

Churchill Community Coalition Comprehensive Community Prevention Plan

A comprehensive, research-based plan to reduce substance abuse and increase healthy youth and families in Churchill County, Nevada



CHURCHILL COMMUNITY COALITION

Update: 2018

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VISION STATEMENT:

“Building bridges to promote positive behavior.”

MISSION STATEMENT:

“To develop a thriving community through a cooperative youth risk behavior and substance abuse prevention effort.”

INTRODUCTION

About Churchill Community Coalition

Churchill Community Coalition is a 501 (c) (3) non-profit organization, funding community prevention services through effective grant research and management. The Churchill Community Coalition (CC Coalition) was established in 2001 after several community members noticed a significant increase in substance abuse, violence, teen pregnancy, and dropout rates among youth in the community. These community members represented the Churchill County Juvenile Probation, Churchill County Parks and Recreation, State of Nevada Department of Children and Family Services, Churchill County Social Services, Churchill County School District, FRIENDS Family Resource Center, and Fallon Police Department.

After review of the 2001 Youth Risk Behavior Surveys (YRBS), founding members began monthly planning meetings for a community-wide response to the noted issues of concern. Members researched appropriate funding sources supportive to programs in Churchill County. The Churchill Community Coalition became a stand-alone organization in January 2002.

For the last thirteen years, the Churchill Community Coalition (CC Coalition) has continued to accomplish its vision through a community-building process with initiatives including, but not limited to, community needs assessments, planning, community action, and prevention programming. The CC Coalition provides funding to the Fallon Police Department and the Churchill County Sheriff’s office, directed to enforcement programs of laws on underage drinking and driving under the influence. The CC Coalition provides substance abuse prevention funding to several other important community-based programs such as Churchill County School District, Fallon Youth Club’s After School program, Churchill County Sheriff Department, Fallon Police Department, CareNet Center, New Frontier Treatment Center and the Churchill County Juvenile Justice Center. The CC Coalition monitors and evaluates the efficacy of each of these programs through anecdotal and formal surveys of participants and community members.

The CC Coalition maintains several collaborative relationships with community agencies in order to effectively assess community needs related to: reducing underage drinking; tobacco and substance abuse prevention; mental health, health and wellness; suicide awareness and prevention; family planning and management; youth attitudes towards education; domestic violence; and drug endangered children. The CC Coalition has a nine-person volunteer Board of Directors, comprised of community stakeholders and Coalition members. Members of this board of directors represent sectors of the community including law enforcement, social services,

domestic violence, clergy, juvenile services, the Fallon Naval Air Station (NAS, Fallon), Churchill County School District, parents, and youth/families.

Geographic Service Area

The Churchill Community Coalition serves the geographic area of Churchill County, NV, which covers 4,930 square miles in rural-frontier West/Central Nevada. Churchill County has 5.0 people per square mile and contains no metropolitan areas, as defined by the US Census Bureau. The major population center in Churchill County is the City of Fallon. Churchill County is home to the Fallon Paiute Shoshone Tribe (FPST), the Stillwater Reservation and Colony, and the Naval Air Station, Fallon (NASF)—a United States Naval Air station and one of the largest military air bases in the world.

Churchill County at a Glance

Population*: 24,877

White*: 82.0%

African American or Black*: 1.6%

Native American*: 4.5%

Asian/Pacific Islander*: .02%

Hispanic or Latino*: 12.1%

Foreign Born Persons: 6.0%

Persons Under 18: 25.2%

Male: 50.3%

Female: 49.7%

Per Capita Income: \$22,347.00

Persons Below the Poverty Line: 10.0%

High School Graduates (Age 25+): 88.3%

Bachelor's Degree or Higher (Age 25+): 18.2%

Persons with a Disability (age 5+) 4,009

** Nevada State Demographer's 2010 Estimate*

Remainder: US Census Bureau

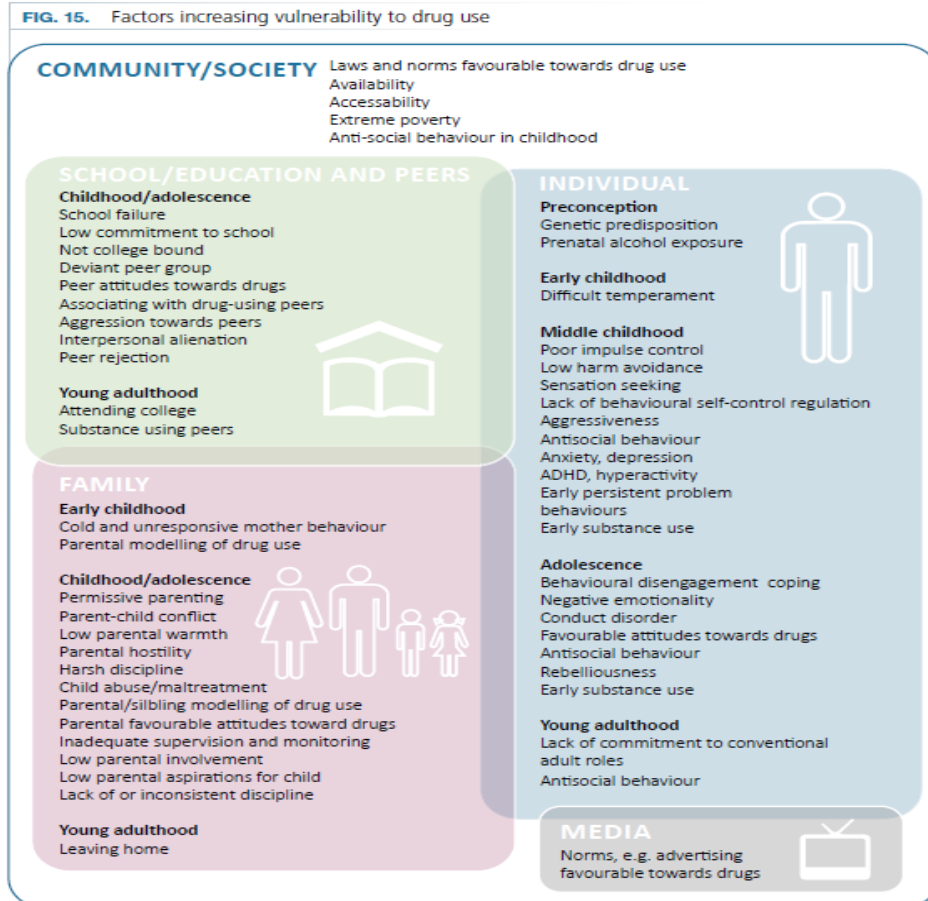
Target Population

The coalition members understand that, in order for the CC Coalition to reach its vision; ***“Building community bridges to promote positive behavior”*** the CC Coalition must strive to reach every community member. The success of a community coalition largely depends upon caring community members' involvement and leadership persistently working towards achieving the vision of a healthy and drug-free community

EXECUTIVE SUMMARY

Our current understanding of substance abuse and mental health has risen out of years of inquisition and experimentation. As technology and knowledge continue to expand, so does our practice in the fields of mental health, substance abuse, and general wellness.

Research shows that possible present risks in a young person’s life increase their possibility of becoming involved in problem behaviors. Research also shows that risk factors are related to five main problem behaviors including delinquency, violence, substance abuse, teen pregnancy, and school dropout. Likewise, protective factors that exist in a young person’s life act as buffers to significant life stressors. Protective factors, such as solid family bonds and the capacity to succeed in school, help safeguard youth from substance use. Studies have demonstrated that exposure to even a substantial number of risk factors in a child’s life does not mean that substance abuse or other problem behaviors will inevitably follow. Many children growing up in presumably high-risk families and environments emerge relatively problem-free. The reason, according to many researchers, is likely the presence of protective factors that reduce the likelihood that a substance abuse disorder will develop. The following chart presented by the United Nations Office on Drugs and Crime (UNODC) World Drug Report 2015, best defines the recognized risk factors that render individuals vulnerable to substance abuse, and other mental disorders.



Drug use is a developmental, multi-causal process influenced by the interplay of many risk and protective factors from different developmental contexts. The more distinct the risk factors, the greater the likelihood of drug use. In contrast, protective factors buffer the impact of risk factors.

Source: National Research Council and Institute of Medicine of the National Academies, *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities* (Washington, D.C., The National Academies Press, 2009).

Just as there are risk factors that contribute to mental disorders, substance abuse, risky behaviors, and suicide, there are protective assets that promote individual resiliency. According to the Center for Disease Prevention (CDC), “protective factors are individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events.” Protective factors can help individuals avoid risks and move through all the complexities tied to everyday life with confidence, promoting emotional, social competence, and self-efficacy. Examples of risk factors, protective factors and their domain are located in the table below.

Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

Mental health, mental illness, and mental disorders are phrases that are commonly heard by coalition members working in areas of substance and suicide prevention. However, the definitions of such terms cover a much broader area. Mental health is defined as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contribution to her or his community.” [7] Mental illness and mental disorders are defined as “disorders that affect your mood, thinking and behavior.” Examples of commonly identified mental illnesses include depression, anxiety disorders, addictive behaviors/substance abuse, and schizophrenia. [8] Factors contributing to mental disorders include genetics, family history, life experiences, stress, abuse, trauma, and brain injury. Alcohol and/or substance abuse can increase the risk of mental disorders, [9] especially in youth, whose developing brains are affected more severely by alcohol and substance use than that of adults.

According to the World Health Organization (WHO), 20% of the world’s children and adolescents have an identifiable mental illness, and half of diagnosed mental disorders start before they reach the age of 14. Recognizing risk factors to prevent mental disorders, along with identifying mental illness early on, are crucial factors that influence the life experience and overall wellness of our youth. Research shows that the second leading cause of death in people ages 15-29 is suicide, and that mental disorders and alcohol abuse are major contributors in suicides throughout the world. [7]

Knowledge of these factors has been key to coalition members' understanding of the Churchill County assessment, and instrumental in the creation of this prevention plan. Information from the Coalition's data assessment is presented regularly to CC Coalition community members. Although data was not readily available for all research-based risk and protective factors or assets, CC Coalition members have prioritized risk factors based on the available data and the experience and knowledge of the members.

PURPOSE OF A COMPREHENSIVE COMMUNITY PREVENTION PLAN

A community coalition begins when individuals come together to form an alliance whose purpose and combined actions build a better community. A Comprehensive Community Prevention Plan (CCPP) provides a coalition with a Strategic Prevention Framework for a coordinated effort with specific aims and goals. Coalitions that have a written strategic plan with measurable objectives are significantly more likely to report having a direct impact on reducing alcohol, tobacco and other drug use, along with the reduction of other problem behaviors in the communities.

This CCPP details the CC Coalition's structured, planned approach to strengthening: families; preventing youth alcohol, tobacco, marijuana, Rx drugs, and other drug use and abuse; and reducing rates of depression and suicide in our youth, military members, and retired veterans.

STRATEGIES FOR A COMPREHENSIVE COMMUNITY PREVENTION PLAN

As a child grows, his or her interactions with family, peers, schools, and community also grow and change. The opportunity to minimize risk and enhance protection exists within each one of these domains. To increase the likelihood for success, the prevention plan ensures that resources and services are made available in all domains. It is not sufficient to build a prevention plan that targets only the school domain or only the family domain.

The Churchill Coalition members met during May 2016 to gather and review information about existing programs and services. Churchill County is fortunate to have a number of services for youth and families on their team; however, CC Coalition members identified a need for additional services and resources within each domain for the following focus populations:

- All 12 to 19 year-old youth and their parents
- Elementary school age youth at risk of initiation of problem behavior
- Youth without supervision after school
- All youth struggling with attendance and academic issues and their parents
- Youth engaged in delinquent behavior and their parents
- Low income families
- Latino and Native American youth and parents
- Parents and community members at large

Family-focused programs have been shown to have a greater positive impact on youth substance use than parent- or child-only focused programs. One-shot activities and scare tactics have shown to be ineffective (*NIDA Notes Volume 14, Number 6, March 2000*). Effective principles in substance abuse prevention should:

- Increase protection and decrease risk
- Target all forms of drug abuse (including alcohol & tobacco)
- Equip parents to reinforce anti-drug norms
- Be adapted for specific local issues

In this CCPP, three strategies will be implemented to reduce the prioritized risk factors, increase protective factors, and decrease the likelihood of problem behaviors among youth. Action to carry out these strategies may include the expansion of existing programs and services, as well as the implementation of additional research-based practices. CC Coalition representatives have reviewed prevention literature to assess which programs and services are most likely to reduce risk factors while increasing protective factors specifically for Churchill County. Practices identified for continuation, expansion, or implementation are identified in the Priorities section of this document. The National Institute on Drug Abuse (NIDA) has published effective principles in prevention. These principles were reviewed and were taken into consideration during the strategies development process.

The summarized strategies are:

1. Support a comprehensive, community-wide system to sustain effective prevention programs and services.
2. Support existing and implement new research-based prevention programs and services that will reduce risk and increase protective factors.
3. Inform and educate the community about substance abuse and related issues as well as available prevention services.

Strategy 1: Support a comprehensive, community-wide system to sustain effective prevention programs and services implemented.

Over the past two years, the Churchill Community Coalition has served as the community entity that coordinates community members, agencies, and service providers to develop a comprehensive community prevention system. More than 50 Coalition members recommend that the Churchill Community Coalition should continue to serve as the entity that will coordinate a community prevention system following the accepted research-based processes.

Coordination of the community prevention system will include:

- Collaboration among schools, agencies, businesses, media religious organizations, families, youth and others
- Access, manage and distribute resources to support the prevention plan
- Consistent implementation of effective practices by managing a research-based process for prevention planning

- Provision of assistance, training and evaluation support to community partners as they implement prevention programs and services

The Churchill Community Coalition will continue to focus on building assets, increasing protective factors, and the protective processes that research indicates may prevent youth from developing health and behavior problems. Protective factors reduce youth's risk for later problems by buffering the effects of exposure to risk factors. Research emphasizes two key protective factors:

- **Bonding** to prosocial family, school and peers.
- **Clear standards** or norms for behavior.

These factors can protect against the development of conduct problems, school misbehavior, truancy, and drug abuse.

This strategy identifies three processes that promote these protective factors: **opportunities** for involvement in productive prosocial roles; **skills** to be successfully involved in these roles; and consistent systems of **recognition** and reinforcement for prosocial involvement.

Strategy 2: *Support existing and implement new research-based prevention programs and services that will reduce priority risk factors and increase protective factors.*

Systematic Training for Effective Parenting – A research-based parenting program that provides a practical approach to parenting. It provides parents with the tools necessary to effectively discipline their teen, and establish rules and consequences that are relevant to the age of their children. It also helps parents identify the goals of their teen's misbehaviors so that they can effectively respond to misbehavior. The class also discusses the benefits of encouragement vs. discouragement and this can be an extremely effective tool for promoting change in behavior.

Parents and Teachers – A research-based program that involves families with young children that helps parents lay a strong foundation during their child's earliest years to promote their child's future success in school.

Strengthening Families – This is a research-based program for parents and youth. It consists of weekly class of 2-3 hours containing five curriculum component areas:

- Cultural/Spiritual
- Enhancing Relationships-
- Violence Prevention
- Positive Discipline
- Rites of Passage
- Community Involvement

All of these different components are used to assist parents and children in developing strong ethnic/cultural roots, a positive parent-child relationship, and life skills necessary for functioning in society. Anger management and positive discipline approaches are integrated to enhance parent ability to model and teach as vehicle for fostering high self-esteem, self-discipline, and social competence.

After-School Programs – Enrichment programs that allow elementary through high school youth to receive specific homework tutoring and enrichment education. These classes are staffed by accredited instructors from the Churchill County School District.

40 Developmental Assets – A researched based approach to promote healthy development. The program identifies 40 critical factors that are critical to the development and growth of young people is used in conjunction with a number of programs throughout the community.

