Douglas County's Community Prevention Plan

A Blueprint for Prevention Programming

2022

Serenity of the Carson Valley

Beautiful Lake Tahoe Nevada

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EXECUTIVE SUMMARY

Partnership Douglas County (PDC), formerly Partnership of Community Resources, is a non-profit community-based coalition formerly founded in 1993 to support and strengthen citizen, agency, business, and government collaborations in Douglas County. PDC members include the Board of Directors, staff, advisory teams, partner agencies and community stakeholders who work together to: 1) address countywide health issues, 2) share information, 3) provide up-to-date training, 4) coordinate limited resources, and 5) facilitate the development of countywide strategies to reduce issues relating to youth and family substance abuse, violence, behavioral health and socioeconomic disparities.

The purpose of this document is to create a common focus, include all segments of the population when possible, and outline a system of service development and delivery. The idea is to make a positive impact on Douglas County residents by thoughtfully following a research-based system to improve the health and wellbeing of the community.

Mission Statement

Our mission is to promote a healthy community through education and resource connection.

What is Comprehensive Community Prevention?

A comprehensive approach to behavioral health means seeing prevention as part of an overall continuum of care. The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:

- **Promotion**—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.
- **Treatment**—These services are for people diagnosed with a substance use or other behavioral health disorder.
- **Recovery**—These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

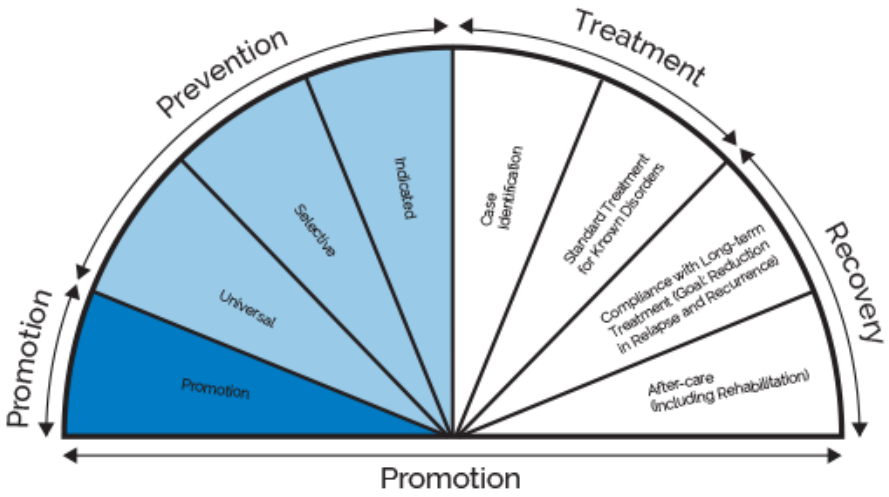


Figure 1: Behavioral Health Continuum of Care Model

For the purposes of this plan, Partnership Douglas County's scope is limited to the **Promotion** and **Prevention** areas of the Behavioral Health Continuum of Care. Members of PDC's coalition may be working in other areas of the continuum based on their individual organization's mission and the demand for services in the community.

The Strategic Prevention Framework

Partnership Douglas County has structured this Community Prevention Plan according to Substance Abuse and Mental Health Services Administration's (SAMSHA) Strategic Prevention Framework (SPF).

The five steps that comprise the SPF enable coalitions to build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process. The SPF is conceived of in systemic terms and reflects a public health, or population-based, approach to delivering effective prevention.

Utilizing the SPF, members of Partnership Douglas County work together to centralize data collection, assess needs, prioritize risk and protective factors and build assets around prioritized risk factors.

For more information on the SPF process and other SAMSHA resources, visit https://www.samhsa.gov/capt/applying-strategic-prevention-framework

A Description of the SPF Steps

Step #1: Assessment - Profile population needs, resources, and readiness to address needs and gaps

Assessment involves the collection of data to define problems within a geographic area and mobilizing key stakeholders to collect the needed data and foster the SPF process.

PDC engages in collecting existing health-related data from various sources, conducts community-based surveys and focus groups, and conducts qualitative studies (*See Appendix A for the 2022 Partner Impact Report)*.

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

Capacity involves the mobilization of resources within a geographic area. A key aspect of capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF.

PDC spends much of its time mobilizing the capacity of the community to deal with the identified health problem. This mobilization effort is seen in PDC's committees and many other teams of which PDC is engaged in the Douglas County community. For example, PDC is a key stakeholder in the Douglas County Behavioral Health Task Force, a collaborative comprised of multidisciplinary agencies mobilizing to address issues related to the behavioral health continuum of care.

Step #3: Planning – Develop a comprehensive strategic plan

Planning involves the development of a strategic plan also called a logic model that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified in Step 1 of the SPF.

After the assessment and capacity building, PDC in concert with its many partners developed a strategic plan that addresses each of the risk factors identified in the assessment section. This plan will serve as the prevention blueprint for action for January 1, 2023 through December 31, 2025.

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

Implementation involves taking action guided by the strategic plan created in Step 3 of the SPF. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Currently, PDC funds evidence-based programs in Douglas County targeted at the prioritized risk factors. Further, PDC and its committees are continually looking at practices designed to bring the community together and spread the coalition's message. Finally, through the Youth Behavioral Health Subcommittee to the Douglas

County Behavioral Health Task Force and other policy boards, PDC advocates for changing social norms and implementing policies and ordinances designed to protect our local youth.

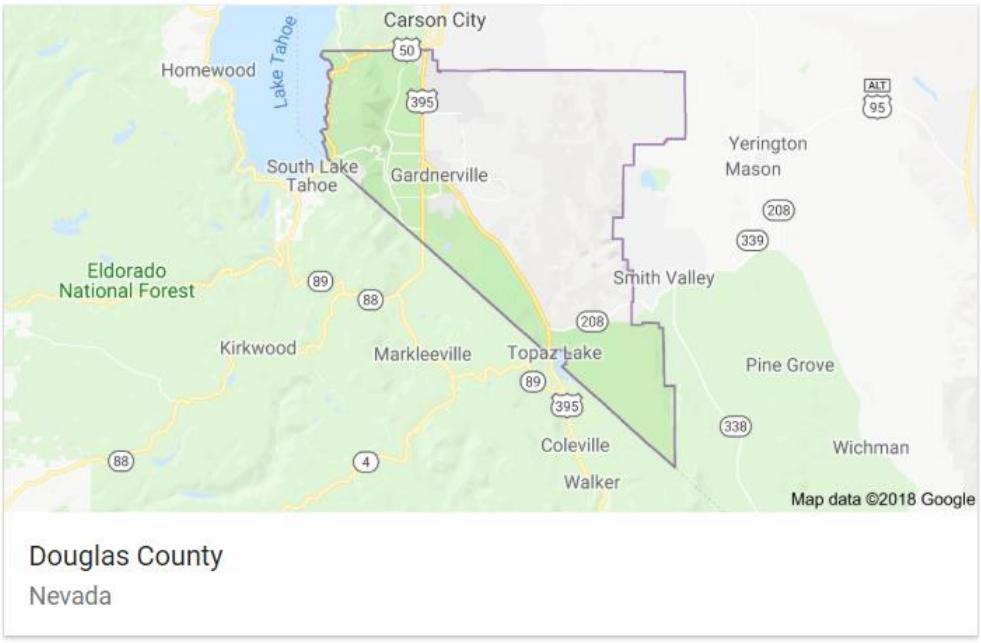
Step #5: Evaluation – Monitor, evaluate, sustain, and improve or replace those that fail

Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices. All programs that are funded through PDC are rigorously evaluated using standardized instruments. The coalition itself is evaluated to ensure it is operating efficiently and effectively.

