



2019

# Comprehensive Community Prevention Plan



Partnership  
Carson City

**created by:** Athena Favero

## **About**

### **Partnership Carson City**

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

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

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

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

## Partnership Carson City's Vision

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

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

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

**Table of Contents**

<b>Carson City Demographics</b>	<b>5</b>
<b>Economic Data</b>	<b>6</b>
<b>School Data</b>	<b>10</b>
<b>Assessment</b>	
<b>Alcohol Use</b>	<b>26</b>
<b>Tobacco Use</b>	<b>29</b>
<b>Marijuana Use</b>	<b>32</b>
<b>Other Drug Use</b>	<b>39</b>
<b>Safety/Gangs/Suicide</b>	<b>64</b>
<b>Sexual Behaviors</b>	<b>67</b>
<b>Capacity</b>	<b>70</b>
<b>Planning</b>	<b>74</b>
<b>Implementation</b>	<b>75</b>
<b>Programs</b>	<b>76</b>
<b>Policies</b>	<b>79</b>
<b>Practices</b>	<b>80</b>
<b>Evaluation</b>	<b>81</b>
<b>Strategies to Accomplish Goals</b>	<b>83</b>

## Carson City Demographics

	Carson City	Nevada
Population	55,274	2.998 million
Ethnicity	Carson City	Nevada
White	44,807	68.1%
Hispanic/Latino	11,777	9.2%
Black/African American	1,054	8.6%
American Indian/Alaskan Native	1,306	1.7%
Asian	1,181	7.8%
Native Hawaiian/ Pacific Islander	101	7.8%
Two Races Or More	6,938	4.5%
Gender	Carson City	Nevada
Male	28,688	50.2%
Female	26,586	49.8%
Age	Carson City	Nevada
Persons Under Age of 18	6,713	22.7%
Persons 65 and Older	4,859	15.7%



source: US Census Bureau, 2018

## Carson City Economy

“People, Events, and businesses all come together to create a Carson City continuing to attract the attention of potential new businesses and new residents.”

*- Robert Fredlund, Carson City Chamber of Commerce Chairman of the Board*

Carson City is the capital of the state of Nevada, with the growing population of approximately 55,724 making it the 10<sup>th</sup> biggest city in Nevada. Carson City is located not far from the state line border of California in Lake Tahoe. Carson City is a rural area with a vintage downtown including small neighborhoods.

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

In Carson City, there is a low cost of doing business - 4.6% lower than the national average. Business owners are lucky to have low worker compensation insurance rates. They are also able to have affordable lease rates on their property with competitive utility rates for those in the real estate business.

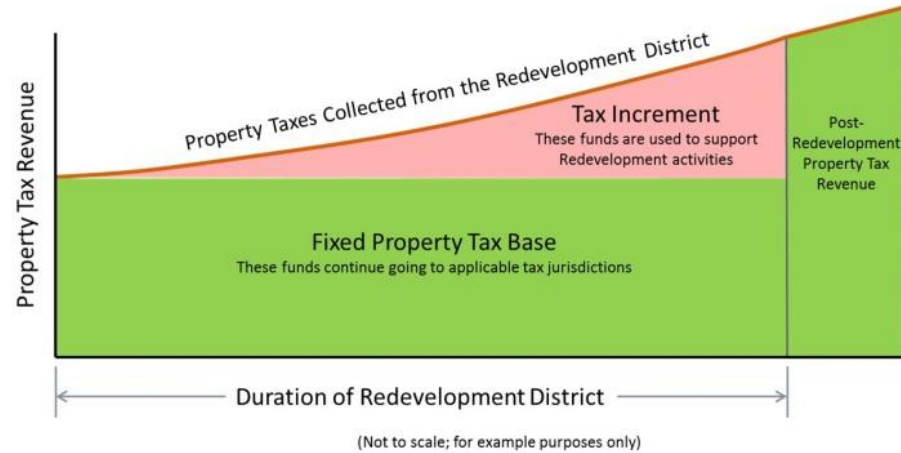
*- The Northern Nevada Development Authority (NNDA)*

## Labor and Employment Statistics 2011-2017

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

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

# Economic Development and Redevelopment



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

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

# Labor and Employment Statistics

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



## Economic Challenges

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

### **How will PCC collaborates address these challenges?**

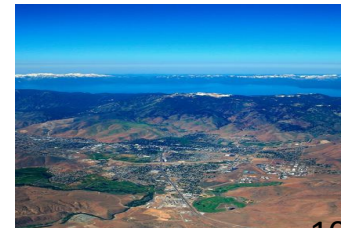
- provide successful long term treatment by assisting in a support structure for the homeless upon discharge from Mallory Center
- support association health plans that Carson Chamber of Commerce has launched
- collaborate with other organizations to find opportunities for low income households to find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

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

## Carson City District – Demographic Profile, 2015-2017

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

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



# Carson City District – Demographic Profile, 2015-2017

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



# Carson City School District

## Number of Reduced Lunches

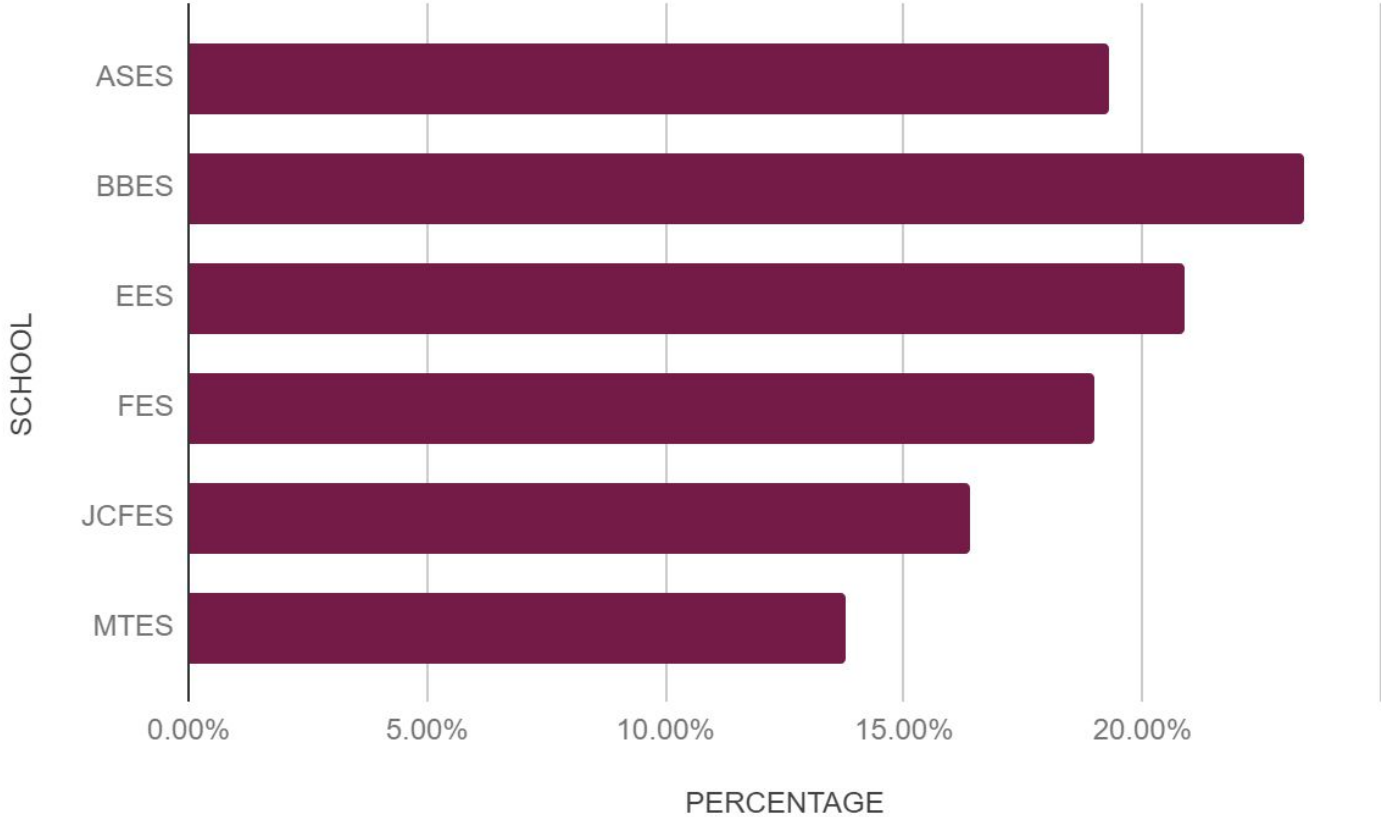
School Name	Grade Span	Total	Number of free eligible	Number of Reduced	Total Free and Reduced	% of Free and Reduced
Bordewich Bray ES	PK-5	626	250	61	311	49.68%
Fritsch ES	K-5	534	176	26	202	37.83%
Fremont ES	PK-5	579	274	65	339	58.55%
Seeliger ES	K-5	617	191	46	237	38.41
Empire ES	PK-5	569	Provision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



# Carson City School District Transiency Rates 2016-2017



TRANIENCY RATES  
ELEMENTARY SCHOOLS



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

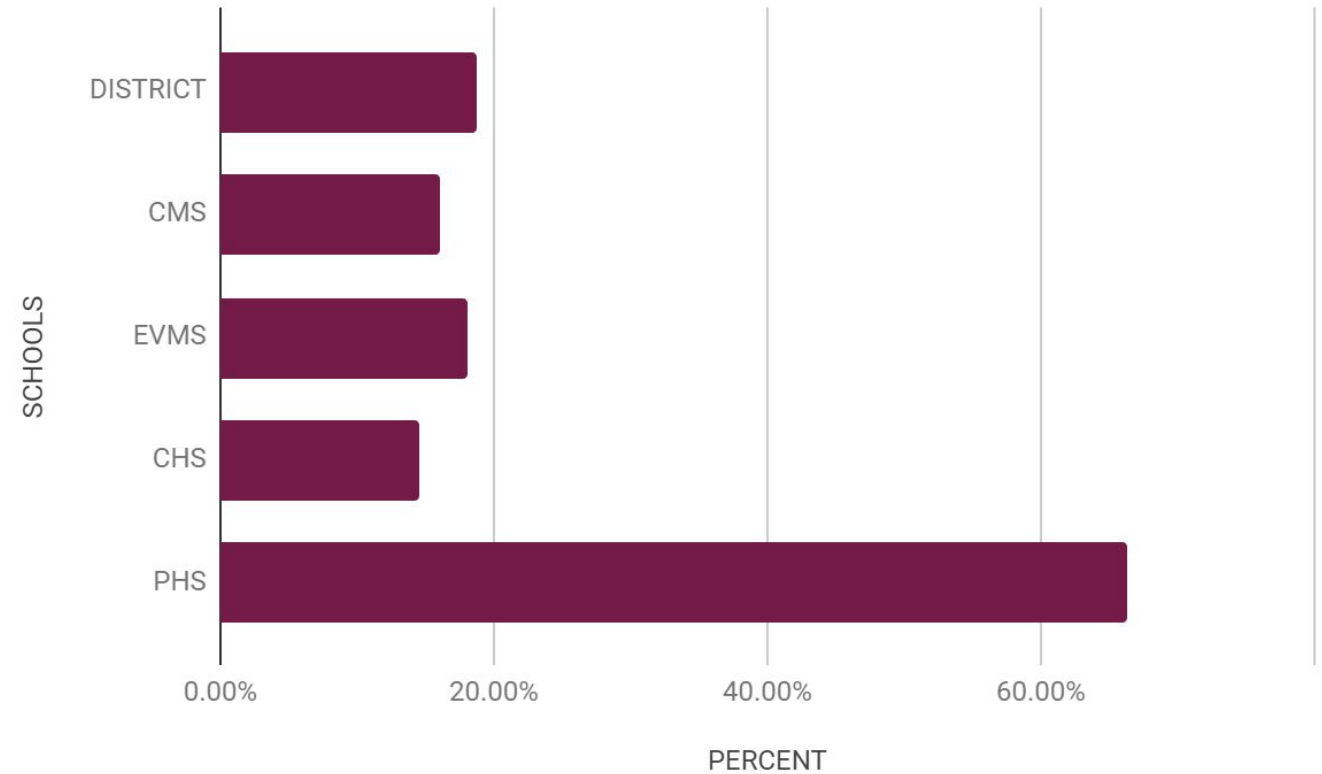
Data Source: Carson City 2016-2017 School Accountability Report

## Carson City School District Transiency Rates 2016-2017



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

TRANSIENCY RATES  
SECONDARY SCHOOLS



Data Source: Carson City 2016-2017 School Accountability Report

## Carson City School District - Graduation Rates

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

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

Data Source: Carson City 2016-2017 School Accountability Report

## Hispanic Population in Carson City Schools

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

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



## THE STRATEGIC PREVENTION FRAMEWORK

As outlined in this document, the 2018 Comprehensive Community Prevention Plan for **Partnership Carson City** is structured according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). The five steps that comprise the SPF allow effective collaboration with PCC and other coalition groups for sustained and long term prevention. Each step produces key points that are essential to the validity of the process. "This framework is a dynamic, data-driven planning process that prevention practitioners can use to understand and more effectively address the substance abuse and related mental health problems facing their communities" (SAMHSA).

### THE FIVE STEPS:

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



Source: <https://www.campusdrugprevention.gov/sites/default/files/files/SPF%20One-pager.pdf> (SAMHSA SPF)

## Collective Comparison Evaluation Model

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

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



<http://school-management-software.inventive.in/cce/continuous-comprehensive-evaluation.html>

## Adolescent Drug Use Trends and Prevention Plans

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

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



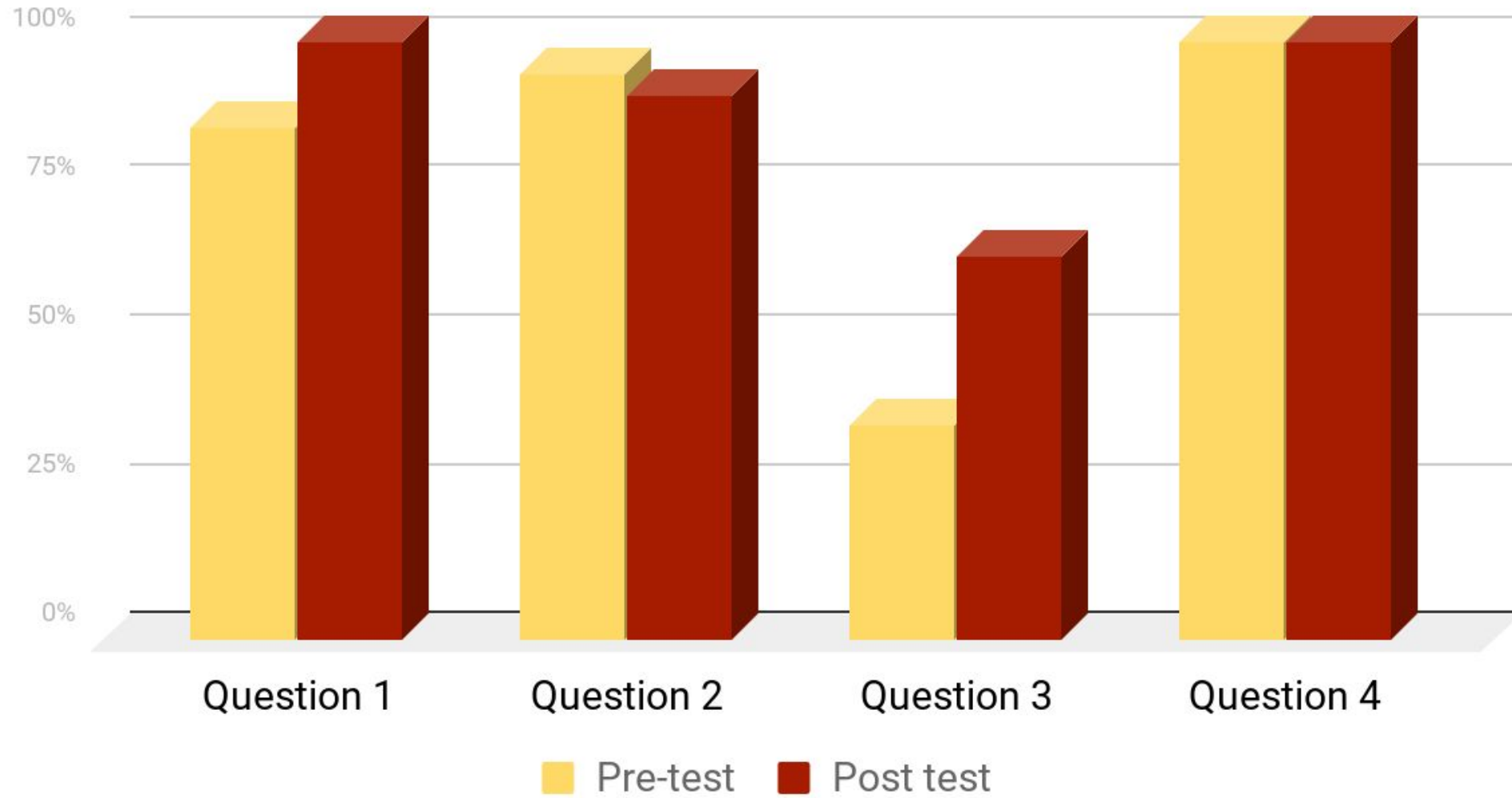
# Knowledge about Drug Abuse

Nevada Statewide Coalition Partnership, AmeriCorps Partners of Prevention

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

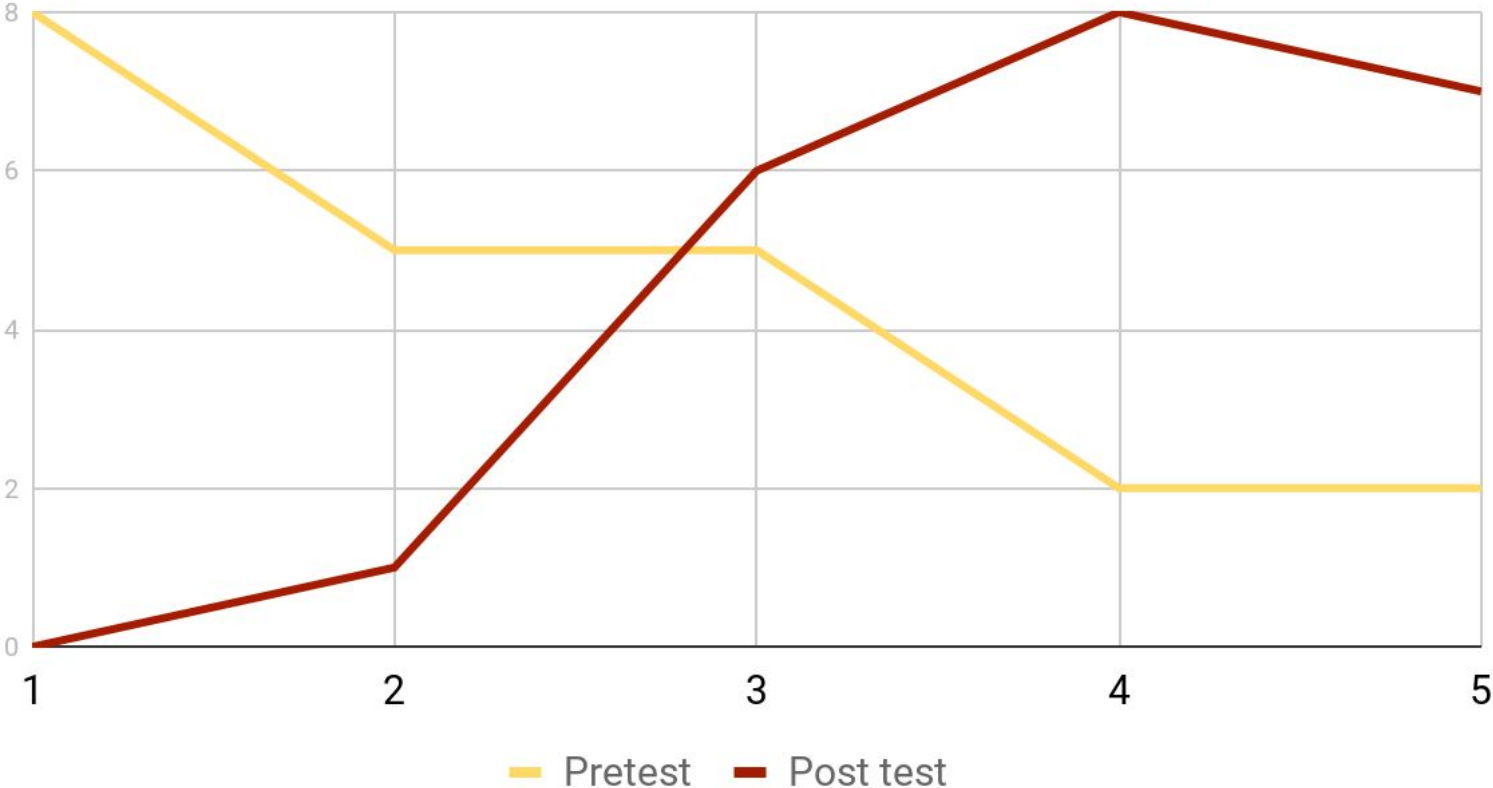
1. Q: What do you know about the prescription drug abuse epidemic?  
A: It is a growing epidemic in our community.
2. Q: What do you know about how drug addiction affects yourself, your work, your studies, and those around you?  
A: It is a problem that affects everything and everyone around me.
3. Q: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

