monitoring Program)

87.5
Statewide

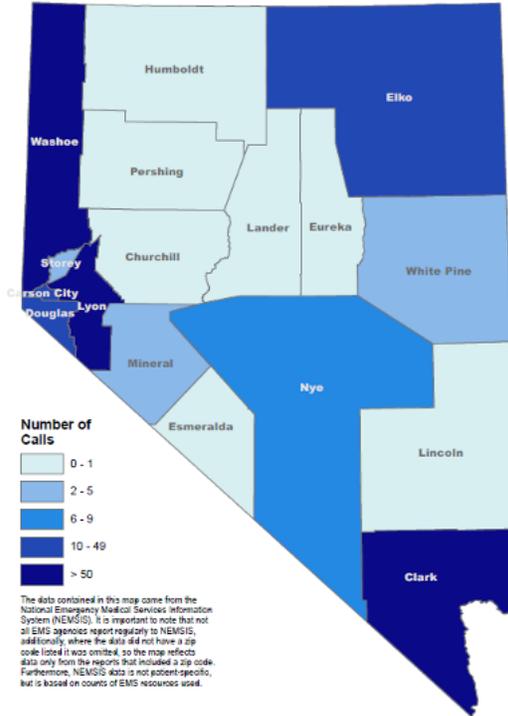


Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Office of Public Health Informatics and Epidemiology

EMS Calls Requiring Naloxone 2014- 2016

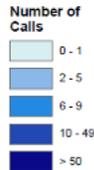
Emergency Medical Services

EMS Calls Requiring the Administration of Naloxone, 2014 through 2016 (partial year)



Number of EMS Calls Requiring Naloxone Administration by County, 2014-2016

County	Number
Carson City	49
Churchill	1
Clark	1089
Douglas	14
Elko	47
Esmeralda	0
Eureka	1
Humboldt	0
Lander	0
Lincoln	0
Lyon	86
Mineral	3
Nye	6
Pershing	0
Storey	3
Washoe	513
White Pine	4



The data contained in this map come from the National Emergency Medical Services Information System (NEMSIS). It is important to note that not all EMS agencies report regularly to NEMSIS; additionally, where the data did not have a zip code listed it was omitted, so the map reflects data only from the reports that included a zip code. Furthermore, NEMSIS data is not patient-specific, but is based on counts of EMS resources used.



Nevada Department of Health and Human Services
Division of Public and Community Health
Office of Public Health Information and Epidemiology

1,816
Statewide Total Calls

Physical Wellness

Nutrition

Many of our families are stuck in a rural environment that is expensive to live in due to lack of services, no public transportation, and very little choice in food outlets. For instance, in Silver Springs there is no supermarket, and the Dollar Tree and Dollar Store there have little to offer in fresh vegetables or fruits.

Most of our students eat lunch at school and all three districts do not use general funds to supplement their school lunch program. All of the schools meet nutritional standards but to keep prices down they use processed frozen food and thus many youth were getting minimal fresh fruit or vegetables. Beginning in 2010, HCC began adding technical and funding support to create certified organic school gardens and hoop houses (low tech greenhouses) throughout Lyon County School District, and eventually supported adding fresh food salad bars that include seasonal produce from school gardens and local farms. HCC staff has continued to write for and receive Farm to School grants in order to continue supporting and further developing school gardens and local produce in the school food supply. In the 2017 YRBS, 16.5% of Lyon, Mineral and Storey high school students reported eating vegetables one or more times per day in the 7 days before the survey. This is higher than any other group of respondents in the survey. The Lyon, Mineral and Storey high school students also fared well on one indicator of food security, with fewer in the group (6.7%) saying they went “hungry because there wasn’t enough food in the house during the 30 days before the survey” than students from other counties.

Table 92: Percentage of high school students who ate vegetables one or more times/day during the 7 days before the survey^e — Nevada, Youth Risk Behavior Survey, 2017*

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	30	11.0%	(4.6-17.4)	229	89.0%	(82.6-95.4)
	2: Douglas	28	12.4%	(6.5-18.3)	163	87.6%	(81.7-93.5)
	3: Elko, White Pine, and Eureka	47	12.9%	(7.3-18.5)	338	87.1%	(81.5-92.7)
	4: Churchill, Humboldt, Pershing, and Lander	53	12.7%	(9.5-16.0)	412	87.3%	(84.0-90.5)
	5: Lyon, Mineral, and Storey	43	16.5%	(10.8-22.3)	230	83.5%	(77.7-89.2)
	6: Nye and Lincoln	38	9.7%	(7.2-12.3)	334	90.3%	(87.7-92.8)
	7: Washoe	170	14.3%	(11.4-17.1)	1097	85.7%	(82.9-88.6)
	8: Clark	186	9.5%	(7.9-11.0)	1779	90.5%	(89.0-92.1)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e Green salad, potatoes (excluding french fries, fried potatoes, or potato chips), carrots, or other vegetables

* Note: In 2017, the wording for this question changed. Comparisons should not be made with previous years.

Table 87: Percentage of high school students who did not eat fruit or drink 100% fruit juices during the 7 days before the survey — Nevada, Youth Risk Behavior Survey, 2017

		Yes			No		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	15	7.1%	(3.7-10.5)	243	92.9%	(89.5-96.3)
	2: Douglas	11	6.7%	(2.0-11.4)	177	93.3%	(88.6-98.0)
	3: Elko, White Pine, and Eureka	29	8.3%	(5.2-11.3)	356	91.7%	(88.7-94.8)
	4: Churchill, Humboldt, Pershing, and Lander	43	9.8%	(6.2-13.3)	423	90.2%	(86.7-93.8)
	5: Lyon, Mineral, and Storey	20	7.4%	(3.9-10.8)	253	92.6%	(89.2-96.1)
	6: Nye and Lincoln	27	7.1%	(4.1-10.1)	344	92.9%	(89.9-95.9)
	7: Washoe	59	4.6%	(3.4-5.8)	1188	95.4%	(94.2-96.6)
	8: Clark	131	6.9%	(5.4-8.4)	1826	93.1%	(91.6-94.6)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^d Non-Hispanic

Table 105: Percentage of high school students who go hungry because there is not enough food in the house during the 30 days before the survey — Nevada, Youth Risk Behavior Survey, 2017

		Never/Rarely			Sometimes			Most of the time/Always		
		N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)	N ^a	% ^b	C.I. ^c (95%)
Region	1: Carson City	222	86.0%	(80.1-92.0)	26	10.1%	(5.1-15.1)	11	3.8%	(1.2-6.5)
	2: Douglas	164	87.4%	(81.9-92.9)	16	8.5%	(2.8-14.1)	9	4.1%	(1.7-6.6)
	3: Elko, White Pine, and Eureka	346	90.8%	(87.4-94.1)	28	7.1%	(4.6-9.7)	7	2.1%	(0.1-4.1)
	4: Churchill, Humboldt, Pershing, and Lander	415	90.3%	(87.2-93.5)	34	7.3%	(5.0-9.7)	12	2.3%	(0.8-3.9)
	5: Lyon, Mineral, and Storey	237	87.0%	(82.3-91.8)	18	6.7%	(4.0-9.4)	18	6.3%	(2.9-9.7)
	6: Nye and Lincoln	327	89.7%	(86.3-93.1)	26	6.9%	(3.2-10.6)	12	3.4%	(1.2-5.5)
	7: Washoe	1054	84.9%	(82.4-87.4)	142	10.9%	(9.1-12.7)	54	4.2%	(3.0-5.5)
	8: Clark	1679	86.4%	(84.6-88.2)	200	9.8%	(8.4-11.3)	76	3.7%	(2.8-4.6)

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^d Non-Hispanic

Health Care Access

The Nevada School of Medicine in their Rural Health Data Book does a thorough job of detailing how all three counties in our service area are medically underserved and under insured. Access to mental health and behavioral health care and dental services are also limited. Our rural counties have challenges with access to primary care physicians. For example, in Lyon County, county health rankings data for 2019 show a ratio of residents to physicians at 6650:1 compared to the state at 1760:1. With more than 53,000 people spread over a region nearly twice the size of Rhode Island, Lyon County has just 12 medical doctors, 10 dentists, one licensed professional counselor and no psychiatrists. The charts below are from RWJF's County Health Rank-

Clinical Care		10			
Uninsured	14%		12-16%	6%	13%
Primary care physicians	6,650:1			1,050:1	1,760:1
Dentists	4,920:1			1,260:1	1,610:1
Mental health providers	690:1			310:1	510:1
Preventable hospital stays	<u>3,592</u>			2,765	4,108
Mammography screening	<u>31%</u>			49%	33%
Flu vaccinations	<u>35%</u>			52%	36%

ings 2017 (1 would be the best ranking, and 15 would be the lowest ranking).