STEP #1: ASSESSMENT

Effective substance abuse prevention planning begins with a solid assessment of the communities to be served, along with the identification of relevant risk and protective factors and includes specifically identified needs of the residents of those communities. PDC utilizes local, state and federal quantitative data to define readiness, community problems, resources, and gaps in Douglas County. In addition, PDC conducts focus groups and interviews with key stakeholders to understand the qualitative needs of the community.

Service Area and Demographic Profile



Demographic Profile*	2020
Land Area in Square Miles	709.72
Population (2020 estimate)	49870
Youth – under 18 years	15.5%
Seniors – 65 years and older	31.3%
White	91.3%
Hispanic	13.3%
Black	0.9%
American Indian	2.3%
Asian	2.1%
Veterans (2012-2016)	5,335
High School graduation rate	94.2%
% of persons in poverty	8%
Persons without health insurance, under 65 years (2016-2020)	11.9%
Unemployment**	3.6%
Average home ownership rate	74.5%

**Source: US Census Bureau 2020; **Source: US Bureau of Labor Statistics*

Douglas County Community Health Needs Assessment (CHNA)

In September 2022, Partnership Douglas County collaborated with Carson Tahoe Hospital (CTH), Douglas County, Carson City Health & Human Services, and the University of Nevada School of Medicine to produce the 2022 Douglas County Community Health Needs Assessment. This document is a requirement of Douglas County's local and partner non-profit hospital. A CHNA provides health organizations with a snapshot of the health status of the community being served. The CHNA process is what PDC relies on to compile several state and local data sets necessary to complete Step 1 of the Strategic Prevention Framework.

Top Health Needs Identified in 2022 CHNA Survey:

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Prioritized Community Need Domains & Needs

Access to Basic Needs

- Access to Primary Care, including for Low-Income & Underinsured Individuals
- Availability and Affordability of Childcare
- Availability and Affordability of Housing, including supportive and transitional housing for individuals in need of wrap-around services
- Prescription Affordability and Access
- Access to internet and broadband
- Access to physical and social activities for youth

Mental and Emotional Health

- Providers for both youth and adults including Peer Support Specialists, Community Health Workers, Clinical Professional Counselors, Licensed Clinical Social Workers, and Psychiatrists.
- Resource capacity across range of acuity:
  - Screening & Assessments
  - Outpatient services, including Intensive Outpatient Services
  - Inpatient services
  - Crisis care
- Programs/activities to reduce social isolation, increase support, and promote mental and emotional health

Access to Healthcare for Specific Populations

- Access to Specialty Care
- Home Health Care across region
- Increased case management, treatment, and care coordination for people with complex chronic health problems such as diabetes
- Prevention and Treatment for Cardiovascular Disease, Kidney Disease, and Cancer
- Care for individuals with dementia/memory care needs
- Care for youth and adults with developmental disabilities
- Competency of providers to serve specific populations, including knowledge of LGBTQ+ needs and increasing Spanish-speaking providers
- Transportation to medical appointments

Substance Use Prevention, Treatment, and Recovery

- Need capacity across range of acuity:
  - Drug and other substance use prevention and early intervention programs
  - Drug and other substance use treatment services, including Intensive Outpatient Services, Groups, and community-based treatments.
  - Programs and services to support individuals in recovery
- For youth, increased coordination between school systems and community providers and agencies to address prevention and early intervention

Source: Carson Tahoe Health- Community Health Needs Assessment (2022) https://www.carsontahoe.com/community-health-needs-assessment.html

For the purposes of the Strategic Prevention Framework, Partnership Douglas County will address substance abuse and mental illness. Carson Tahoe Regional Hospital and other key stakeholders play lead roles in addressing the other three priority areas. For more information about the work being done in these areas visit CTH's website https://www.carsontahoe.com/. Their website includes the 2022 CHNA Implementation Plan.

Substance Abuse Data

Key Indicators

Key indicators impacting alcohol, tobacco, and other drugs misuse include the following:

1. Availability/Environmental
2. Use/Prevalence Trends
3. Prevention
4. Treatment/Support Activities
5. Criminal Justice
6. Harm

This section will include local, regional, and statewide data for each of these indicators. This section will also include the following core measures:

- Average age of onset of any drug use.
- Past 30-day use
- Perception of risk or harm
- Perception of parental disapproval of use

Availability/Environmental

Alcohol/Tobacco Outlet Density

Smoke-free Workplace and/or second smoke regulations

Alcohol/Tobacco Advertising

Statewide Substance Use Prevalence Trends

Youth Substance Use Rates

Tables 1-5: Weighted prevalence estimates of health risk behaviors — Nevada, Youth Risk Behavior Survey, 2019 to 2021

Table 1:

ALCOHOL USE

	2019 Percentage and 95% Confidence Interval	2021 Percentage and 95% Confidence Interval	CHANGE Direction and *p* value
Percentage of high school students who ever drank alcohol (not including for religious purposes)*	52.4% (49.8-55.0)	47.1% (44.1-50.1)	↓ $p = 0.010$
Percentage of high school students who drank alcohol for the first time before age 13 years (other than a few sips)	19.0% (17.1-20.9)	19.8% (17.9-21.6)	$p = 0.565$
Percentage of high school students who had at least one drink of alcohol during the 30 days before the survey	23.7% (22.0-25.4)	19.4% (17.3-21.5)	↓ $p = 0.002$
Percentage of high school students who had at least one drink of alcohol on 20 or more days during the 30 days before the survey (among those who drank alcohol during the 30 days before the survey)	2.3% (1.3-3.3)	5.1% (2.4-7.8)	↑ $p = 0.018$
Percentage of high school students who participated in binge drinking during the 30 days before the survey (had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours)	11.3% (10.0-12.5)	9.8% (8.1-11.5)	$p = 0.196$
Percentage of high schools students who thought it would be Fairly/Very Easy to get alcohol if they wanted some	53.5% (51.1-56.0)	49.0% (45.7-52.3)	↓ $p = 0.029$
Percentage of students who rode with a driver who had been drinking alcohol during the 30 days before the survey	14.7% (13.2-16.2)	13.8% (11.7-15.8)	$p = 0.470$
Percentage of high school students who drove a car or other vehicle when they had been drinking alcohol during the 30 days before the survey (among students who drove a car or other vehicle)	5.5% (4.2-6.8)	4.1% (2.4-5.7)	$p = 0.209$

*Lifetime alcohol use variable was dropped in 2021 to make the Nevada survey more comparable to national estimates. The age of initiation of alcohol question was used to calculate lifetime alcohol use for 2019 and 2021.

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2019-2021 accessed https://www.unr.edu