## Comparisons of Percent Correct



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

### Knowledge About Drug Abuse



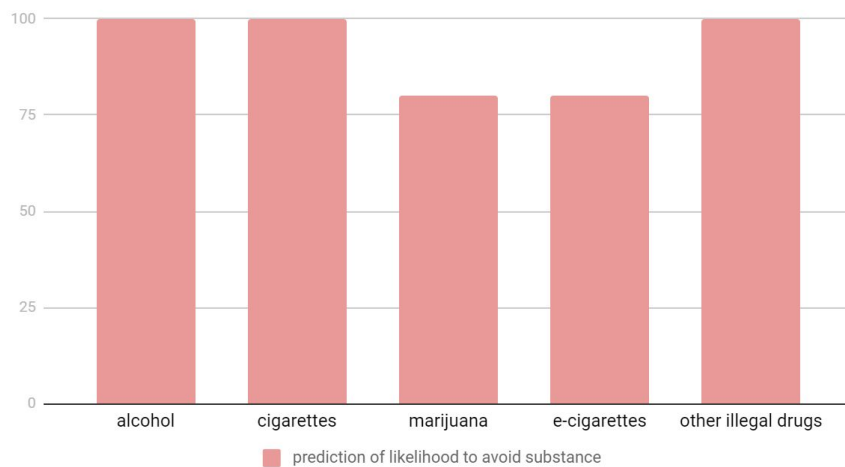
# DRUG AVOIDANCE IN CARSON CITY ADOLESCENTS

## PREVENTION PLUS WELLNESS HEALTH AND FITNESS PROGRAM

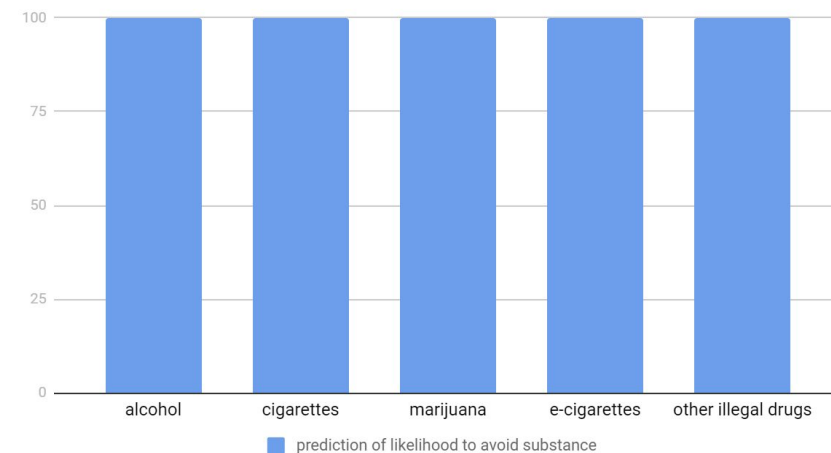
High school students were selected to participate in the Prevention Plus Wellness Health and Fitness Program. They took a pre and post test for the program. In the pretest, students predicted that in the next year, they would avoid alcohol, cigarettes, and other illegal drugs 100% of the time. Marijuana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



Student Substance Avoidance Prediction (Pretest)



Student Substance Avoidance Prediction (Post-test)





# PERCEPTIONS OF DRUG USE IN CARSON CITY ADOLESCENTS

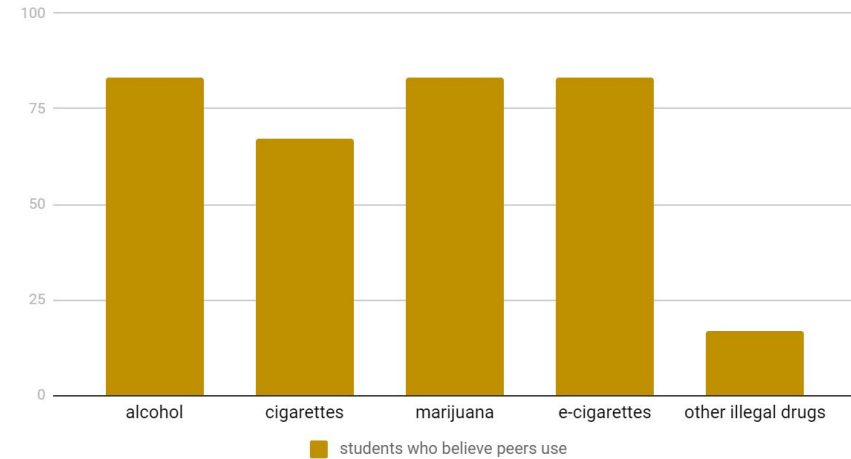
## PREVENTION PLUS WELLNESS HEALTH AND FITNESS PROGRAM

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

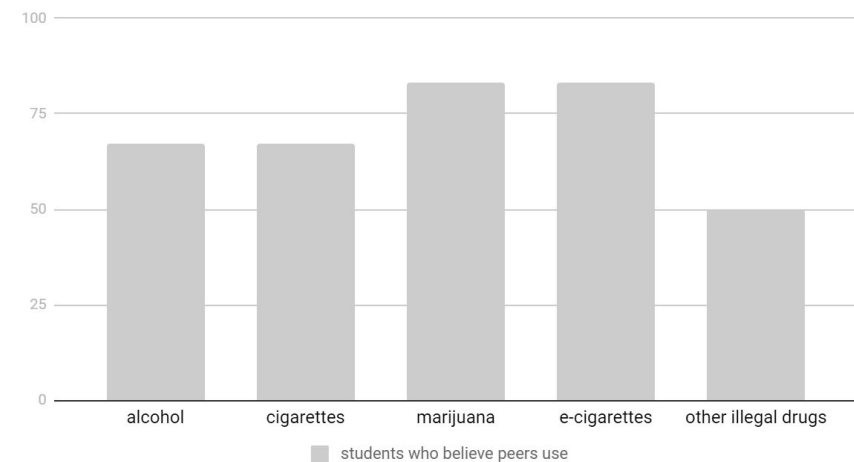
In the post test, 83% of students in the program believed their peers would use marijuana and e-cigarettes in the next year. 67% of these students believed their peers would use alcohol and cigarettes, and 50% believed their peers would use illegal drugs.

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

Prediction of Peer Substance Use (pretest)



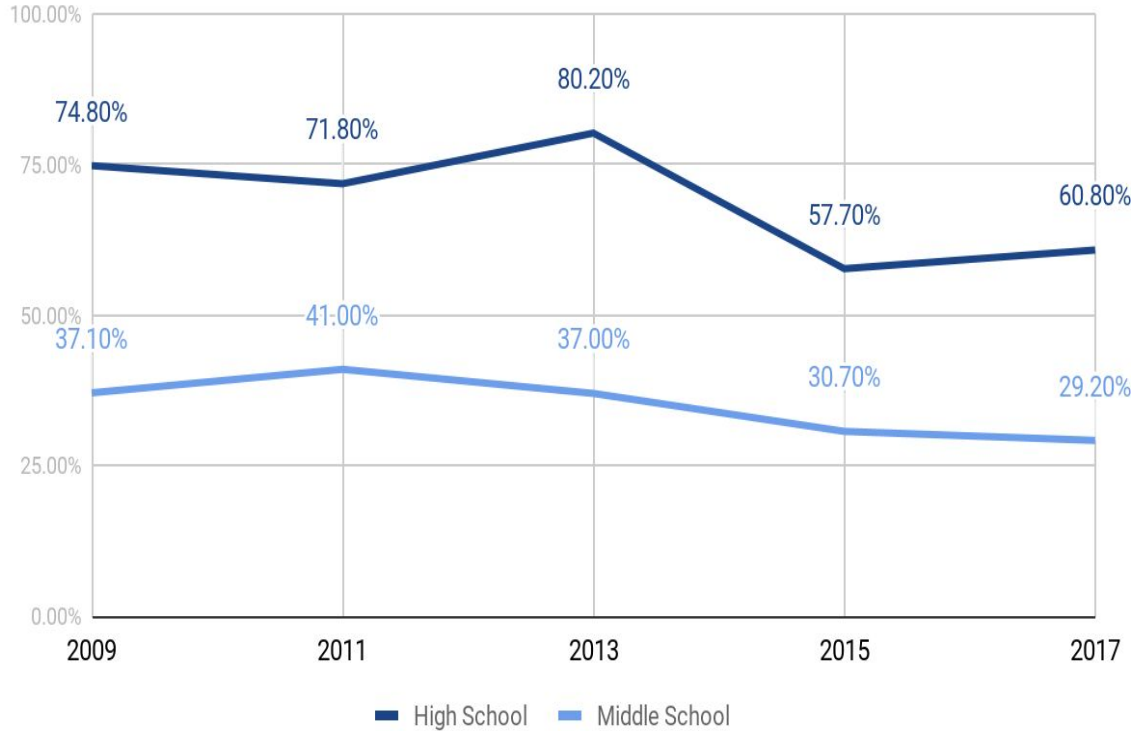
Prediction of Peer Substance Use (Post-test)



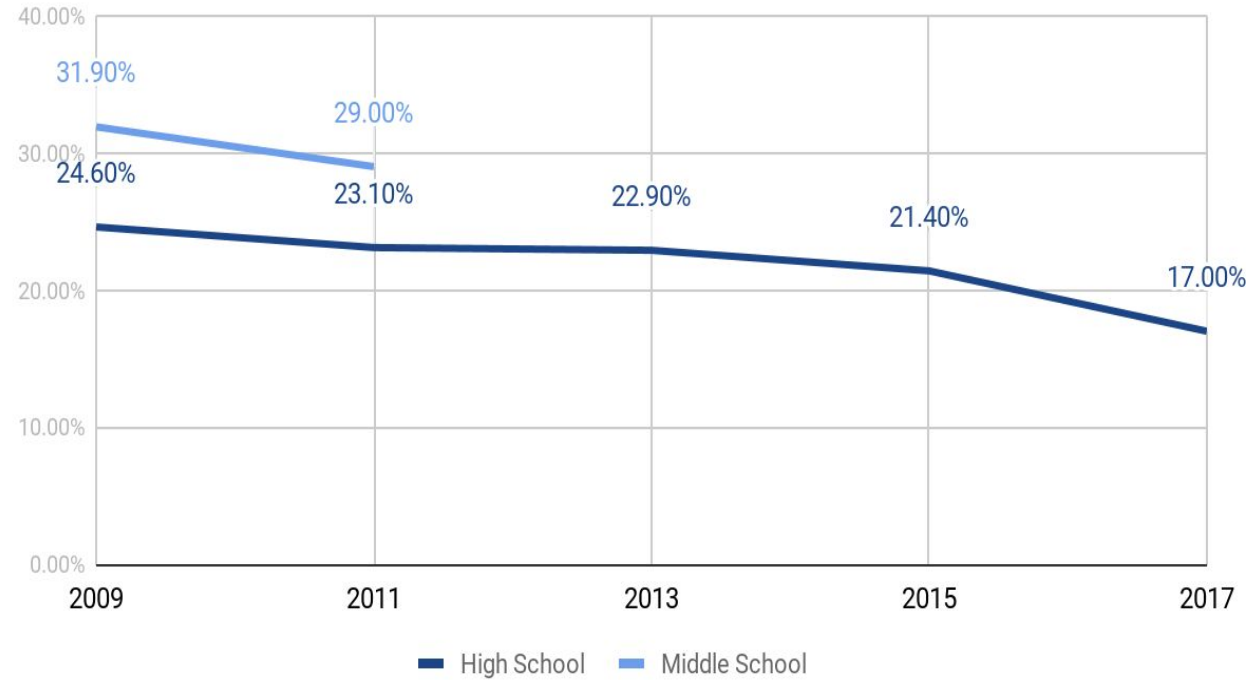
# ALCOHOL USE

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

Ever had a drink of alcohol other than a few sips

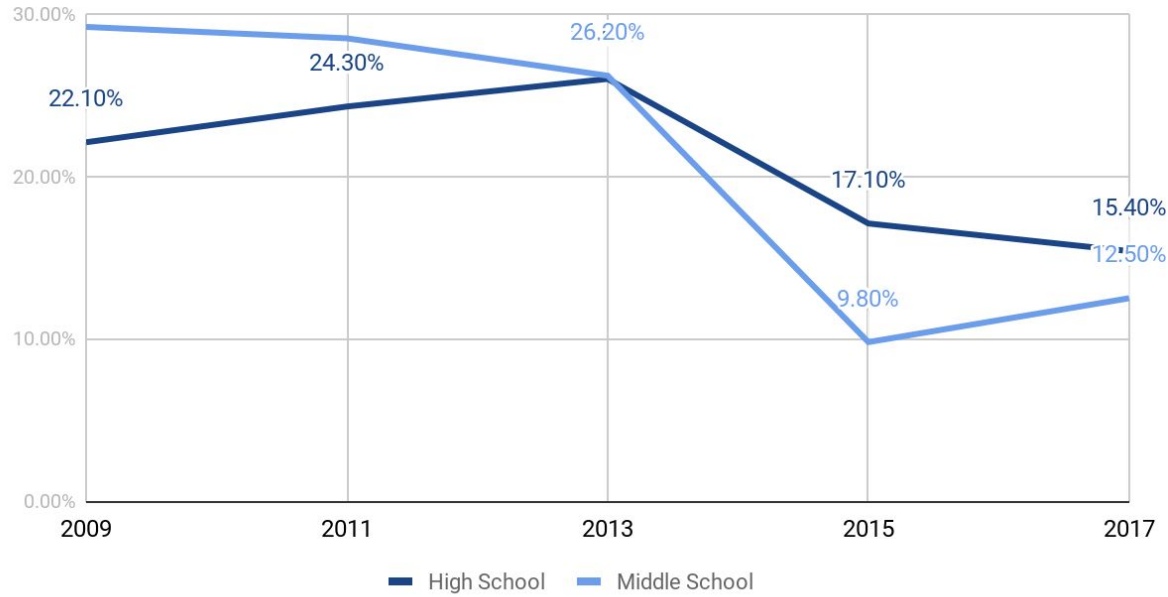


Rode in a car or other vehicle in past 30 days driven by someone who had been drinking alcohol

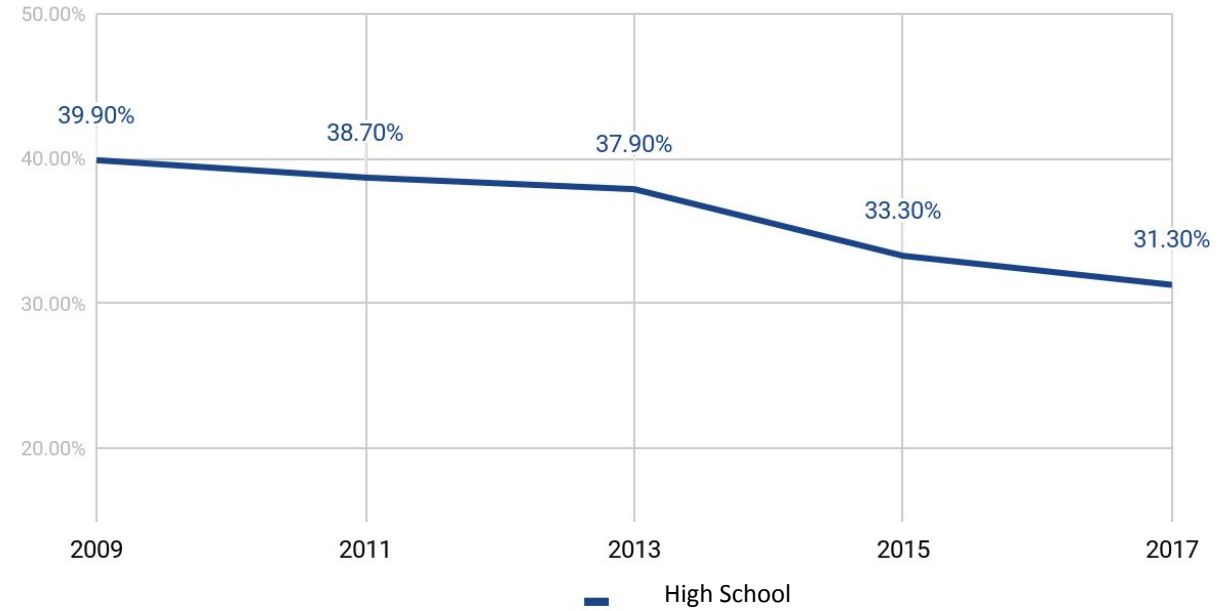


\*Middle School data not available 2013-2017

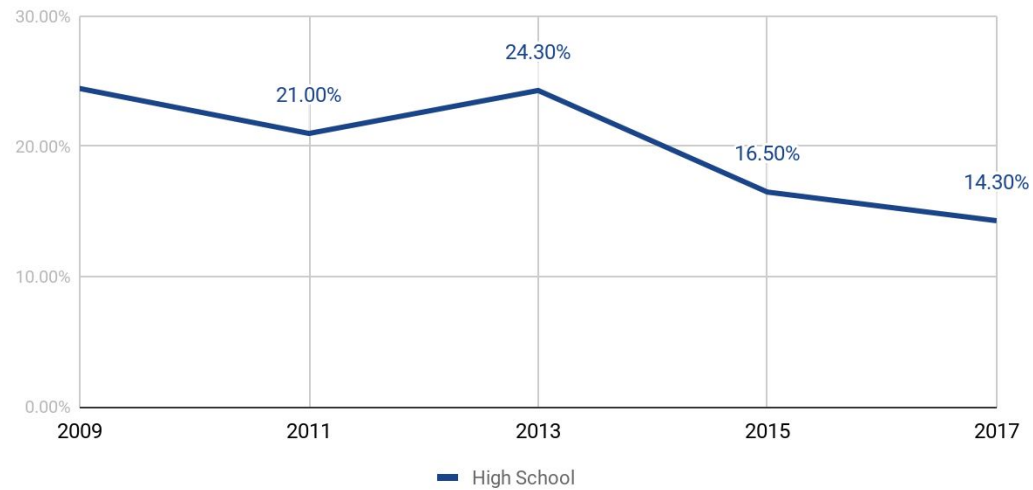
Had first drink of alcohol before age 13