Fallon Youth Club – An organization that offers youth the opportunities to discover their needs, pursue their interests, nurture their talents, broaden their viewpoints, dissolve their prejudices, resolve their conflicts, set their goals, understand themselves in a safe and supportive space. Fallon Youth Club builds character through everyday leadership and guidance in expressing appropriate behaviors and attitudes. Young people of all nationalities, races, and creeds join together in wholesome recreation and companionship. Most importantly, the Fallon Youth Club shows youth that there are adults that care and want them to realize their full potential as productive, responsible and caring citizens. The Fallon Youth Club has a youth development strategy that promotes youths’ sense of competence, usefulness, belonging, and influence. These are accomplished through core programs of character and leadership development, education and career development, health and life skills, the arts and sports, fitness and recreation.

Prevention – Churchill Community Coalition members recognize that prevention has historically been directed at individuals. The goal of individual-focused prevention is to reduce risk factors and increase protective factors. During the development of the prevention plan, from 2000-2001, it was recognized that, in addition to the existing programs, the community needed to have global community programs that were environmentally focused. Examples and resources of substance abuse prevention programs include:

- Enforcement for Underage Drinking Laws (EUDL)
- Surveillance of Community Based Alcohol Retailers (research-based)
- Meth Task Force (community-based)
- Communities Mobilizing for Change on Alcohol (community-based)
- Survey alcohol use and risk factors in 18-20 year olds
- Alcohol retailers CSAP Model
- Responsible Beverage Service (community-based)
- Tobacco Prevention
- Environmental Strategies (community-based)
- Survey of alcohol use in youth in grades 4 to 12
- Coalition Website

Guidance topics for community partners – Churchill Community Coalition members recognize that environmentally-focused strategies take into account the belief that individuals are influenced by a complex set of factors, such as the rules and regulations of the social institutions, the norms of the community in which they live, the mass media messages, and the accessibility of alcohol, tobacco, and illicit assistance to communities. Examples of environmental strategies include:

- Compliance checks at on and off sale establishments;

- Dealing with false identification
- Working with merchants to reduce sales to minors
- Operations, such as “shoulder tap” programs, to reduce third party sales
- Techniques for preventing and breaking up underage parties
- Media advocacy trainings that are designed to assist community coalitions with their overall strategy to work with the media to draw the public to their issue and interest them in the fight against underage drinking. Goals of these training are to:
 - Develop a media strategy to assist a community’s overall underage drinking prevention strategy.
 - Provide participants the information and the skill to develop “media bites” that will assist them in their media campaigns.
 - Provide participants with the knowledge of how to work with the media within their communities.

Strategy 3: Inform and educate the community about substance abuse and related issues as well as available prevention services.

Environmental strategies have been shown to substantially reduce substance consumption and use-related problems, including traffic crashes, unintentional injuries, suicide, cirrhosis mortality, and assault offenses. With an understanding that the environment in which families raise children plays a key role in the healthy development of the child, CC Coalition members propose multiple programs and services to support an environment that offers fewer opportunities to use substances. The Coalition recommends focus on the following populations*:

- Elementary school grades 4-6, middle school grades 7-8, and high school 9-12.
- Alcohol and tobacco retailers and merchants
- All 18 to 20 year olds
- All parents and community adults

**Programs and services must be designed to meet the needs of all cultures served including Latino and Native American. Based on a review of prevention research and a community assessment, the programs and services listed in 2018 documents are recommended for continuation, expansion, or implementation, to increase community norms that support healthy lifestyles for Churchill County youth and families.*

The following programs and initiatives will aid the Churchill Community Coalition in educating the community regarding substance abuse:

Churchill County Behavioral Task Force- An environmental strategies program that uses local data elements to educate and inform the community on the impacts of substance misuse The task force combines elements of public education, school-based programming, retailer training, and existing programs to confront the meth problem in Churchill County.

Responsible Beverage Service- An environmental strategies program that recognizes the behavior of people who serve alcohol and the policies of drinking establishments can influence the behavior of their patrons. Activities of this program include conducting responsible beverage-server training

programs, enforcing laws prohibiting alcohol service to intoxicated patrons, and promoting responsible beverage service.

The Tobacco Prevention Environmental Strategies Program- An environmental strategies program that seeks to prevent youth tobacco use. The program is comprised of a youth team who provides peer prevention education, including a Tobacco Awareness education for 4th, 5th and 6th grades students. The program also provides tobacco advocacy and prevention education services at local middle schools and high schools.

Associate Regional Alcohol and Drug Awareness Resource (RADAR) Centers- Centers that gather, share, and exchange information on the immediate and the long-term substance abuse prevention needs of their communities. They operate as an integral part of the National Clearinghouse for Alcohol & Drug Information (NCADI) distribution system. Through its close relationship with NCADI, the RADAR Network receives a wealth of information, materials, and resources that enable them provide and coordinate prevention outreach to special populations and regions while concurrently addressing their own unique needs.

Enforcement for Underage Drinking Laws (EUDL)- A research-based prevention system that was recently implemented in the Churchill County to increase compliance with laws concerning underage drinking. Local youth and adults received training from the EUDL Training Center. The goal of these trainings are to provide science-based, practical, and effective training and technical materials are provided at no or very low cost to the RADAR center.

Coalition Website- In March of 2003, the CC Coalition began a website that advertised the prevention programs offered by CC Coalition members and partners. Classes, activities and member updates are included each week. This has raised the attendance and visibility of available resources programs. It has also served to keep the Coalition and its mission in the public's eye.

Coalition Promotional Items- The CC Coalition purchased mugs, stress-coping materials and other everyday items with the Coalition Logo and Mission in an effort to increase awareness and promote the activities and services.

CURRENT CCC PROGRAMS

As of December of 2018, the Churchill Community Coalition has five programs dedicated to educating and providing resources to the community, with the mission and vision as an end goal. Each of these programs has at least one certified Community Health Worker that acts as a Resource Liaison and community advocate for their identified population. Below is a list of each of the CC Coalition's Resource Liaison programs:

- Community Resource Liaison Program
- Elderly Differential Resource Liaison Program
- Forensic Assessment Services Triage Team (FASTT) Resource Liaison Program
- Students Taking On Prevention , youth prevention advocates (STOP)

- Churchill Youth Resource Liaison Program

CURRENT COMMUNITY PARTNERS AND COLLABORATIONS

The Churchill Community Coalition consistently collaborates with several other community entities and organizations. Partnerships, relationships, and collaborations are formed and strengthened over time. As some services are discontinued or replaced with the growth and change in our community, the CC Coalition does its best to keep this list updated. Our partners include, but are not limited to:

- Churchill County Social Services
- Fallon Police Department
- Sheriff's Office
- Justice of The Peace
- CareNet
- Fallon District and County Courts
- Churchill County Detention Center
- Highland Manor Senior Living
- The Homestead
- The Life Center
- Juvenile Justice Center
- Fallon Family Wellness
- Fallon Mental Health
- Banner Hospital

For a more current and extensive list, please contact the Churchill Community Coalition.

CURRENT COMMUNITY PROJECTS

Examples of some of the Churchill Community Coalition's past and current community collaborated services and events:

- Youth Leadership Summit
- Students Taking On Prevention (STOP) Youth Program
- RX Drug Roundup
- Rx Drug Drop Box
- Rx Drug Disposal Program
- Drug Darkness Community Forum
- Positive Action Fallon Youth Club
- Drug Endangered Trainings
- Responsible Beverage Server Training
- Safe & Sober graduation night
- Tall Cop substance abuse prevention training
- Walk for Hope Suicide awareness walk
- Recovery Day/5K Color Run

- Community Day
- Community Service provider day
- Cantaloupe Festival & Fair
- Mental Health Training
- Signs of Suicide (SOS)
- Youth DRIVE class
- Community Needs Assessment

STRATEGIC PREVENTION FRAMEWORK

The Churchill Community Coalition’s Prevention Plan is designed to help community coalitions guide their activities to maximize their impact on substance abuse. This Prevention Plan is built based on the Strategic Prevention Framework (SPF), developed by the Substance Abuse & Mental Health Services Administration Center for Substance Abuse Prevention.

The five steps of the SPF are reflected in the updated CCPP and are:

- 1) *Assessment*
- 2) *Capacity*
- 3) *Planning*
- 4) *Implementation*
- 5) *Evaluation*



Step I: Assessment

Community needs assessment

The first step in establishing a CCPP is completing a “community needs assessment” to gather necessary information (data) needed to foster a healthy community. To accomplish this, the following questions must be explored:

- What challenges are people facing?
- What are emerging trends that might influence youth substance use?

Input in regards to such questions is obtained from families, school personnel, community leaders, and law enforcement via focus groups, surveys, surveillances, interviews, and archival data sources.

Assessment strategies

- Support a comprehensive, community-wide system to sustain effective prevention programs and services.
- Support existing and implement new research-based prevention programs and services to reduce priority risk factors and increase protective factors.
- Educate the community on substance abuse and related issues and inform community members of available prevention services in and around the community.

Key Informants

People from several sectors of the community were interviewed using the same question: “What do you think are the top three reasons young people start using drugs or alcohol?” These people were not chosen because they have any specific knowledge of prevention theory; rather, they were chosen as representatives of various sectors of the general public (i.e. school district employees, parents, law enforcement, youth, etc.). Responses were only included if they were representative of a larger pattern of responses.

Data Review

The Churchill Community Coalition collects existing substance abuse related data from the **Search Institutes Attitudes and Behavior survey (A&B), Youth Risk Behavior Survey (YRBS), Nevada Kids Count, and other local, state, and national data.** Qualitative and quantitative data is gathered for nearly all of the validated indicators for risk and protective factors, as well as the four core measures on substance abuse: *Past 30 day use, perception of risk, perception of peer disapproval, and perception of parent disapproval.* All measures are based on research from the National Institute on Drug Abuse (NIDA).

A Table: DATA COMPILATION: A&B 2012; YRBS 2013; CC COALITION & OTHER LOCAL SURVEYS, 2014-2015 appearing in Appendix A

The Churchill Community Coalition members have participated in local focus groups, surveys and surveillances, and reviewed the collected data. They have used this information to establish local logic models and priorities. These priorities are the focus of this CCPP and include:

Churchill Community Coalition Priorities

- **Youth use** of alcohol, marijuana, non-prescribed prescription drugs, and illicit drugs.
- **Low perception of risk** in youth and adults in relation to youth use of alcohol, marijuana, prescription drugs non-prescribed to them, and other illicit drugs.
- **Youth easy access** to alcohol, marijuana, and prescription drugs.
- **Youth high perception of peer approval** to alcohol, marijuana and prescription drugs.

- ***Youth use of Methamphetamines (Meth)***
- ***Community Norms*** supportive to youth use of alcohol and marijuana.
- ***Communitywide misinformation*** on substance use effects and consequences.
- ***Youth thoughts and attempts of suicide***
- ***Suicide in Military members and retired veterans.***
- ***Youth high school dropout rates.***
- ***Marijuana use during pregnancy***
- ***Youth and adults, high rates in emergency department Opioid and methamphetamine related disorders, and death***
- ***Opioid use in women of childbearing years, both prescribed and non-prescribed.***

Fallon Paiutes Shoshone Tribe (FPST) Youth-Specific Priorities

- ***(FPST) youth thoughts and attempts of suicide***
- ***Youth alcohol use***
- ***Youth marijuana use***
- ***Youth Rx Drug abuse***
- ***Youth perception of risk***
- ***Youth perception of parent approval on substance use***
- ***Youth perception of peer approval on substance use***
- ***Youth suicide attempts***

Priorities in Youth Use of Alcohol

- ***Youth use of alcohol***
- ***Cultural norm*** in acceptance of youth alcohol use
- ***Youth peer approval*** of alcohol use
- ***Youth low perceived risk*** of alcohol use
- ***Youth easy access*** to alcohol

Data Defining Alcohol-Related Priorities

A Table: CHURCHILL COMMUNITY COALITION LOGIC MODEL 2018: ALCOHOL, appearing in Appendix B

Collected data shows ***underage drinking*** is a problem in our community. This is depicted in the local youth surveys, Attitudes and Behaviors (A & B) 2018, reporting 44% of 11th grade students, and 44% of 9th grade students report past 30-day use of alcohol; Youth Risk and Behavior Study (YRBS) 2017, showing 60.6% of high school students who ever drank alcohol, and YRBS 2017, reporting 25.6% of high school students who drank before age 13, and 19% of middle school students who drank before the age of 11 years old.

Local ***community norms*** are displayed in ***youth's high perception of peer approval for youth alcohol use*** in 30.4% of local high school and middle school combined reporting peer

approval if they had 1-2 drinks of an alcoholic beverage nearly every day (A&B Survey 2018), and **low perception of risk** in drinking five or more alcoholic beverages 1-2 times a week reported in 26% of high school youth surveyed (A&B, 2018). This community norm is also held by local adults and depicted in 37% of adults surveyed report that people in the community view underage drinking as a rite of passage (CCC Adult Churchill Community Survey 2017).

Beliefs defining **community norms** are expressed in incidents of **youth drinking in public**. Local law enforcement reports show that over a period of six months, from July 2014 to December 2014, there were 28 minor in consumption (MIC) traffic related arrests, 13 MIC non-traffic related arrests (Fallon Police Department (FPD) & Churchill County Sheriff's Office (CCSO) Incident Reports 2014), and 5 MIC arrests in school (FPD Incident Report 2014). Our **youth's low perception of risk** tied to their use of alcohol is supported by the fact that **there are little to no consequences for underage drinking in the community**. Local law enforcement surveyed reported that some youth MIC arrests are never seen in court (CCC Local Law Enforcement survey, 2015), and 30 % of adults surveyed report it is not very, to not at all likely that local police will break up parties where teens are drinking alcohol (CCC Churchill Community Survey 2015).

Our community's underage drinking problem is also supported by local **youth's easy access** to alcoholic beverages, as reported by 63% of adults in a local community survey who agreed that it is very easy for teens in the community to obtain alcohol (CCC Churchill Community Survey 2018).

Youth's easy access to alcohol in Churchill County is seen in **youth obtaining alcohol from parents and family members**. 38% percent of middle school 7th grade students surveyed in March 2015, reporting ever drinking alcohol, reported that they can get parents' alcohol at home and at friends' homes (CCC MS Survey 2015) and 85% of high school focus group students agree that they can get adults to buy alcohol for them from local liquor stores (CCHS Focus Group 2015). It is also reported by local law enforcement that **youth are obtaining alcohol form local markets** by "paying double the price in cash," stealing, and/or the use of fake ID (CCC Law Enforcement Survey 2015).

A Table: CC COMMUNITY ALCOHOL RETAILERS ESTABLISHMENT SURVEILLANCE 2015; appearing in Appendix C

In 2015 all nine Coalition board members and staff performed surveillances on all local alcohol retail sales establishments. Supportive to youth easy access and low perception of risk, findings showed that in 17 of the 19 establishments means of targeting youth were utilized in some or all of the following:

Alcohol, tobacco, lighters and energy drinks: Alcohol beverages were on display near the entry door; advertisements targeting youth throughout the store at youth eye level; substances on display throughout store at youth eye level and within reach;

displays of tobacco products, lighters, alcohol, and energy drinks at checkout counter, display designs, and advertised towards youth. There were no note of “We Card” signs posted, nor signs regarding laws of minors’ attempt to purchase, and/or adults purchasing for minors (CCC Alcohol Retailer Community Surveillance 2015). Data collected in this surveillance indicates *youth easy access*, supports *youth low perception of risk*, and *community norm of acceptance* in youth use of tobacco and alcohol.

A Table Churchill Community Store Surveillance 2015, appearing in Appendix C

Priority Goals on Alcohol

Churchill Community Coalition *goals* are to **reduce percentage in youth use of alcohol, increase percentage of youth perceived risk; increase percentage of adult perceived risk** of youth alcohol use, and **reduce the rate of youth access** to alcohol in Churchill County. These *goals are accomplished* through mandating fines, sales and license restrictions, and implementation of the Responsible Beverage Server Training Program, providing education of state and local laws on alcohol sales for alcohol outlets for youth, enforcement of underage drinking laws awareness campaign, and implementation of Operations Law Enforcement to enforce underage drinking laws.