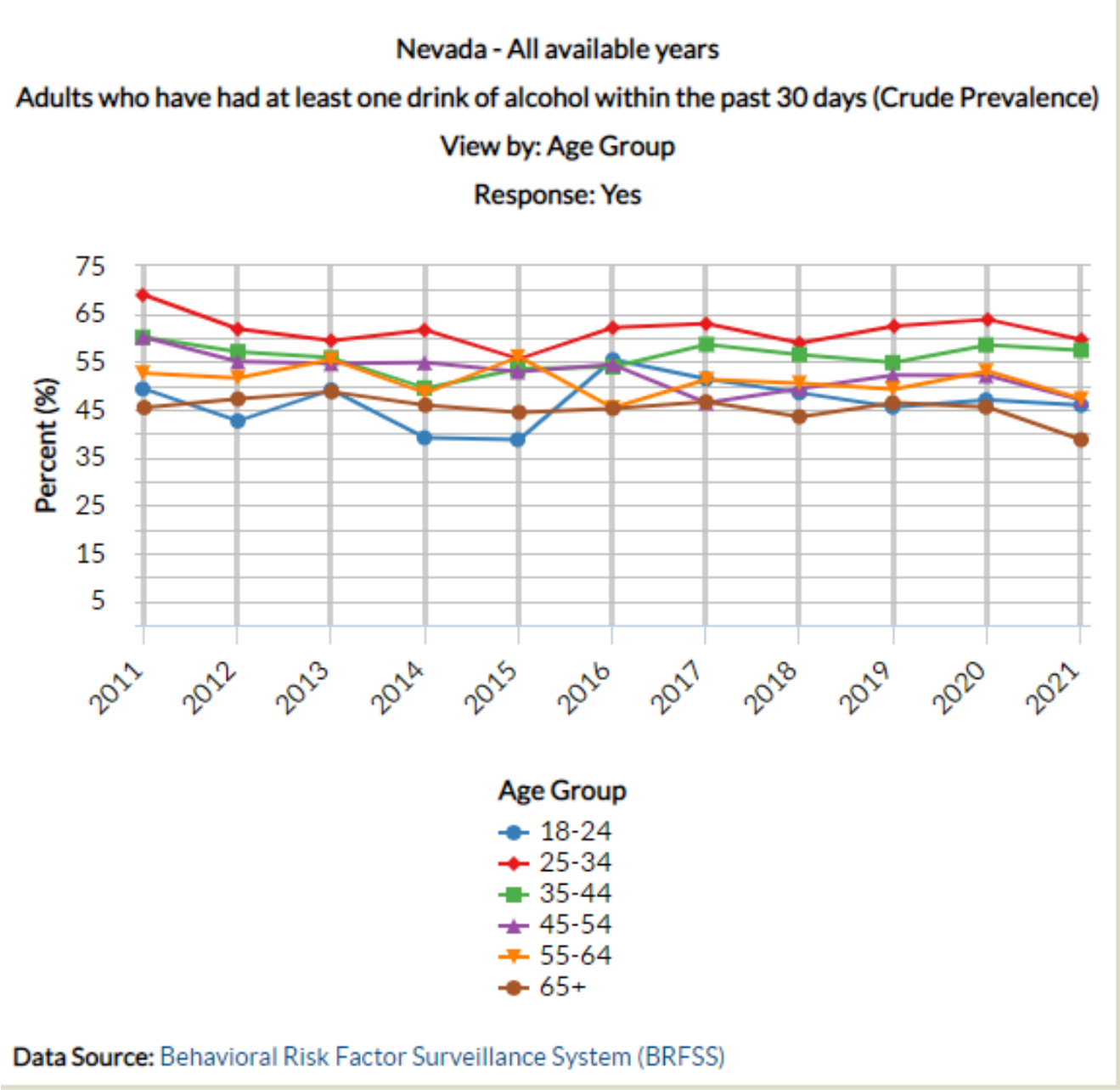


Chart 1: Nevada Adult Alcohol Consumption, BRFSS 2011-2017

Table 2:

MARIJUANA USE

	2019 Percentage and 95% Confidence Interval	2021 Percentage and 95% Confidence Interval	CHANGE Direction and *p* value
Percentage of high school students who ever used marijuana	33.5% (30.8-36.3)	30.4% (27.4-33.3)	$p = 0.122$
Percentage of high school students who tried marijuana for the first time before age 13 years	7.3% (6.0-8.7)	8.8% (7.4-10.2)	$p = 0.147$
Percentage of high school students who used marijuana during the 30 days before the survey	17.9% (15.8-20.0)	15.6% (13.2-18.0)	$p = 0.153$
Percentage of high school students who used marijuana 20 or more times during the 30 days before the survey (among those who used marijuana during the 30 days before the survey)	21.1% (16.7-25.4)	35.0% (28.2-41.9)	↑ $p < 0.001$
Percentage of high school students who usually used marijuana by different methods during the 30 days before the survey (among those who used marijuana in the past 30 days):			
Smoked it in a joint, bong, pipe or blunt	58.2% (52.9-63.5)	49.2% (44.2-54.3)	
Consumed it using food or drink	8.4% (5.9-10.8)	11.8% (8.5-15.1)	$p = 0.106$
Vaporized it	14.3% (11.1-17.4)	18.9% (14.5-23.4)	
Dabbed it using waxes or concentrates	15.7% (12.2-19.3)	15.6% (11.2-20.1)	
Used it in some other way	3.5% (1.3-5.6)	4.5% (2.4-6.5)	
Percentage of high schools students who thought it would be fairly/very easy to get marijuana if they wanted some	47.9% (45.5-50.4)	40.9% (37.9-43.9)	↓ $p < 0.001$
Percentage of students who rode with a driver who had been using marijuana during the 30 days before the survey	17.8% (15.9-19.7)	15.4% (13.4-17.4)	$p = 0.091$
Percentage of high school students who drove a car or other vehicle when they had been using marijuana during the 30 days before the survey (among students who drove a car or other vehicle)	5.8% (4.4-7.1)	6.5% (4.7-8.3)	$p = 0.488$

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2019-2021, accessed https://www.unr.edu

Table 3:

NON-MEDICAL PRESCRIPTION PAIN MEDICINE USE

	2019 Percentage and 95% Confidence Interval	2021 Percentage and 95% Confidence Interval	CHANGE Direction and *p* value
Percentage of high school students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	18.6% (17.0-20.2)	16.6% (14.9-18.3)	$p = 0.092$
Percentage of high school students who took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it during the 30 days before the survey	8.2% (7.0-9.4)	8.0% (6.7-9.3)	$p = 0.771$
Percentage of high school students who took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it 20 or more times during the 30 days before the survey (among those who took prescription pain medicine without a doctor's prescription or differently than prescribed during the 30 days before the survey)	7.2% (4.3-10.2)	12.4% (4.7-20.1)	$p = 0.138$
Percentage of high schools students who thought it would be Fairly/Very Easy to get prescription pain medicine if they wanted some	28.4% (26.5-30.3)	25.6% (23.5-27.7)	$p = 0.054$

OTHER DRUG USE

	2019 Percentage and 95% Confidence Interval	2021 Percentage and 95% Confidence Interval	CHANGE Direction and *p* value
Percentage of high school students who ever used cocaine (any form of cocaine, such as powder, crack, or freebase)	4.9% (3.9-5.9)	3.8% (2.6-5.1)	$p = 0.215$
Percentage of high school students who ever used heroin	2.6% (1.8-3.5)	2.6% (1.6-3.7)	$p = 0.972$
Percentage of high school students who ever used methamphetamines	3.0% (2.1-3.9)	3.2% (1.9-4.4)	$p = 0.869$
Percentage of high school students who ever used ecstasy	4.7% (3.7-5.7)	5.2% (3.9-6.5)	$p = 0.532$
Percentage of high school students who ever used synthetic marijuana	7.2% (6.0-8.4)	7.2% (5.8-8.6)	$p = 0.992$
Percentage of high school students who ever injected any illegal drug (used a needle to inject any illegal drug into their body)	2.4% (1.5-3.2)	2.1% (1.3-2.8)	$p = 0.613$

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2019-2021, accessed https://www.unr.edu

Table 4:

TOBACCO USE

	2019 Percentage and 95% Confidence Interval	2021 Percentage and 95% Confidence Interval	CHANGE Direction and *p* value
Percentage of high school students who ever smoked cigarettes (even one or two puffs)	16.7% (15.3-18.2)	17.5% (15.6-19.4)	$p = 0.532$
Percentage of high school students who smoked cigarettes for the first time before age 13 years (even one or two puffs)	6.4% (5.4-7.3)	7.9% (6.7-9.1)	↑ $p = 0.048$
Percentage of high school students who smoked cigarettes during the 30 days before the survey	3.3% (2.7-4.0)	3.4% (2.5-4.2)	$p = 0.979$
Percentage of high school students who smoked cigarettes on 20 or more days during the 30 days before the survey (among those who smoked cigarettes during the 30 days before the survey)	15.9% (8.9-22.8)	25.0% (12.2-37.7)	$p = 0.168$
Percentage of high schools students who thought it would be Fairly/Very Easy to get cigarettes if they wanted some	41.0% (38.6-43.3)	38.5% (35.7-41.3)	$p = 0.193$
Percentage of high school students who used smokeless tobacco during the 30 days before the survey	3.7% (2.7-4.7)	2.4% (1.5-3.3)	$p = 0.053$