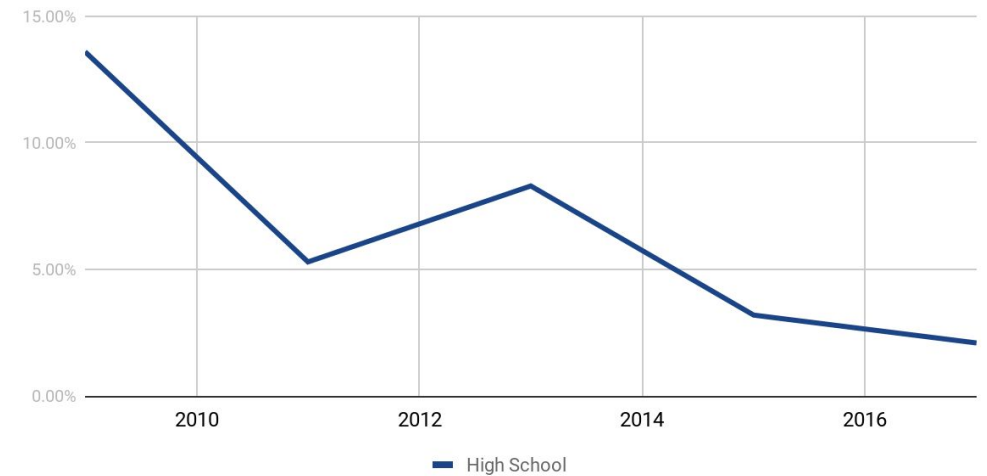
Drank alcohol on one or more of past 30 days



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



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



## BINGE DRINKING\* RATES CONTINUE DOWNWARD TREND



\*Binge drinking is defined as having 5 or more drinks in a row in the last 2 weeks.

**BINGE DRINKING: SIGNIFICANT DROP IN PAST FIVE YEARS ACROSS ALL GRADES**



**NIH** National Institute on Drug Abuse

DRUGABUSE.GOV

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

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

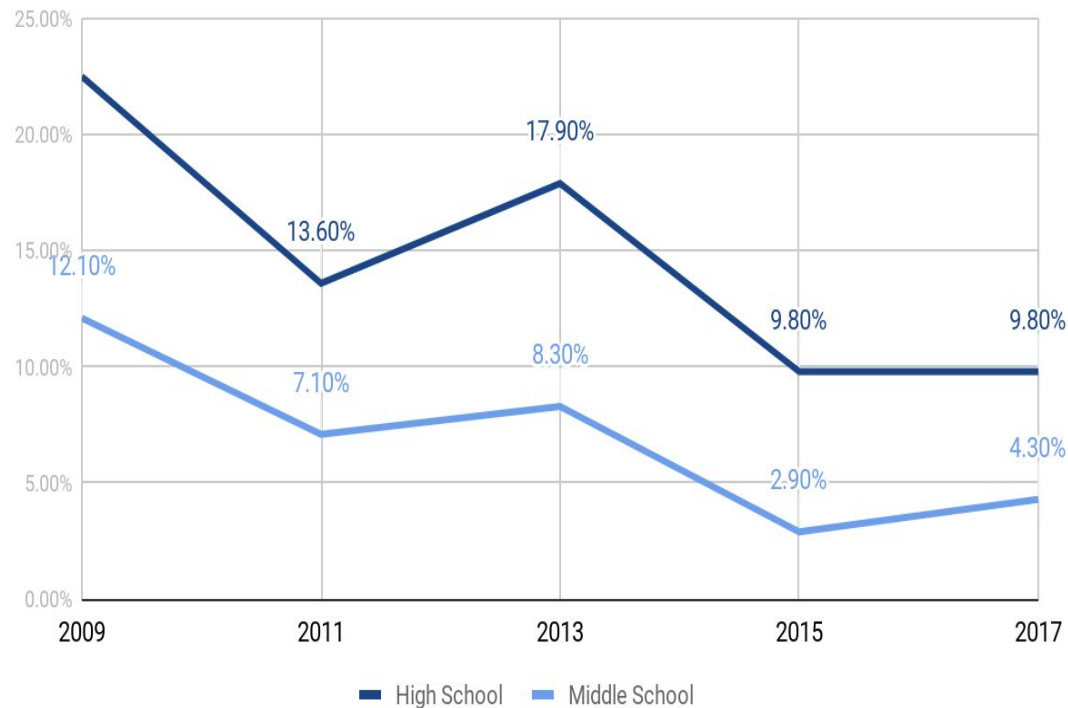
New research has demonstrated that adolescent brains are especially vulnerable to the effects of alcohol. Luckily in recent years, binge drinking has made quite a decrease among the youth population in Carson City. An increase in the community of alcohol poisoning awareness may contribute to the decrease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

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

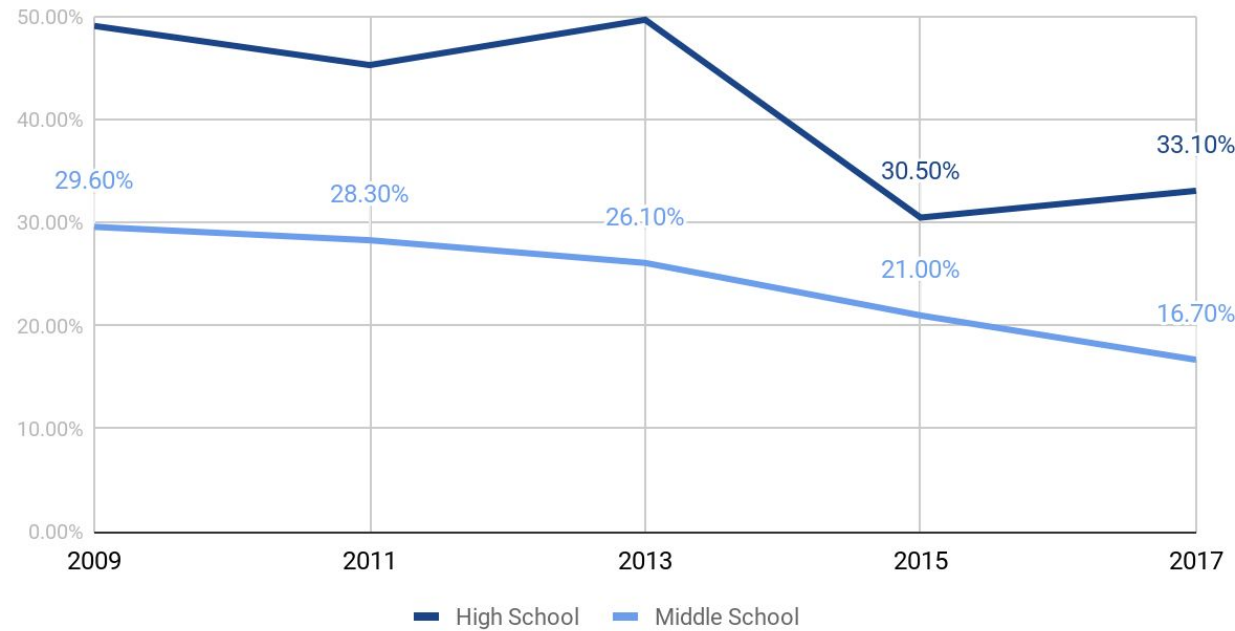
source: CarsonNow, Jeff Munson, 2018

# TOBACCO USE

## Smoked on one or more of past 30 days

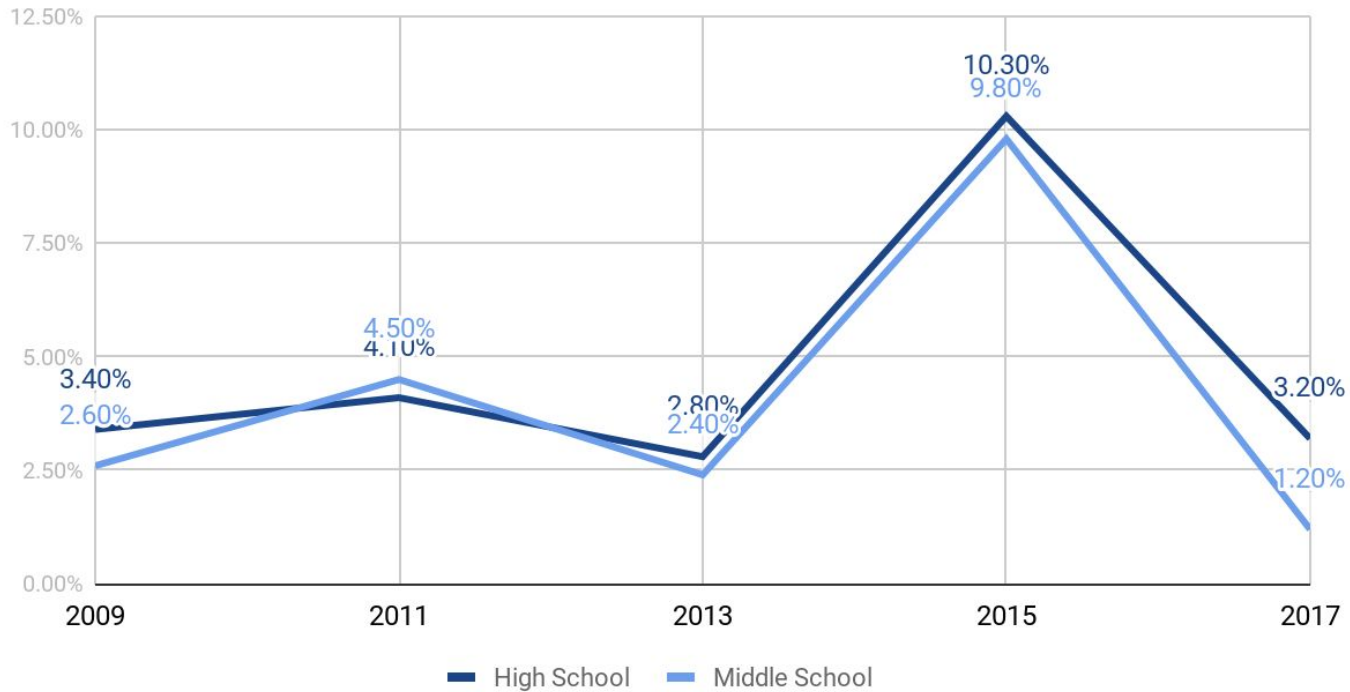


## Ever tried cigarette smoking



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

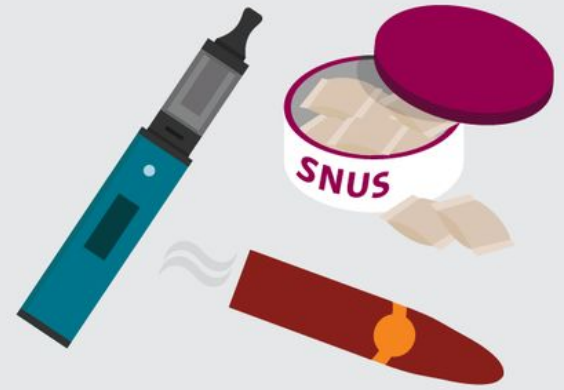
### Used non-smoke tobacco on one or more of past 30 days



## OTHER TOBACCO PRODUCT USE among adults and high school students

NEVADA

### ADULTS (2015)



### HIGH SCHOOL STUDENTS (2017)



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

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

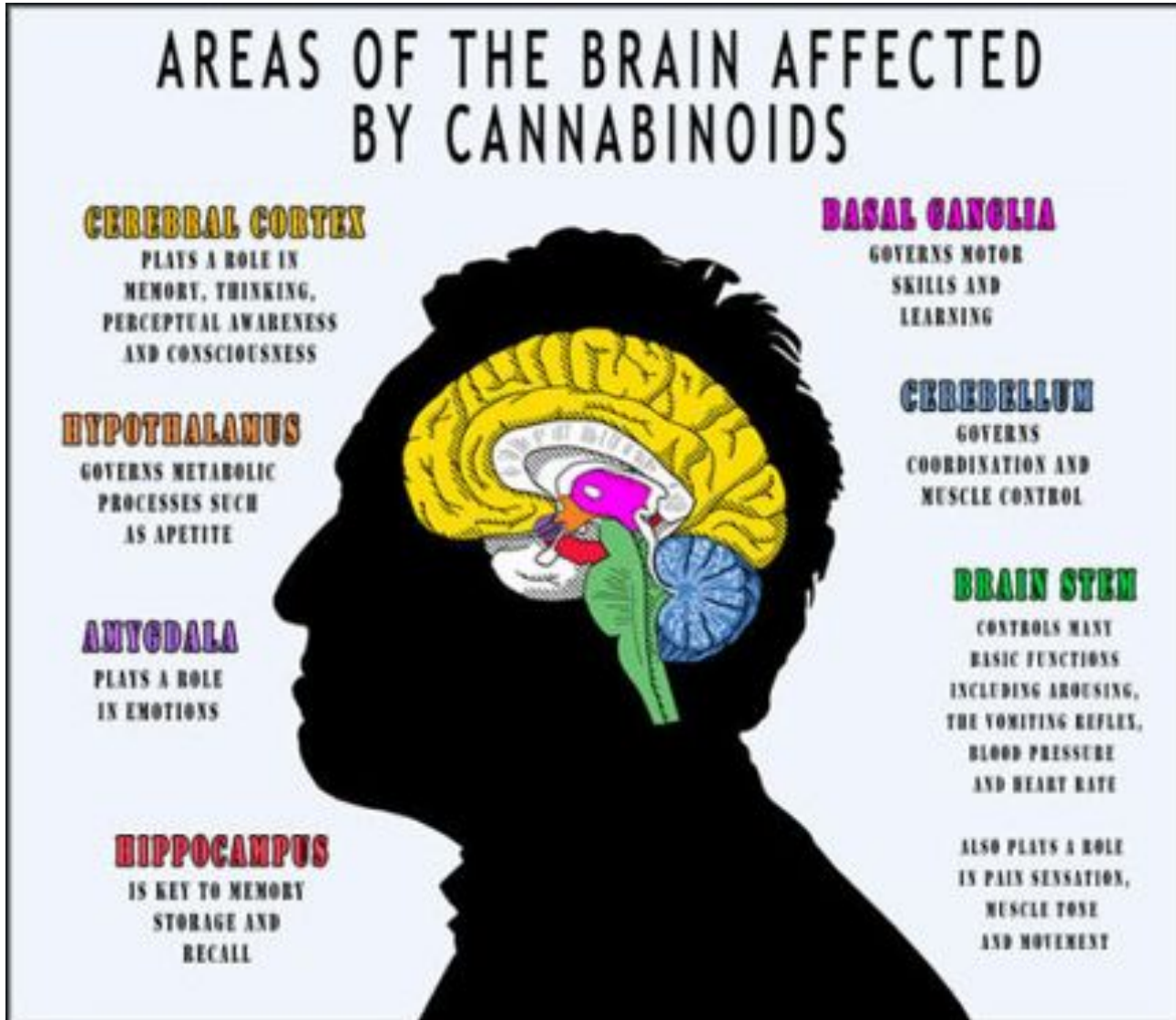
Percent of high school students who report they drank alcohol for the first time before age 13 (other than a few sips)	Nevada	United States
Total	17%	17%
Male	20%	20%
Female	14%	15%

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

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

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

## MARIJUANA USE



“ Earlier use of marijuana that persists throughout adolescence is associated with greater burden on teens’ ability to process new information and to ‘stop and think’ in the face of complex stimuli.”

- Danielle Ramos, PhD Psychologist at University of California, San Francisco

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

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

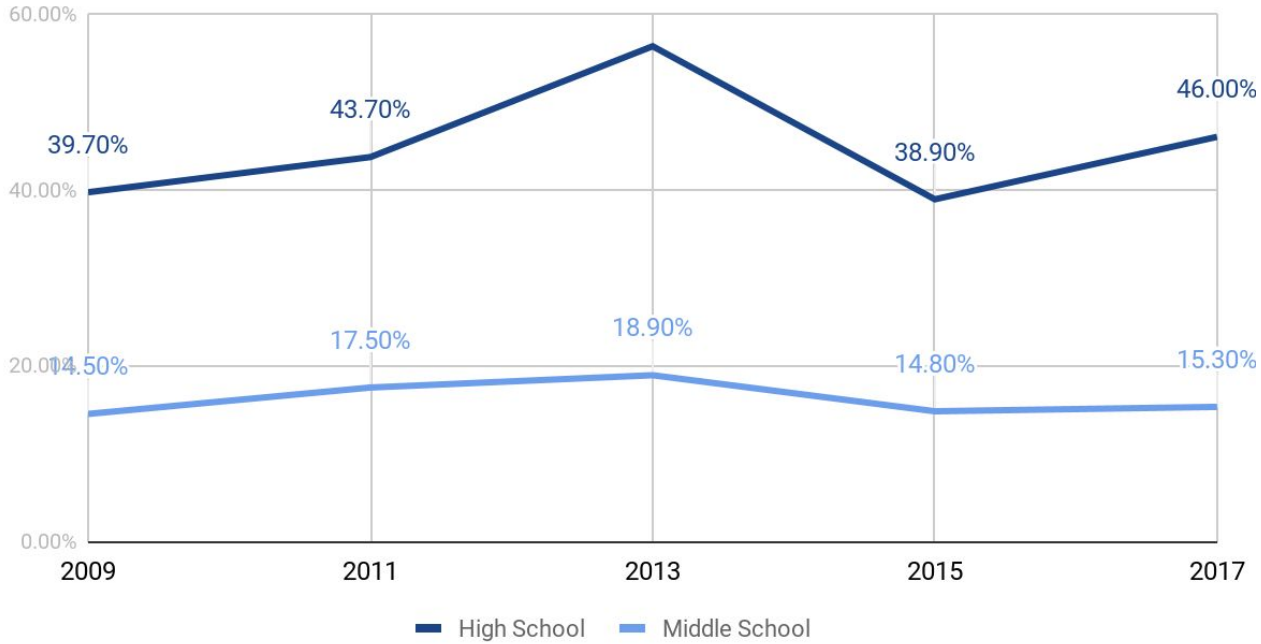


In Nevada, an annual average of about 16,000 adolescents aged 12–17 (7.4% of all adolescents) in 2015–2016 used marijuana in the past month. The annual average percentage in 2015–2016 was not significantly different from the annual average percentage in 2011–2012.