Priorities in Youth Use of Marijuana:

- *Youth marijuana use*
- *Community norm* in acceptance of youth marijuana use
- *Youth marijuana related Minor in Consumption incidents and arrests within the community and schools.*
- *Youth easy access* to marijuana
- *Youth low perceived risk* of marijuana use

Data Defining Marijuana-Related Priorities:

A Tables: CHURCHILL COMMUNITY COALITION LOGIC MODELS: MARIJUANA 1; 2018, appearing in Appendix D; MARIJUANA 2 appearing in Appendix E

In 2013, medical use of marijuana was legalized in Nevada, allowing regulated dispensaries and cultivator establishment throughout the state. Churchill Coalition, in collaboration with local law enforcement, County Commissioners, and District Attorney, were able to create local law preventing dispensaries and cultivator establishments within the county lines. In 2016, recreational use of marijuana was legalized in Nevada. Churchill County opted out for all marijuana establishments within the county district. In late April of 2018, Fallon’s City Council reached out to Churchill Community Coalition to provide information to council and city members based on outcome data from communities where establishments were permitted, and to provide Churchill’s community and youth use rates. Council’s verdict to

prohibit any marijuana establishment within City limits was concluded after over one hundred concerned community youth and members presented.

Regardless of Churchill's attempt to prevent easy access to marijuana within the community, there is an increasing problem in local **Youth marijuana use**. This is indicated by 39.1% of high school students who reported ever using marijuana (YRBS 2018), and 85% of adults surveyed who agreed that marijuana is a serious problem for youth in the community (CCC Churchill Community Survey 2015).

Youth **easy access** to marijuana is contributing to local youth marijuana use. This is revealed in 77% of youth surveyed, ages 13-19, report they get marijuana from friends and family members who share. (CCC adj. SAPTA 2015), and 100% of youth 9th -12th grade surveyed reporting ever having used marijuana, report that they get marijuana from friends (CCC Teen Survey 2015).

Further data shows **Youth** report **obtaining marijuana from friends** as easy access in 71% of 7th grade students reporting ever having used marijuana, report getting it from friends. (CCC MS Survey 2015). This is further confirmed as 100% of law enforcement surveyed report youth are obtaining marijuana from friends (CCC Local Law Enforcement Survey 2015). Additional data shows **marijuana is readily available to youth throughout the community**, as 100% of 9th-12th grade focus groups' students agreed that marijuana is readily available, and easily accessible to them through adults and friends within the community (CCHS Focus Group 2015); 100% law enforcement report youth get marijuana from family, friends and dealers (CCC Local Law Enforcement Survey 2015), and 32% youth focus groups, ages 13-19, report they obtain marijuana from dealers in school and in the community (CCMS and CCHS Focus Groups 2015).

CC Coalition's collected data for community assessment reflects Churchill County's youth marijuana use problem as indicative to research indications that with decreased perception of risk of harm, and increased approval for substance use, use increases. There is an acceptance of marijuana use seen throughout the community, without race, or gender boundaries, specific to youth from middle school and up to adults age 65, contributing to the increase use of marijuana in the community.

Youth **low perceived risk of self-harm** is depicted in 60% of high school students who report little to no risk in youth marijuana use, one or more times a week (A&B Survey, 2018), and in 100% of youth in 9th to 12th grade focus groups who agree that because marijuana is "natural" it is safe (CCHS Focus Group 2015).

Churchill County **Youth state that it is safe to use marijuana**. This low perceived risk of self-harm is derived from 100% of 9th to 12th grade focus group youth who report marijuana is safe because it is used for medical reasons (CCHS Focus Group 2015); 100% of youth, 9th to 12th grades focus groups agreed that marijuana is non-addictive (CCHS Focus Group

2015). 80% of youth, 9th to 12th grade focus groups agreed that marijuana use stimulates the mind, and is therefore good and safe to use (CCHS Focus Group 2015). Low perceived risk of self-harm is also expressed in the community as

A low perceived risk expressed as *Youth are using marijuana in school* and 100% of teen focus groups ages 13 to 18 agreed that some peers come to class high on marijuana (CCMS & CCHS Focus Groups 2015).

High perception of approval, the second root cause is depicted as nearly 20% of high school youth surveyed agreed that their parents approve the use of marijuana (A&B, 2018), and 73% of youth 9th-12th grade surveyed agreed that the community approves marijuana use (CCC adj SAPTA 2015).

High perception of approval is depicted in the *Rise in youth acceptance of marijuana use*. This is seen in high school age youth, as a surprising 72% of youth 9th – 12th grade students surveyed agreed that their peers approve, to strongly approve the use of marijuana (CCC adj. SAPTA 2015), and 73% of youth 9th -12th focus groups agreed that teens use marijuana because of its effects and because it is safe (CCHS Focus Group 2015). There is a *rise in overall community approval of marijuana use* that is also contributing to the high perception of approval, and youth use. This is depicted in Law enforcement surveyed reported one of the most repeating issues in our community is marijuana usage excused as harmless (CCC Local Law Enforcement survey 2015), and 32% of youth surveyed report obtaining marijuana from family members (CCC adj. SAPTA2015).

Priority Goals on Marijuana

Churchill Community Coalition *goals* are to *increase the percentage in perception of risk* in youth and adults throughout the community through education; reduce the rate *in youth easy access* and availability through policies and enforcement of laws on possession and use in schools, and in the community. CC Coalition recognizes that many approaches are required in *reducing perception of approval* in use of marijuana that is seen communitywide. Along with increasing perceptions of risk of self-harm, and risk of consequences through policy and education, the Coalition relies on powerful messages, and valid research derived and supported awareness and prevention information disseminated and presented to youth, parents, business, and community members through media, communitywide presentations, and CC Coalition's Students Taking On Prevention (STOP) youth.

Priorities on Prescription Drugs (Rx) Abuse

- Youth use of prescription drugs non-prescribed to them
- Community norm of Rx drug sharing with family members and friends

- Youth low perceived risk
- Adult low perceived risk
- Youth Peer approval
- Community wide improper to none disposal of Rx drugs
- Military members' and Veterans' abuse of prescription drugs
- Women of childbearing years opioid use and abuse
- Military women and men Rx drug use in relation to suicide
(Rx drug abuse and its relation to suicide, particularly among military women and men cannot be overlooked in this section)
- Adult and youth emergency department (ED) encounters in opioid related disorders and deaths related to opioid poisonings
- Adult and youth emergency department (ED) encounters in meth. related disorders and deaths related to meth poisonings

Data Defining Rx Drug-Related Priorities:

A Table: CHURCHILL COMMUNITY COALITION LOGIC MODEL: RX DRUGS appearing in Appendix F

Local data depicts ***youth use of prescription drugs un-prescribed to them*** is a problem in Churchill County, as 11.9% of youth 6th through 12th grade report ever taking prescription drugs not prescribed to them (YRBS 2017), 36.1% of the Native American youth who ever used prescription drugs without a doctor's prescription (YRBS 2017), and 55% Local law enforcement surveyed report prescription drug abuse is one of the top abused substances by local youth (2015 JPO, CCSO, FPD Surveys)

Local youth's ***low perceived risk of harm*** is seen as 14% of high school youth report slight to no risk with use of prescriptions drugs not prescribed to them (A&B, 2018).

A high percentage of ***local youth state that prescription drugs not prescribed to them are safe to use***. 46% of local youth ages 12-18 reported it is safer to use non prescribed prescription drugs than it is to use street drugs (FPST Survey 2014), and youth focus groups, ages 12-18 reported prescription drugs not prescribed to them are safe to use because doctors prescribed them (CCMS & HS Focus Groups 2015).

Local youth's low perceived risk of harm is also seen in ***youth selling prescription drugs to peers***. Local law enforcement report youth prescription drug abuse incidents and drug dealer incident arrests in local schools and within the community (CCC Local Law Enforcement Survey 2014). Youth of focus groups 12-18 also report they have and/or know peers that have been approached by youth at school offering sales of prescription drugs (mostly painkillers (opioids), Adderall and Ritalin) (CCMS & CCHS Focus Groups 2015).

There is a community “*cultural norm*” (common attitudes, beliefs, and/or behaviors shared among community members) factor regarding prescription drugs, contributing to youth prescription drug abuse. This is depicted in 71% of youth 12-18 reporting it is easy to get prescription drugs from family members and friends (CCMS & CCHS Focus Groups) This cultural norm is also depicted in youth reporting parents are handing medications prescribed to youth by their doctors, over to the youth to self-monitor and self-administer (Community Informal interviewing 2015).

The cultural norm exhibits in the community as *prescription drugs shared amongst family members*. In 2015 local youth of focus groups ages 12 through 18 years of age reported they had been given family members’ prescription drugs by parents, grandparents, and other family members (CCMS & CCHS Focus Groups 2015) Informal interviews in 2015 of local older adults at prescription drug abuse prevention presentations and events, report that they and their children have, and do share prescription drugs with family members. Local data obtained in 2015, reveal community cultural norms on prescribed medications exhibited as *friends sharing prescription drugs with each other*. This local condition is seen community wide, in both youth and adult populations, as 90% of youth focus group, ages 12 through 18 years old, report they have or know peers that have shared prescription drugs (CCMS & CCHS Focus Groups 2015); adult informal interviewing at local community events report that they have shared prescription drugs with friends who have needed them (Informal Interviewing 2015).

Emergency room encounters are increasing in meth and opioid related incidents. Our emergency department (ED) encounters rates in meth. related disorders (11.9%) and deaths related to meth poisonings (9.7%) exceed Nevada’s rates (Nevada State Department of Health and Human Services (NSDHS) Office of Analytics, Opioid and Meth Counts and Rates, 2016). Opioid abuse is increasing in Churchill. ED encounters in opioid poisoning deaths rate in 2015 was 8.0% and 11.9% in 2016. Opioid related disorders were 99.6% in 2015, and 261.5% in 2016 (Nevada Opioid Dashboard, 2016). In 2017, 23 youth under the age of 21 and 1,411 adults, 21 years old and older were seen for prescription drug-related diagnoses.

*CCC lists methamphetamines under the Rx drug section in this CCPP, as many medications utilized for ADD/ADHD are listed methamphetamines. CCC acknowledges that more data is required to establish successful prevention plans and approaches, and places meth as a priority with goal and plans to collect data, for analysis, and prevention and implement prevention targeting adults and youth.

In addition to youth use and abuse of prescription drugs, Churchill Community Coalition has placed *military members’ and Veterans’ abuse of prescription drugs as priority*. It is important to note that CC Coalition’s *priority of Women of childbearing years opioid use and abuse* is in response to the Governor’s plan and call for statewide coalition assistance to aid

against the rising threat of opioid addicted/Neonatal Abstinence Syndrome (NAS) infants, and infants born with opioid induced birth defects. Though no current local data are available on these priorities, CC Coalition is reliant upon state, national, and world data, with priority in future community assessment.

There are several issues tied to *Women of childbearing years opioid use and abuse*, studies have shown opioid use and abuse to cause infertility in some women from ages 15 to 45. Studies also show that opioids have the most harmful impact on the fetus within the first few weeks of pregnancy. This is especially dangerous, because many women do not know they are pregnant until after those crucial first few weeks. In this time, the opioids have already affected the fetus with irreversible and often severe birth defects, such as Spina Bifida, congenital heart defects (the number one cause of infant death in the U.S.), Clef lip and palate, low birth weight, seizures, preterm labor, and even miscarriage. Women that use opioids either continuously throughout their pregnancy, or continuously in the later term are likely to give birth to infants with NAS. [1] Infants born with NAS experience severe suffering of opioid withdrawal, that can last anywhere from their first week of life, up to six months. Long term effects that opioids will have on these individuals, and the quality of their lives is unknown, as well as the effects of the drugs utilized in transitioning them through their withdrawal period. There is another danger here that may cause a false sense of safety for women, that is in the assumption that this happens to infants born of addicts, but studies show this is not entirely true. The National Birth Defects Prevention Study (1997 through 2005) is an ongoing population-based case-control study that researched 17,449 case mothers, of which 66% used opioids prescribed to them for: 41% surgical procedures; 34% infections; 20% chronic diseases, and 18% injuries. [1]

Prescription drug abuse is a problem worldwide. Rates and incidents are on the rise globally, and at epidemic rates in the United States, and here in Nevada. There are no gender, race, social or economic specificities with prescription drug abuse. Many people unintentionally become addicted to prescription drugs prescribed to them. According to the United Nations Office on Drugs and Crime (UNODC) World Drug Report 2015, there are roughly 32.4 million people using opioids in the world, [2] in the U.S. there are 2.1million people suffering from opioid substance use disorder, [3] a higher rate than in any other country. [2] The UNODC reports that opioids are the number one cause of drug overdose deaths in the world, with opioids present in three quarters of the cases. The U.S. is estimated to contribute 25%, of the world's drug overdose cases in 2016. That is more than 4 times the global average at 20,000 drug related deaths. In the Center for Disease Control, Prevention Vital Statistics System, 42,249 prescription overdose deaths were reported in the U.S. in 2016. The CDC rated Nevada as "stable" in Rx drug overdose related deaths at rates of 8.9 per 100,000 populations, greater than the national rate of 5.3 per 100,000 opioid related drug overdose deaths. Source: National Center for Health Statistics, Centers for Disease Control and Prevention) There are higher occurrences of opioid abuse, overdose and deaths related to opioid in women than men, worldwide. [2]

Due to increases in substance abuse, alcohol, nicotine, stimulants, and of major concern, prescription drug opioids and suicide in every branch of the military, the Department of Defense

(DoD) called upon the Institute of Medicine (IOM) to assess the military's substance use disorder prevention, screening, diagnosis and treatment capacities within each military branch. [5] The IOM points out that the U.S. has been engaged in war for the longest period of time in history. Our county's service men and women are enduring extensive periods of deployment and redeployment under harsh stress in extremely demanding and depleting environments. These factors place our serving men and women at high risk and vulnerable to substance abuse. Too many of our serving brothers and sisters have, and continue to turn to substance abuse and suicide as the only viable means out of the overwhelming stresses, posttraumatic stress, and traumatic brain injury. [5] in addition to the overall increasing number of military suicide cases, the U.S. is seeing a great increase in military veterans' suicide rates, and there is a particular increase in opioid overdose suicide in women who have deployed for the second time, or after returning from deployment. [6]

A Table: STATE RX DRUG COMPARISON; appearing in Appendix G

B Table: PREVENTION STATUS REPORT 2013 U.S. AND NV DRUG OVERDOSE AND OPIOID SALES, appearing in Appendix G

A Table: UNODC COUNTRY; WOMEN; SUBSTANCE ABUSE RATES COMPARISON, appearing in Appendix H

A Table: NIH NAS NATIONAL STATS, appearing in Appendix I

Priority Goals on Rx Drug Abuse problem

In response to the ***Rx drug abuse problems***, CC Coalition **goals** are to ***reduce the percentage of youth abusing prescription drugs; reduce the percentage of military members, and veterans abusing prescription drugs and prevent opioid use in women of childbearing years; reduce the rate of easy access*** and availability of non-prescribed prescription drugs to youth and vulnerable community members; ***increase the percentage of perceived risk in youth and adults***, and ***increase access to prescription drug disposal means to community members***

Overview of youth past 30-day substance use reported:

A Table: 2013 High School Student Reporting Past 30 Day Use, County, state and national comparison, appearing in Appendix J

FPST Priorities

The Fallon Paiute Shoshone Tribe is a small community within Churchill community with 1,452-member enrollment, of which 548 members live on local tribal lands within Churchill County and 662 live on tribal lands within the County. As of December, 2015, there are 387

enrolled youth, from zero to 19 years of age, of which 49 are ages 11-13 years old, and 159 are ages 14-19 years old. Due to the small number population, particularly the youth, and the recognized issues around youth obesity rates, and rates of substance abuse posing potential threats to the prosperity of the tribe, CC Coalition has specifically targeted FPST members with priorities on **youth alcohol and substance use**, **cultural norms** and **acceptance** of youth alcohol and substance use, **youth low perception of risk** for and **easy access** to alcohol, marijuana, and Rx drugs, **family management**, **mental health: depression and suicide**. Though Fallon Paiute Shoshone Tribe members are represented in the A&B, and YRBS surveys, focus groups, and community surveys, CC Coalition has collected additional, available local data, and has been given opportunities to perform additional surveys with adult and youth members, and focus groups with high school youth.