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2019-2021, accessed https://www.unr.edu

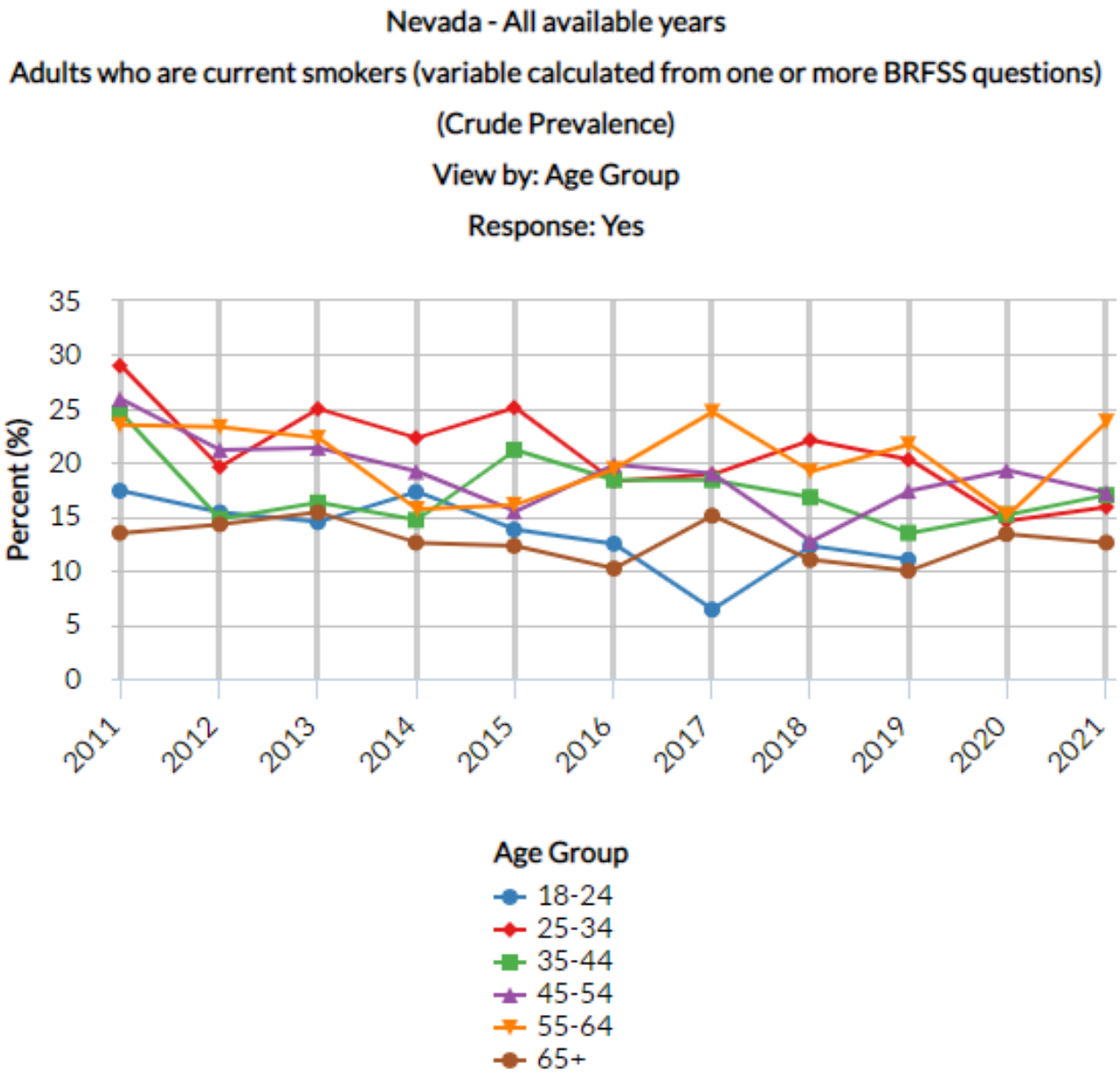


Chart 2: Nevada Adult Tobacco Use, BRFSS 2011-2021

Table 5:

ELECTRONIC VAPOR PRODUCT USE

	2019 Percentage and 95% Confidence Interval	2021 Percentage and 95% Confidence Interval	CHANGE Direction and *p* value
Percentage of high school students who ever used electronic vapor products (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods)	41.7% (39.0-44.5)	36.7% (33.8-39.6)	↓ $p = 0.013$
Percentage of high school students who tried electronic vapor products for the first time before age 13 years (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods)	8.0% (6.9-9.2)	10.0% (8.5-11.5)	↑ $p = 0.044$
Percentage of high school students who used electronic vapor products during the 30 days before the survey (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods)	21.9% (19.9-24.0)	17.6% (15.4-19.8)	↓ $p = 0.005$
Percentage of high school students who used electronic vapor products on 20 or more days during the 30 days before the survey (among those who used electronic vapor products during the 30 days before the survey; including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods)	21.5% (17.5-25.6)	29.1% (24.0-34.2)	↑ $p = 0.022$
Percentage of high schools students who thought it would be Fairly/Very Easy to get electronic vapor products if they wanted some	55.9% (53.4-58.4)	47.5% (44.1-51.0)	↓ $p < 0.001$

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2015-2017, accessed https://www.unr.edu