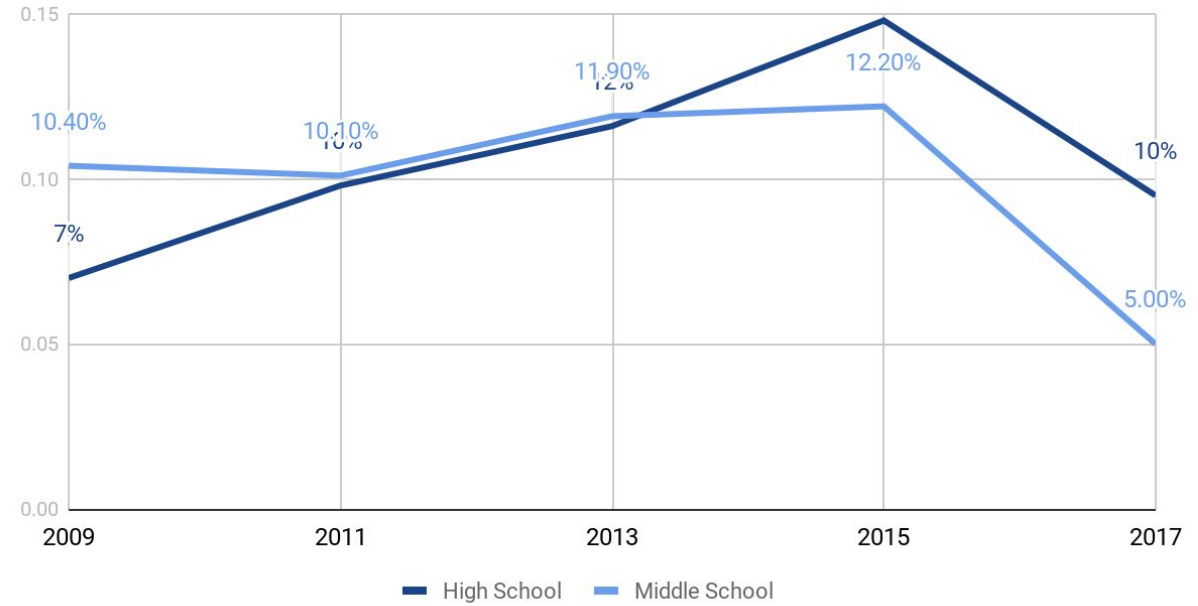
Drug	Time Period	Ages 12 or Older	Ages 12 to 17	Ages 18 to 25	Ages 26 or Older
Marijuana/ Hashish	Lifetime	44.00	14.80	51.80	46.20
	Past Year	13.90	12.00	33.00	11.00
	Past Month	8.90	6.50	20.80	7.20

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

## Ever used Marijuana

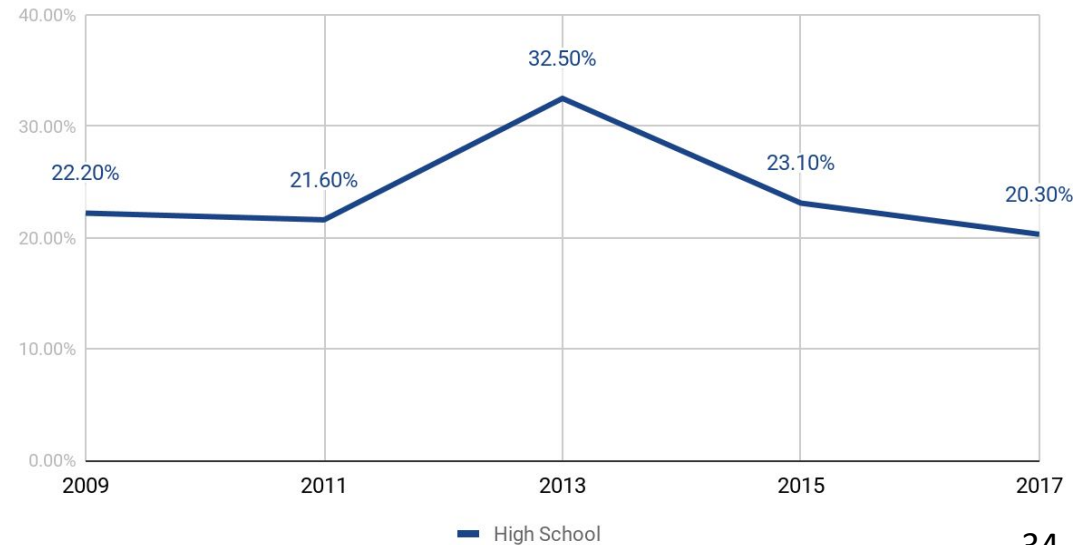


## Used Marijuana for the first time before age 13

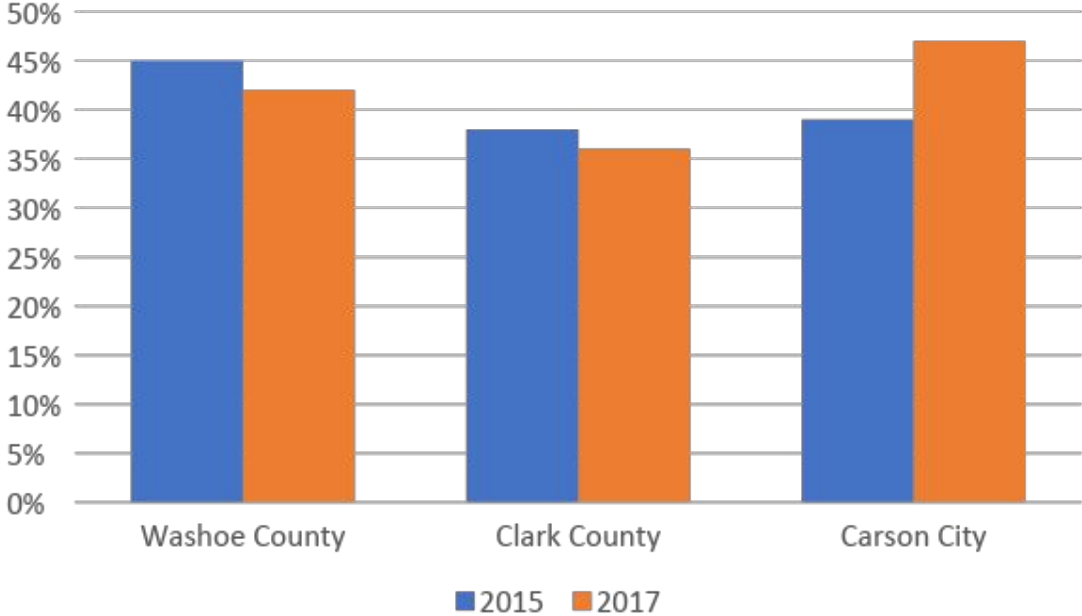


data source: Nevada Youth Risk Behavior Survey, 2009-2017

## Used marijuana in past 30 days

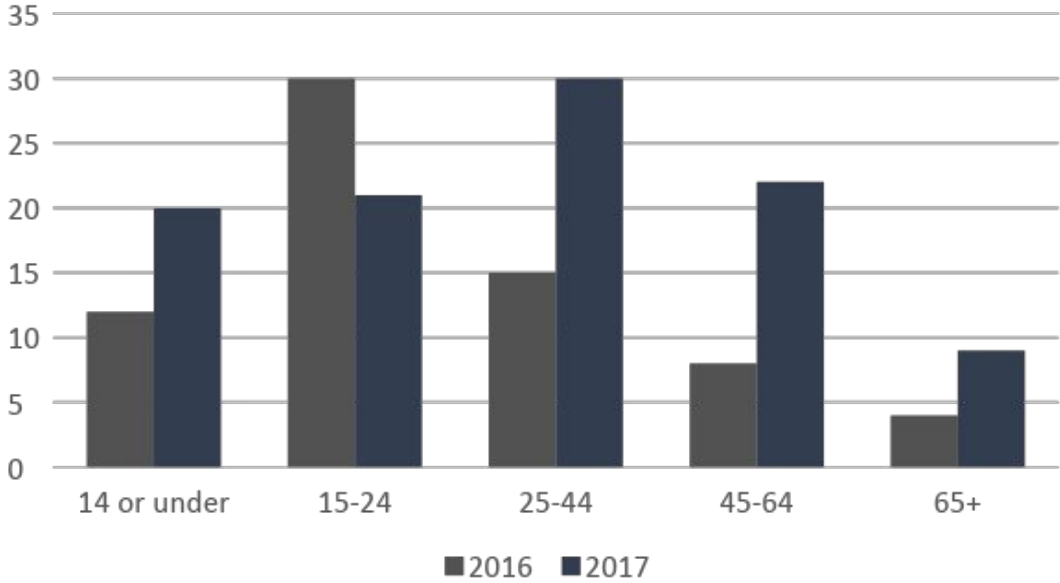


### Students reporting marijuana use



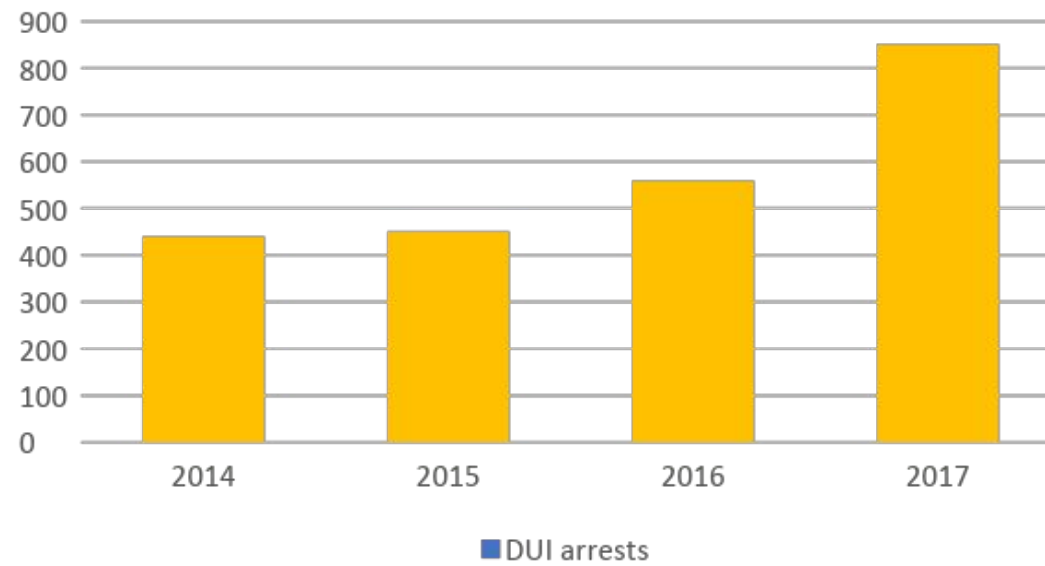
Source: Nevada Department of Health

### Marijuana poisoning ER visits by age



Source: Nevada Department of Health

### Washoe County pot-only DUI arrests



Source: Washoe County Sheriff's Office

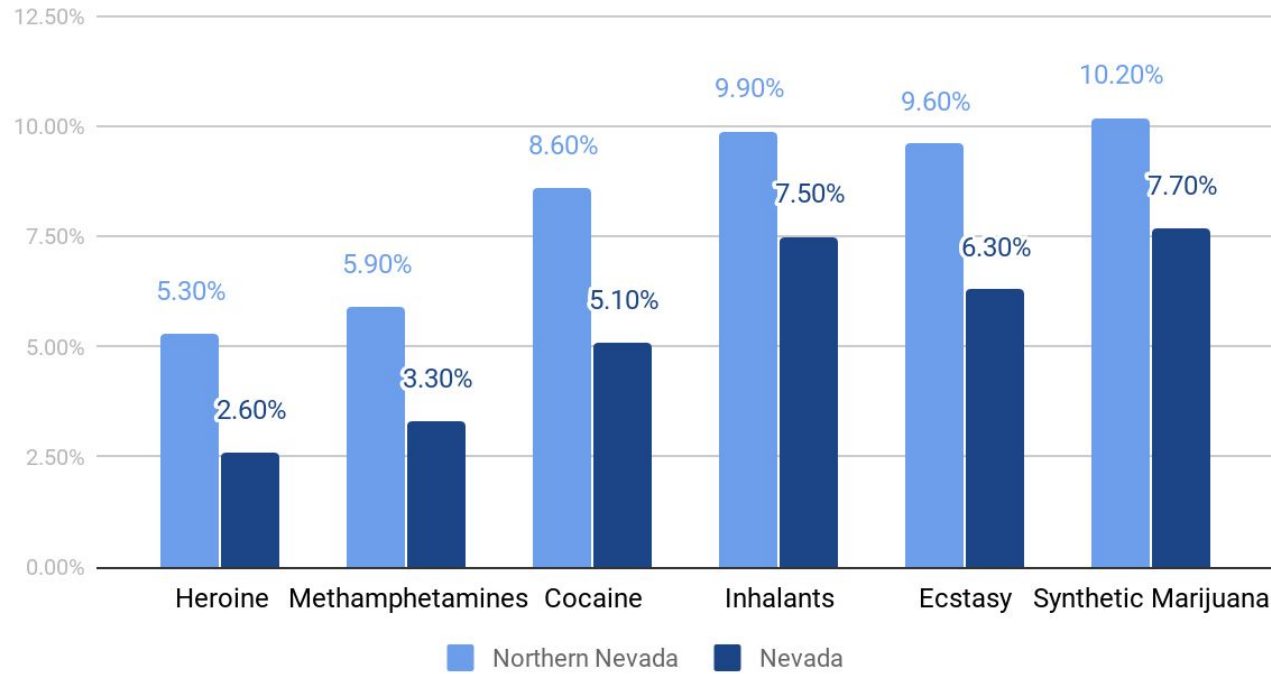
Nevada Medical Marijuana Registry Monthly Program Statistics – June 2018

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

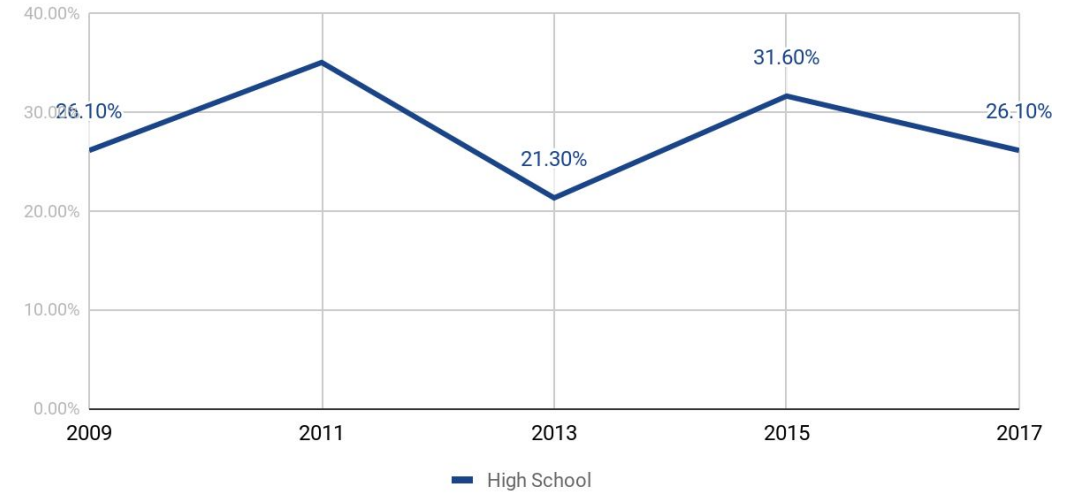
[http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/MM-Patient-Cardholder-Registry/dta/Monthly\\_Reports/MMR%20Monthly%20Statistics%20EOM%20June%202018.pdf](http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/MM-Patient-Cardholder-Registry/dta/Monthly_Reports/MMR%20Monthly%20Statistics%20EOM%20June%202018.pdf)

## OTHER DRUG USE

Lifetime Drug Use, Northern Nevada High School Students, 2017



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

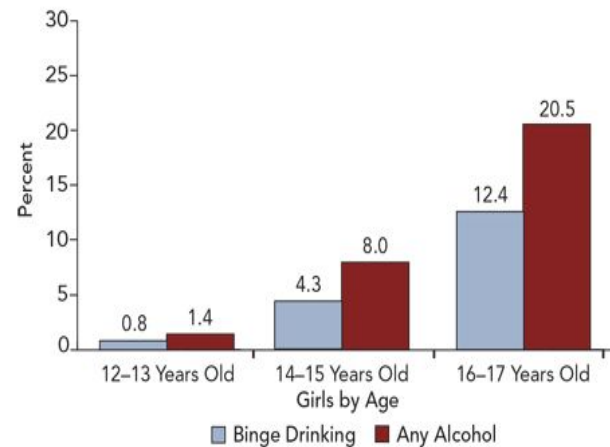
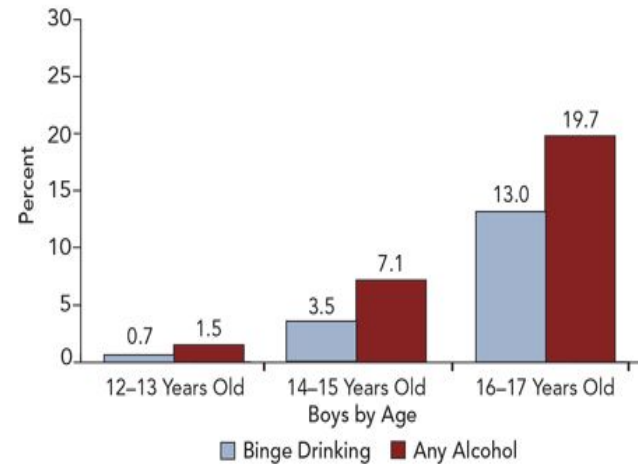


data sources: SAPTA Epidemiologic Profile, 2018; Nevada Youth Risk Behavior Survey 2017