LYON COUNTY NEVADA 2019

STOREY COUNTY NEVADA 2019

Clinical Care						4
Uninsured	10%		8-11%	6%	13%	
Primary care physicians				1,050:1	1,760:1	
Dentists				1,260:1	1,610:1	
Mental health providers	670:1			310:1	510:1	
Preventable hospital stays				2,765	4,108	
Mammography screening	32%			49%	33%	
Flu vaccinations	37%			52%	36%	

Uninsured	12%		10-15%	6%	13%
Primary care physicians	2,220:1			1,050:1	1,760:1
Dentists	2,230:1			1,260:1	1,610:1
Mental health providers	1,110:1			310:1	510:1
Preventable hospital stays	5,205			2,765	4,108
Mammography screening	<u>22%</u>			49%	33%
Flu vaccinations	<u>22%</u>			52%	36%

MINERAL COUNTY NEVADA 2019

Occupational Health and Environmental Health

In 2008, Lyon County was the second fastest growing county in the nation with a population of 54,963. The population of Lyon County in 2000 was 34,5012 and it experienced an approximate 48% increase. This growth was due to the inexpensive housing that was available so close to Tahoe, Gardnerville, Reno, and Minden which were very expensive housing markets. As a result, many first time home buyers moved into our communities and had jobs in the construction fields. When the housing market crashed in the Reno Tahoe area in 2008, our local economy crashed precipitously and foreclosure rose to highest in the state. By 2011 Lyon County’s unemployment rate according to Nevada Department of Education, Training, and Rehabilitation was the highest in the state nearly 19%. Youth unemployment rate during this time was around 66% and youth reported difficulty finding work.

Since about 2011, unemployment rates have steadily improved and by 2018 had fallen below 6% in Mineral, Storey and Lyon.

Employment

According to DETR (Nevada's Department of Employment, Training and Rehabilitation), the unemployment rate in Lyon, Mineral and Storey has improved considerably from 2014 to 2018, as shown in the following charts. http://detr.state.nv.us/2018_2nd_QTR_AB354.pdf



Mineral, Lyon and Storey County Unemployment Rates 2006-2018

Capacity.



Coalition Capacity

Our coalition membership includes **over 25 agencies** (state, county, tribal, federal, and non-profit) that meet on the second Thursday of every month except July. HCC has been meeting on this schedule for 15 years. HCC also has strategy groups on promotion of wellness, and access to health services and preventative care (including mental health, substance abuse treatment and use prevention, dental services, etc.) that meet monthly (Health and Wellness Hub). In addition, HCC staff train students and school staff in all high schools in Lyon, Storey and Mineral in Signs of Suicide (SOS). HCC also funds and manages youth-led peer to peer (alcohol, tobacco, marijuana, opioid and other drug use) prevention leadership teams (Stand Tall) in each high school throughout Lyon School District. They bring prevention education, and school wide campaigns and prevention and wellness, to their schools and communities. In addition, HCC funds school-based Resource Coordinators, who are also trained Community Health Workers, throughout Lyon School District. The Resource Coordinators connect students, teachers and their families with any needs for food, clothing, housing, substance abuse treatment, health care, mental health services, etc. HCC also **helps fund** school-based **Safe Schools Professionals** (licensed social workers) in Lyon School District. In addition, HCC provides technical and funding support for nearly a dozen organic school gardens, hoop houses, and salad bars in the Lyon School District, in addition to school garden clubs and 2 organic community gardens that are accessible for all abilities. HCC provides oversight and managers for one-stop-shop food pantries in Yerington, Dayton and Silver Springs where guests can access nutritious food, as well as connections to local social groups and community events, and referrals to resources in drug and alcohol treatment, gardening, job training, parenting, housing, and much more.

Community Capacity

HCC is happy to report that each of our communities has non-profit partners or agencies ready to help and implement the plan if funding is available to support their infrastructure as well. In addition, we have a thriving volunteer base that together, logs more than 24,000 hours of volunteer work in HCC projects at schools, senior centers, food pantries, community gardens, prevention youth teams, etc. each year.

Work Force Development

All of our partner agencies struggle to find qualified people in our region to implement this important work. We have continued to connect with higher education institutions in our region and beyond and have been able to increase the number of staff who are licensed social workers, or have Masters in Public Health, etc. At the same time, we continue to create opportunities for existing staff so that most are now trained Community Health Workers. Many are also now trained in various suicide prevention strategies such as Signs of Suicide (SOS), and several are trained facilitators with National Alliance on Mental Illness (NAMI). We have a staff member who is a certified Prevention Specialist as well, and others who are trained in peer support. In addition, we continue to support people who are looking for employment in moving from unemployment, to volunteering, to serving as AmeriCorps or VISTA members, to gaining post-secondary training and education and employment.

2019 List of HCC MEMBERS

HCC Partner Agencies, Groups, Organizations

- Advocates to End Domestic Violence
- Aging and Disability Services (ADSD)
- AmeriCorps
- Banner Health
- Boys and Girls Clubs of Mason Valley (including units in Dayton, Silver Springs and Yerington)
- Capital City Arts Initiative
- Care Chest
- Catholic Charities
- Carson City Health and Human Services
- Carson Tahoe Behavioral Health Services
- Central Lyon Fire
- Children's Rural Mental Health Consortium
- Community Chest, Inc
- CASA Lyon County
- Centerpoint Church
- Child and Family Services (DCFS)
- Church of Jesus Christ of Latter-day Saints (Dayton and Silver Springs Ward)
- Churchill Butte Organics Farm
- Dayton Chamber of Commerce
- Dayton Urgent Care (coat, food, etc. drives)
- Dayton Valley Golf Course (fundraisers for food pantries)
- Division of Welfare and Supportive Services (DWSS)
- Fernley Community Foundation
- FISH (Friends in Service Helping)
- Food Bank of Northern Nevada
- Foundation for Recovery
- Girls Scouts of the Sierras (food drives)
- Hands -on Fire Brigade (Lyon)

- Holley Family Farms
- Immunize Nevada
- JOIN (Job Opportunities in Nevada)
- Lahontan Medical Center
- Life Change Center
- Lyon County Human Services (includes senior services, children's services, adult services, transportation, and community health support).
- Lyon County Judicial (court judges)
- Lyon County Juvenile Probation Department
- Lyon County School District and all 18 schools in Dayton, Fernley, Silver Springs, Smith Valley, and Yerington.
- Lyon County Public Libraries
- Lyon County Senior Centers
- Lyon Sheriff's Department including FASST and MOST
- Military OneSource
- Mineral County School District (re: Signs of Suicide training, etc.)
- Mineral UNCE
- Mineral Stakeholders Group
- Mineral Community Coalition
- Nevada CAN: COVID-19 AGING NETWORK

[Nevada Department of Health and Human Services including:](#)

- Aging and Disability Services (ADSD)
- Child and Family Services (DCFS)
- Welfare and Supportive Services
- Public and Behavioral Health (which includes the Office of Suicide Prevention; Oral Health; Food Security; WIC; Rural Clinics; Maternal, Child, and Adolescent Health; Public Health Preparedness, etc.)
- Nevada Childhood Lead Poisoning and Prevention Program (NvCLPPP)
- Nevada Coalition to End Domestic and Sexual Violence
- Nevada Coalition for Suicide Prevention
- Nevada Community Health Worker Association
- Nevada Department of Employment, Training and Rehabilitation

- Nevada Department of Veterans Services
- Nevada Disability Advocacy & Law Center
- Nevada Department of Agriculture
- Nevada Department of Education Office for Safe and Respectful Learning Environments
- Nevada's Early Intervention Services
- Nevada Families First
- Nevada Institute for Children's Research and Policy
- Nevada Legal Services
- Nevada Military OneSource
- Northern Nevada Hopes
- Nevada Office of Suicide Prevention
- Nevada Public Health Foundation
- Nevada Rural Clinics (behavioral health)
- Nevada Rural Hospital Partnership
- Nevada Rural Housing Authority
- Nevada Statewide Coalition Partnership (all Nevada community coalitions, including Care Coalition (Las Vegas); Carson City (Partnership Carson City); Mineral; Nevada Community Prevention Coalition (Boulder City); Nye Community (Nye, Lincoln and Esmeralda region); PACE (Elko, Eureka, White Pine region); PACT (Vegas); Frontier Community Coalition (Humboldt, Lander and Pershing); Partnership of Community Resources (Douglas); Join Together (Washoe); etc.)
- Nevada Women, Infants and Children (WIC)
- Northern Nevada Dental Association
- Nye Communities Coalition
- Oregon Human Development Corp (farm workers in Nevada and Oregon)
- Partnership Carson City
- Peri Farms
- Public and Behavioral Health
- Quad County Public Health Preparedness
- Raley's Grocery (Yerington)
- Reno Behavioral Health Hospital
- Renown Hospital