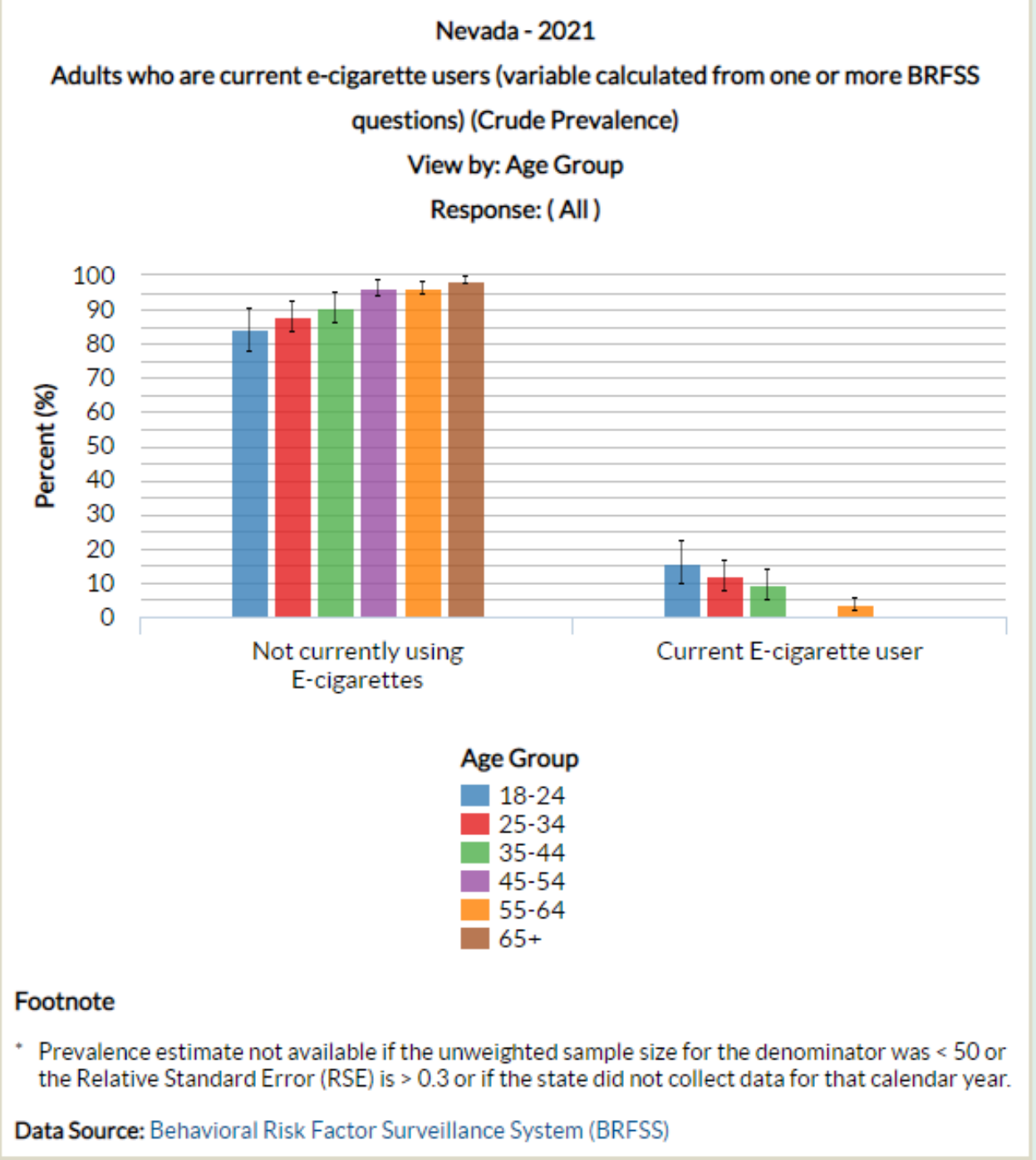


Chart 3: Nevada Adult E-cigarette Use, BRFSS 2021

Regional Data Trends

For the purposes of this report, regional data is identified as the Northern Nevada Behavioral Health Region. The Northern Region consists of Carson City, Churchill, Douglas, Lyon, and Storey Counties, stretching across 11,976.95 square miles in northwestern Nevada. The total population of the Northern Region, estimated to be 192,723 in 2019, has increased 3.6% over the past 10 years. The median household income was $60,704 in 2019, an increase from $54,392 in 2017. Approximately 10.6% of the population was in poverty. 9.4% of the population under 65 had a disability in 2019, a decrease from 14.8% in 2017. In terms of ethnicity, 76.9% residents in the Northern Region are White not of Hispanic origin, 16.5% individuals are Hispanic, 3.0% of the population are Native American, 2.4%, Asian, and 1.1% of the population are Black.

Source: 2020 Northern Regional Behavioral Health Report, Northern Nevada Behavioral Health Policy Board (See Appendix A for full report).

Youth Substance Use:

- Drug use rates for Northern Nevada high school students (including heroin, methamphetamines, cocaine, inhalants, ecstasy, and synthetic marijuana) are slightly higher than state and national rates.
- Northern Nevada high school and middle school students have higher rates of alcohol and tobacco use than the overall rate in Nevada as well.

Tobacco:

- High school students for the Northern Region in 2019, had a significantly higher percent for ever having smoked cigarettes than Nevada at 27.5% and 18.0% respectively.
- The middle school students in the Northern Region also, had a slightly higher percent for ever trying cigarettes at 14.6% compared to 9.9% Nevada.

- High school students in the Northern Region in 2019 have a significantly higher percent for ever having using an electronic vapor (e-vapor) product than Nevada at 59.9% and 43.5%, respectively.
- Similarly, middle school students in the Northern Region also have a significantly higher percent for ever using an e-vapor product at 30.6%, 22.4% for Nevada.

Alcohol:

- High school students in the Northern Region in 2019 have a significantly higher percent for ever drinking alcohol than Nevada at 66.1% and 56.9%, respectively.
- The percent from previous years has decreased from 66.4% in 2017. Similarly, middle school students in the Northern Region have a slightly higher percent for ever drinking alcohol at 32.7%, compared 29.2% for Nevada.

Marijuana:

- High school students in the Northern Region in 2019 have a significantly higher percent for ever drinking alcohol than Nevada at 66.1% and 56.9%, respectively. The percent from previous years has decreased from 66.4% in 2017.

- Similarly, middle school students in the Northern Region have a slightly higher percent for ever drinking alcohol at 32.7%, compared 29.2% for Nevada.

Prescription drug use:

- Approximately 18% of high school students have used prescription drugs that were not prescribed to them, while 5.8% of middle school students have taken prescription drugs that were not prescribed for them. Drug use among high school students is slightly higher than the state.

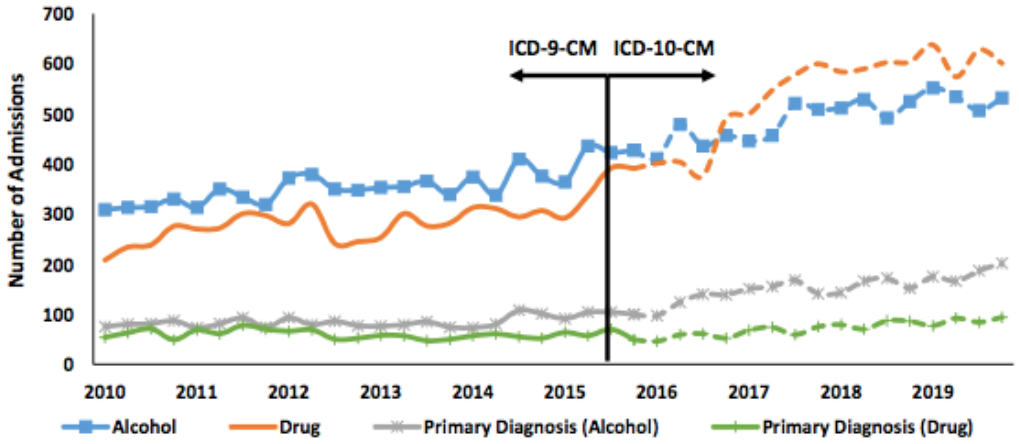
Adult substance use:

- Marijuana use has increased over six-fold since 2011. In 2019, 20.3% of Northern Region residents have used marijuana in the past 30 days, up from 3.3% in 2011. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of the Northern Region residents surveyed, 1.0% (on average) used painkillers to get high in the last 30 days and 1.1% used other illegal drugs to get high in the last 30 days.
- Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Emergency department encounters for opioids, heroin, and marijuana rates increased from 2018 to 2019.
- Alcohol-related admissions were more common than drug related admissions until 2017 where drug- related admissions surpassed alcohol-related admissions and have remained higher through 2019.

Substance use hospital Emergency Department ED) encounters and hospital admissions:

- In 2017, of the 1,262 total alcohol and drug related ED visits, 837 were alcohol related.
- Since 2019, Marijuana/hashish has been the most common drug associated with emergency department visits, followed by methamphetamines, and opioids. In 2019, there were 594.4* visits related to marijuana, and 280.3* visits related to methamphetamine. *visits per 100,000 population -
- Alcohol-related admissions were more common than drug related admissions until 2017 where drug- related admissions surpassed alcohol-related admissions and have remained higher through 2019.
- Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Emergency department encounters for opioids, heroin, and marijuana rates increased from 2018 to 2019.
- Opioids were the most common drug-related hospital admission reason until 2017, when they were surpassed by marijuana. Inpatient admissions for marijuana, opioids, and methamphetamines have been increasing since 2016 while other drug-related admissions have remained steady.

Figure 40. Alcohol-Related and/or Drug-Related Inpatient Admissions by Quarter and Year, 2010-2019.



Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Alcohol and substance use-related deaths:

- Northern Nevada has seen an increase in drug and alcohol-related deaths. Drug and alcohol-related deaths have sharply increased 25.5% from 2018 to 2020.
- From 2010 to 2020 Northern Nevada has had 1,081 deaths associated with Alcohol consumption, with each year having an average of 98 deaths.
- In 2017, alcohol-related deaths, which make up 31% of alcohol and drug-related deaths, increased 55% in per 100,000 age-specific population between 2009 and 2017.
- Drug related deaths increased 13% per 100,000 age specific population from 2009 to 2017.