It is through collected data findings, that CC Coalition has placed these **priorities** for the Tribe members:

- **Youth alcohol use**
- **Youth marijuana use**
- **Youth Rx Drug abuse**
- **Youth perception of risk**
- **Youth perception of parent approval**
- **Youth perception of peer approval**
- **Youth suicide attempts**

The following data is from the Youth FPST 2015 Survey, performed by CC Coalition:

A Table: 2013 HIGH SCHOOL STUDENT REPORTING PAST 30 DAY USE, COUNTY, STATE AND NATIONAL COMPARISON

B Table: FPST CHURCHILL COUNTY ENROLLED MEMBER POPULATION, appearing in Appendix J

A Table: YOUTH FPST 2015 SURVEY W/YRBS2013 COMPARISON appearing in Appendix K

Youth alcohol use is reflected in 29% reported during past 30 days as having five or more drinks in a row (A “drink” is a glass of wine, a bottle or can of beer, a shot glass of liquor or a mixed drink.). **Youth’s low perception of risk** is displayed with 23% reported more than once in the past year as having driven a car after they had been drinking, 46% reported more than once in the past year as having ridden in a car whose driver had been drinking, and 29% reported slight to no risk of harm if they have 5 or more drinks of an alcoholic beverage once or twice weekly.

Youth high perception of peer approval for alcohol use shown in 62% reported three or more times in the past year as having been to a party where other kids their age were drinking; 29% reported slight to not wrong felt by friends if they were to have one

or two drinks of an alcoholic beverage nearly every day, and 62% reported greater than a few of the people they consider to be their closest friends, drink alcohol once a week or more.

Youth marijuana use is a problem with FPST youth as 21% reported past 30-day use of marijuana or hashish, and 62% reported greater than a few of the people they consider to be their closest friends, have used drugs such as marijuana or cocaine.

Contributing to use, **youth low perception of risk** is depicted in 65% reported slight to no risk of harm if they smoke marijuana once or twice a week

There are also **youth perceptions of approval by peer and parents** factoring into youth marijuana use as 46% reported little to no harm felt by friends if they were to smoke marijuana, and 21% reported little to no harm felt by parents if they were to smoke marijuana.

The issue of attempts of suicide is a problem in 8% surveyed reported more than once when asked “Have you ever tried to kill yourself?” and 15% felt sad or depressed within the past 30 days, some of the time. CC Coalition recognizes the need for further data and assessment in mental health of the youth.

Priority Goals for FPST youth

Churchill Community Coalition’s FPST targeted **goals** are to **reduce percentage of youth alcohol, and marijuana use; reduce percentage of Rx drug abuse; increase percentage of perceived risk** in youth and adults related to alcohol, marijuana and Rx drugs; **reduce percentage in perception of peer approval; reduce percentage in perception of parent approval** of youth use of alcohol, marijuana and Rx drugs, and **reduce percent of youth thoughts and attempts of suicide**.

In Addition to substances, and in response to observations and analysis of collective data, and both communitywide and FPST youth rates of depression, thoughts and attempts of suicide, and increasing suicide rates of military members in the United States, CC Coalition has marked youth and military members issues on suicide a priority. As further data is needed, the Coalition has prioritized further assessment on the issues of suicide for all youth, military members, veterans and community adults.

Priorities on Mental Health and Suicide

- **Youth thoughts, attempts and rates of suicide**
- **Suicide related issues among military service women and men, and retired Veterans**
(See data listed in Priorities on Rx Drug abuse, page 19)
- **Suicide rates in adult community members**
- **Youth mental health**
- **FPST youth thoughts and attempts of suicide** (See FPST Priorities, page 23)
- **Adult thoughts, attempts, and rates of suicide**

Data defining Mental Health and Suicide-related issues

In March of 2015 alone, there were 3 reported youth attempts at suicide, and one 13-year-old completed attempt. Loss of any youth's life under any circumstance is immeasurable, but when suicide hits, family, friends and community members are left with many questions, deep confusion, an intense need to understand, as well as a lingering fear. Knowledge of the role that mental disorders have in these cases help us understand how best to help each other in the area of prevention and education

As of 2018, Nevada ranked 6th on the CDC's list of suicide mortalities among US states (CDC). In comparison to the CDC report of 21.4 suicides for every 100,000, in the state of Nevada, military veterans' rate of suicide is 47 for every 100,000. The National rate of suicide in 2012 was 12 deaths per 100,000. Nevada's suicide rate was 74 percent higher than the national rate. [10]

A Table: QUICKSTATS: AGE-ADJUSTED* SUICIDE[†] RATES, BY STATE[§] — UNITED STATES, 2012; NOVEMBER 14, 2014 / 63(45); 1041-1041, appearing in Appendix L

A Table: FIGURE 2. SUICIDE RATES PER 100,000 POPULATION FOR U.S. AND NEVADA, 2009 AND NEVADA VETERANS BY GENDER, AGGREGATE 2008-2010, appearing in Appendix M

Veterans and related suicide issues are a **priority** to CC Coalition. Many retired military veterans reside in the county, and there is a state and national call to communities to help reduce and prevent our veterans' rates of suicide.

Churchill County is seeing an alarming increase in cases of suicide. This is indicated in the Churchill County Coroners' records (two reports) from August 2012 to September (first report), and from Sept 24, 2015 to December 7, 2015 (second report). Reports show nine suicides in a three-year period (from August, 2012 to September, 2015). Ages in these cases ranged from early teens to mid-60s. Seven of these suicide victims were male and two were female.

Most concerning is a report that shows that, in a period slightly greater than two months (from September 24, 2015 to December 7, 2015), there have been three completed suicides in the county. In this second report, six suicide attempts, involving two teens, were reported. Four of the six reported attempts were performed with pills. Nine (age unindicated) threats of suicide are included in this report.

B Table: CHURCHILL COUNTY SUICIDE REPORTS 2012-2015; SEPT 2015-DEC 2015, appears in Appendix M

In relation to the FPST rates of suicide, the Fallon Tribal Police report six attempts of suicide (age undefined), in the year of 2015. See suicide-related FPST data in “FPST Priorities” on page 23. In relation to Military-serving women and men, as aforementioned, local data has been unavailable. However, CC Coalition recognizes that these issues cannot go ignored as national suicide rates of military members has been rapidly increasing over the past few years, many cases being tied to Rx drug overdosing. There are roughly 1,100 United States active duty people and 400 military families in our community. The Coalition hopes to strengthen its ties with NASF members and build new connections supportive to mental health awareness and suicide prevention. See suicide-related data in “Data Defining Rx Drug Related Priorities” on page 19.

Community assets and protective factors

The strength of community member’s desire and ability to come together and achieve things necessary for the well-being of our youth, as well as for the greater good of the whole community, was displayed immediately after the loss of one of our youth to suicide. In collaboration with Churchill County School District Members, the Nevada Department of Suicide Prevention, parents, teachers, and other community members, CC Coalition created a safety net for our youth, providing education and awareness to help empower the them through their grieving, fears and assessment processes. This act alone provided several protective factors within the domains of community and school: Presence of mentors and support for development of skills; Opportunities for engagement within school and community; Physical and psychological safety. This is one example of the will and ability of community members to successfully collaborate together even under distress.

Priority goals for Mental Health and Suicide related issues



CC Coalition’s goals are to reduce the percentage of Youth thoughts, attempts and rates of suicide; Assess and raise awareness of Suicide related issues among military service women and men, and retired Veterans; Reduce the percentage in suicide rates in adults; reduce the percentage in adult thoughts and attempts of suicide; raise community awareness on Youth mental health; reduce the percentage in FPST youth thoughts and attempts of suicide;

Priorities on Family Planning and Management

- ***Youth are not talking with parents on issues related to tobacco, alcohol and other, substance use.***
- ***Youth are not talking with their parents or an adult on sex***
- ***Teen pregnancy***
- ***Youth high school dropout rates***

There is widening in the gap between youth and parents seen in youth responses to the 2018 A&B survey of HS students (question #124) when asked if they have important concern about drugs, alcohol, sex, or some other serious issue, would they talk to their parents, 17.5% of **youth would not talk to parents**, and when asked that same question in a 2015 community teen survey and SAPTA survey–36% would not talk to parents. In a 2015 SAPTA survey 52% of youth ages 13-19 reported they **have not** talked to parents in past year about drug use. In the local community adult survey, 26.9% of parents with children over 2 years old **have not** discussed dangers or problems associated with the use of tobacco, alcohol, or other drugs with their child (CCC Community Survey, 2018).

Research lists the following factors tied to family influencing that place youth at risk for mental disorders which can surface as depression, apathetic attitudes and behaviors toward school/education, lack of motivation, and inability to handle everyday stresses, social settings, and can cause anxiety, and risky behaviors:

FAMILY RISK FACTORS	FAMILY PROTECTIVE FACTORS
<p>Early childhood Cold and unresponsive mother behaviour Parental modelling of drug use</p> <p>Childhood/adolescence Permissive parenting Parent-child conflict Low parental warmth Parental hostility Harsh discipline Child abuse/maltreatment Parental/sibling modelling of drug use Parental favourable attitudes toward drugs Inadequate supervision and monitoring Low parental involvement Low parental aspirations for child Lack of or inconsistent discipline</p> 	<p>Family provides structure, limits, rules, monitoring, and predictability • Supportive relationships w/family members</p>  <p>• Clear expectations for behavior and values</p> <p>Protective family factors help individuals to thrive in life, avoiding risky behaviors, and cushioning them against risk factors</p>

Protective Factor Data

Protective factors were depicted in youth responses to the following 2013 YRBS questions:

- *Protective factors were depicted in youth responses to the following 2017 YRBS questions:*
 - *How much of the time do your parents ask you where you are going or with whom you will be? Some to All of the time 89.2% (YRBS 2017).*
 - *People who know you would say you take good care of your body (i.e. exercise, eating well).*
 - No 6%; Yes 84%

Priorities on Youth dropout rates

- **Lack of commitment**
- **Truancy**

- *Apathetic attitude for education in youth*

Youth high school dropout rates have remained high in Churchill County for the past eight years as 2010 graduation rates were 75% and 2018 graduation rates were 76%. In comparison to state graduation rates, Churchill County youth have maintained a constant near 10% higher rate than students throughout the state. Compared to national graduation rates, students in the nation rated 14% higher than Churchill County students in 2010 and 2011; in 2013 Churchill County student graduation rates were just under the nation’s 81%, at 78%.

Throughout the period of collecting data for the community assessment, CC Coalition members and staff performed several informal interviews with teachers, principals, parents, and community members. When individuals were asked what they believe was the problem with our youth in relation to academics and dropout rates, the most common response received was recognition of youths’ *“apathetic attitude towards school.”* “They just don’t care.” For most individuals, there were no clear answers for remedy.

Protective factor within the school domain lies within these teachers, principals, and school district employees who genuinely care about the youth and their education, and are there regardless the obstacles they face each day, supporting them in their growth. These individuals are teaching our children each day *positive norms, clear expectations for behavior*. Some are mentors, and, for some of our youth, they are the most stable and consistent adult in their lives.

A Table: CHURCHILL COUNTY HIGH SCHOOL GRADUATION RATES; YEARLY COUNTY, STATE AND NATIONAL COMPARATIVE- 2010-2015, appearing in Appendix N

Priority on Teen Pregnancy:

- *Teen pregnancy rates within the community*
- *Lack of proper sex education*

Teen pregnancy is a problem in Churchill County. Rates have constantly remained a minimum 10 greater than national teen pregnancy rates from 2008 to 2013. In 2008 National teen pregnancy rate was 40.2, Nevada’s was 49.1, and **Churchill’s was 57.5**. There was a slight decline in 2009, with 37.9 teen pregnancies in the nation, 44 in the state, and **48 in Churchill**. In 2011 **Churchill’s rate rose to 50.9**, 36.1 in the state, and 31.3 in the Nation Pregnancy rates declined in all three in 2012, and all but Churchill continued to decline in 2013, with the national rate at 26.5, the state at 30.3 and **Churchill at 50**.

B Table Local, STATE AND NATIONAL TEEN PREGNANCY RATES, appearing in appendix N

A Table: NUMBER OF BIRTHS PER 1,000 FEMALE POPULATION SAGES 15-19, appearing in Appendix O

Risk Factors

Risk Factors Reviewed in Youth Substance Abuse

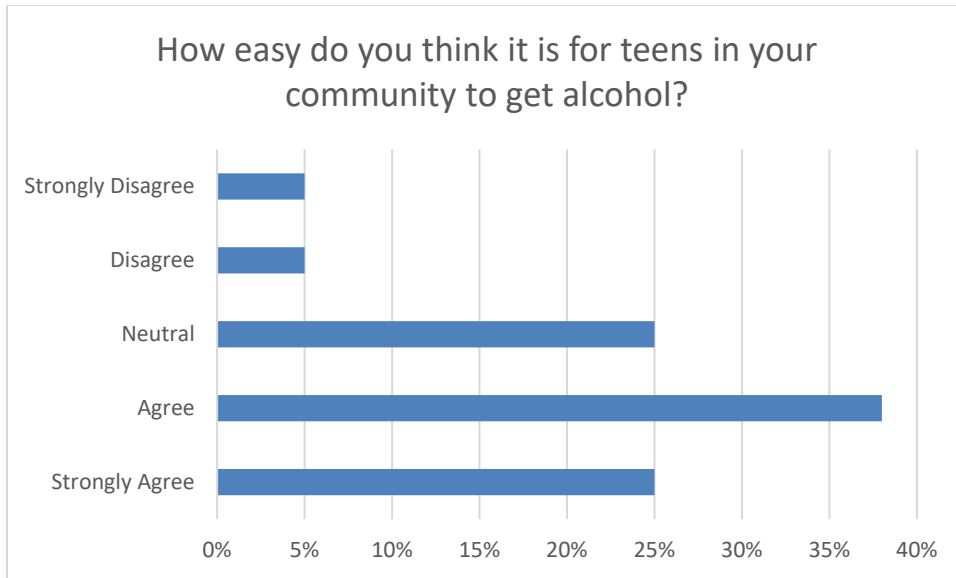
- Community Domain
 - Availability of Alcohol/Drugs
 - Community Laws and Norms Favorable Toward Drug Use
 - Transitions and Mobility
 - Low Neighborhood Attachment and Community Disorganization
 - Extreme Economic Deprivation

- Family Domain
 - Family History of the Problem Behavior
 - Family Management Problems
 - Family Conflict
 - Favorable Parental Attitudes and Involvement in the Problem Behavior

- School Domain & Individual/Peer Domain
 - Early and Persistent Antisocial Behavior
 - Academic Failure Beginning in Late Elementary School
 - Lack of Commitment to School
 - Alienation and Rebelliousness
 - Friends Who Engage in the Problem Behavior
 - Favorable Attitudes Toward the Problem Behavior
 - Early Initiation of the Problem Behavior

The following are descriptions of identified risk factors in youth substance abuse:

Community availability of drugs: The more available drugs and alcohol are in a community, the higher the risk that drug abuse will occur in that community. Perceived availability of drugs is also associated with increased risk. In schools where children just think that drugs are more available, a higher rate of drug use occurs.



Family management problems: This risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy, school dropout, and violence. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

Lack of commitment to school: Lack of commitment to school means the child has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for problem behaviors.

Early initiation of problem behavior: Research shows that youth who use substances at an earlier age are more likely to continue using and also develop substance abuse related problems later in life. Youth who engage in other risk behavior, like violence and delinquency, at a young age are also more likely to continue engaging in risk behavior.

Risk Factor Outcomes Evaluation

Long-term impact of the prevention plan will be monitored by indicators tracked in Nevada’s Youth Risk Behavior Survey (YRBS) and Nevada Department of Education data related to each of the Risk Factor and Problem Behavior indicators identified on the following pages. Baseline data was established using the most current data available.