- Riverview Fitness (coat, food, etc. drives)
- Rural Nevada Counseling
- Rural Community Health Nursing Clinics in Lyon County (state – DPBH)
- Sanford Center for Aging Community Wellness Programs
- SAPTA
- Semper Fi Fund
- Silver City Arts group
- Silver Springs/Stagecoach Hospital District
- Smith’s Grocery (Dayton)
- State Dept. Parole and Probation
- South Lyon Medical Center
- Stagecoach Church of God
- Storey County Sheriff’s Department
- Storey County School District (re: SOS training, etc)
- Storey County Senior Center
- Truckee Meadows Community College Veterans Upward Bound
- Turning Point, Inc.
- United Way
- University Nevada Reno’s School of Medicine’s Rural Mobile Outreach Clinic)
- University Nevada Cooperative Extension (UNCE)
- U.S. Census Department
- USDA (food pantry commodities)
- USDA Rural Development
- Veterans Benefits Administration
- Vitality Unlimited
- Volunteer Attorneys for Rural Nevadans (VARN)
- Walker River Tribe
- Welfare and Supportive Services
- Western Nevada NAMI (National Alliance on Mental Illness)
- Western Nevada Safe Routes to Schools

- Yerington Paiute Tribe Education Department

*Healthy Communities Coalition itself includes:

- AmeriCorps Partners in Prevention members serving in food pantries, schools, community gardens, etc.
- Community Roots and Shoots garden center and gift shop
- Community Health Workers
- Connecting Lyon County Resource Line
- Dayton Food Pantry
- Diabetes Self Management (series)
- School Resource Coordinators in Lyon schools
- Safe School Professionals in Lyon schools
- Seniors Eating Well Program (admin)
- Silver Stage Food Pantry
- Signs of Suicide Training coordination for Lyon, Mineral, Storey schools
- SNAP Ed gardening and nutrition education in schools
- Solidarity Community Garden in Dayton
- Stand Tall teams in Lyon schools
- Stay Strong, Stay Health Senior Exercise Program (admin)
- Yerington Food Pantry

Implementation

The reason implementation is before planning is because this document represents an update of the SPF planning process we have implemented for several years and now we are planning again based upon our implementation.



HCC's Collaborative Efforts Deliver Results

Healthy Communities Coalition (HCC) is comprised of people of all ages and from every background and community sector who have come together with the common vision of enhancing citizens' ability to improve their own communities: together we are cultivating a healthy community where everyone can thrive. Community partnerships developed through the Coalition are extremely effective in causing positive change both at the systems level and at the individual behavior level.

By working together, we've made considerable measurable progress from 2009 to 2019 to prevent and reduce ATOD abuse and risk factors surrounding such abuse, and to increase community strengths through diversified leaders, while also working to ensure that all of our youths have opportunities for positive development. Following are some highlights of multiple strategies and partnerships of the Coalition and of a few of the meaningful, positive changes that have resulted.

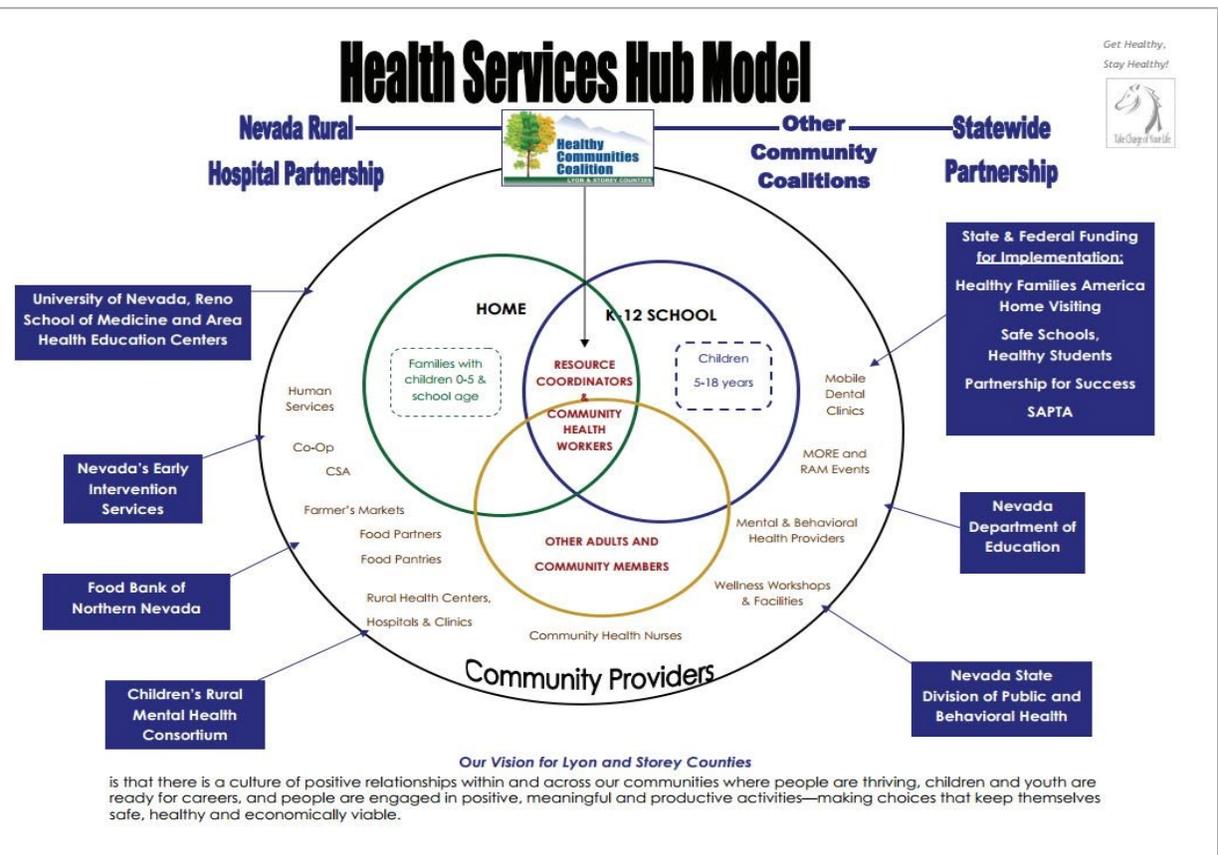
Diverse Groups and Leaders Are Engaged

Our coalition has enrolled Federal, State, County, City, and community leaders such as Lyon School District's Superintendent, Lyon County's Juvenile Probation Chief, Lyon County Human Services' Director, Community Chest's Director, Mineral County Stakeholders and Coalition members, Yerington Paiute Tribe's Education Department Director, Boys and Girls Clubs Education Director, Springs/Stagecoach Hospital District board members, and hundreds of community volunteers, in supporting our common goals to promote and support sustainable, culturally inclusive services, community initiatives, and capacity building systems that address all factions of a healthy community for all members.