Source: 2021 Northern Regional Behavioral Health Report, Northern Nevada Behavioral Health Policy Board (See Appendix A for full report).

Safety and Violence-related Data

Statewide Data Trends

Table 6: Weighted prevalence estimates of health risk behaviors — Nevada, Youth Risk Behavior Survey, 2019 to 2021

VIOLENCE-RELATED BEHAVIORS	2019 Percentage and 95% Confidence Interval	2021 Percentage and 95% Confidence Interval	CHANGE Direction and *p* value
Percentage of high school students who texted or e-mailed while driving a car or other vehicle during the 30 days before the survey (among students who drove a car or other vehicle)	27.9% (24.0-31.8)	22.7% (18.5-26.8)	$p = 0.075$
Percentage of high school students who carried a gun during the 12 months before the survey	5.3% (4.3-6.3)	4.8% (3.7-5.9)	$p = 0.501$
Percentage of high schools students who were electronically bullied during the 12 months before the survey (including bullied through texting, Instagram, Facebook, or other social media)	10.9% (9.6-12.2)	14.8% (13.2-16.5)	↑ $p < 0.001$
Percentage of high school students who did not go to school because they felt unsafe at school or on their way to or from school during the 30 days before the survey	13.2% (11.5-14.9)	12.6% (10.3-14.9)	$p = 0.679$
Percentage of high school students who experienced physical dating violence during the 12 months before the survey (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with; among students who dated or went out with someone during the 12 months before the survey)	7.4% (6.1-8.7)	6.8% (5.3-8.3)	$p = 0.571$
Percentage of high school students who experienced sexual dating violence during the 12 months before the survey (including kissing, touching, or physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with; among students who dated or went out with someone during the 12 months before the survey)	12.9% (11.0-14.8)	14.0% (12.0-16.0)	$p = 0.413$

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2019-2021, accessed https://www.unr.edu

Mental Health Data

Statewide Data Trends

Table 7: Weighted prevalence estimates of health risk behaviors — Nevada, Youth Risk Behavior Survey, 2019 to 2021

EMOTIONAL HEALTH

	2019 Percentage and 95% Confidence Interval	2021 Percentage and 95% Confidence Interval	CHANGE Direction and *p* value
Percentage of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey (so that they stopped doing some usual activities)	40.3% (38.1-42.4)	46.2% (43.6-48.7)	↑ $p < 0.001$
Percentage of high school students who seriously considered attempting suicide during the 12 months before the survey	18.3% (16.6-20.0)	22.4% (20.5-24.3)	↑ $p = 0.001$
Percentage of high school students who made a plan about how they would attempt suicide during the 12 months before the survey	15.7% (13.9-17.5)	21.6% (19.9-23.4)	↑ $p < 0.001$
Percentage of high school students who attempted suicide during the 12 months before the survey	9.1% (7.7-10.5)	12.3% (10.5-14.1)	↑ $p = 0.005$
Percentage of high school students who attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months before the survey	2.9% (2.2-3.6)	3.9% (2.9-4.8)	$p = 0.110$
Percentage of high school students who did something to purposefully hurt themselves without wanted to die, such as cutting or burning themselves on purpose during the 12 months before the survey	21.2% (19.6-22.8)	27.4% (25.3-29.5)	↑ $p < 0.001$
Percentage of high school students who Never/Rarely got the kind of help they need when they felt sad, empty, hopeless, angry, or anxious (among those who felt sad, empty, hopeless, angry, or anxious)	56.2% (53.9-58.6)	62.2% (59.7-64.8)	↑ $p < 0.001$

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2019-2021, accessed https://www.unr.edu

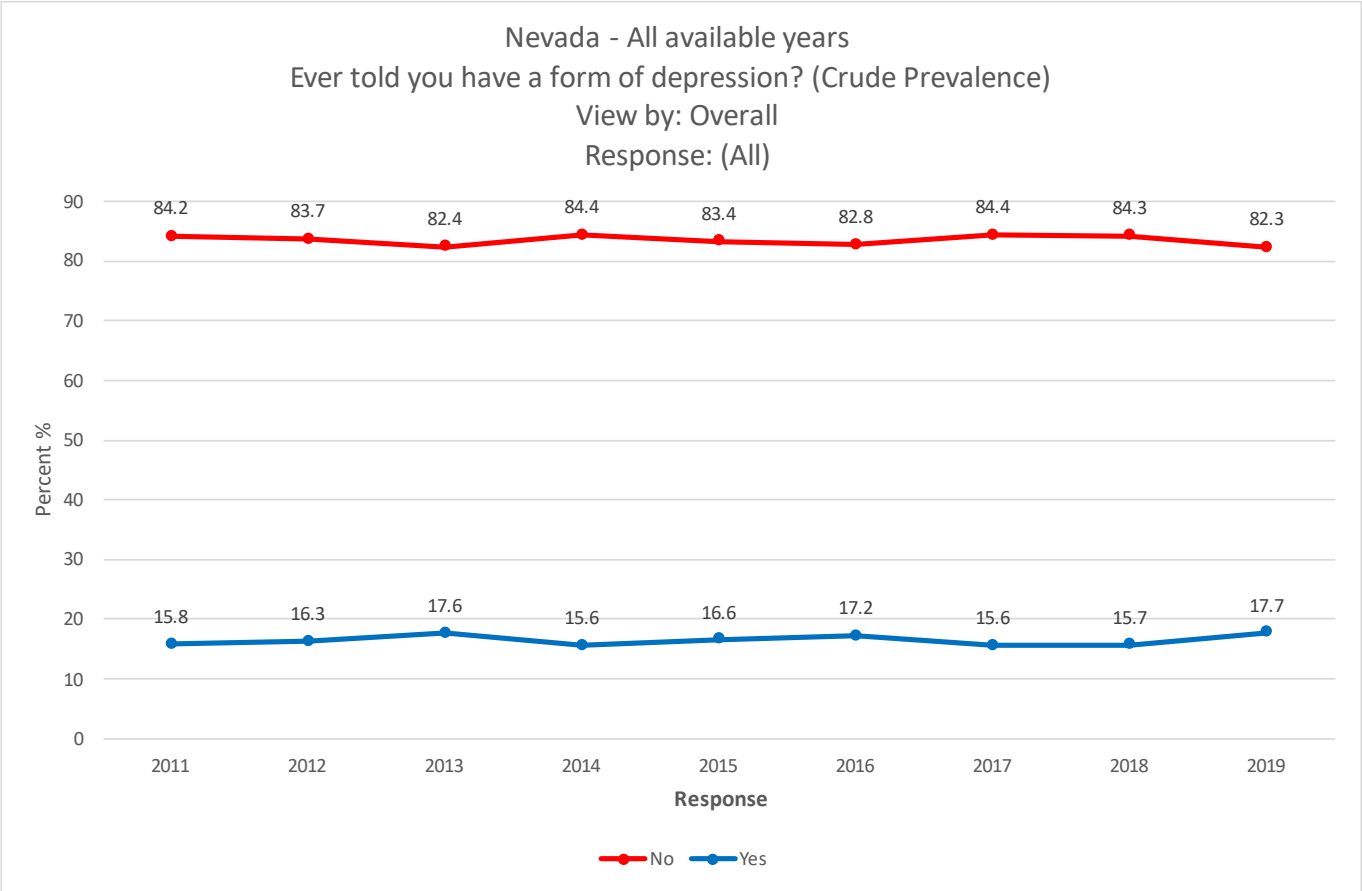


Chart 4: Nevada Adult Depression, BRFSS 2011-2019

Regional Data Trends

Youth Mental Health:

Douglas high school students have a greater risk of having suicidal ideations and a higher risk of planning a suicide than other Nevada high school students statewide. Douglas did see a decrease I completed suicides over Nevada High school students in 2021

- 26 % considered suicide in comparison to 22.4% in Nevada
- 25.7% planned suicide versus 21.6% in Nevada
- 10.8% attempted suicide versus 12.3% for Nevada high school youth

Douglas middle school youth 21.9% experience mental health risk behaviors at slightly lower rate than middle school youth statewide 26.8%.