Short-term impact of the prevention plan will be monitored by tracking and reviewing the impact of each program or service identified in the plan. Baseline data will be established for all programs by the end of calendar year 2007 and review of all indicators will be reported on a quarterly basis to Coalition representatives and to the community at large in an annual report. Examples of short term assessment indicators include:

- The Coalitions' progress toward coordinating and sustaining a comprehensive community prevention system and the capacity to leverage, access, manage and distribute resources to support prevention practices;
- Progress toward increasing family management skills; decreasing family conflict; increasing family cohesion and bonding; decreasing reported child abuse; increasing parent's and youth's attitudes supporting **no** ATOD use by youth;
- Progress toward significant gains in academic achievement; decreasing discipline referrals, absenteeism, truancy, and suspension rates of students; and
- Progress toward decreasing the number of illegal sales to intoxicated and underage individuals; improvements in responsible service practices and management practices; improvements in merchant compliance and vendor compliance rate with tobacco purchase laws.

The following are statistics regarding risk factors in areas of priority:

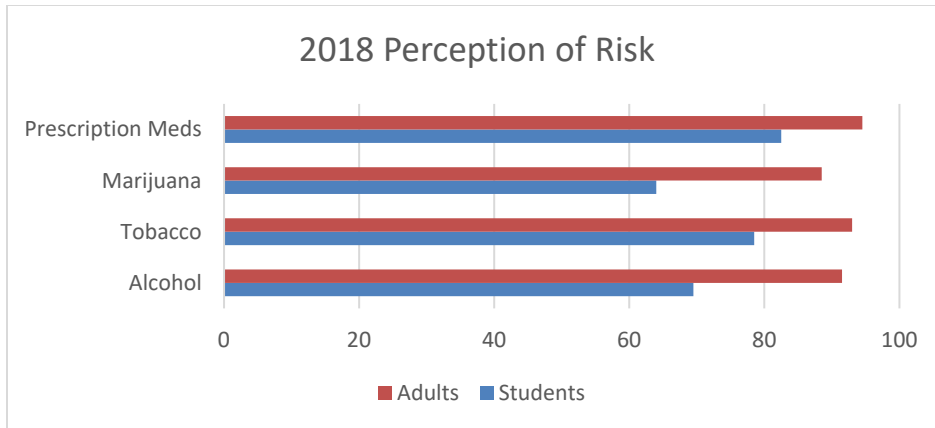
The lack of family opportunities and recognition/rewards is supported by the fact that over 42.7% of middle school students report ***watching TV, using a computer or playing video games for 2 or more hours on an average*** school day, and approximately 39% of high school students indicated the same. This deficit in protection is also supported by the number of ***child abuse/neglect reports in Churchill County*** being 1.3 per 1,000 higher than Nevada as a whole. ***Family issues*** in Churchill County are also supported by the fact that the ***divorce rate*** in Churchill County is 9 per 1,000 higher than in Nevada as whole.

CC Coalition Family Planning and Management Goals

Churchill Community Coalition's goals are to prioritize ***improving the protective factors provided by families***. CC Coalition will continue to ***support the schools and community in providing opportunities for pro-social involvement, rewards and recognition***. The Churchill Community Coalition also will ***concentrate on supporting positive parent-child relationships, and enhancing the social skills and social emotional intelligence of youth in Churchill County***.

Early Initiation of Problem Behavior

While the number of youth who report trying cigarettes, alcohol, and marijuana at a very early age has decreased, the percentage is still alarmingly high. This risk factor also has a profound effect on all youth risk behaviors.



Resource Assessment

Resource assessment allows a community to identify services and resources that already exist within the community that are available to reduce the impact of risk factors and build protective factors. An assessment allows the community to minimize duplication of efforts and to focus on increasing resources and services in areas that may be most in need.

Youth interact with others and with society at a variety of levels. Researchers have outlined six domains or areas in which youth interact. These include:

- Individual
- Peer
- Family
- School
- Community
- Society/Environment

Step II: Capacity

The Community Anti-Drug Coalitions of America (CADCA) Organization states three basic components to coalition capacity: *membership, structure, and leadership*

- A. **Membership:** Churchill Community Coalition collaborates with over 125 coalition members representing multiple sectors of the community that are all vitally interested in developing healthy communities throughout Churchill County. We believe parents, teachers, grandparents, neighbors, youth, health providers, law enforcement, civic leaders, elected officials and business owners are all potential prevention providers and are capable of learning about prevention and integrating it into their relationships with young people.
- B. **Community Partners:** Several of the Coalition’s “community partners” are members who represent businesses or community service organizations. Churchill Community Coalition has built an extensive network of partners providing resources and assistance to

community members throughout the County.

Community Readiness and Mobilization, Key Stakeholder Survey – Community readiness is the extent to which a community is adequately prepared to implement a prevention program. Community mobilization is the act of engaging all sectors of the community in a coordinated prevention effort. The Churchill Coalition followed the stages of community readiness and mobilization established by NIDA and relied upon the experience of Coalition members in following those strategies.

Members strengthen the Coalition by attending monthly and quarterly Coalition meetings that have been conducted over the past 10 years, bringing together individuals from diverse areas within the community. The Coalition's members engage in the annual Coalition Leadership Forum in Washington D.C. and by participate in a variety of trainings; bringing knowledge back to the community about fund-raising, grant writing, evaluation, and perhaps most importantly about prevention strategies that may work best for Churchill youth and families. Members inform each other of ongoing programs, engage in dialogue and research to address unmet needs and to identify new funding sources. One prevention program is featured at each meeting to provide members with a more in depth understanding of the value of that program. Small group and one on one discussion are held regularly with community members to introduce potential new members to the benefits of Coalition participation. Continued presentations to the Churchill County Commission, Fallon City Council, Board of Health, Law Enforcement and Churchill County School Board, provides information to those in positions to support, financially and politically, programs and partnerships in prevention efforts. Quarterly Coalition meetings have been effective means in educating policy makers, through community assessment tools, on the challenges and successes of the array of programs offered.

Presentations to the Rotary and the Optimist Clubs, Churchill County School District School Board and Principals as well as other communities at large through our annual Meth Community Forum, have succeeded in providing support for programs as well as increased membership in the Coalition.

Business leaders become aware of programs and strategies that improve their community and come to realize that all youth serving groups and organizations are working together to solve the challenges and meet the needs of our youth.

The Coalition Website continues to provide information about organizations and programs addressing youth problem behaviors. The Coalition has several informational publications distributed throughout the community and via its Associate RADAR Network Site. The Coalition works to distribute information to local media regarding Coalition and community activities and events, and includes this information on its website.

Promotional items with the Coalition logo and mission serve to increase awareness and promote the activities and services of the Coalition among community members. The Churchill Community Coalition continues to develop the community's readiness for

prevention using strategies established by NIDA, including expanded educational outreach and ongoing local media campaigns.

In 2014 a survey was conducted with a number of key leaders in Churchill County. This survey, which was part of the State Incentive Grant (SIG) project, found that most respondents thought that there was agency collaboration, shared ideas, and use of valid research. Respondents also were positive about what can be accomplished through the Coalition, and 75% of respondents stated that their agency was committed to the Coalition. The survey also found that while most respondents reported being committed to the Coalition, an equal number of respondents indicated that they would be “unlikely” to take a leadership role as those who responded “likely” and “very likely”. The survey found that the respondents rated diversity of membership as an area for improvement, and that more education regarding science-based programs and gaps in services needs to be conducted.

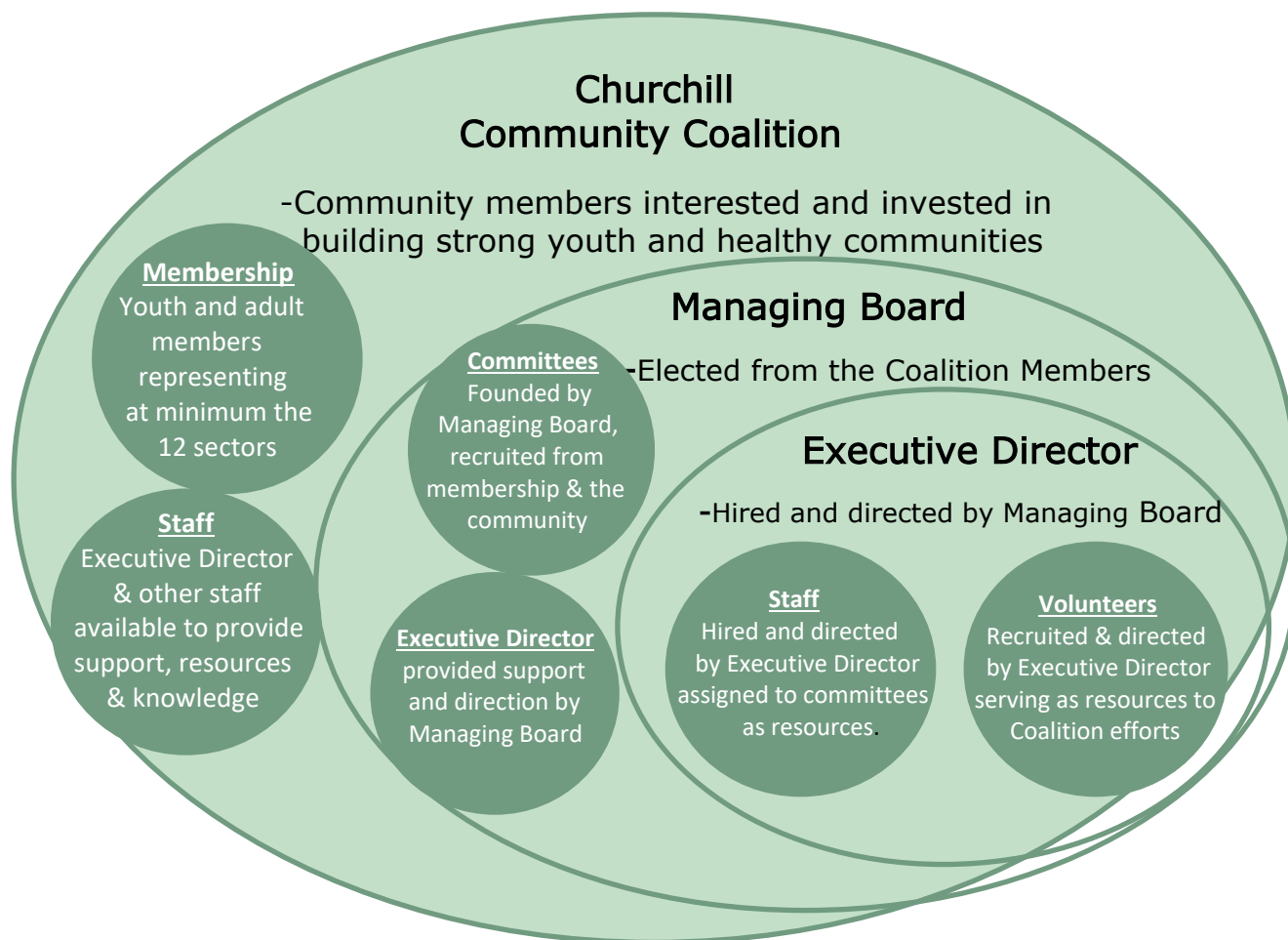
Churchill Community Coalition refrains from implementing activities without the collaboration of at least one partner agency.

Working with community data and in assistance with community partners, Churchill Community Coalition gathered information about strategies, programs, and services existing within the community. Coalition members began this process in November 2002 and have continued to identify and review information regularly. The Coalition effectively builds capacity by strategically addressing substance abuse in its many forms.

C. Leadership Structure

Leadership in The Churchill Coalition is in the form of a Board, comprised of representatives from multiple agencies and sectors in Churchill County, who advise and coordinate prevention efforts. All board of directors serve as volunteers, meet monthly, and respond via e-mail for urgent decision-making. Board members are also responsible for determining and following policies and fiscal oversight.

CCC Leadership Structure



Step III: Planning

Following assessment and capacity building, the Coalition, in collaboration with its partners, addressed the gaps in resources and services offered to youth and young adults within Churchill County, and developed broad strategies and plans to assist in the development and implementation of prevention services.

Our prevention strategies are relevant, appropriate, and effective to meet Churchill County’s needs in addressing the underage alcohol, tobacco, marijuana, Rx drugs and other drug use and abuse problems. These strategies are also relevant, appropriate, and effective in addressing the rising issues of youth depression, and suicide in the county, military members, and veterans’ issues on suicide, and opioid use amongst women of childbearing years. Additionally, Churchill Community Coalition assures activities are culturally appropriate to the intended audience. Our

goal is to deliver prevention education and messaging to multiple sectors of the population utilizing multiple strategies.

Effective Prevention Planning

Effective prevention and a strong community Coalition go hand-in-hand. Collaboration provides opportunities to leverage resources, reduces duplication, and increases effectiveness.

Prevention services in Churchill County are dependent upon grant funds for sustainability and growth. An important component of sustaining a comprehensive community prevention system is the capacity to leverage, access, manage, and distribute resources. Effectiveness is enhanced and outcomes improve when efforts are coordinated, gaps in services are identified, practices are sound, goals are established, evaluation is coordinated, and a comprehensive plan is research-based.

Community-Building Process

1. Determine if community members view substance abuse as a problem, and if they are ready to do something about the problem.
2. Review youth surveys and other local data to determine what risk and protective factors exist in the community.
3. Prioritize which risk factors should be addressed.
4. Determine which community resources are already in place.
5. Determine who will benefit most from programs and services.
6. Identify programs and services that have been shown to effectively address the priority risk factors.
7. Evaluate to determine if the prevention programs and services are accomplishing the goals.

Coalitions provide a strategic approach to prevention. Through the early 1980's, prevention of alcohol, tobacco, and other drug problems was viewed primarily as an educational effort. The focus was on efforts to change individual behavior, usually through classroom lessons. However, experience, as well as research, has shown that a **coordinated approach** can be significantly more effective.

Step IV: Implementation

Churchill Community Coalition serves Churchill County by sustaining a community prevention system with assistance from community partners. The Coalition collaborates with community partners it has identified and appropriately matched to leverage, access, manage and distribute resources for implementation of the community plan, providing programs, and services that meet the priorities for youth and families as outlined in the Coalition's prevention plan. Additionally, CC Coalition provides community partners assistance with training, data management, resource reporting, evaluation and other requested assistance. Implementation priority is given to model programs and services targeting our prioritized risk and protective factors. The Coalition pays special attention to program fidelity, and ensures cultural competency

through appropriate program adaptations in cultural and other unique aspects of the diverse populations identified in this plan.

The coalition may support additional programs and services as necessary to meet the changing needs of the youth and families of Churchill County.

Implementation Strategy

The Churchill Community Coalition will serve the community by sustaining a community prevention system and coordinating implementation of the prevention plan through community partners. The Coalition will coordinate a process designed to objectively identify community partners who will implement programs and services out lined in the prevention plan to meet the identified priorities for youth and families.

The Coalition will work with community partners to leverage, access, manage and distribute resources for implementation of the plan. Additionally, the Coalition will provide assistance to community partners with training, data management, resource reporting, evaluation, and other assistance as requested. Implementation priority will be given to the programs and services identified in this plan. Attention will be given to program fidelity as well as adaptations to appropriately address cultural and other unique considerations of the diverse population identified in this plan. The Coalition may support additional programs and services as necessary to meet the changing needs of the youth and families of the Churchill County community.

Key steps to implementation

- Inform community members about the Community Prevention Plan and the Coalition.
- Access resources needed for community partners to implement programs and services.
- Make resources available to community partners.
- Support community partners with implementation of the plan.
- Evaluate to determine if programs and services are achieving the intended impact.
- Sustain the community prevention system; update the plan to continually meet the changing needs of youth and families.

Implementation goes hand-in-hand with sustainability. In an effort to continue to sustain the Churchill Community Coalition as a viable community based nonprofit with a focus on youth prevention, the Churchill Community Coalition will undertake the following steps:

1. Continue to seek grant-based support from federal, state, and foundation funders.
2. Work with community prevention providers to help to institutionalize prevention programs and services to ensure the continued implementation of these programs beyond the end of grant funding.
3. Continue to support existing in-kind relationships and cultivate new in-kind relations to bring community resources to bear on the strategies outlined in this plan.
4. Explore opportunities for seeking non-grant based funding including business ventures (social entrepreneurship), community fund raising, and corporate/business partnerships.