Highlights of Measurable Results Due to HCC Collaboration

Summary of Accomplishments 2006-2019

Healthy Communities Coalition of Lyon and Storey Counties Collective Impact Approach			
Accomplishment Name	Brief Description	Primary Health Factor Area Health factor area(s) that best reflect(s) each accomplishment	Approximate Year Initiated
Promoting Mental and Behavioral Health	Using a collaborative impact approach, multiple agencies and community members created and carried out an action plan with HCC to reduce suicide, promote mental health, and increase access to behavioral and mental health services. We began with a traditional “silo” system and moved to one with tremendous cross-agency communication that allowed more effective ways to find and treat those in need of services, and to measure, document, and evaluate outcomes.	<ul style="list-style-type: none"> • <u>Health Behaviors</u> • <u>Clinical Care</u> • Social & Economic • Physical Environment 	2009
Increasing Food Security, Improving Food Systems	By connecting farmers, schools, food pantries, diverse agencies, nonprofits and community volunteers who all want a food system rooted in health and equitable access to good nutrition, HCC increased both access to affordable, fresh food and desire for healthy foods. Results include thriving school and community gardens, volunteer-powered food pantries using a co-production model, and education about gardening, nutrition and healthy cooking for all ages.	<ul style="list-style-type: none"> • <u>Health Behaviors</u> • <u>Clinical Care</u> • Social & Economic • Physical Environment 	2010
No Wrong Door: Access to Health Care for All	By developing cross-sector coordination, HCC improved policies to increase access to health care in a region with a shortage of health care professionals (including dental). Most importantly, social services, mental health and rural health clinics, and substance abuse treatment groups all agreed to use a ‘no wrong door’ response and a supportive system of follow-up. This has been a success for both the agencies and the health of area residents.	<ul style="list-style-type: none"> • <u>Health Behaviors</u> • <u>Clinical Care</u> • Social & Economic • Physical Environment 	2013
Sense of Purpose & Sustainable Community Development	Radical inclusion, and the recognition that everyone has something important to contribute to the community, has been central to HCC connecting people to opportunities for job skills training, meaningful volunteer work, higher education, and vocational rehabilitation. By respectfully ‘meeting people where they are’ we’ve increased the job and life skills and ‘sense of purpose’ in our region.	<ul style="list-style-type: none"> • Health Behaviors • Clinical Care • <u>Social & Economic</u> • Physical Environment 	2006



HCC’s Health and Wellness Hub’s vision is for Lyon and Storey Counties to be a culture of positive relationships within and across our communities where people are thriving, children and youth are ready for careers, and people are engaged in positive, meaningful and productive activities, making choices that keep themselves safe, healthy and economically viable. With reference to student and family wellness, since 2013, HCC has acted as a backbone organization, with funding through Safe Schools/ Healthy Students (SSHS) grant, to bring together schools, juvenile probation, mental health professionals, prevention and treatment groups, HCC’s Resource Coordinators, AmeriCorps members, social workers (Safe Schools Professionals), social services, nonprofits, etc. to 1) prevent Behavioral Health problems (including substance use); 2) to promote Mental, Emotional and Behavioral Health; 3) to promote Early Childhood Social and Emotional Learning; and 4) to connect families, schools and communities. The SS/HS project provided the support and technical assistance to build even stronger partnerships between the Lyon School District and the Healthy Communities Coalition—and all of their community partners, resulting in creative solutions to sharing information, creating shared protocols for parental consent, and bringing dental, medical and mental health services to students and their families as part of their school day and learning experience. Over four years the Health and Wellness Hub began testing some of their systems change models through the placement of school-based Resource Coordinators and Safe School Professionals. In Lyon County, Healthy Communities Coalition was the convener for this project and worked closely with the school district leadership to meet the goals of the project. HCC’s funding of School Social Workers or Safe Schools Professionals and Resource Coordinators in the schools also serve as a bridge, not only between

school and home, and school and community, but also between one community agency and another. For example, HCC's Resource Coordinators provided 1,032 services to 733 unduplicated students/ families in Lyon County between September 1, 2017 and June 30, 2018. Mental health referrals constituted 17% of those services. Of those requiring community-based mental health supports and services, 33.2% of students and families actually received them. Fewer fights were reported on school property, and in one Lyon school where HCC introduced a family style lunch for the purposes of social/emotional learning, there was a 68% reduction in school fights by 2017. According to the YRBS, the percent of students in Lyon who used alcohol in the last 30 days dropped from 36.8% in 2013 to 30.4% in 2017 (a decrease of 17.4%). Working together, the Health Hub partners achieved an increase of 67% (total of 966 in 2018 compared to 390 in 2014) in the percentage of children in Lyon age 5 and younger that received routine developmental screenings. From 2014-2018 a total of 2,298 children were screened using the ASQ and ASQ-SE.

With regard to HCC's Health Hub and the wider community, Nevada Community Health Workers, funded in part through HCC, interact with 450-700 families per week at HCC's food pantries in Yerington, Silver Springs and Dayton. The CHW are trained in topics such as diabetes, nutrition, tobacco cessation, family planning, oral health, etc. In addition to increasing food security, the pantries serve as one-stop-shops with referrals to substance abuse prevention and treatment, health care services, prescription drug round ups, social services, employment training, local volunteer opportunities, etc. Significantly, HCC and its Health and Wellness Hub partners were selected as one of ten **national** finalists for the Robert Wood Johnson Culture of Health prize in 2018.

Suicide Prevention

SOS Signs of Suicide (SOS) in Lyon County: HCC staff educated over 1,000 students in spring 2018 alone in Signs of Suicide. HCC worked collaboratively with mental health agencies/therapists, school staff, school counselors to meet the needs of students. Over the last few years, HCC has helped schools develop evidence-based suicide assessment protocols for districts so that students can get the help they need. (CSAP Problem Identification and Referral; Prevention Education Strategy)

Information Campaigns and Social Marketing

The Coalition members work together to reach the general public and school populations and senior populations with newspaper articles, radio announcements, television news, etc. on the opioid drug epidemic, alcohol related harm, tobacco use, etc. HCC staff also disseminates information through Coalition Facebook and Instagram. Staff also tracks and shares information on HCC activities and relevant information on trends in substance use, prevention, and recovery and the promotion of wellness in general. (CSAP Information Dissemination Strategy)

Little Free Libraries in Dayton, Silver City, Silver Springs

Hundreds of books have been selected from HCC's Little Free Libraries by children visiting the Dayton and Silver Stage Food Pantries. For rural children in areas with no public transportation, these "tiny libraries" increase opportunities to read (CSAP Alternatives and Community-Based Processes Strategies)

Youth and Adult Job and Life Skills Training: Community Roots & Shoots

Youths with special needs, youths and adults in the probation system, and adults and youths seeking job skills and volunteer opportunities work with the staff at Community Roots & Shoots, HCC's garden center and floral shop whose proceeds benefit school and community gardens and HCC programs. (CSAP Problem Identification and Referral)

Prescription Drug Take Back and Round Up 2018

HCC staff, volunteers and AmeriCorps members worked with area law enforcement to round up unused prescription and over the counter medications during Drug Take Back events, including in October of 2018 when 4,000 methadone pills and a significant number of Percocet pills, among many other pills, were brought to round up events in Dayton and Fernley (as reported by the Lyon County Sheriff). Lyon County residents were urged to safely dispose of their unused and expired prescriptions and over-the-counter drugs in an effort to prevent medicine misuse and theft and water pollution. The service includes publicity about the availability of "take back" locations at the Lyon Sheriff's Dept. and police substations. (CSAP Environmental Strategies)

Naloxone Trainings

HCC helped arrange and sponsor Naloxone harm reduction training and distribution of Naloxone to those trained during 7 separate trainings in 2018 at various locations in Yerington, Fernley, Dayton, Hawthorne, and Silver Springs. 65 individuals received this training.

Expansion of Organic School Gardens and School Salad Bars

In a collaborative grant writing effort in 2017 including HCC, farmers, teachers, etc., the Lyon School District was awarded more than \$45,000 from the state agriculture department to expand three of the nine existing school gardens in Title I schools, and to implement two additional school gardens and hoop houses in Title I schools. As part of this funding, farmers will work with students to add micro-greens to their school garden harvest, and to incorporate the high-nutrient food into the school salad bars. In addition, through a winter 2017 regional meeting of HCC and other stakeholders, the University of Nevada Reno's Cooperative Extension department has recognized the value of connecting their programmatic elements, such as education about vegetables and fruits and good nutrition, to ongoing food systems improvement work being carried out together by farmers, USDA, food co-operatives, HCC, and schools.

Opioid Overdose Community Preparedness Planning

In October of 2018, Healthy Communities Coalition's Deputy Director, Quinn Cartwright, Morgan Green of CASAT and Sarah Dillard of CCI presented to the Mineral County Stakeholder's Meeting on the scope of work for an Opioid Overdose Community Preparedness Planning Grant to be created with stakeholders in Mineral, Lyon and Storey by 2019. Quinn wrote the successful grant application that will benefit Mineral, Storey and Lyon. Funding comes from the Division of Public and Behavioral Health and Healthy Communities sub grants funds to help Mineral, Lyon, Storey create plans.