- 32% of the youth felt sad or helpless in comparison to 34.6% of middle school youth in Nevada
- 4.1% considered suicide in comparison to 7.7% statewide
- 9.5% planned suicide versus 13.4% of middle school youth in Nevada
- 4.1% attempted suicide in comparison to 7.7% in Nevada
- 11.8% cut/burned themselves in comparison to 19% of middle school youth in Nevada.

The Northern Region's high school youth have highest rates of suicidal ideation and behaviors in the state

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2019-2021, accessed https://www.unr.edu

Adult Mental Health:

Adults who experienced 10 or more days of poor mental or physical health that prevented them from doing usual activities increased from 23.7% of the Northern Region's population in 2011 to 26.9% in 2019.

Mental Health Related Emergency Department Encounters:

- In 2019, 26.9% of the Northern Region adult residents reported 10 or more days of poor mental health, a significant increase from 2018 at 16.4%. As well in 2019, 20.3% of Northern Nevada adults reported experiencing poor mental or physical health that - prevented them from doing their usual activities that lasted for a period of 1 to 9 consecutive days. This is a substantial increase of 15.7% from the previous year. Of the adults in the Northern Region, 60.7% experienced no days in which their mental health was not good.
- In the Northern Region, the percentage of adults were told they have a depressive disorder from 19.2% in 2018 to 21.9% in 2019.
- Anxiety has been the leading mental health-related diagnosis since 2010 in emergency department encounters. Anxiety-related encounters increased significantly from 2010 to 2019 in both counts and rates. However, ED encounters for depression have decreased from 2016.

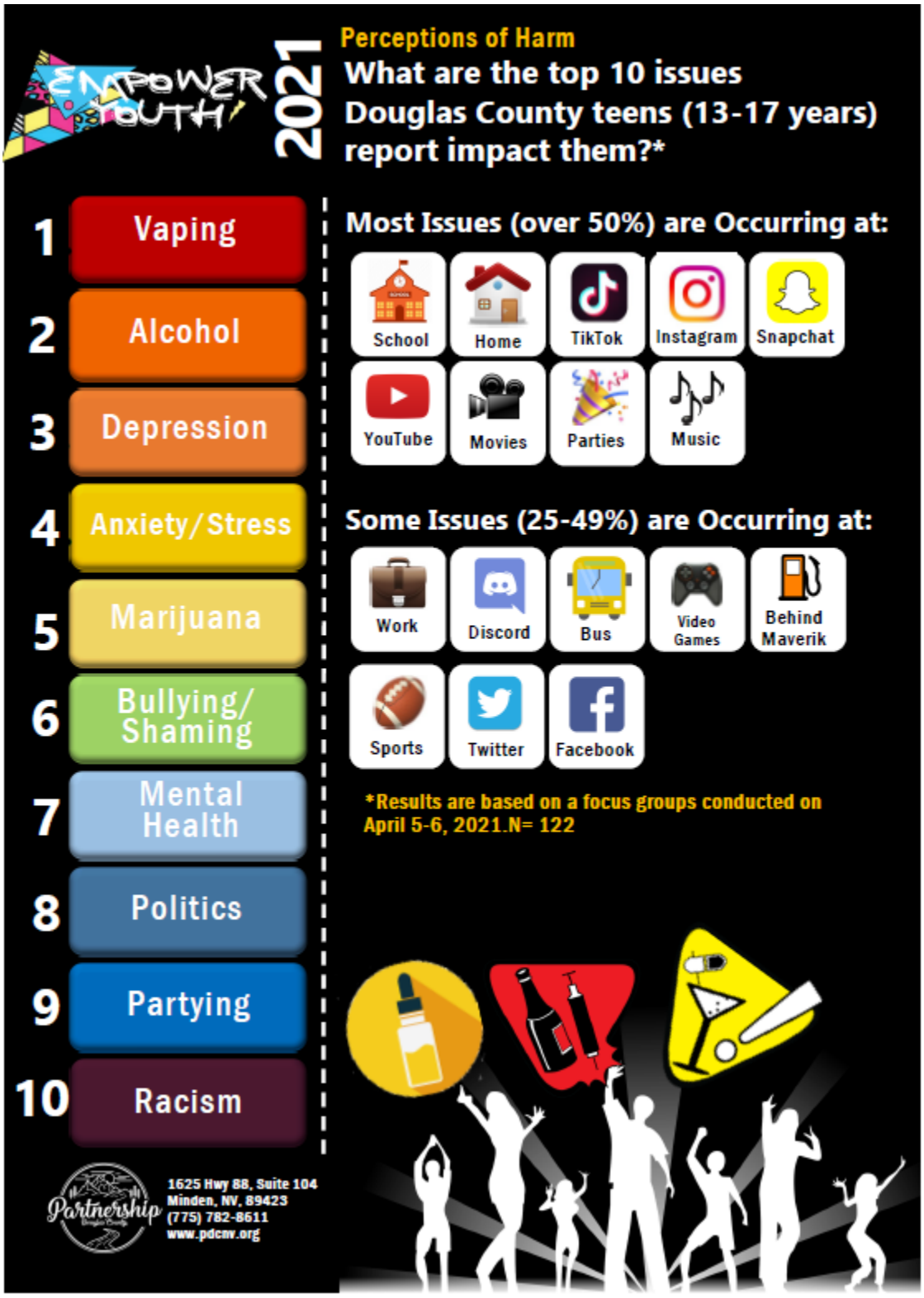
Suicide:

- The age-adjusted suicide rate for 2019 in Northern Region was 29.6 per 100,000 population. There were 59 suicides in 2019.
- Emergency department encounters related to suicide attempt, where the patient did not expire at the hospital, have remained steady for all methods except substances/drugs from 2010 to 2019. The most common method for attempted suicide is a substance or drug overdose attempt, with 136 emergency department encounters. The substance or drug overdose attempts have been decreasing since 2016.
- When asked "have you seriously considered attempting suicide during the past 12 months," 5.4% of Northern Region residents responded "yes" in 2019. Between 2011 and 2019, the average prevalence for suicide consideration in the Northern Region is 3.8%.
- Mental health-related deaths in the Northern Region in 2019 increased from the previous year from 62.4 per 100,000 age-specific population, to 79.2 per 100,000 age-specific population.

Source: 2020 Northern Regional Behavioral Health Report, Northern Nevada Behavioral Health Policy Board (See Appendix A for full report).

Local Focus Groups

Key Issues Impacting Youth



2021 Douglas County Prioritization of Key Issues by Community Stakeholders

Key Issues for Youth

1. Based on your experience, what do you consider the top 3 mental health trends impacting youth under the age of 18?
Identifying Issues with…

- Drug Accessibility
- Suicide Ideation
- Depression
- Anxiety

Carson Valley Medical Center (CVMC) and Carson Tahoe Hospital (CTH) Behavioral Health - Behavioral Units have seen an increase # of youth and are experiencing a lack of beds due to COVID-19 mental health issues and other factors to the point of where NV is considering a state of emergency because of the lack of providers and staff.

Douglas County Juvenile Probation, CVMC, and CTH Behavioral Health-Many youths are waitlisted and those who are high level/high need, example being Aspire and China Springs students (86), are deemed "unacceptable" patients and are being denied a place in the facility or get stuck in a waitlist cycle for months on end.

Washoe Tribe- There is concern for safety issues involving domestic violence among families. This in turn, creates trauma for the children. There has also been a lot of grief in this community due to the pandemic. This grief sometimes remains unaddressed and can cause future psychological issues.