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

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

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

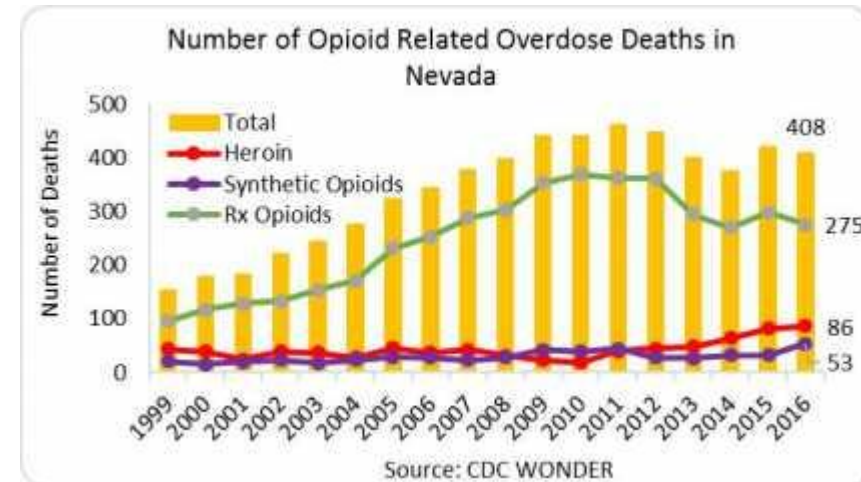
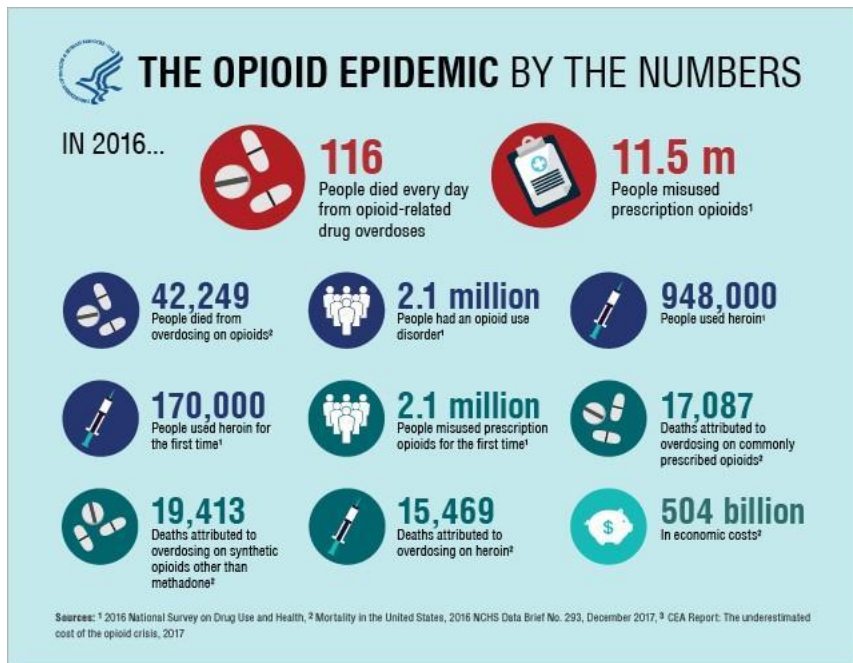


- By age 15, about 33 percent of teens have had at least 1 drink.<sup>1</sup>
- By age 18, about 60 percent of teens have had at least 1 drink.<sup>1</sup>
- In 2015, 7.7 million young people ages 12–20 reported that they drank alcohol beyond “just a few sips” in the past month.

Underage drinking statistics



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

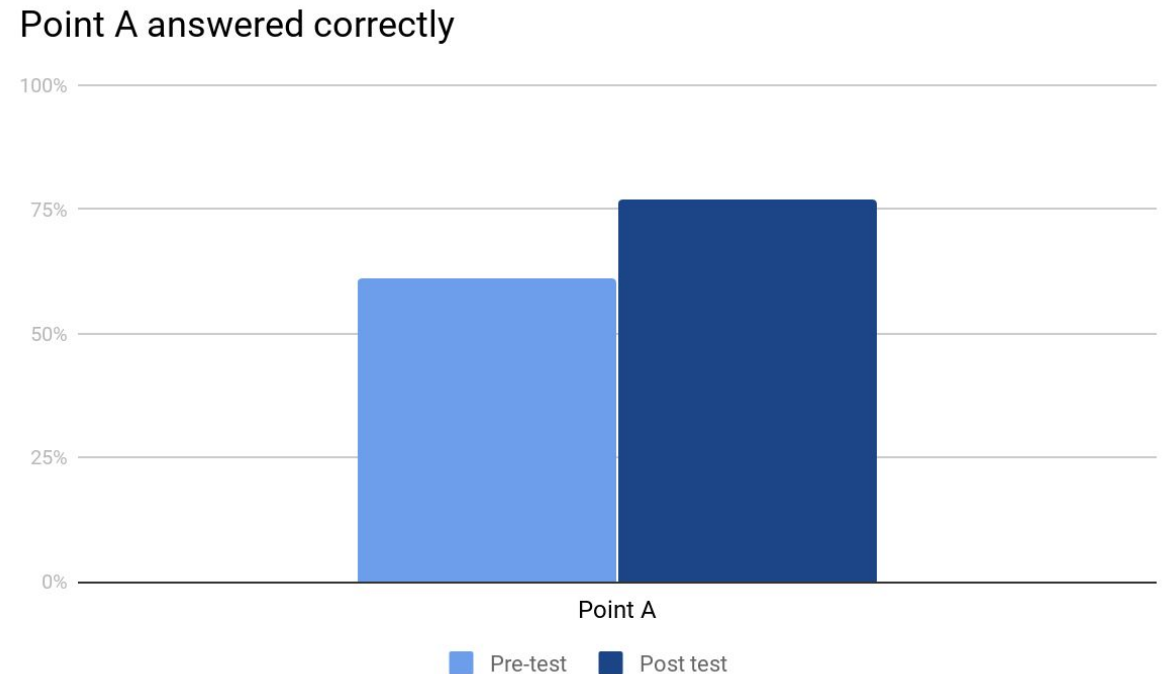


# Naloxone: Overdose Training Test

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

A.

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

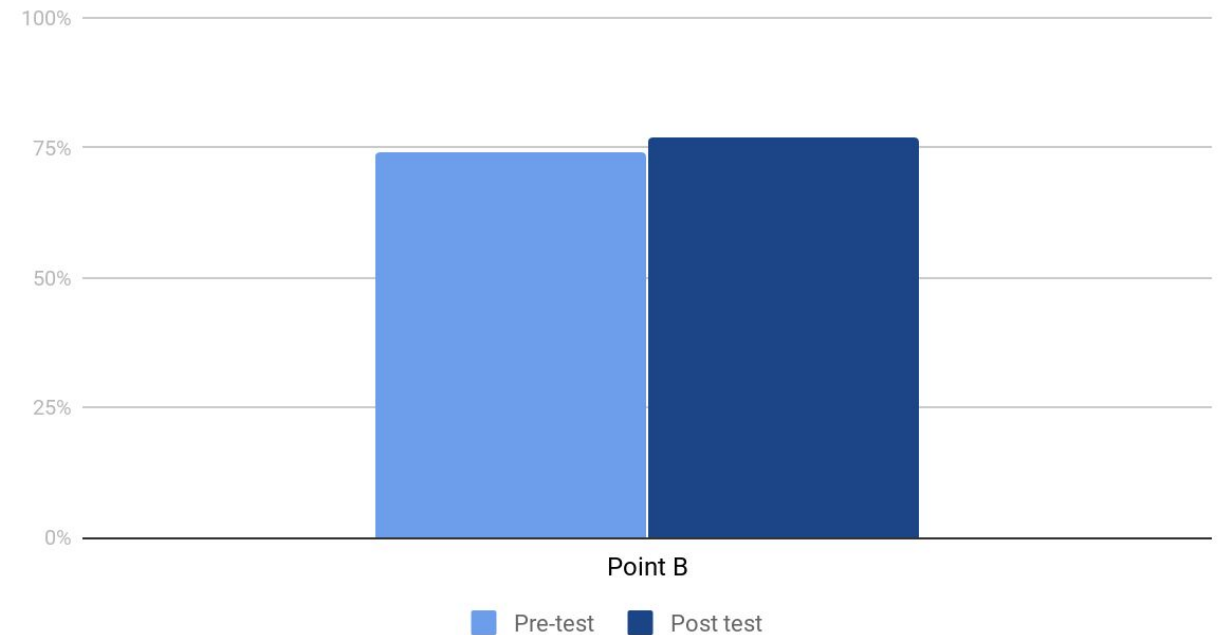


Point B (stated below) was known by 74% of participants during the pre-test and rose to 77% in the post test after the training was given.

B.

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

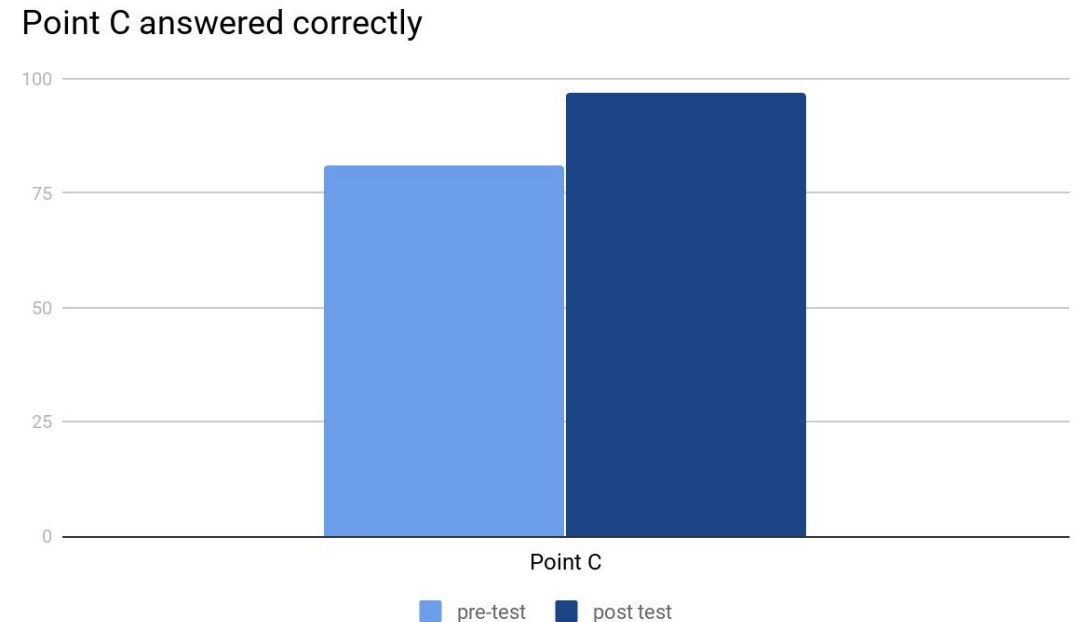
Points B answered correctly



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

C.

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

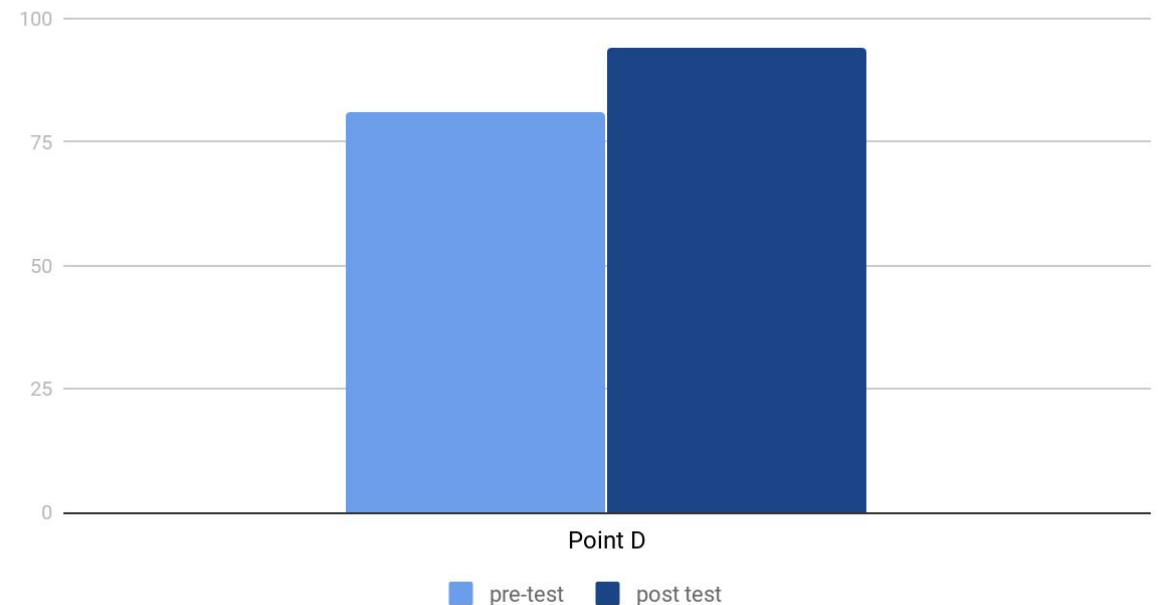


Point D (stated below) was known by 81% of participants during the pre-test and rose to 94% in the post test after the training was given.

D.

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

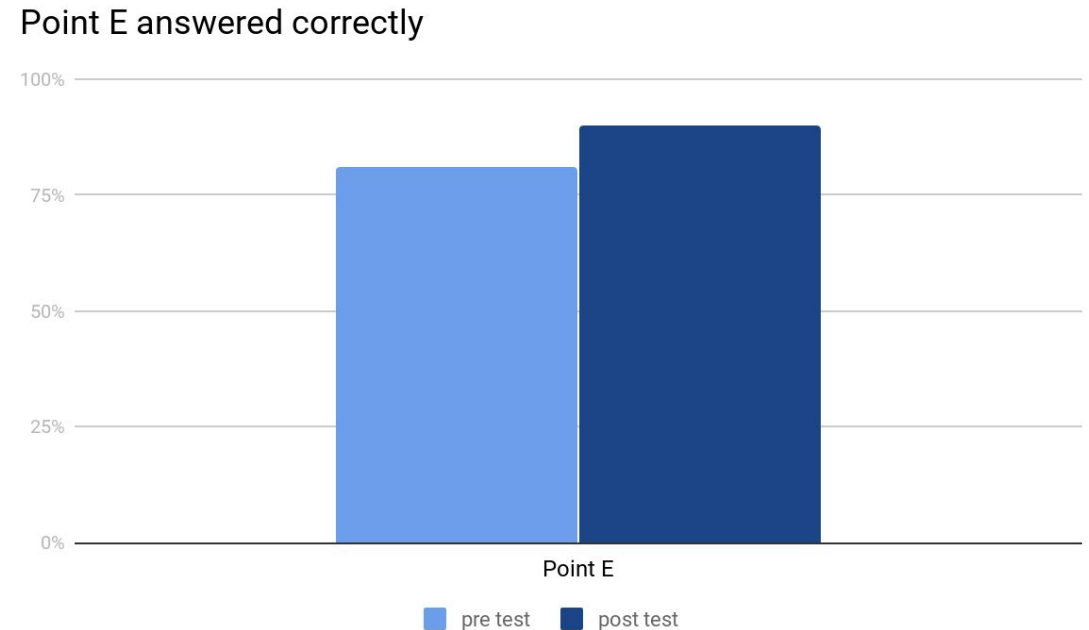
Point D answered correctly



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

E.

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

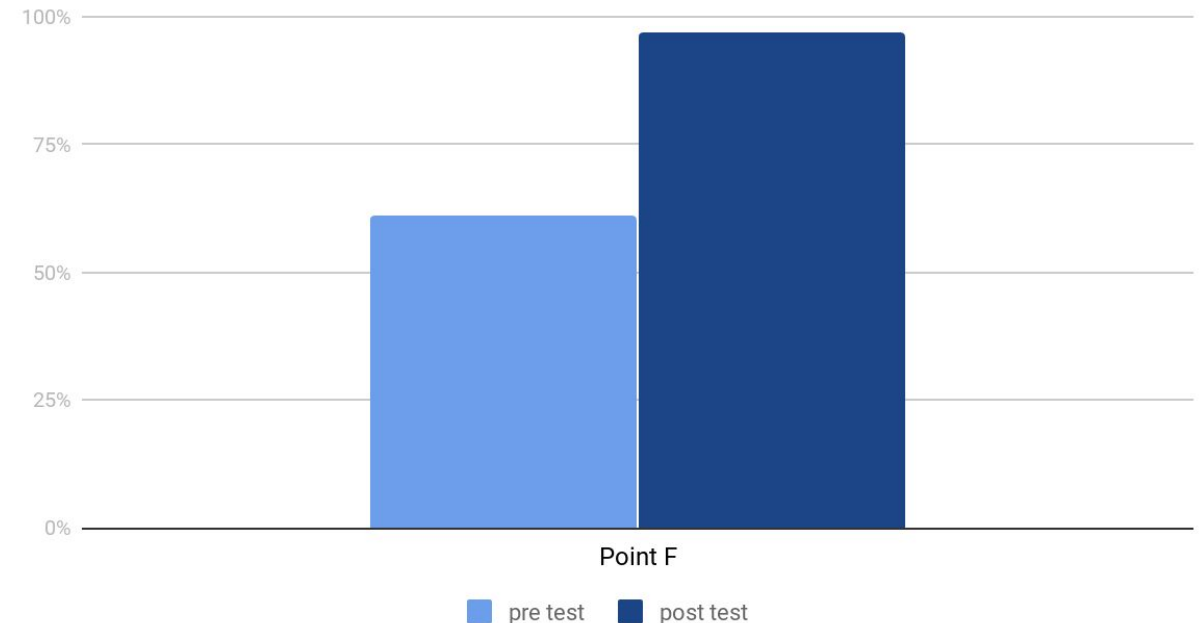


Point F (stated below) was known by 61% of participants during the pre-test and rose to 97% in the post test after the training was given.

F.

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

Point F answered correctly

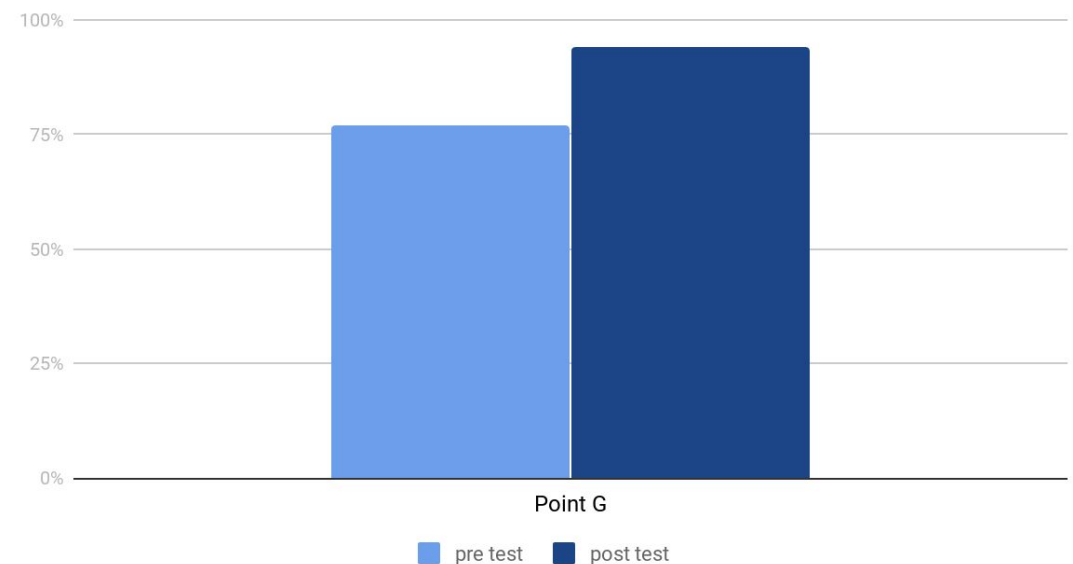


Point G (stated below) was known by 77% of participants during the pre-test and rose to 94% in the post test after the training was given.