Planning



Planning

Need	Goal	Objective	Activities	Outcomes
Reduce Suicide Rates	1) Promote Emotional Wellness through wellness model	Connect Resource Coordinators, Social Workers to youth and families in sharing out information	1) Prevention campaigns 2) Resource campaigns	Reduction of suicide completions and attempts
Access to Mental Health Care	2) Increase knowledge of youth around warning signs of suicidal ideation	Education through training and groups	3) Awareness campaigns	People with mental illness, trauma, or addiction disorders diverted from justice system
Access to Treatment	3) Reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health and behavioral health care systems and by diverting people with substance use and mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery.	Problem Identification & Referral	4) Signs of Suicide implemented throughout the Lyon County School District and trainings to staff	Comprehensive system of care
Increase use of anti-depressants in both youth and adult populations	4) Increase understanding of mental and substance use disorder prevention and treatment services and activities to achieve the full potential of prevention and assist people in accessing/getting help for these conditions with the same urgency as any other health condition.	Coordinate partners in creation of cross sector process	1) Embed prevention curriculums in school-based groups	Increased resources readily available for youth, families and providers
Address Stigma of mental illness and addictions	5) Ensure a sustainable rural system of care for mental health.	Coordinate Community Based Process	2) Local trainings of providers	
Address alternatives to Justice system			1) MOU's with Mental Health Providers 2) Safe Voice Call Line 3) Resource Trainings and collaboration with Mental Health providers, First Responders, School personnel, and Law Enforcement 4) Emotional Intervention system at all levels of	

			<p>education not just high school.</p> <p>1) Ordinances and procedures for trying every option before criminal justice system</p> <p>1) MOUs with courts and providers to divert justice system</p> <p>2) Collaboration with primary health, mental health, and treatment providers to serve rural population holistically and sustainably</p>	
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Physical Wellness--Nutrition Logic Model

Need	Goal	Objective	Activities	Outcomes
<p>Improve access to nutritious food</p> <p>Increase consumption of fresh fruits and vegetables</p>	<p>Promote Physical Wellness through wellness model</p> <p>1) Meet the food needs of low-income individuals in a healthy and sustainable manner</p> <p>2) Increase our community capacity in providing food needs using locally grown food and</p> <p>3) Promote good preventative nutrition to families of low income.</p>	<p>Information Dissemination among families, community members and partners</p> <p>Dayton, Silver Springs, Yerington food pantries addressing food insecure families</p> <p>Dayton regional weekly back pack program</p>	<p>1) School Gardens in 8 schools</p> <p>2) Middle school students' mentor elementary school students in the importance of knowing where their food comes from</p> <p>3) Leadership teams formed during summer months to learn and grow within the gardens.</p> <p>4) Middle school leaders teach elementary school youth leaders advocate to include school garden produce to be used in the lunchroom.</p> <p>5) Family Style Dining in Middle School, encouraging social interaction and healthier food choices</p> <p>6) Healthy recipes provided to low income families via food pantries</p>	<p>1) Increased consumption of fresh fruits and vegetables</p> <p>2) 1500 students are exposed to learning, growing and harvesting from school and community gardens</p> <p>3) Youth leaders empowered to make informed decisions</p> <p>4) Increased access to affordable fresh fruits and vegetables</p>

			<p>7) Middle and elementary school children experiment with cooking from their gardens</p> <p>8) Outreach to local markets in providing increased fresh fruit and vegetables at lower price point using "match" coupons</p> <p>9) Assist volunteers in help run Dayton Food Pantry</p> <p>10) Assist volunteers to run Dayton regional back pack program</p>	
		Point of Purchase/Promotion	<p>1) Local Task Forces work with Nutritionist to determine most popular unhealthy snacks and healthy alternatives</p> <p>2) Task Forces work with local grocery outlets to get them as partner-- incentive is free advertising to parents and schools</p> <p>3) Quarterly Campaign in grocery outlets to promote those healthy</p>	

			alternatives: coupons, advertising, healthy snack options	
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Physical Wellness—Health Access Logic Model

Need	Goal	Objective	Activities	Outcomes
<p>Improved Access to Medical Services</p> <p>Improved choices for Mental Health other than state services</p> <p>Increased collaboration with Mental Health providers and Treatment providers working together for dual diagnosis.</p>	<p>Increase access to appropriate high quality care, and to reduce disparities that currently exist between the availability of services for substance abuse, mental disorders, and other medical conditions.</p>	<p>Information Dissemination among families, community members and partners</p> <p>Education</p> <p>Partner with state and local agencies to ensure wrap around services are in place</p> <p>Collaboration among partners to increase ROI's</p> <p>Increase engaged collaboration through MOUs</p>	<p>1) Local resource trainings to deputies, school employees, county social workers, state social workers who work in our region.</p> <p>2) Recovery resources distributed—monthly but concentrated 3x per year</p> <p>3) Community Health Workers will assist community members in connection to services.</p> <p>4) Work with partner agencies encouraging braiding of funding and shared employees.</p> <p>5) Work with UNR School of Medicine bringing Rural Outreach Clinics to rural communities.</p> <p>6) Collaborate with Access to Healthcare and other agencies</p> <p>7) Sharing of information through Release of Information among multiple partners such as Lyon County Human Services, Community Chest, Nevada Health Centers, Rural Counseling, etc.</p>	<p>1) community members have options for healthcare</p> <p>2) reduction in people in Lyon County using Carson ER</p> <p>3) diversify rural providers through MOU's</p> <p>4) Create HIPPA qualified shared information forms</p> <p>5) Local providers stay up to date on Healthcare reform.</p> <p>6) Telemedicine is a tool that local providers access</p> <p>7) Increased completion of ROI's among partners</p>

Occupational and Environmental Wellness Logic Model

Need	Goal	Objective	Activities	Outcomes
<p>Increase knowledge of youth and students as to where their food comes from.</p> <p>School yards are bleak with little area to relax</p>	<p>1) Promote Environmental Wellness through wellness model</p> <p>2) Increase our community capacity in providing food needs using locally grown food</p> <p>3) This project hopes to solve our nutritional issues by exposing families through multiple strategies to more fresh food and by re-connecting children and families to the source of their food, and by teaching them the link between nurturing their bodies with healthy food and nurturing the environment through growing organic food.</p> <p>4) Assist people getting jobs through volunteering.</p>	<p>Robust School and Community Gardens</p> <p>Recruit youth and their families to engage in gardens</p> <p>Information Dissemination through school and community garden classes</p> <p>Support volunteering within the gardens</p>	<p>1) 8 School Gardens/Living Playgrounds and Community Gardens are planted</p> <p>2) Creation of garden electives, clubs and after school groups to grow, harvest and maintain school gardens</p> <p>3) Recruit family and community members, inclusive of food pantry clients to grow, harvest and community gardens</p> <p>3) Summer classes held within community gardens promoting healthy eating, healthy lifestyle</p> <p>4) Volunteers increase skills around expectations and responsibilities through training, scheduling, and capacity building</p>	<p>8 school gardens and 2 community gardens exist</p> <p>Youth and families empowered to create home gardens</p> <p>Increased knowledge of and consumption of fresh fruits and vegetables</p> <p>Gardens also promote relaxation and art in schools</p> <p>Youth interested in eating locally grown produce as shown in survey</p> <p>Volunteers empowered to use their working knowledge in pursuit of employment</p>

Social Wellness Logic Model--Meth

Need	Goal	Objective	Activities	Outcomes
Reduce Adult use of Meth Reduce Parent use of Meth exposing children Reduce Meth initiation Increase Recovery of Meth users focusing on parents	1)Promote Healthy Families via sobriety 2) Reduction of all Meth use 3) Community is aware and is empowered to keep drug trafficking out of their neighborhood. 4) Prevention of Substance Abuse and Mental Illness--sustain Prevention Prepared Communities where coalition partners will take action to promote emotional health and reduce the likelihood of mental illness and meth addiction.	Provide Information Dissemination among families, community members and partners	1) Information on zero tolerance campaign to adults supplying alcohol to youth 4 news and blog articles per year 2) Recovery resources distributed—monthly but concentrated 3x per year 3) prevention information distributed 3x per year 4) Stand Tall Prevention Teams in every high school and middle school	Adult treatment admission rates for Meth decrease. Meth arrests first increase and then decrease to lower than our current base line Fewer youth reporting Meth use.
		Education through trainings and groups	School campaign during health classes and school assemblies and Stand Tall groups	
		Problem Identification & Referral through partner collaboration	Youth are empowered with resource knowledge to help their parents in their	