Currently, The Coalition is involved in a USDA grant with Community Foundation of Western Nevada to establish a rural community foundation in Churchill County.

Step V: Evaluation

Evaluation measures the impact of the SPF process, implemented programs, policies, and practices. Churchill monitors the four core measures targeted by the SPF – 30-Day Use, Age of Onset, Perception of Harm, and Perception of Parental Disapproval, and compares local data to statewide and national numbers.

The Coalition uses three sources of primary outcome data: the Youth Risk Behavior Survey (YRBS), local community assessment and the Attitudes and Behavior survey which tabulates the Four Core Measures. We often utilize pre/post surveys for school-based educational activities. The Coalition references archival data, such as arrest, hospitalization and traffic citations as measures of consequences of substance abuse in our communities. All programs funded through the Coalition are evaluated using standardized instruments. Efficacy of the Coalition itself is ensured through evaluation processes of the Coalition. Supportive to efficacy assurance, the Coalition is currently creating a central database for housing all of the Coalition’s process and outcome data. Following is a brief summary of the main evaluation methods to be used in measuring/tracking progress toward the CC Coalition goals and objectives.

DFC Goal 2: Reduce youth substance abuse

Objective A: Increase in reported perception of harm of Marijuana, Alcohol and Rx drug use, as measured surveys, attendance or number of ads disseminated.

Strategy 1: Information Sharing

Activity	Who is responsible?	When?
Create 10 prevention messages for Marijuana, Alcohol and RX drug prevention awareness: presentations, print, radio and digital ads.	Coalition Staff, and youth	October 30, 2015 & Ongoing
Develop and Conduct counter/truth marketing campaign to glamorize and reaffirm-teen sobriety is the norm. It will be shared at a minimum of 2 presentations, community forum, or interactive activities led by the youth.	Coalition staff, Coalition members, S.T.O.P. youth teams	Ongoing

Strategy 2: Decrease the amount of prescription drugs available in our community.

Activity	Who is responsible?	When?
----------	---------------------	-------

Conduct a minimum of two community Rx drug roundups and disposal events.	Churchill County Sheriff's Office, Fallon Police Department	Fall of 2015 & Spring of 2016
Promote permanent Rx drop off box at Sheriff's office in community through PSA, Brochures, and media ads.	Coalition Staff, local Law Enforcement	Ongoing
Promote Rx drug lock up campaign through PSA, brochures, media ads and billboards and disseminate drug lock boxes through community events and presentation	Coalition Staff & Members	Ongoing

Objective B: Decrease the number of incidences where youth have access to or possession of alcohol.

Strategy 1: Modify / Change Policy

Activity	Who is responsible?	When?
Conduct a minimum of 3 Compliance checks within the City and the County limits.	local Law Enforcement and S.T.O.P. youth team members	Ongoing
Present information to community and individuals about policy changes to reduce youth access to alcohol.	Coalition Members & Staff.	Starting October 2015 Ongoing

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; AB Survey & Community Norm Surveys.

Short Term Measures: Community Norms Survey; county statistics on ATOD use.

These steps are linear in that they are addressed and completed in order. They are cyclical in that they are repeated in the community over time. In the coming year, the plan will be used to determine the direction of prevention in Churchill County. In order to be very clear, the CCPP concludes with a Call to Action, which is the capstone of the document. The Call to Action essentially charges the Churchill staff, students, contractors, and volunteers, in concert with various sectors of the community, to implement the plan, as outlined in Section 3: Planning. Consistent and faithful implementation of the CCPP will provide Churchill community with an orderly, coherent, and strategic design, *“To develop a thriving community through a cooperative youth risk behavior and substance abuse prevention effort.”*

SUSTAINABILITY

Proposed Funding and Grants

The Churchill Community Coalition is in a unique position with regards to fund raising in that the Coalition cannot compete with local prevention providers and other local agencies for funding, hence the Coalition has to consider alternative fund raising methodologies. The Coalition must work to create partnerships with local providers and statewide organizations in order to seek funding. The Coalition must also explore options beyond grant funding in order to ensure its sustainability. In order to do this the Coalition must create committees to explore non-grant sources of funds. For example, a sustainability study done for the local treatment center suggested that franchising and social entrepreneurship is explored to provide continued funding. Toward this end, the Coalition will create committees to explore non-grant and non-traditional fund raising practices. This strategy, however, must be pursued in a responsible manner as it is crucial that any business type venture the Coalition may engage in must be socially responsible and promote a no-use message to youth.

Source Supporting Annual Amount

Substance Abuse Prevention and Treatment Agency (SAPTA)

SABG Block grant -funds the Churchill Coalition Staff and Operations

\$168,080.00.00 October 1, 2018 – September 30, 2019

State Substance Abuse Primary Prevention (SAPP)

Funds staff and substance abuse prevention programs

\$91,766 July1, 2018 thru June 30, 20169

Partnership For Success grant (PFS)

Funds support reduction of alcohol, marijuana and opioid misuse

\$120,000.00

October 1, 2018 – September 30, 2019

Drug-Free Communities (DFC)

Funds the Churchill Coalition Staff, Programs and Operations

\$125,000.00 September 29, 2018- Sept 30, 2019

Coalition Additional Funding

Statewide Partnership Tobacco \$ 16,000

State Family Planning \$14,000

Fundraising \$6,218.00

Students Taking On Prevention (STOP) \$2,300

Total \$ 38,518

Coalition/Community mobilization activities

- Utilize Current funding sources, build partnership
- Continue to apply for grants and search for funding sources that are local, state and national, partner with other local organizations that support similar efforts to reduce cost.
- Set up automatic payroll deductions with local business/banks
- Partner with Community Organizations and other Coalitions
- Move the Coalition toward a community foundation/United Way model
- Approach local governments regarding the Coalition obtaining tax funds
- Engage the Board of Directors in intensive fundraising activities

APPENDICES

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A Table Local, STATE AND NATIONAL TEEN PREGNANCY RATES..... Appendix N

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APPENDIX A

A Table:

YOUTH SUBSTANCE ABUSE DATA COMPILATION: A&B 2012; YRBS 2013; CC COALITION & OTHER LOCAL SURVEYS, 2014-2015

Substance	Alcohol	Marijuana	Rx Drugs	Illicit drugs	Tobacco
Measure					
Past 30 day use	✓	✓	✓	✓	✓
Youth low perception of Risk	✓	✓	✓	✓	✓
Parent low perception of Risk	✓	✓	✓		
Peer low perception of risk	✓	✓	✓	✓	
Youth low perception of parent disapproval		✓			
Youth low perception of peer disapproval	✓	✓	✓	✓	✓
Peer approval	✓	✓	✓	✓	✓
Substance	Alcohol	Marijuana	Rx Drugs	Illicit drugs	Tobacco
Measures					
Community acceptance/norm	✓	✓	✓		✓
Youth Easy access to Substance from:					
• Friends	✓	✓	✓	✓	✓
• Family	✓	✓	✓	✓	✓
• Parents	✓	✓	✓		✓
• At school	✓	✓	✓		✓
• Community	✓	✓			
• Adults/strangers	✓	✓		✓	✓
• home	✓	✓	✓		✓
• local stores	✓				✓
• Stealing	✓	✓	✓		✓
Minor In Consumption Arrests/incidents	✓	✓		✓	
Driving under the influence	✓	✓			
Riding with a driver under the influence	✓	✓			

A Table CHURCHILL COMMUNITY COALITION LOGIC MODEL: ALCOHOL 2017-2018

Local Conditions

Local Conditions & Data

Problem

Underage Drinking

- 44% of 11th grade & 44% of 9th grade students report past 30-day use of alcohol (Attitudes & Behaviors (A&B) Survey, 2018)
- 60.6% of High School Students Reported to have ever drank alcohol. (YRBS, 2017)

Root Causes

Community Norms

- 25.6% of High School Students who drank alcohol before age 13. (YRBS, 2017)
 - 17.2% of High School Students who participated in binge drinking the 30 days before this survey. (YRBS, 2017)
 - 29% of adults “Yes” when asked if people generally view underage drinking as “rite of passage” (CC Adult Community Survey, 2018)

Youth are drinking in public

- High school youth ages 14-17 y/o report youth are concealing alcohol in fast food soda cups, water bottles, and drinking in high school (CCC Local Conditions Survey,2017)
- Local youth 6th-12th grade reported local youth alcohol consumption as follows: 24% youth report someone else buys alcohol for them; 17.65% get people to buy them alcohol from the gas station. (CCC Youth Local Conditions Survey,2017)
- 47.75% Local youth surveyed report that youth are drinking in the desert during parties, bonfires, and on weekends, 15.67% reported they drink during school (CCC Youth Local Conditions Survey,2017)
- 10% of adults feel it is “not wrong” or a “little wrong” for YOUTH to have 1-2 drinks of an alcoholic beverage nearly every day. (CC Adult Community Survey, 2018)
- 4% of adults feel it is “not wrong” or a “little wrong” to share alcohol with YOUTH. (CC Adult Community Survey, 2018)
- 22% of adults answered “Never” when asked if they had discussed with youth the dangers or problems associated with Alcohol. (CC Adult Community Survey, 2018)
- 63% of adults answered “Strongly Agree” or “Agree” that YOUTH in the community can get alcohol easily. (CC Adult Community Survey, 2018)

Enforcement of Underage Drinking Laws

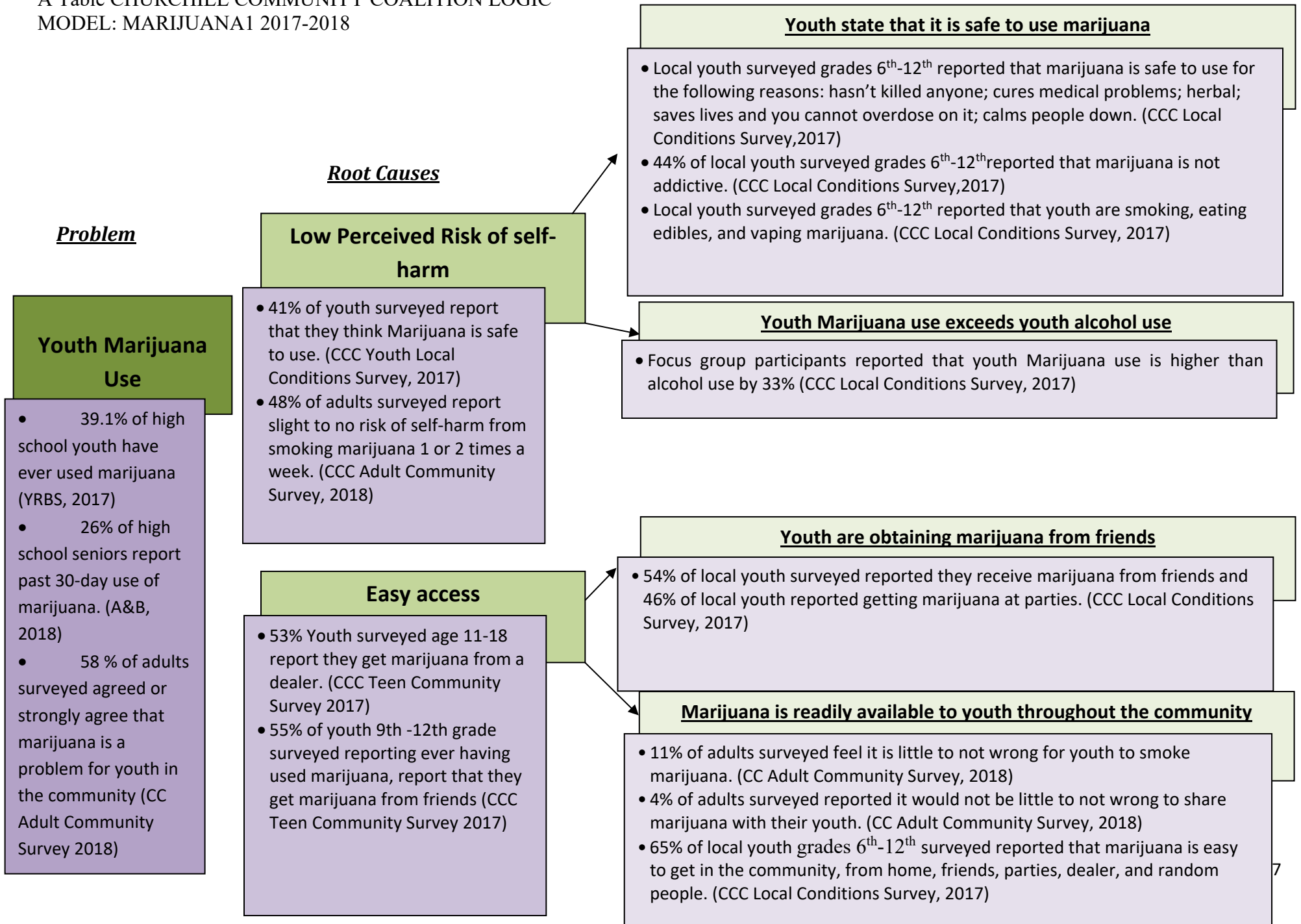
- 53.23% of youth surveyed reported that youth are getting in trouble with police for having alcohol. (CCC Youth Local Conditions Survey, 2017)
- Local youth grade 6th-12th grade surveyed report that when youth get in trouble with the police for having alcohol the following happens: 18% reported getting cited/ticketed, 18% reported pay a fine, and 29% reported attend court. (CCC Youth Local Conditions Survey,2017)
- 8% of youth have been to a party that was broken up by the police. (CCC Youth Local Conditions Survey,2017)
- 73% of adults answered “no” when asked if they had to show ID when buying alcohol. (CC Adult Community Survey, 2018)