G.

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

Point G answered correctly

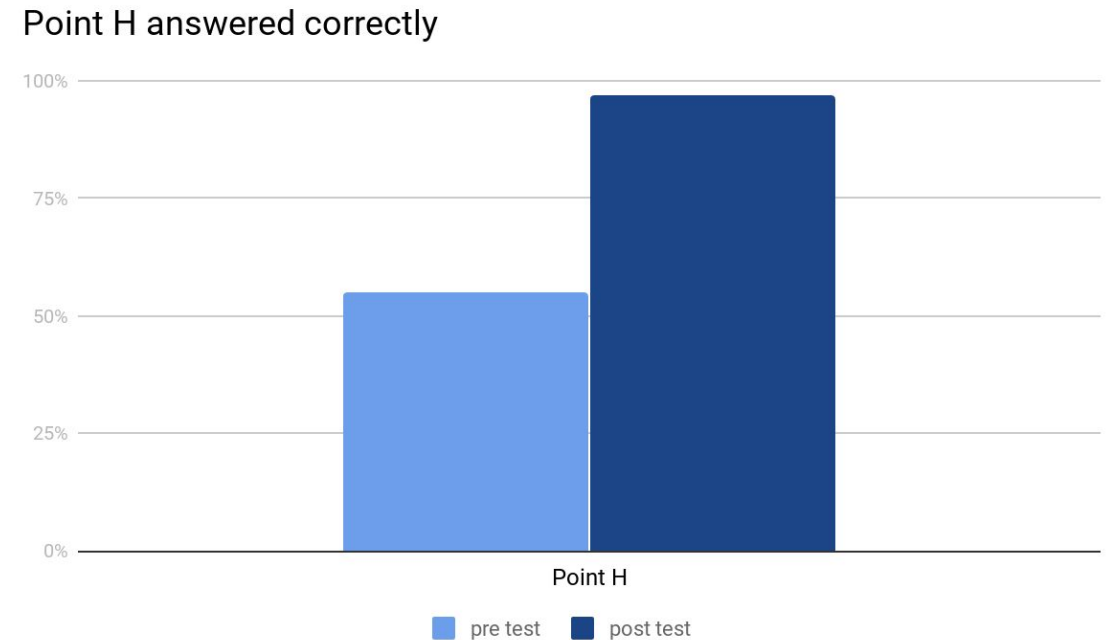




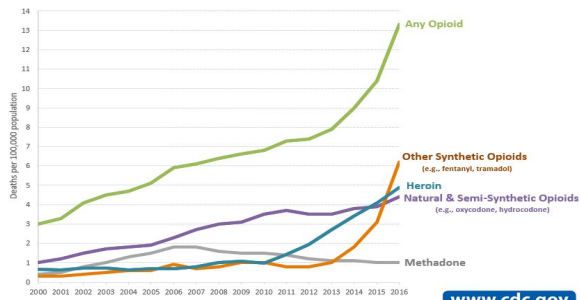
Point H (stated below) was known by 55% of participants during the pre-test and rose to 97% in the post test after the training was given.

H.

You cannot overdose on Naloxone.

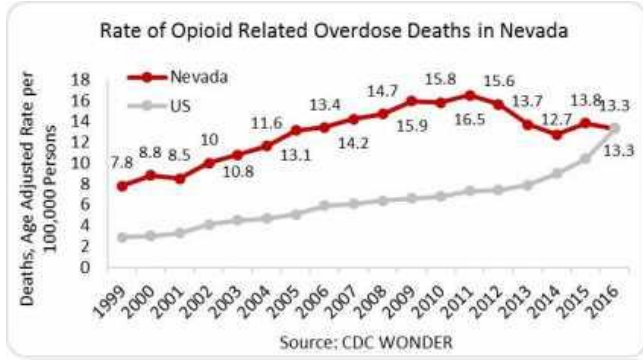


Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality, CDC WONDER, Atlanta, GA; US Department of Health and Human Services, CDC, 2017. <https://wonder.cdc.gov/>

[www.cdc.gov](http://www.cdc.gov)



Source: CDC WONDER

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

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

**Place**

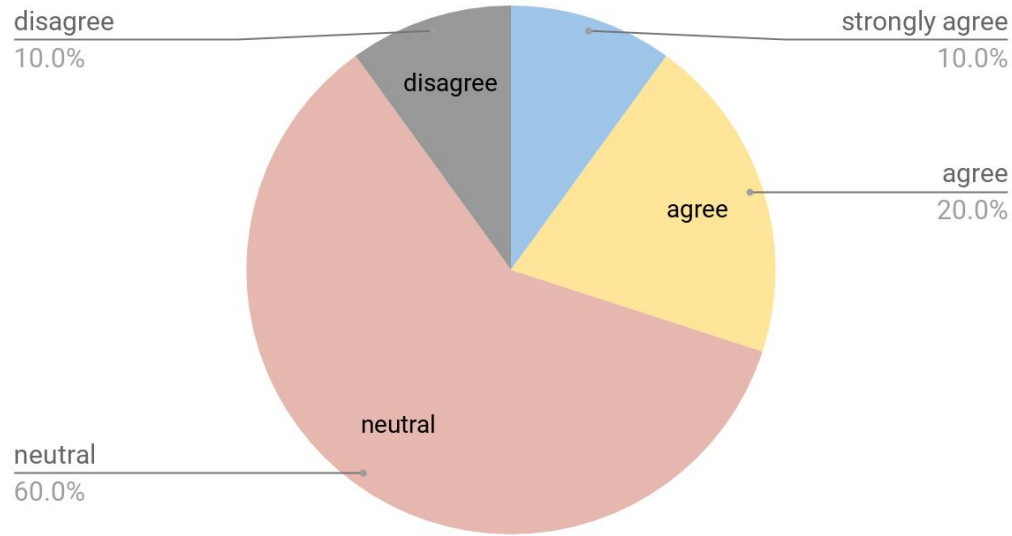
Range Drug Overdose Mortality Rate

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

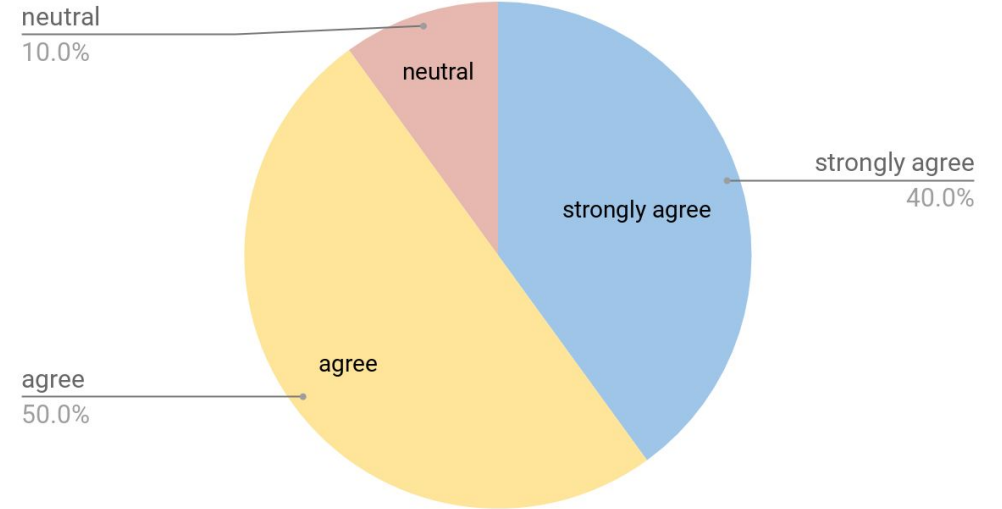
This is (Not) about drugs

Overdose Lifeline, Inc. 2015

Before the Lesson

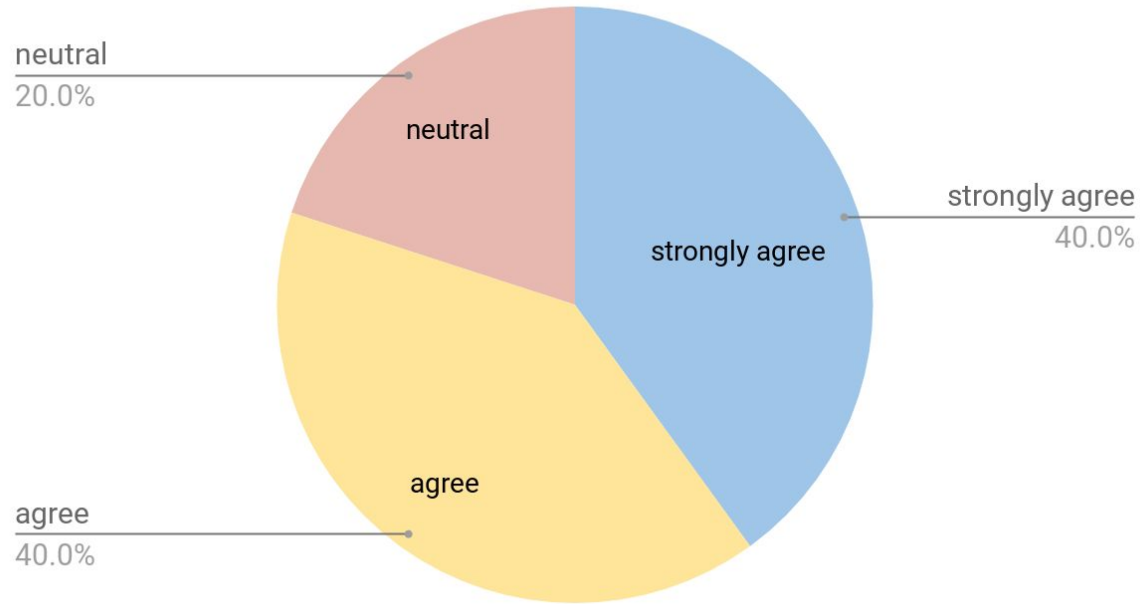


After the Lesson

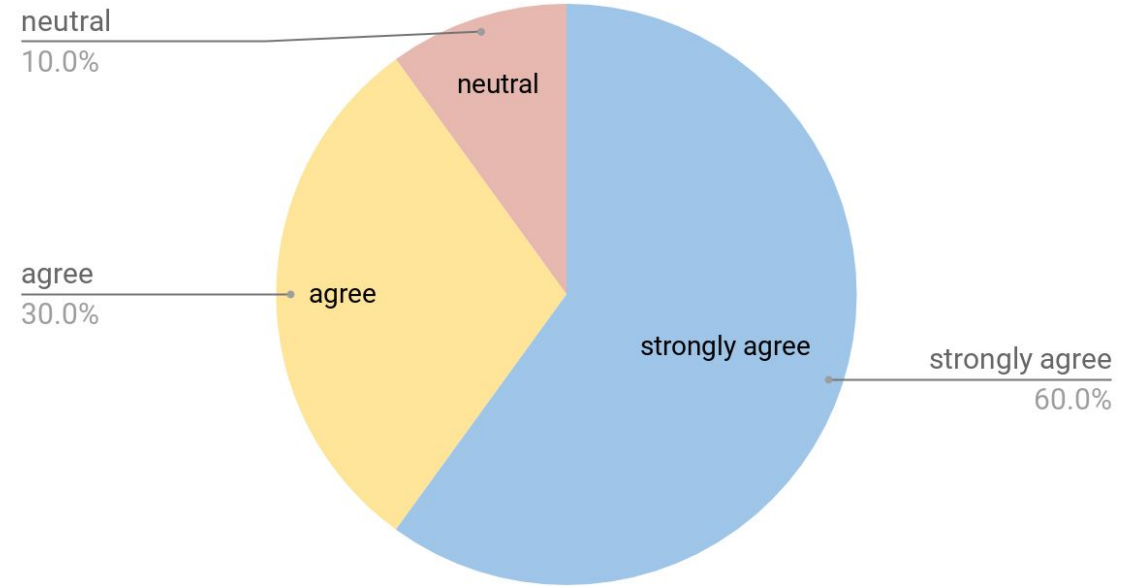


*Participants (ages 14-16 yrs. old) were asked how strongly they agreed/disagreed with this statement:  
Prescription pain pills such as Hydrocodone and Oxycodone are the SAME TYPE of drug as heroin.*

Before the Lesson

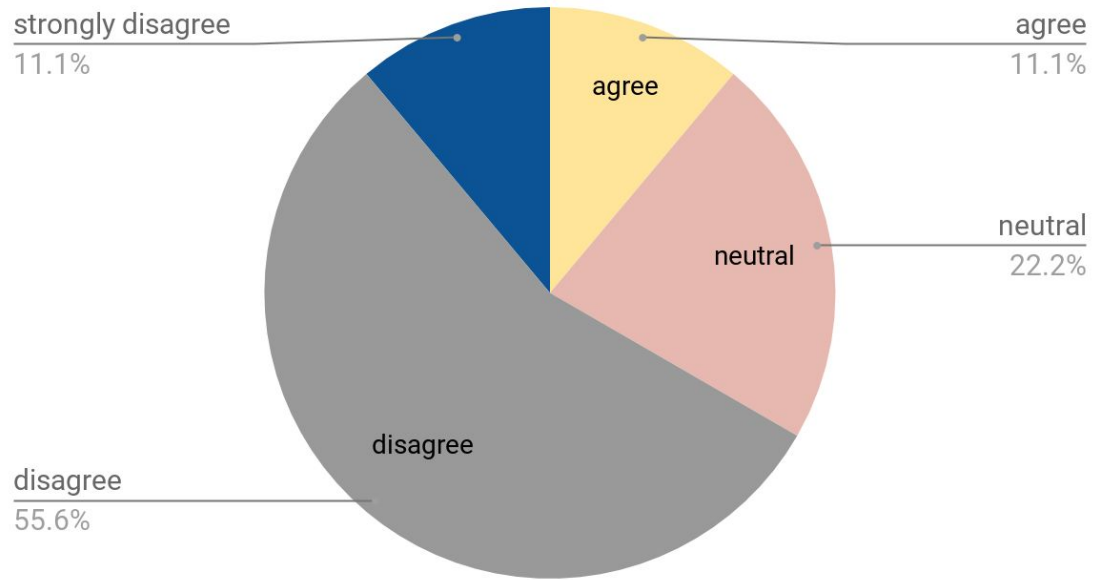


After the Lesson

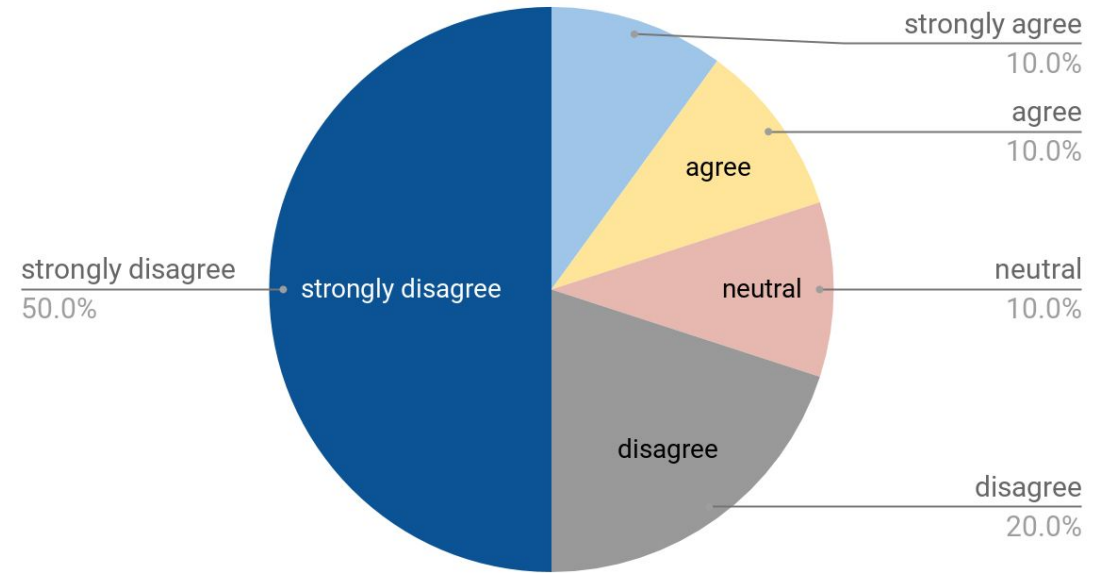


*Participants were asked how strongly they agreed/disagreed with this statement: Using prescription pain pills not prescribed to you is AS RISKY as using heroin.*