			<p>addiction when they are ready</p> <p>*Youth whose parents are addicted get social support at school—focusing on potential trauma in their lives.</p>	
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Social Wellness Logic Model—Prescription Drugs/Marijuana/Opiates/Vaping

Need	Goal	Objective	Activities	Outcomes
<p>Reduce Parental use Prescription Drugs/Marijuana/Opiates</p> <p>Reduce Drug initiation</p> <p>Reduce vaping use adults</p> <p>Eliminate vaping use youth</p> <p>Increase Recovery of people who are addicted focusing on parents</p> <p>Increased supports for youth suffering with parental addictions</p>	<p>1) Reduce Prescription Drug, Marijuana and Opiate and vaping misuse among youth and families by providing engaging activities and promote healthy families via sobriety</p> <p>2) Eliminate youth vaping through education, engaged group settings and peer to peer engagement</p> <p>2) Prevention of Substance Abuse and Mental Illness--sustain Prevention Prepared Communities where coalition partners will take action to promote emotional health and reduce the likelihood of</p>	<p>Provide Information Dissemination among families, community members and partners</p>	<p>1) Information campaign on Prescription Drugs/Marijuana/Opiates targeted to parents.</p> <p>2) Stand Tall Prevention Teams in every high school and middle school, meet weekly empowering youth to raise awareness in peers</p> <p>4) Peer to peer marijuana/vaping campaign reaching 9000 youth.</p> <p>5)Monthly Coalition meetings enable presentations, sharing of information, resources</p>	<p>1) Reduction in drug use arrests as report by Juvenile Probation Departments.</p> <p>2)Support programs in every school to assist youth struggling with parental addictions</p> <p>3)Increased knowledge of harms and effects of drug use</p> <p>3) Reduction of drug related crashes and fatalities</p> <p>4) Improved collaboration</p>

	mental illness and addiction.			
		Education through campaigns and groups	<p>1) School campaign during health classes and school assemblies where resource information is taught.</p> <p>2) Stand Tall Prevention Teams empower youth to mentor younger students and create peer to peer engagement</p>	
		Problem Identification & Referral to resources and services	<p>1) Youth are empowered with resource knowledge to help their parents in their addiction when they are ready</p> <p>2) Youth whose parents are addicted get social support at school— focusing on potential trauma in their lives.</p>	
		Coordinate drug disposal events	<p>1) 2 Prescription Round-ups</p> <p>2) Distribution of deterra bags</p>	

		Support Community Based Process through collaboration	<p>1) People are diverted to treatment not prison for Alcohol use.</p> <p>2) Youth whose parents are addicted get social support at school— focusing on potential trauma in their lives.</p> <p>3)Coalition meetings monthly, open to all to learn, share and collaborate</p>	
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Social Wellness Logic Model--Alcohol

Need	Goal	Objective	Activities	Outcomes
<p>Reduce Parental use of Alcohol</p> <p>Reduce Alcohol initiation</p> <p>Increased Recovery of Alcoholics focusing on parents</p>	<p>1)Work collaboratively with local, community and state organizations to promote healthy families via sobriety</p> <p>2) Prevention of Substance Abuse and Mental Illness--sustain Prevention Prepared Communities where</p>	<p>Information Dissemination among families. community members and partners</p>	<p>1) Information on zero tolerance campaign to adults supplying alcohol to youth 4 news and blog articles per year</p> <p>2) Recovery resources distributed—monthly but concentrated 3x per year</p> <p>3) prevention information distributed 3x per year</p>	<p>1) Reduction in age of initiation of alcohol</p> <p>2) Reduction of 30 day use of alcohol</p> <p>3)Support programs in every school to assist youth struggling with parental addictions</p> <p>4) Reduction of alcohol related crashes and fatalities</p> <p>5) Reduction alcohol sold to minors</p> <p>6) Reduction of deaths and injury accidents at Lahontan due to alcohol consumption.</p> <p>7)Increased knowledge of harms and effects of alcohol use</p>

<p>Support for youth suffering with parental addictions</p>	<p>coalition partners will take action to promote emotional health and reduce the likelihood of mental illness and alcohol addiction.</p>		<p>4) Stand Tall Prevention Teams in every high school and middle school—100 youth in teams reaching 9000 youth. 5) Awareness campaign for FASD (September)</p>	
		<p>Education through campaigns and groups</p>	<p>1) School campaign during health classes and school assemblies where resource information is taught. 2) Stand Tall Prevention Teams receive education from Program Coordinator and transfer knowledge to peers and younger students</p>	
		<p>Problem Identification & Referral</p>	<p>Youth are empowered with resource knowledge to help their parents in their addiction when they are ready *Youth whose parents are addicted get social support at school—focusing on potential trauma in their lives.</p>	

Social Wellness Logic Model--Recovery

Need	Goal	Objective	Activities	Outcomes
<p>Reduce barriers to treatment</p> <p>Eliminate Stigma around using Mental Health or Treatment services</p> <p>Increase Mental Health services in our rural communities.</p> <p>Ensure resources are utilized to the utmost</p> <p>Deepen collaboration to piece together wrap around services</p> <p>Eliminate barriers to collaboration such as hippa, billing, and different policies profit and procedures for state services versus county versus non-profit</p>	<p>1) Work collaboratively with local, community and state organizations to promote healthy families via sobriety</p> <p>2) Support service men and women – Active Duty, National Guard, Reserve, and Veterans – together with their families and communities by leading efforts to ensure needed behavioral health services are accessible</p> <p>3) Compassion on demand closely followed by treatment.</p> <p>4) Reduce impact of violence and trauma by integrating trauma-informed approaches throughout health and behavioral health care systems and by diverting people with substance use and mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery</p>	<p>Information Dissemination among families, community members and partners</p>	<p>1) Local resource trainings to all new deputies, school employees, county social workers, state social workers who work in our region.</p> <p>2) Recovery resources distributed—monthly but concentrated 3x per year</p>	<p>1) Increased MOUs between service providers</p> <p>2) Clients can access and maneuver our system with care without huge frustrations as shown by customer service satisfaction surveys</p> <p>3) People are diverted from judicial system</p> <p>4) Support Groups for teens who are struggling with care giver addiction are at every school.</p>
		<p>Education through campaigns and groups</p>	<p>1)Compassionate education for family members struggling</p>	

			<p>with a family member who is mentally ill or addicted—even if that family member is not yet in treatment.</p> <p>2) Collaboration among treatment providers and community-based organizations inclusive of veteran’s services to connect to and participate in groups</p>	
		<p>Problem Identification & Referral</p>	<p>1) Youth are empowered with resource knowledge to help their parents in their addiction when they are ready</p> <p>2) Youth whose parents are addicted get social support at school via school based social workers and community health workers—focusing on potential trauma in their lives.</p> <p>3) Military Families receive support and services via multiple veteran organizations working together, sharing resources</p> <p>4) Local businesses will be targeted in each community for training on recovery, mental illness, and resources available</p>	

Intellectual Wellness Logic Model

Need	Goal	Objective	Activities	Outcomes
<p>Increase Graduation rates</p> <p>Increase art and music in schools</p> <p>Increase youth employment rate</p>	<p>1) Work collaboratively with school district to provide youth supportive services</p> <p>2) Utilize school gardens as a template for art and music</p> <p>3) Promote service learning and volunteerism at schools</p> <p>4) Community Service is relooked at as a way to re-integrate youths at risk into the community</p>	<p>Information dissemination among school staff, students and families</p>	<p>1) Students are exposed to available supports such as tutoring and life skills</p> <p>2) Prevention teams will use art to share out messaging</p>	<p>1) Increased engagement in tutoring and life skills offered</p> <p>2) 50 youth complete 120 hours of service</p> <p>3) Youth are diverted from judicial system to community service</p> <p>4) 20 providers, business, and agencies utilize youth volunteers.</p>
		<p>Ignite Sparks</p>	<p>Developmental Asset and Sparks trainings will be available for teachers and prevention providers.</p>	
		<p>Service Learning</p>	<p>Youth can earn high school credit for service learning projects or 120 hours of volunteerism.</p>	
		<p>Community Based Process</p>	<p>Providers and business will utilize youth volunteers in a meaningful manner</p>	

Evaluation



Evaluation

Healthy Communities Coalition of Lyon & Storey Counties' Evaluation Plan

Following is a brief summary of the main evaluation methods that will be used in measuring progress toward the HCC's goals and objectives.