Appendix C

A Table: CC COMMUNITY ALCOHOL RETAILERS ESTABLISHMENT SURVEILLANCE 2015

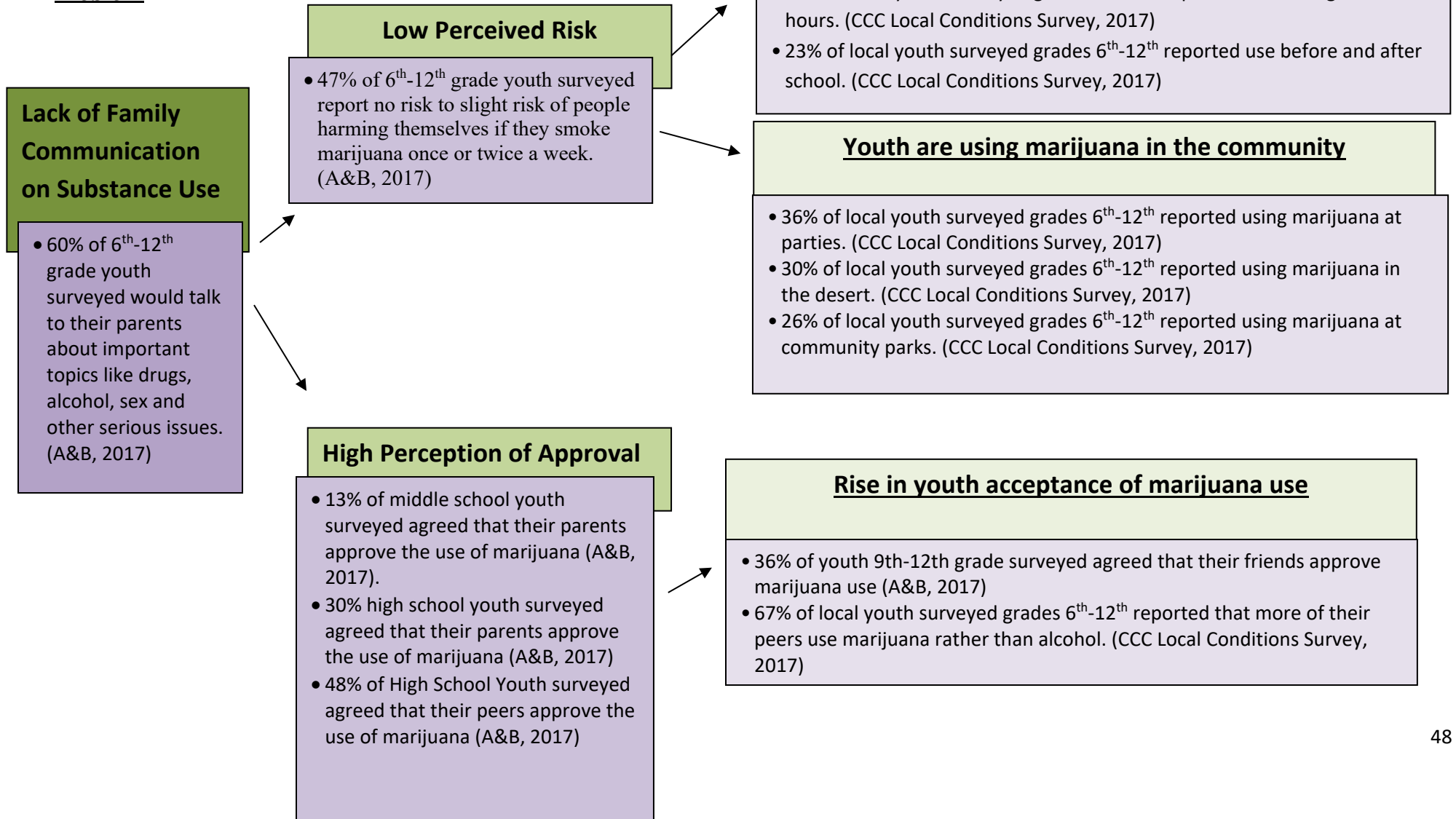
	Harmon Junction	CVS	South Maine St. Mini	Medicine Shoppe	Safeway	Town Food & Liquor	J's Best Discount Liquor	A&A Liquor, Johnnies Deli	Walmart	JH Food Liquor	Beverage Market	Walgreens	Speedway Market	Maverik	Fox Peak	Grand Slam	Quick Stop	Taylor Mini Mart	Rincon
Youth targeted outside ads <i>(alcohol, tobacco, e-cigarettes, energy drinks)</i>						✓	✓	✓		✓	✓				✓		✓		
Youth targeted ads/displays in store entry at youth eye level & in reach <i>(alcohol, tobacco, e-cigarettes, energy drinks)</i>	✓	✓	✓			✓	✓	✓		✓	✓				✓				
Youth targeted ads/displays throughout inside store at youth eye level & in reach <i>(alcohol, tobacco, e-cigarettes, energy drinks)</i>	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Youth targeted ads/displays at or near checkout counter <i>(tobacco products, lighters, alcohol, energy)</i>	✓		✓			✓	✓	✓	✓	✓	✓	✓		✓	✓			✓	
<i>No note of "we card" signs posted, nor signs regarding laws of minors' attempt to purchase, and/or adults purchasing for minors. (CCC Alcohol Retailer Community Surveillance 2015)</i>																			

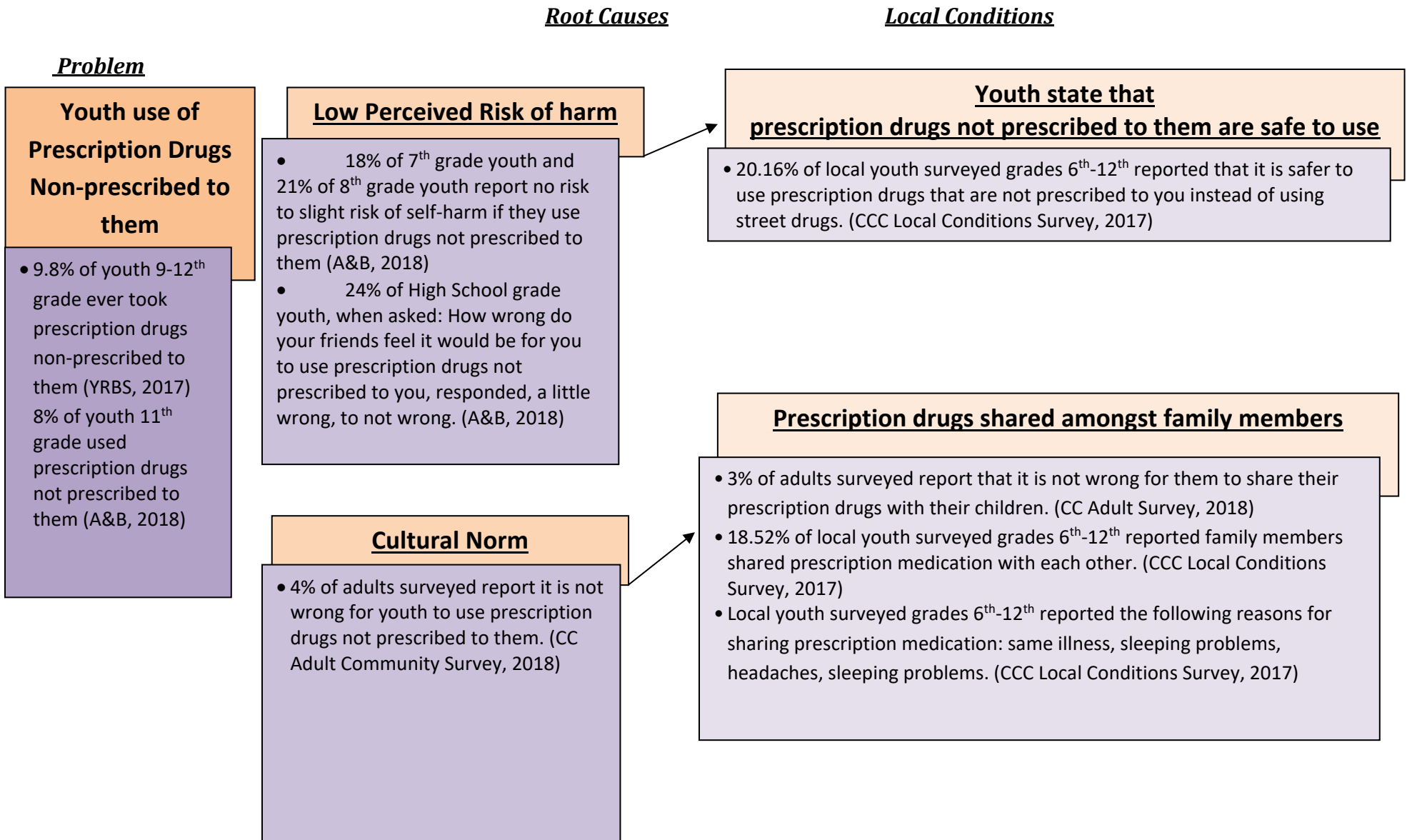
A Table CHURCHILL COMMUNITY COALITION LOGIC MODEL: MARIJUANA1 2017-2018



A Table CHURCHILL COMMUNITY COALITION
LOGIC MODELS: MARIJUANA 2017-2018

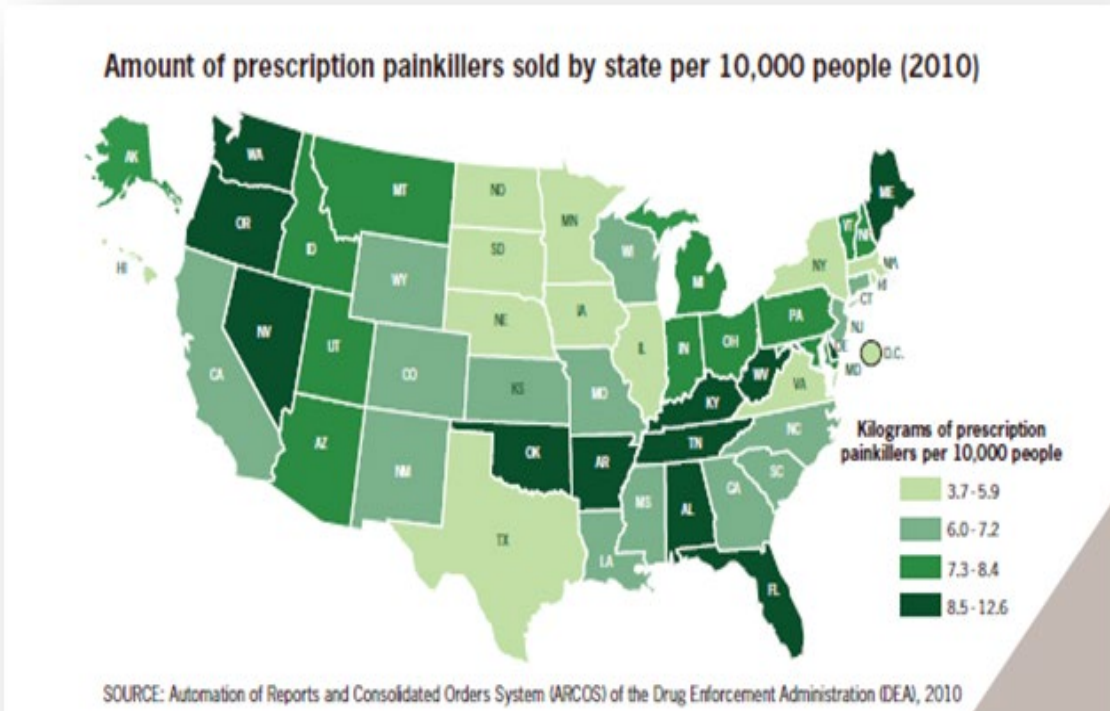
Problem





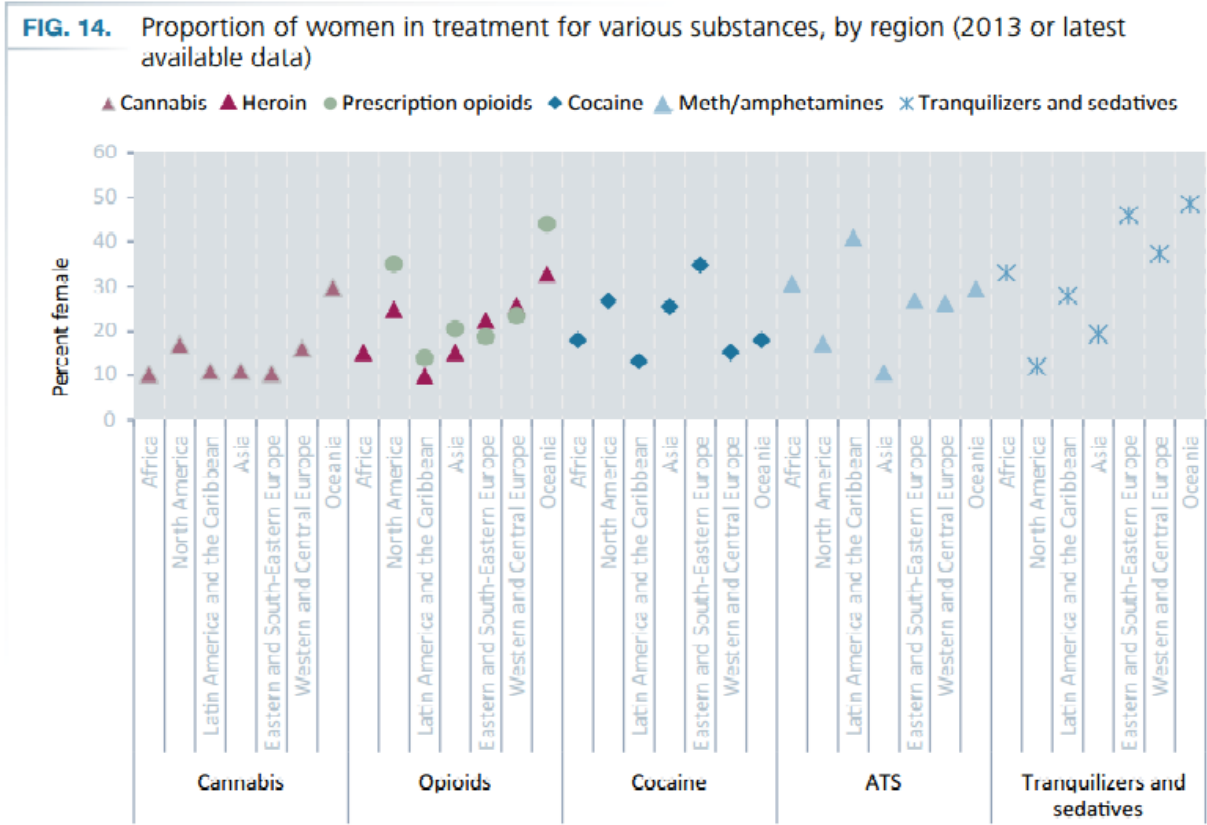
Appendix G

A TABLE: STATE RX DRUG COMPARISON



B Table: PREVENTION STATUS REPORT 2013 U.S. AND NV DRUG OVERDOSE AND OPIOID SALES (<https://www.kff.org/other/state-indicator/opioid-overdose-death-rates>)

A Table: UNODC COUNTRY; WOMEN; SUBSTANCE ABUSE RATES COMPARISON



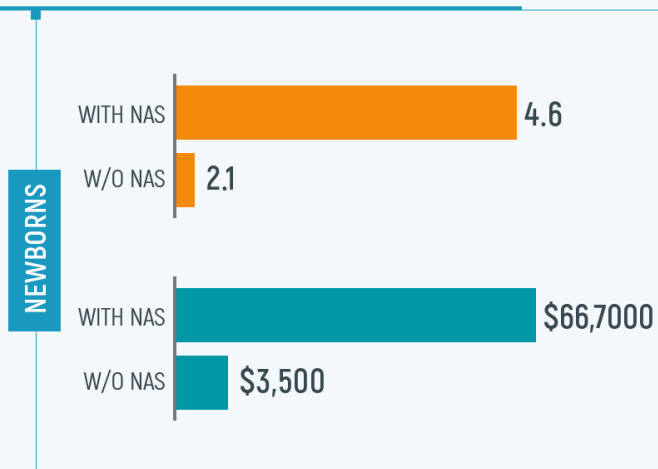
Source: UNODC, responses to annual report questionnaire.
 Note: Unweighted average of proportion of women in all drug treatment per primary substance of use.