Before the Lesson

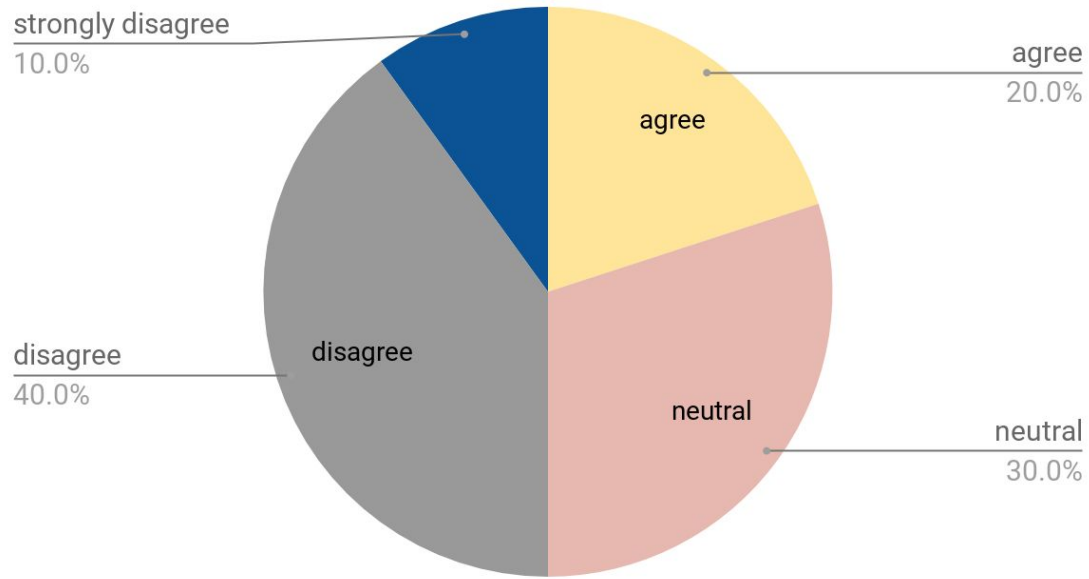


After the Lesson

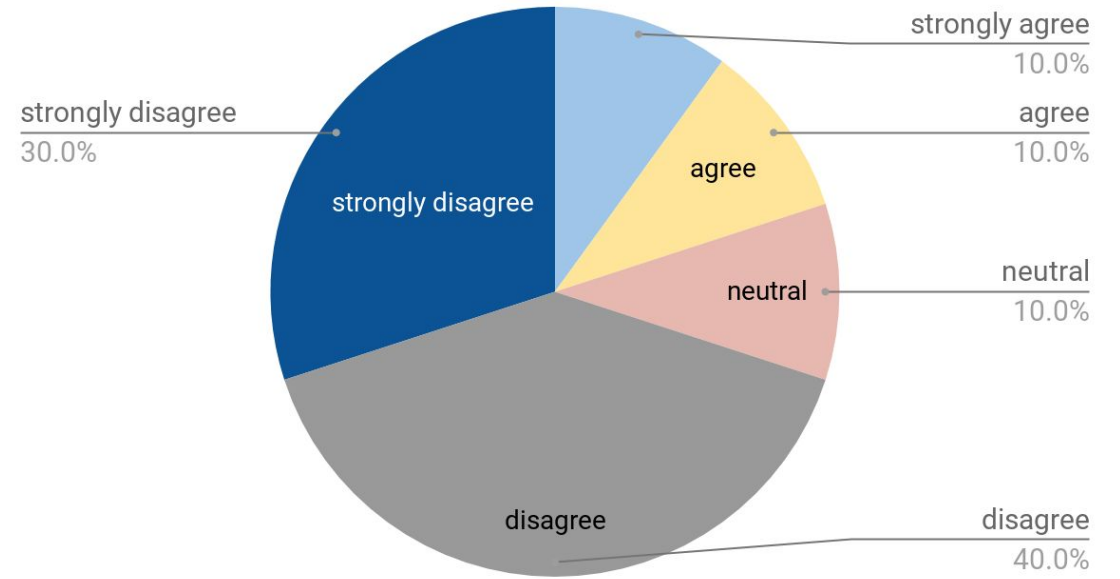


*Participants were asked how strongly they agreed/disagreed with this statement: Overdose ONLY happens with heavy drug use.*

Before the Lesson

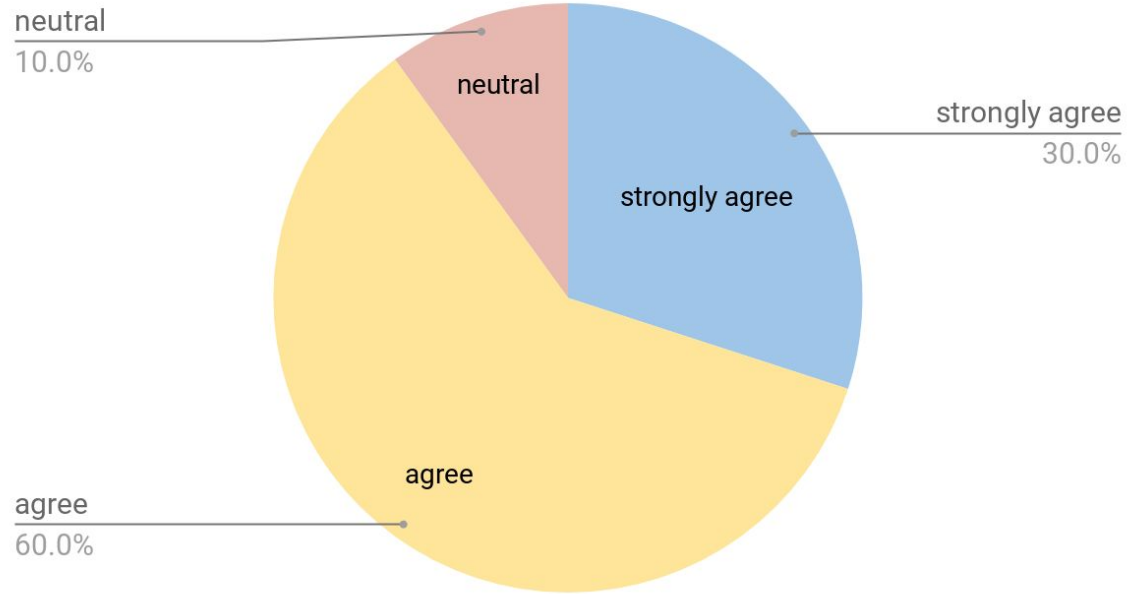


After the Lesson

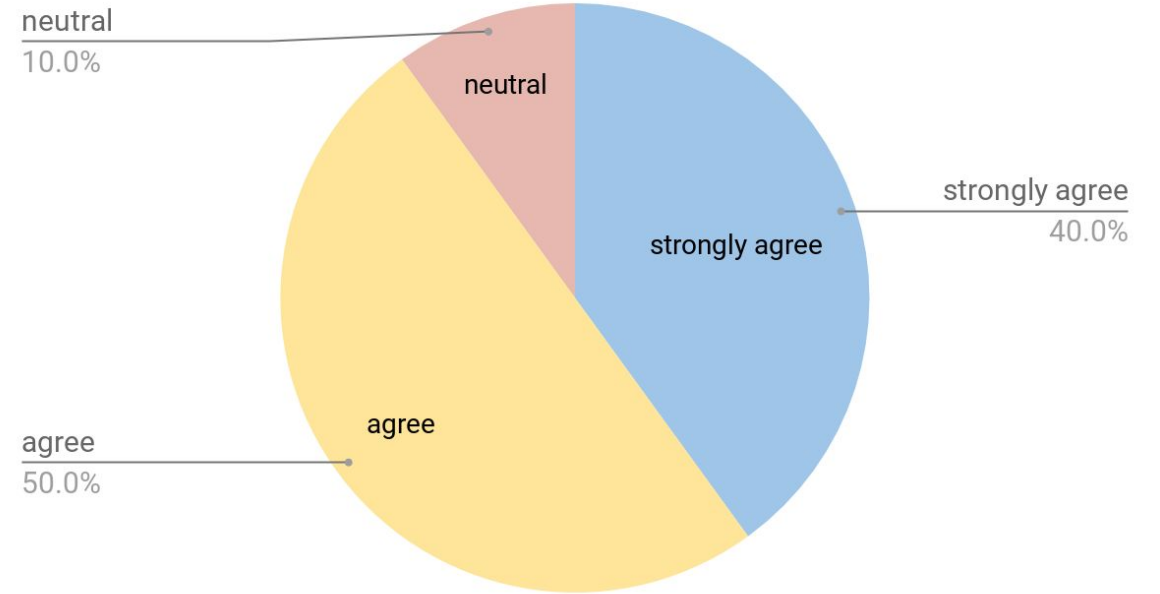


*Participants were asked how strongly they agreed/disagreed with this statement: I WOULD NOT be able to recognize if someone was having an overdose.*

Before the Lesson



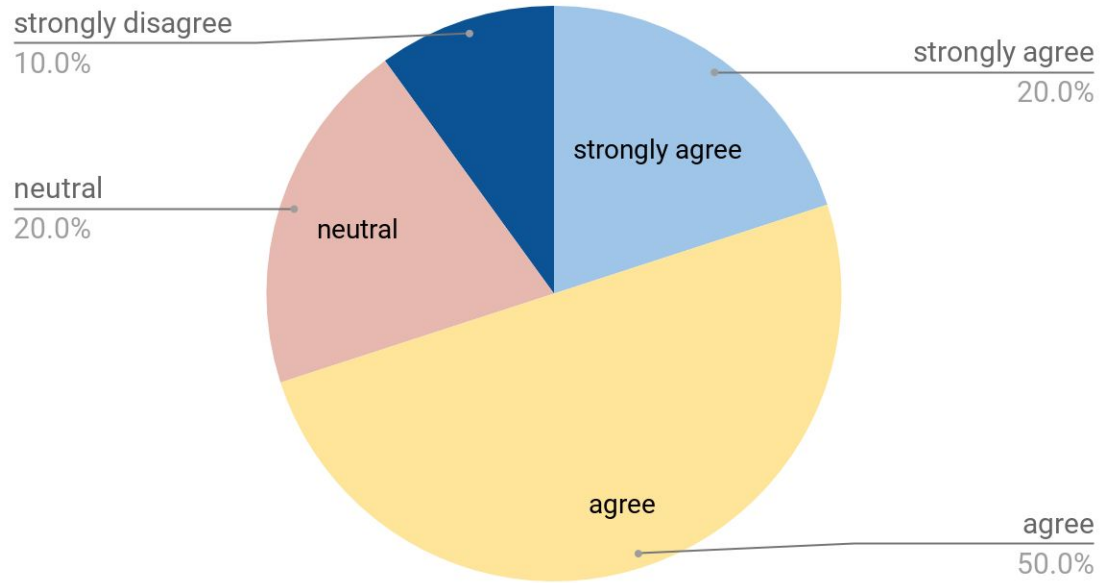
After the Lesson



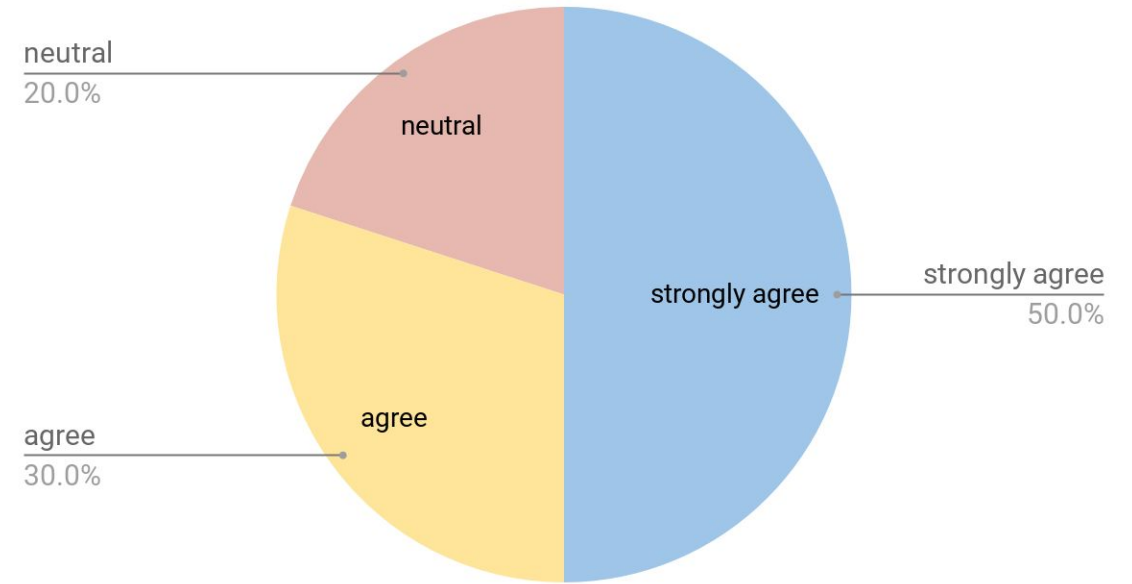
*Participants were asked how strongly they agreed/disagreed with this statement: The younger someone starts drinking alcohol or using drugs INCREASES the risk of addiction or alcoholism.*



### Before the Lesson



### After the Lesson



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

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

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

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

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

# Methamphetamines

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

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

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

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

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

## **Carson City: Major Hub for Methamphetamine Trafficking**

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

- Detective Sgt. Mitch Pier,  
Department of Public Safety’s Tri-Net Drug Taskforce

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

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

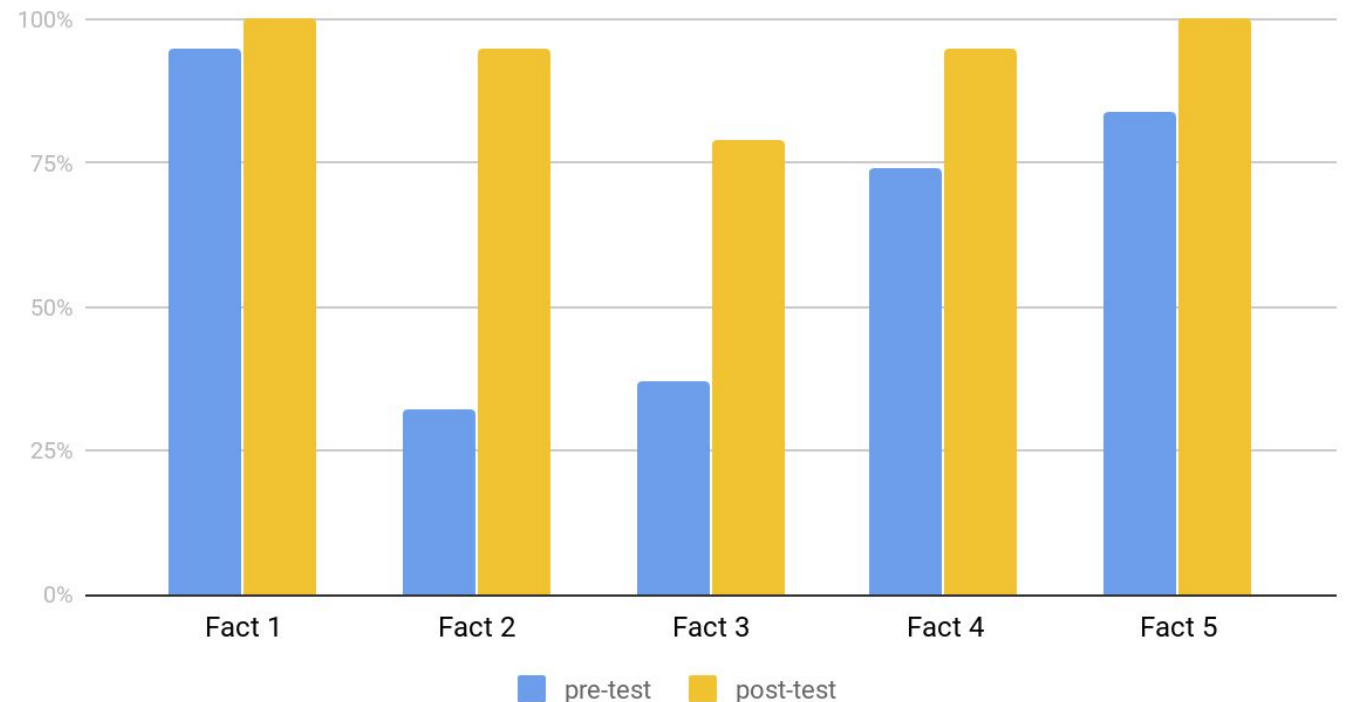
1. Energy drinks are stimulants and alcohol is a depressant.
2. AlcoPops are sweetened alcoholic beverages.
3. Designer Drugs are drugs that have been created to get around pre-existing drug laws.
  4. Spice is a synthetic cannabinoid.
  5. Molly is another name for ecstasy.

# TEST RESULT COMPARISON

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

Drug Facts

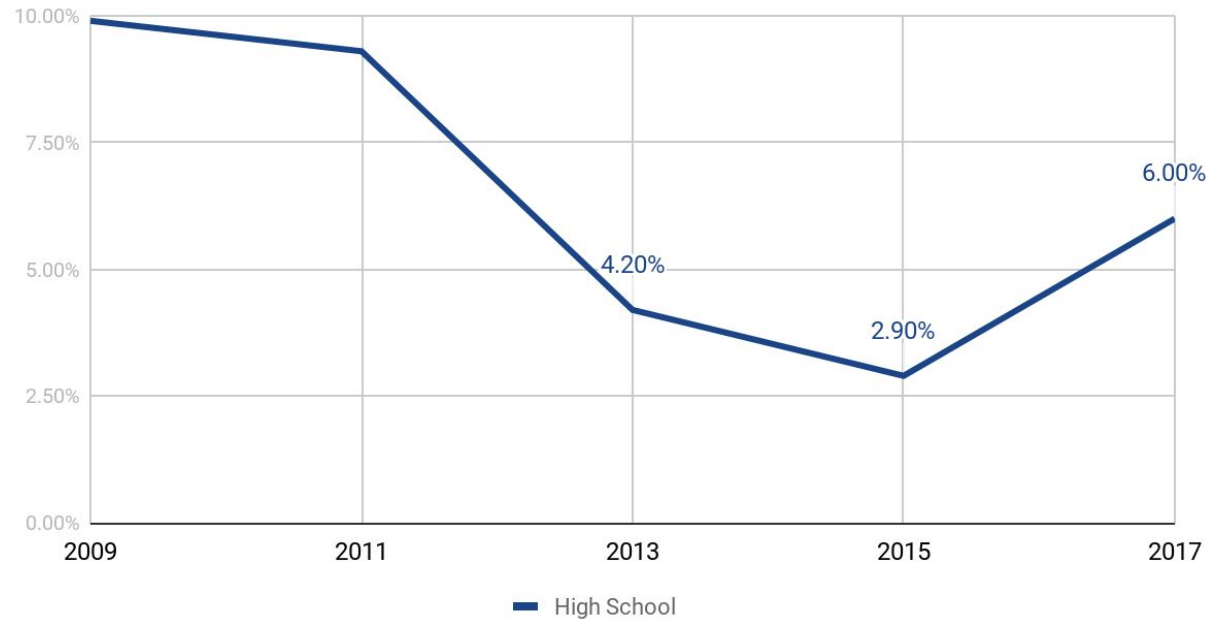


# Discussion

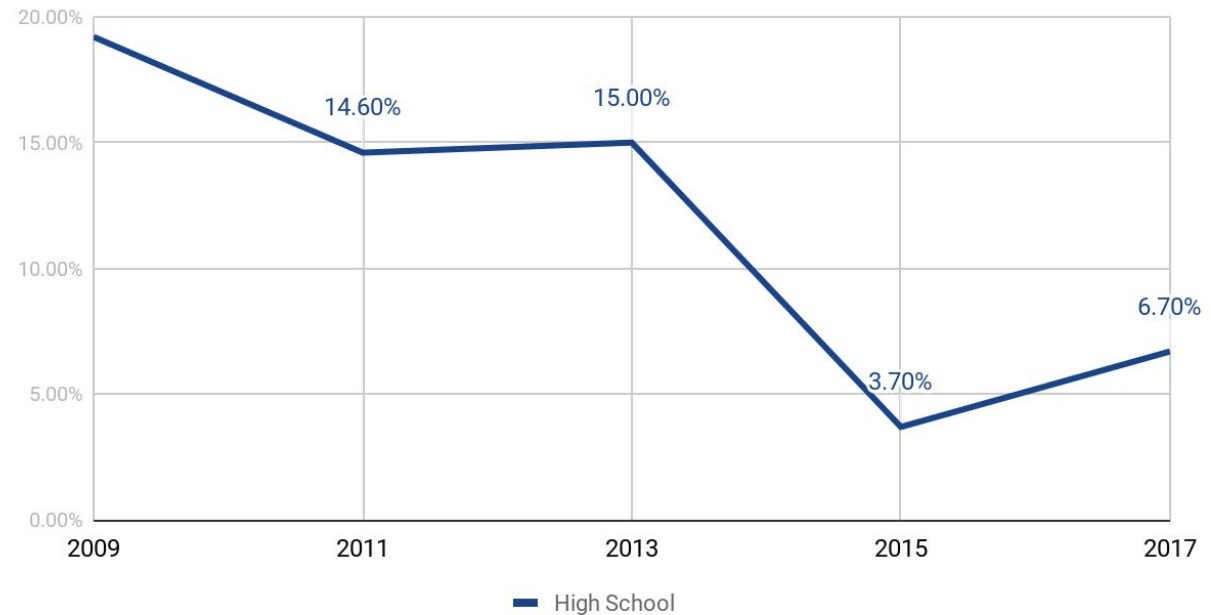
From the results of the Pre and Post test, the Youth Trends Program proves to be a beneficial way of raising awareness of different types of drugs and what people call them. The majority of participants were between the ages of 30 and 55 with an ethnicity of either caucasian or hispanic/latino. Because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