Evaluation Strategies and Measures

Goal 1: Reduce substance abuse among youth and over time among families and adults by decreasing community, family, school and individual risk factors that contribute to substance abuse and by increasing protective factors/assets that contribute to resiliency in Lyon, Storey, and Mineral Counties.

Sample questions: Do youth increase the knowledge, skills, behavior, and assets in the intended ways? Do community norms change and become less favorable toward alcohol and drug use?

Process Measures: Facilitated discussions with Coalition members: program attendance rosters.

Intermediate Measures: Documented changes in local policies and practices around alcohol and drug use: youth focus groups.

Long Term Measures: Bi-annual Youth Risk Behavior Survey results; Community Norm Surveys

Long-Term Measures: Community Norms Survey; county statistics on ATOD use

Goal 2: Strengthen Healthy Communities Coalition's and Yerington Paiute's capacity to reduce substance abuse in youth throughout Lyon, Storey, Mineral Counties and Yerington Paiute Reservation.

Sample questions: What factors increase collaboration between partners in the coalition? What traditions inherent to the tribal community support coalition-building and youth involvement in community life?

Process Measures: Attendance rosters: facilitated discussions among members of the coalitions during planning sessions.

Intermediate Measures: Key Stakeholder Interviews; Stories of Tribal elders and youth;

Partnership Surveys; Adult Attitudes Survey

Long-Term Measures: Document analysis of funding sources and allocation of funds across Lyon, Storey, and Mineral communities.

Community Reporting

Community Reporting is a strength for HCC because our youth and adult community task force members are very involved in the evaluation processes and so reporting this to community leaders, school boards, parent groups, and service clubs is natural next step. Our youth also really seem to enjoy making the presentations. We have found that going to the places and times when community members meet work better than calling town hall meetings, but we do both. For this project HCC plans to report to the community at community forums and already existing meetings such as the school board meetings or church gatherings yearly ensuring that each community has at least one community forum and task force members have attended several meetings that represent different sectors in their community.

Appendices

A History of HCC's Collective Impact Approach and Measurable Outcomes

Rural Mineral, Storey and Lyon counties, spanning thousands of square miles, is located in western Nevada. The region includes dozens of rural frontier towns, all with unique identities and histories they're very proud of. The collaborative work described here includes honoring the character of each community, and an understanding of how each uniquely contributes assets to the region as a whole.

The national economic downturn of 2008 hit Lyon County, one of the counties in our service area, extremely hard. Lyon County was the second fastest growing county in the U.S. with a population of 54,963, having jumped from a population of just 34,501 in the year 2000. This growth was due to the inexpensive housing available so close to the high-priced housing of nearby Lake Tahoe and Reno. As a result, many first time homebuyers, as well as retirees looking for more affordable homes, moved to Lyon County. Then the housing market crashed. Lyon County's home foreclosure rate became the highest in the state according to the National Realty Association. At about 15%, Lyon's unemployment rate was among the highest in the nation for several years, peaking at nearly 20% in 2009.

Infrastructure development did not keep up with the population boom, and services were playing catch-up in a grim economic environment by 2008. Many families were stuck in a rural environment that was expensive to live in due to a lack of services and public transportation, a sudden tripling of gas prices, and very little choice in food outlets. This lack of availability impacted youth, with 56% of middle and high school youth reporting eating no green leafy vegetables (2009 Youth Risk Behavior Survey). This lack of available nutritious food, combined with unhealthy eating behaviors, resulted in our area reporting high rates of chronic disease and other health risks. In addition to record high unemployment and foreclosure rates, the food banks in each of our communities were reporting 100% increase in use. And because of their rural/frontier nature, many communities in Lyon County were also medically underserved. Unfortunately, all of this took a toll on community members and in 2009 the Lyon County Sheriff reported an unofficial number of 28 suicides. Lyon County was faced with a complex wellness crisis related to food security, access to health care, chronic health conditions, and employment.

With all of these facts in mind, by 2010 work to increase food security in a healthy way, while supporting the local food system using interagency approaches and collaboration with multiple stakeholders, began in earnest. This approach resulted in HCC's ongoing collaborative initiative called the Healthy Food Hub.

By 2013, HCC began modeling a way for agencies and groups to use "collective impact" concepts, intentionally working together toward measurable successes that could be achieved as a team (i.e., a common agenda; a shared measurement system; mutually reinforcing activities and continuous communication.) HCC's approach included cross-sector teams to increase access to affordable medical, mental, and behavioral health services included using data-driven decision-making, open-mindedness, and a "prevention first" strategy.

Community volunteers, along with diverse groups, pooled time, skills and resources to rebuild a healthier regional system based in equitable access with more opportunities to manage one's own health. Our story shows that collective effort is effective.

Four Successful Outcomes

1) Promoting Mental Health

The 2009 spike in suicides in Lyon County spurred HCC toward a multi-sector approach, using evidence-based strategies, to improve access to services and resources for those experiencing mental illness and/or addiction to alcohol, prescription and other drugs, and to step up early intervention and prevention work.

Suicide Prevention: In 2010, Lyon schools, first responders, elected officials, service providers, mental health counselors, nonprofits, senior center directors, youth groups, nonprofits, and suicide prevention experts worked with HCC to craft a consolidated, effective action plan to address the suicide and suicide attempt rate in Lyon area communities. The action plan was made with guidance from Nevada Office of Suicide Prevention which stressed that suicide prevention requires a paradigm shift in the community that comes about not only through training, early intervention beginning in childhood, awareness of suicide warning signs, reduction of alcohol and other substance abuse, and increased access to mental health care and intervention services, but also through increased compassion and kindness at every level of a community. Subsequently, hundreds of community members and staff from multiple sectors were trained in suicide prevention and many became trained as trainers; a crisis text line number was promoted at middle and high schools in a collaboration among public schools, HCC, University Nevada Reno and state offices; mental health experts from local, state and private agencies came together with HCC to conduct 'Teen Screen', a mental health assessment tool with follow up for middle and high school students that was subsequently promoted by Nevada's First Lady, Kathleen Sandoval. By 2015, students at every middle and high school were trained in S.O.S. by HCC (signs of suicide) in a partnership with schools.

Schools and Families: To promote mental health, schools and nonprofits such as Central Lyon Youth Connections worked together to keep licensed social workers in the schools with ongoing (nonclinical) groups on grief and loss, stress management, individual support for coping skills, etc. Memos of Understanding between the school district and the state rural mental health clinics allowed students to make appointments and receive services at the school site. In a partnership between the schools and HCC, school-based resource coordinators now serve as bridge employees between community resources and school staff, students and their families. Human Services and nonprofits such as Community Chest created new staff positions based on early childhood social/emotional learning, home visiting for parents, and early intervention (such as Nevada Families First). Peer-to-peer youth teams like HCC's Stand Tall continue to receive extensive education in prevention strategies and public speaking and lead alcohol, prescription and other drug use prevention campaigns in their school systems throughout the school year.

Behavioral Health: By 2014, law enforcement, social services, hospitals and health care groups, mental health and substance abuse treatment groups, and nonprofits such as HCC formed memos of understanding to reduce recidivism among those with mental health and/or behavioral health challenges. Examples of resulting collaborative, cross-agency strategies include data sharing, expanded training for first responders, and FASTT and MOST initiatives (HCC provided initial funding for FASTT and MOST). The Mobile Outreach Services Team (MOST) includes a deputy with training in mental health, and a mental health professional from state rural mental health, conducting home visits with people for whom they receive referrals. The Team helps to connect people with resources and groups. Forensic Assessment Safety Triage Team (FASTT) involves mental health assessments at the jail by mental health professionals, and referrals and connections to any needed regional resources in social services, mental health, drug and alcohol abuse treatment, job skills training, housing, etc. The result has been a large and measurable reduction in crisis calls, recidivism, and increasingly effective cross-agency communication and collaboration.

2) HCC's Healthy Food Hub

By 2010 the hard work to improve our area's food system began. HCC's goal was to create a regional "healthy food hub" by connecting farmers, groups, businesses and community volunteers who also want an affordable, accessible and fair food system. Moving to a system rooted in health, equitable access to good nutrition, and economic sustainability wasn't going to be something one farm, one agency, one school, one citizen, or one politician could do alone. It became obvious that we'd all need to work together to succeed.