A Table: NIH NAS NATIONAL STATS

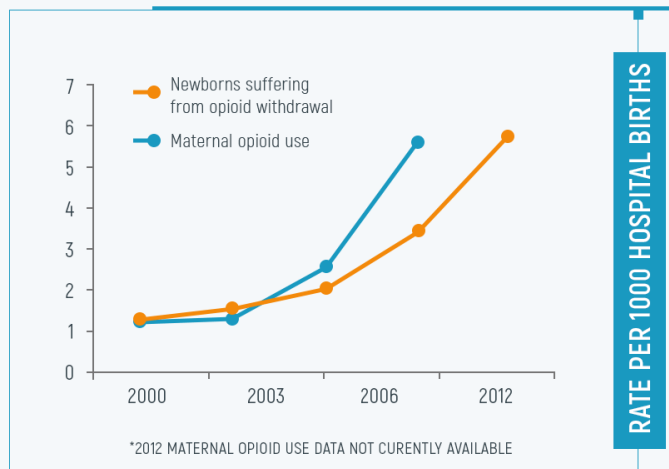
EVERY 25 MINUTES,
A BABY IS BORN **SUFFERING**
FROM **OPIOID** WITHDRAWAL



**AVERAGE LENGTH OR
COST OF HOSPITAL STAY**

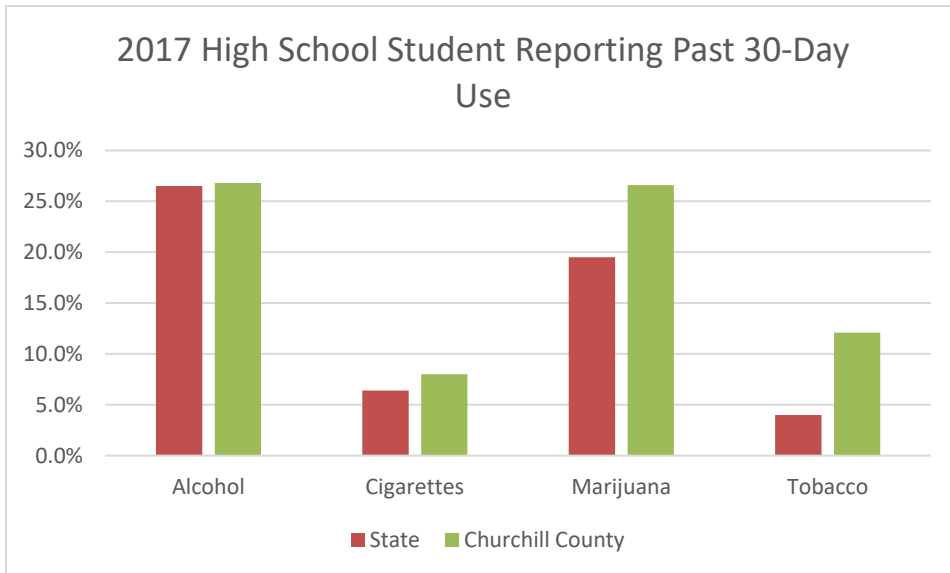


**NAS AND MATERNAL
OPIOID USE ON THE RISE**



Appendix J

A Table: 2013 HIGH SCHOOL STUDENT REPORTING PAST 30 DAY USE, COUNTY, STATE AND NATIONAL COMPARISON



Total Population of members (All Ages)	1452	Total Living on Tribal land (All Ages)	548	Total Living in the Fallon Area (All Ages)	662
Total Number Of youth age 0-19 years	387	Total Youth age 0-19 Living on Tribal Land	150	Total Youth age 0-19 Living in Fallon Area	191
Total number of Youth age 11-13	49	Total number of Youth age 11-13 Living on Tribal Land	17	Total number of Youth age 11-13 Living in Fallon Area	22
Total Number of youth age 14-19	159	Total Number of youth age 14-19 Living On Tribal Land	49	Total Number of Youth age 14-19 living In Fallon Area	66

B Table : FPST CHURCHILL COUNTY ENROLLED MEMBER POPULATION

Provided by FPST Member Enrollment Services 2015

Appendix K

A Table: YOUTH FPST 2015 SURVEY W/YRBS2013 COMPARISON

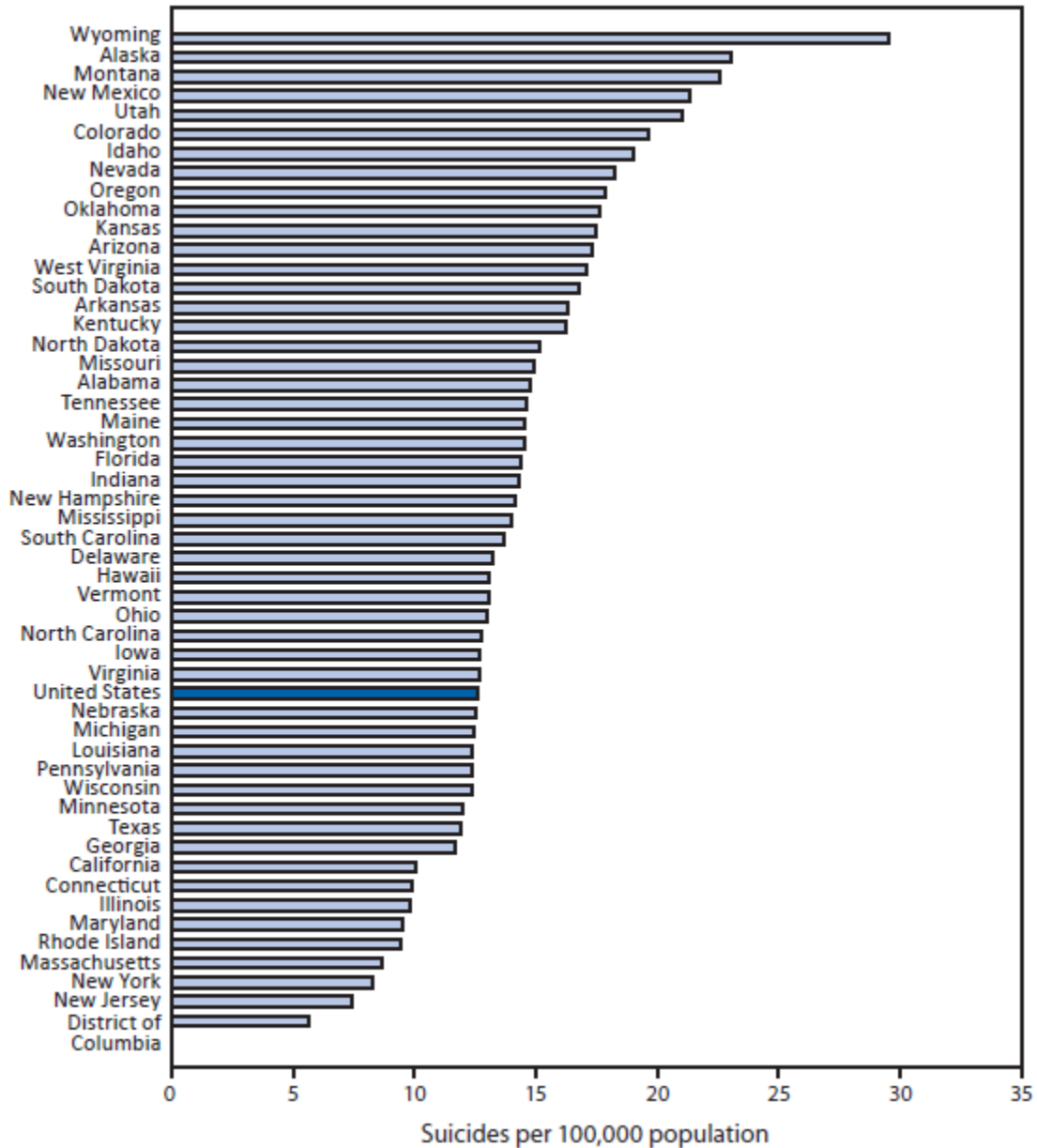
	FPST Students 13-19 yrs old CCC FPST Youth Surveys 2016		Overall <u>A&B 2018</u> - Students 6- 12th grade <u>YRBS 2017</u> - HS Students
Report participating in binge drinking (5+ drinks at one time) in past 30 days	29%		17% (YRBS)
Report using marijuana or hash at least once in past 30 days	9%		27% (YRBS)
Report feeling sad or depressed most or all of the time, during the past 30 days	39%		71% (A&B)
Report have attempted suicide in lifetime.	16%		20% (A&B)
Report going to at least one party where other kids your age were drinking in the past year	21%		29% (A&B)
Report driving a car after had been drinking at least once in the past year	12%		4% (YRBS)
Report riding in a car whose driver had been drinking at least once in the past year	23%		21% (YRBS)
Report slight to no risk of harm consuming 5 or more drinks of an alcoholic beverage once or twice a weekly.	34%		15% (A&B)
Report slight to no risk of harm if they smoke marijuana once or twice a week.	36%		47% (A&B)
Reported friends feel it's slightly to not wrong to have one or two drinks of an alcoholic beverage nearly every day.	10%		31% (A&B)
Reported friends feel it's slightly to not wrong to smoke marijuana.	10%		36% (A&B)
Reported parents feel slightly to not wrong to smoke marijuana	5%		12% (A&B)
Report a few or more friends that drink alcohol once a week or more.	26%		33% (A&B)
Report more than a few friends that have used drugs like marijuana or cocaine.	31%		42% (A&B)
Report they would probably not or definitely not talk to their parents regarding drugs, alcohol, sex, or some other serious issue	36%		60% (A&B)

Appendix L

A TABLE: *QUICKSTATS*: AGE-ADJUSTED* SUICIDE† RATES, BY STATE§ — UNITED STATES, 2012

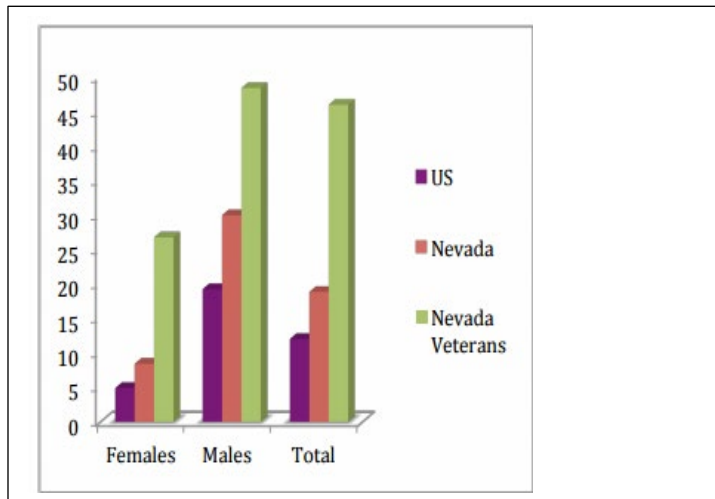
NOVEMBER 14, 2014 / 63(45);1041-1041,

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6345a10.htm>



Appendix M

A Table: FIGURE 2. SUICIDE RATES PER 100,000 POPULATION FOR U.S. AND NEVADA, 2009 AND NEVADA VETERANS BY GENDER, AGGREGATE 2008-2010



B Tables: CHURCHILL COUNTY SUICIDE REPORTS 2012-2015; SEPT 2015-DEC 2015

	Gender	Age	Race	Method
Since September 2015				
Attempted Suicide Resulting in Injury	FEMALE	16	White	Pills
	FEMALE	18	White	Hanging
	FEMALE	44	White	Pills
	FEMALE	65	White	Hanging
	MALE	43	White	Pills
	MALE	60	White	Pills
Suicides Resulting in Death Since September 2015	FEMALE	13	White	Gunshot
	FEMALE	37	White	TBD (Pills)
	MALE	48	White	Gunshot
	MALE	45	White	Gunshot

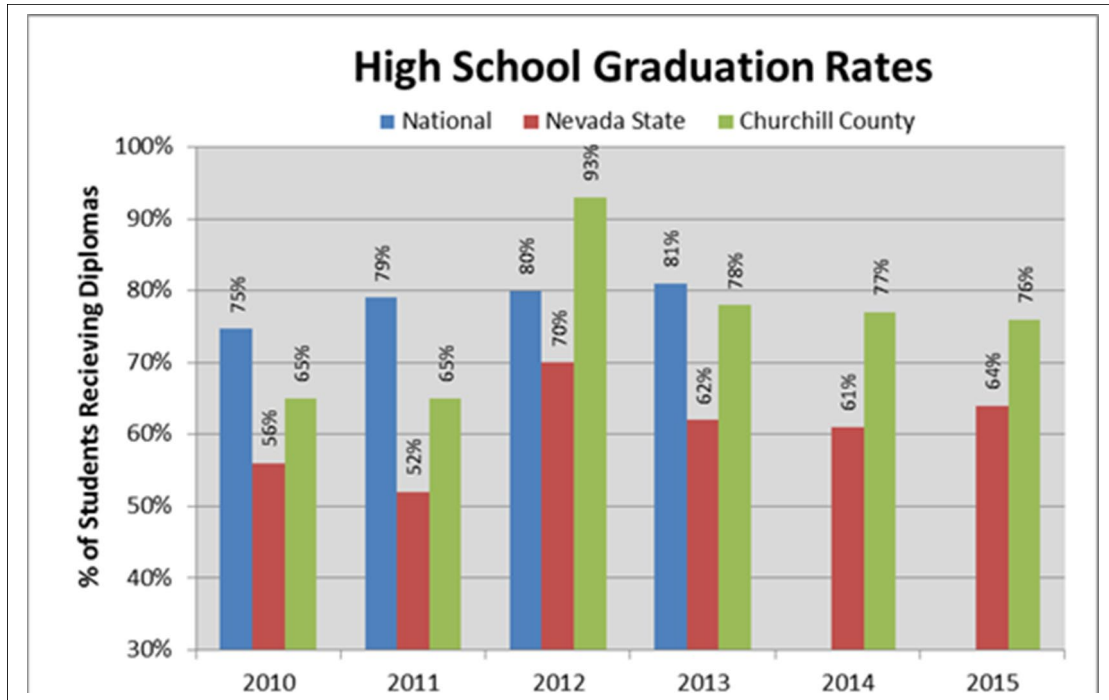
**Threats of Suicide:
Total 9**

Data Provided by Churchill County Sheriff's Office

	Gender	Age	Race	Method
August 2012- August 2015				
Suicide Resulting in Death Since August 2012	FEMALE	13	WHITE	Gunshot
	FEMALE	65	White	Gunshot
	MALE	24	White	Gunshot
	MALE	26	White	Hanging
	MALE	40	White	Gunshot
	MALE	40	White	Hanging
	MALE	45	White	Gunshot
	MALE	60	White	Gunshot
MALE	65	White	Hanging	

Appendix N

A Table: CHURCHILL COUNTY HIGH SCHOOL GRADUATION RATES; YEARLY COUNTY, STATE AND NATIONAL COMPARATIVE- 2010-2015

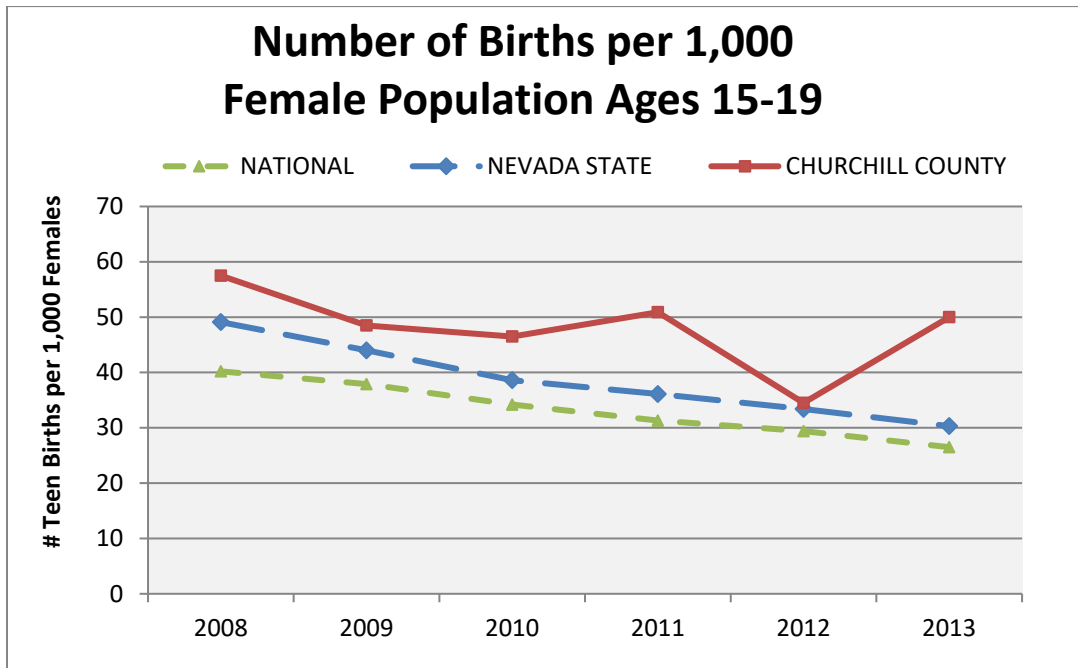


B Table: LOCAL STATE AND NATIONAL TEEN PREGNANCY RATES; 2008-2013

Timeframe	NATIONAL		NEVADA STATE		CHURCHILL COUNTY	
	Numeric Value	# births per 1000 female	Numeric Value	# births per 1000 female	Numeric Value	# births per 1000 female
2008	40.2	4%	49.1	5%	57.5	6%
2009	37.9	4%	44	4%	48.5	5%
2010	34.2	3%	38.6	4%	46.5	5%
2011	31.3	3%	36.1	4%	50.9	5%
2012	29.4	3%	33.4	3%	34.5	3%
2013	26.5	3%	30.3	3%	50	5%

Appendix O

A Table: NUMBER OF BIRTHS PER 1,000 FEMALE POPULATION AGES 15-19



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