## VIOLENCE AND SAFETY

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



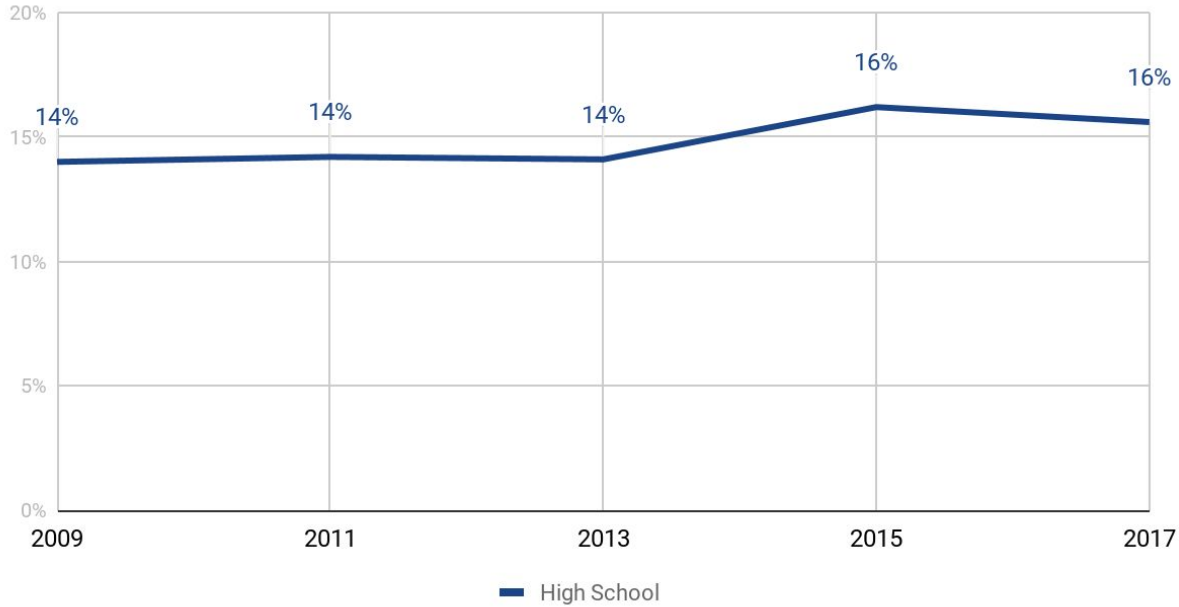
Carried a weapon on 1 or more of the past 30 days



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



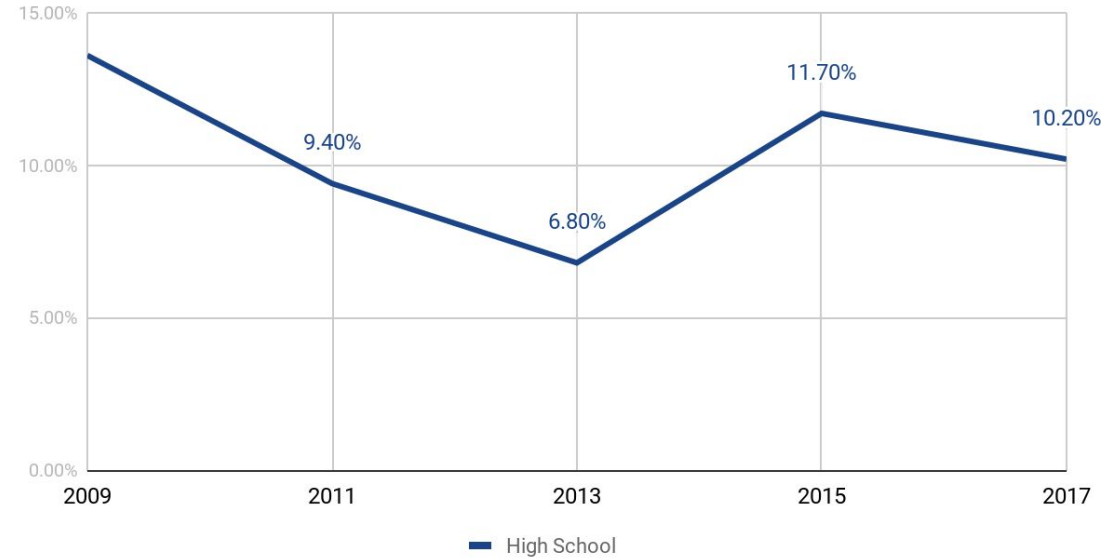
### Made a plan about how they would attempt suicide in past 12 months



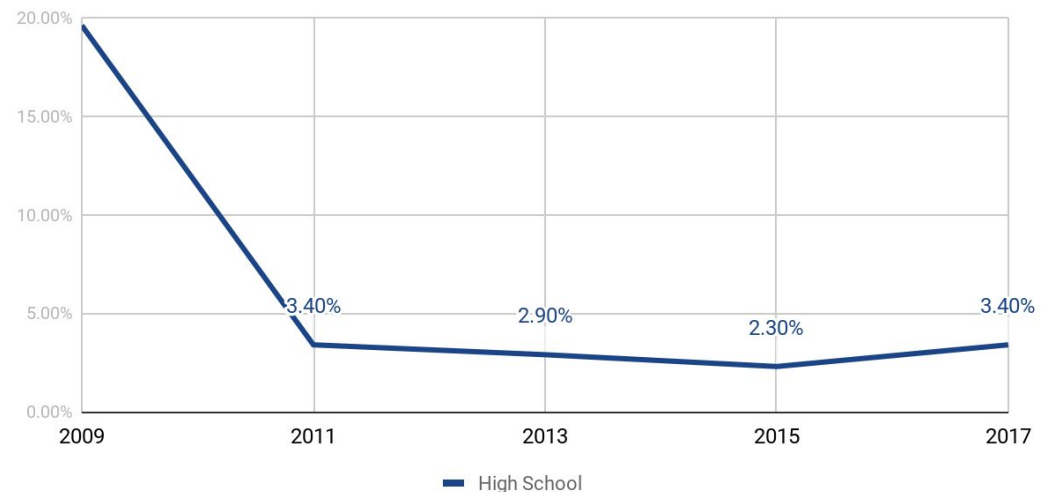
Although suicide attempts have made a major decline in recent years, the idea of suicide has been at a constant in high school students in Northern Nevada from 2009 to the present. Recognizing the signs of suicide ideation in oneself and also receiving treatment for depression through medication or different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

source: Nevada Youth Risk Behavior Survey 2009-2017

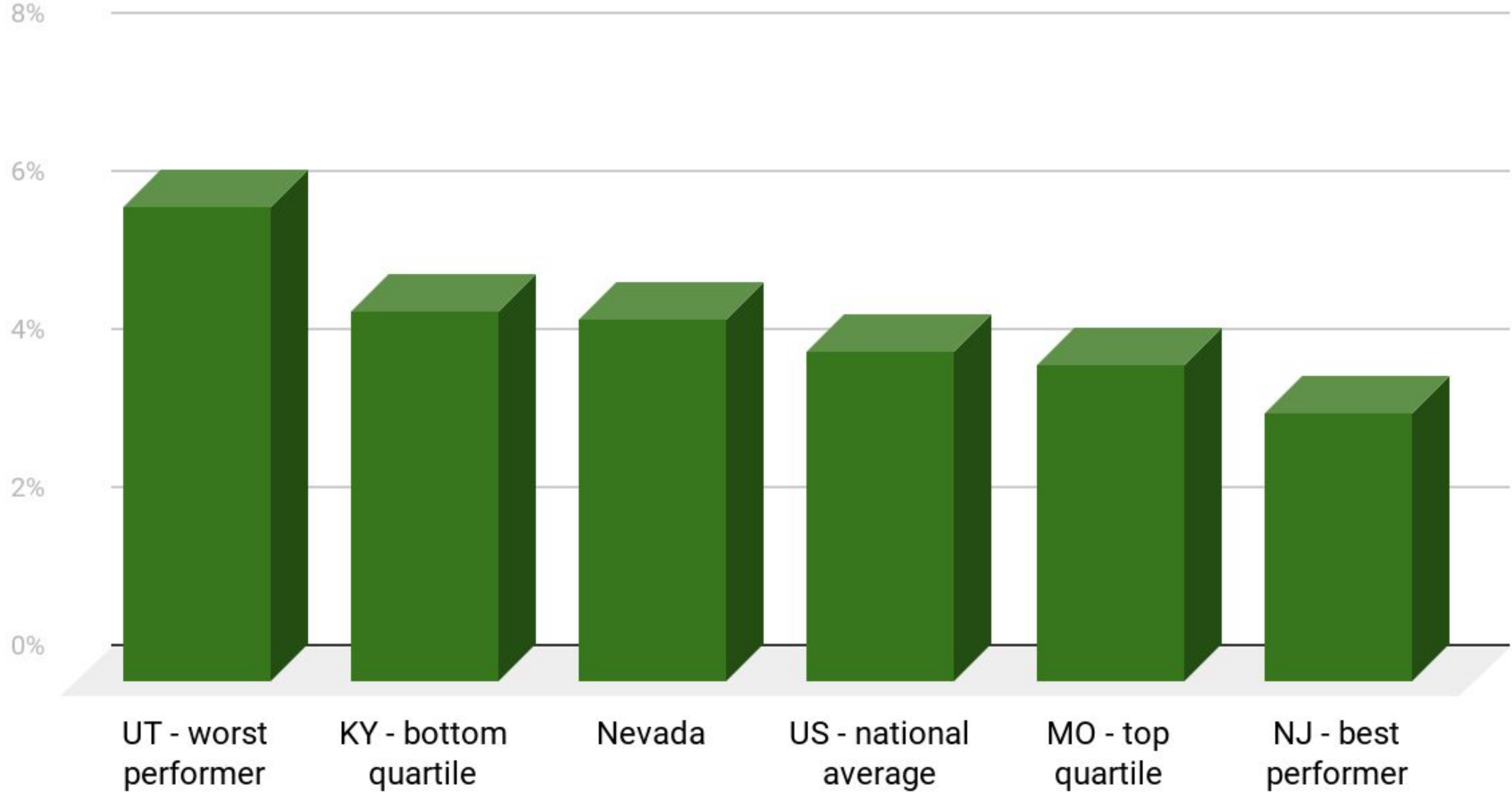
### Actually attempted suicide in past 12 months



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



# Serious Thoughts of Suicide in the Past Year



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

data source: [nvmedicalcenter.org/nevada-healthcare-statistics/mental-health/](http://nvmedicalcenter.org/nevada-healthcare-statistics/mental-health/)

## Mental Health

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

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

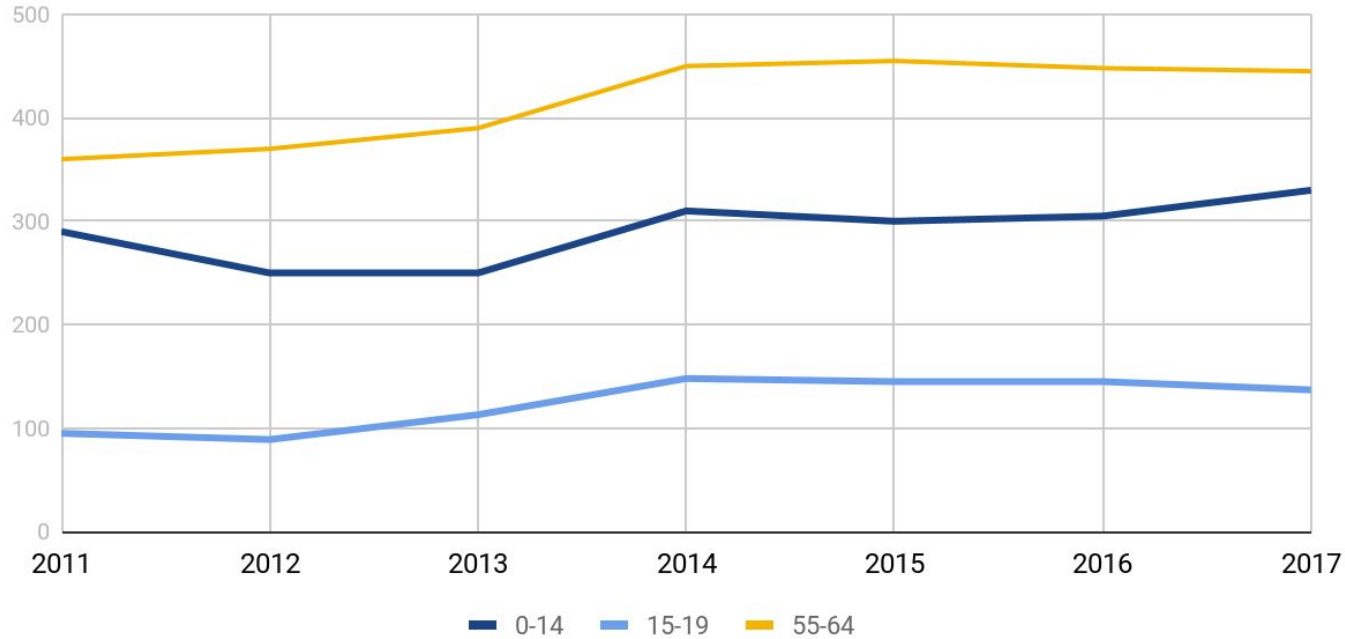
Percent of high school students who report they attempted suicide one or more times (during the 12 months before the survey)	Nevada	United States
Total	11%	9%
Male	8%	6%
Female	13%	12%



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

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

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



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

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

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

## Nevada Average Teen Birth Rate

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

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

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

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

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

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

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

**The following individuals are members of the PCC Steering Committee**

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

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

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



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

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

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

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

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

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



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

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



## PROGRAMS

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

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

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

Principle 1: Prevention programs should enhance protective factors and reverse or reduce risk factors.

Principle 2: Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g. tobacco or alcohol); the use of illegal drugs (e.g. marijuana or heroin); and the inappropriate use of legally obtained substances (e.g. inhalants), prescription medications, or over-the-counter drugs.

Principle 3: Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen protective factors.

Principle 4: Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Principle 5: Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.

Principle 6: Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

Principle 7: Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills: self-control, emotional awareness, communication, social problem-solving, and academic support.

Principle 8: Prevention Programs for middle or junior high and high school students should increase academic and social competence with the following skills: study habits and academic support, communication, peer relationships, self-efficacy and assertiveness, drug resistance skills, reinforcement of anti-drug attitudes, and strengthening of personal commitments against drug abuse.

Principle 9: Prevention Programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.

Principle 10: Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

Principle 11: Community prevention programs reaching populations in multiple settings-- for example, schools, clubs, faith-based organizations, and the media-- are most effective when they present consistent, community-wide messages in each setting.

Principle 12: When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include structure, content and delivery.

Principle 13: Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals, research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.

Principle 14: Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.

Principle 15: Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

Principle 16: Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen.

## POLICIES

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

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

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

## PRACTICES

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





## EVALUATION - assess the effectiveness of the prevention efforts

The process of evaluation involves measuring the impact of programs, policies, and practices to understand their effectiveness and any need for change. PCC is required to capture many evaluation outcomes dependent on the funding source, therefore, it has chosen to use a Collective Comparison evaluation (CCe) methodology. CCe considers data from multiple and diverse reliable sources to engage in the five steps of a Strategic Prevention Framework thoroughly and effectively. Therefore, PCC uses CCe to assimilate the data available through the diverse disciplines represented in the membership of the Steering Committee to guide a thoughtful selection of targets, priorities, justified and supported by diverse data sources.

PCC also tracks SAMHSA's National Outcome Measures (NOMs) for Substance Abuse Prevention. The NOMs are designed to embody meaningful, real-life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in their communities. The NOMs are key to SAMHSA's initiative to set performance targets for State and Federally funded initiatives and programs for substance abuse prevention and mental health promotion, early intervention, and treatment services.

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



## PARTNERSHIP CARSON CITY STRATEGIC PLAN, 2019

### Mission Statement:

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

### Goals:

- I. Compete a **multi source assessment** of community challenges and strengths impacting children and families.
- II. **Facilitate collaboration** between community service providers, businesses and members at large to help children and families.
- III. **Advocate** for ordinances, policies and practices that reduce substance abuse.
- IV. **Substance abuse and other health education** opportunities will be available to children, families, and other community members.
- V. **Mental health** education and support services will be available to children, families, and other community members.
- VI. **Support existing positive and supportive activities and services** for children and families.
- VII. Initiate and **pilot needed services** and prepare to transfer to a local agency to sustain.
- VIII. **Increase treatment** options for substance abusers in jail.
- IX. Support a **law enforcement and criminal justice response** to illegal drug and alcohol activity in Carson City.

**PARTNERSHIP CARSON CITY**

**STRATEGIES TO ACCOMPLISH GOALS BY  
CATEGORY**

CATEGORY	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	
POSSIBLE STRATEGIES:	GOALS:	Needs Assessment	Facilitate Collaboration	Advocacy	Drug/Health Education	Mental Health	Positive Activities	Create Service	Offender Treatment	Law Enforcement
COMMUNITY EDUCATION and HEALTHY LIVING PROJECTS										
1.Website: <a href="http://www.PCCCarson.org">www.PCCCarson.org</a> includes info on drugs of abuse, community services available, parent/youth pages, & calendar		X			X					
2.Community Action Agency Network meeting every month for local non profit and other service providers.	X	X			X		X			X
3.Numerous drug information presentations and displays will be available for general and specific audiences.			X		X	X				
4.Resource Library - handouts, videos and DVD's					X					
5.Alcohol Beverage Server Training support with CCSO		X			X					X
6.Tobacco Server Training support with CCSO		X	X							X
7.Collaborate with United Latino Community (ULC) for Spanish translation for prevention/community education projects	X					X				
8.3 youth teams- 2 middle school(Soar&Upstanders) & 1 high school(Represent) that meet once/wk & coordinate activities			X		X	X	X			
9.Prescription Drug Roundups every 6 mos., & maintain awareness of drug dropbox in Sheriff's office & in home disposal					X					X
10.Mail Chimp- monthly electronic newsletter featuring notice on CAAN meeting & 3 "hot" topics		X			X	X				
11.Drug Identification Training for Education Professors (DITEP)8 hr. training for school staff for professional growth credits.					X					X





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

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