Changing the Food System: HCC worked with state, federal and tribal groups to sponsor and organize several regional Food System Summits focusing on strengthening collaboration through partnerships among farmers, USDA, food banks, university cooperative extension, food businesses, schools, etc. Subsequently, through cross-sector collaboration, our local and regional food systems have steadily strengthened, with additional economic opportunities for farmers and food entrepreneurs, and expanded access to healthy food for everyone, including the most vulnerable.

Increasing Demand for Fresh Food: In addition to expanding access to healthy food, there was a need to increase willingness to consume fresh fruits and vegetables, etc. Accordingly, community nonprofits such as HCC, dietitians, chefs, AmeriCorps members, gardeners, farmers and community health advocates came together to offer free healthy cooking, gardening, and canning classes and to develop popular community gardens in all three counties.

School Gardens and Beyond: In school settings, research showed that children who participate in hands-on learning in their school gardens and in cooking lessons using what they grow, are likely to eat the vegetables and fruits they see on their school lunch trays. What's more, they're likely to ask for vegetables and fruits at home. Understanding this, the Lyon School District opened their doors to initiatives like Farm to School grants awarded to HCC that helped connect teachers, students, parents, farmers, local businesses and volunteers who developed school gardens, garden clubs, and cooking classes using school garden produce. Eventually, HCC helped introduce salad bars including produce sourced from local farms and school gardens, throughout Lyon schools. Today there are 9 beautiful school gardens and hoop houses (low tech greenhouses) throughout the district. During the school year, students help maintain the gardens, and during the summer, Boys and Girls Clubs, Girls Scouts, youth with Juvenile Probation, teen garden interns, community volunteers and others help. Last year, Silver Springs welcomed an HCC pilot "Family Style Dining" approach where students enjoy healthy meals at tables with handmade table cloths, flower centerpieces, and teachers who sit with them, initiating conversations (and thus enhancing social/emotional learning).

Farmers Markets Are for Everyone: In a collaboration among farmers, State and federal agencies, and HCC, farmers markets with no booth fees for farmers were developed in Storey (Virginia City) and in Dayton and Silver Springs (Lyon). Women Infants and Children (WIC), SNAP, and USDA Senior Coupons are accepted as payment, along with cash, credit, etc. School garden produce is also sold at the markets, and teen interns learn to help manage the markets.

Volunteer-powered food pantries using a co-production model were developed by HCC in Dayton, Silver Springs and Yerington between 2009 and 2017. Volunteers and pantry guests take training in gardening, community resources, and healthy food choices. The pantries collaborate with schools and farmers markets to add more fresh produce to their food boxes, and serve as welcoming ‘one-stop shops’ with onsite job skills and employment agency staff, community health workers, information about substance abuse treatment and prevention, and periodic free immunization clinics.

3) No Wrong Door: Access to Health Care

Health Care Provider Shortage: In 2012, multiple organizations serving our region, and hundreds of community volunteers, came together to support a pop-up clinic with completely free dental, vision, medical and mental health services provided by licensed professionals volunteering their services. The event, called Medical Outreach Response Event (MORE) was held in one of the Lyon School District’s gyms and open to anyone who showed up. Patients arrived from Lyon, Storey, Churchill, and beyond. Hundreds of community volunteers served as general support, directing traffic, providing meals for visiting health care professionals and patients, setting up tables, etc. Dozens of nurses, doctors, dentists, and mental health professionals traveled from around the state to volunteer. Local, state, tribal and federal groups came together to plan the event and pool resources. After the event, everyone agreed more was needed, especially in the area of dental care. However, Nevada has a well-documented shortage of dentists and other doctors.

Improving Policies: The next step, spearheaded in 2013 by HCC with enthusiastic support from Lyon and Storey organizations and individuals, involved a wide range of groups from throughout Nevada working together to change Nevada law to allow out of state providers to volunteer at free, temporary clinics such as MORE. Together, community members in need of care, and staff from Lyon County Human Services, community nonprofits, oral health coalitions, rural health groups, Nevada legislators, etc. worked together and solved the complex logistical and state policy barriers preventing out of state health care professionals from serving Nevadans in need. Over the next several years, MORE clinics continued. In addition, Remote Area Medical (RAM) an international group with extensive resources such as mobile labs that can produce hundreds of pairs of eye glasses per day, agreed to put Nevada on its busy schedule of pop-up clinics. Since 2014, RAM has worked with Nevada volunteers and groups to help bring free dental, vision, and medical services to thousands of Nevadans of all ages in both rural and urban Nevada, including in pop-up clinics in Lyon, Carson, Washoe, Nye, and Clark communities. These free clinics are first come, first served, no identification required.

The Warm Hand-Off: Although a variety of groups used the MORE and RAM clinics as opportunities to make sure anyone eligible was connected to local services plus Medicaid, Medicare, Veteran Benefits, etc., they realized they wanted, and could create, a better system in Lyon and Storey, with increased access to health care services and an emphasis on “prevention first,” and the belief that people can learn to manage their own health when given the opportunity. Accordingly, in 2013 HCC served as the backbone organization bringing together direct service providers, plus school administrators, and other nonprofits which began meeting monthly over lunch to engage in deep conversation and strategic planning. One strategy was

Dental Days in Lyon schools, with newly funded school-based resource coordinators helping to organize visits from rural health nurses providing fluoride treatments and education about good oral hygiene, and volunteer dentists providing exams, sealants, and fillings. In multi-level collaborations among local, state and federal groups, and HCC, Nevadans, including those from Lyon, were trained as community health workers serving the communities they love. They help connect residents with services, and teach classes in diabetes prevention and management, tobacco cessation, heart health, etc. Youth leaders in HCC's Stand Tall teams were trained to offer peer-to-peer education in good nutrition and the benefits of exercise. Most importantly, as staff from diverse groups began to know each other better, they developed cross-sector coordination and team work that led to a "no wrong door" response and a "warm hand-off" from one agency to another. This means that if someone needs to be referred to a different agency or department, staff will call ahead, with the client present, to let the agency know the client is on their way. Staff then makes a follow up call to make sure the client arrived. If not, staff follows up with client to identify any barriers, and to work together to remove those. This approach has led to a culture that supports experimentation and inquiry among agencies. It's a win-win for agencies, and for the residents of Lyon and Storey.

4) Sense of Purpose and Workforce Development

Access to higher education and to job and life skills development is also key to a healthy population. The 2008 economic downturn highlighted the need for more opportunities for rural residents to access college education, career and technical training, on-the-job training, life skills training, and vocational rehabilitation (protected employment) work sites.

Cultivating Teen Job and Academic Skills: In the harsh job climate after 2008, adults were given jobs previously typically held by teens. Nonprofits and foundations came together with the schools to work with teens throughout the year on academic success, employment and life skills. In HCC's Comstock Youth Works program, throughout the summer dozens of teens in Lyon and Storey are paired with area businesses where they can learn job skills while earning a stipend. Many of the teens later become employed by participating businesses after they graduated from high school. Others found work in job fields they're passionate about.

Everyone's Work is Important: Those returning from the military, incarceration, or long periods of unemployment were paired with work sites such as a nonprofit garden center and food pantries where they could re-establish their work history and learn new skills on the job. HCC matches people of all ages with physical, cognitive or mental health challenges with our welcoming vocational rehabilitation (protected employment) worksites. Key to this collaboration was "radical inclusion" and an understanding that everyone has something important to contribute.

Locals Promoting Access to Services: Lyon Human Services, Senior Centers, the school district, and HCC formed memos of understanding so that dozens of AmeriCorps members with HCC, ranging from young adults to elders, and hired from a pool of local long time HCC volunteers, have been able to serve vulnerable elders and children, those experiencing homelessness, etc. In addition, during their year of service, HCC's AmeriCorps members become certified Community Health Workers and are trained in suicide prevention, CPR, tobacco cessation, gardening, maternal health, and other skills. Because they're local, their skills continue to boost the capacity to advocate for health even after their service ends. And many have gone on to higher education with their AmeriCorps education stipend, or have found jobs they love with area employers.

Moving from Client to Volunteer to Employee and Advocate: After the 2008 economic crisis, many people who lost their jobs became full time volunteers with HCC's food pantries, community gardens, pop-up health clinics, etc. HCC's system for moving people from service clients, to volunteers learning new skills, to employed people and/or community leaders or peer-to-peer health advocates has resulted in many success stories. HCC and other regional nonprofits, state agencies, employment agencies, and county departments have worked together to provide the structure and support for this shift that has been a key part of increasing our region's capacity for promoting health, meaningful connection to community, and economic vitality.