Youth are most likely to experience the feelings of hardships that their parents are going through and are susceptible to absorb these feelings of dread.

2. Based on your experience, what do you consider the top 3 substance use trends impacting the mental health of youth under the age of 18?

- Marijuana and Alcohol use continues to be high
- Cases of Cocaine use
- Prescription Drug abuse
- Fentanyl laced pills disguised as a common pill (ex// Xanax)
- Vaping

Washoe Tribe- Many children also seem to be naïve and uninformed about drug information, for there is gang role play related to substance use between school children.

Key Issues for Adults 18-59

3. Based on your experience, what do you consider the top 3 mental health trends impacting adults 18-59?

- Lack of therapists
- Paranoia around COVID-19
- Depression/Anxiety (Many working from home & not working from pandemic. Can have direct impact on their children's metal health as well.)
- Psychotic breaks and suicide ideation amongst lower class vulnerable population
- Financial Stress and Child Care Stress

MOST team working rotating shifts and report to be 2-3 weeks behind due to high demand

There is a lack of counseling to address feelings of grief as mentioned with Washoe Tribe. This can lead for people to spin out of control and possibly misuse substances or cause further depression.

Possible solutions brought up during meeting involve free activities, childcare, grief counseling

4. Based on your experience, what do you consider the top 3 substance use trends impacting the mental health of adults 18-59?

- Alcohol
- Prescription Pills

Key Issues for Older Adults/ Seniors

5. Based on your experience, what do you consider the top 3 mental health trends impacting adults 60 and older?

- Elder Abuse
- Financial Abuse especially among their own family
- Isolation that can then cause depression
- COVID-19 regulations in assisted living having negative impact on senior Loneliness and Depression

6. Based on your experience, what do you consider the top 3 substance use trends impacting the mental health of adults 60 and older?

Not mentioned

7. How can we as a community be better at offering culturally competent and inclusive services to in order reduce barriers to access?

Flyer Distribution for Native American population because Washoe Tribe feels excluded. Promote services to those who wouldn't normally be notified. Need to be more aware that not everyone has same access to technology. Remove stigma that there is no confidentiality. Promote CHWs

Goals: Foster better relationships with all Douglas County organizations to provide resources to help the public.

2018 Qualitative Impact Study

Overview

In Spring of 2018, Partnership Douglas County completed a qualitative impact study to identify the impact of substance abuse and mental health work on community partners. This study was completed as part of Project Impact, a program that provides non-profit organizations with the capacity to prove and improve impact. Project Impact is a research methodology owned by Dialogues in Action.

Partnership Douglas County interviewed 16 key stakeholders in the community. Interview participants were selected based on the following sampling strata:

- Level of Service –
    - Level 1: 1st Responder
    - Level 2: Direct Service Provider (non 1st responder)
    - Level 3: Indirect Service Provider
- Gender
- Years of Service
- Age

All subpopulations identified above were represented in the study.

Goal

Identify the impact substance abuse and mental health work has on coalition partners.

Key Findings

1. **As a coalition, we still have barriers that need to be addressed in order to be successful.**
2. **When partners are overwhelmed and can't find solutions, they have hope that there are solutions with the youth population.**
3. **Destigmatization of substance abuse and mental and eliminating assumptions are keys to success.**
4. **We have community partners willing to come to the table in order to cultivate change.**
5. **Legalization of marijuana is negatively impacting our efforts.**
6. **Partners value family relationships.**

STEP #2: CAPACITY

In the Assessment step the data was collected, risk and protective factors identified, and problems, as defined by the data, were defined.

A key aspect of identifying community capacity to deal with substance abuse problems in Washoe County is bringing together key agencies, individuals, and organizations to plan and implement appropriate and sustainable prevention efforts in the community. During 2022-2025, PDC will continue to accomplish this mobilization in several ways:

- PDC General Membership: Comprised of representatives from the following community sectors:
    - Youth and family representatives
    - Business
    - Media
    - Schools
    - Youth and family serving-organizations
    - Law enforcement
    - Religious organizations
    - Civic and volunteer groups
    - Healthcare professionals
    - State, local or tribal agencies with expertise in the field of substance abuse
    - Other organizations involved in reducing substance abuse

  PDC General Membership meetings occur monthly, as needed, to monitor and reduce key health issues in Douglas County.

- Douglas County Behavioral Health Task Force: A collaborative team joined together to address all behavioral health needs in the community. Douglas County Behavioral Health Task Force Subcommittees:

    - Youth Subcommittee – originated as the Douglas County School District's Community Engagement Task Force in 2017 when Douglas County was awarded Project AWARE grant funds from the Nevada Department of Education. The Community Engagement Task Force was formally merged with the Douglas County Behavioral Health Task Force for sustainability of the program. This committee focuses on youth (individuals <=18 years of age) utilizing a tiered-system of support. This committee also addresses needs identified in the Douglas County Child Protective Services multidisciplinary team (MDT).

    - Information Sharing Subcommittee – designated to address both internal and external information sharing needs. For example, internal information sharing includes formalizing Douglas County's referral system and warm hand-offs. This subcommittee also hopes to eliminate any barriers that hinder internal

communication. External information sharing activities include promoting programs and services that already exist in the community.

- Access to Healthcare/Provider Subcommittee: formed to address the shortage in behavioral health clinical services and providers of services in Douglas County. This subcommittee brainstorms and seeks out innovative solutions to service shortage issues.

- Cross-Sector Behavioral Health Training Subcommittee: addresses training needs of law enforcement, EMS, healthcare, social services, and other partner agencies to provide quality services and ensure a competent behavioral health workforce.

- MOST/FASTT/CIT Policies, Procedures, and Data Collection Subcommittee: comprised of all the players that contribute to the Douglas County Mobile Outreach Safety Team (MOST), Forensic Assessment Service Triage Team (FASTT), and Crisis Intervention Team (CIT). This subcommittee's goal is to formalize these programs by creating standardized policies, procedures, and data collection protocols. This subcommittee also reports progress on these teams to grant funders.

- Empower Youth: A youth-led program for middle school and high school students ages 13-18 in Douglas County. This programs trains students in peer-to-peer education, evidence-based prevention programs, positive behaviors, and other life skills to reduce onset of alcohol, tobacco, and other drug use.

STEP #3: PLANNING

Planning involves the development of a strategic plan that outlines policies, programs, and practices that create a logical, data-driven plan to address the priority areas. PDC's planning process produced objectives, strategies, and evaluation data specific to goals addressing each priority area.

The following pages contain PDC's logic model for the next three years. Logic models not only make explicit the intended outcomes and assumptions for the project but make evaluation more feasible and effective. They enable coalitions to focus on appropriate evaluation questions that have meaning and value to key stakeholders.

Logic Model/Strategic Plan

	Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Mental Health Conditions (All ages)	Increase resources for individuals with mental illness	Number of Individuals seeking services experiencing barriers Number of Individuals receiving inappropriate levels of care	Reduce the number of individuals receiving inappropriate levels of care	Low awareness of mental illness Lack of resources available for all levels of care across the continuum	Community Education Community Awareness Campaigns Programs that fill gaps in levels of care	Education to individuals and families in need of MH services through events, health fairs, other means Media campaigns – print, social Implement evidence-based programs and practices
	Increase number of trainings available to community-based service providers	Trained service providers Increased knowledge of how to provide safe, quality services, screenings Increased confidence among community-based providers	Increased percentage of trained, knowledgeable, and confident community-based service providers	Low competency in crisis intervention, screening, and other areas Low confidence in providing mental health services	Training Standardized Screening	Train community-based service providers on crisis intervention, trauma-informed care, overall awareness of mental health stigmas Implement evidence-based screens across sectors
Family Structure	Decrease rate of high school students who	High rates of high school students who	Reduced percentage of high school	Social norms	Community education	Education to parents and community

	ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs Increase number of resources for families to improve communicatio n, promote health behaviors, etc.	ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs Resources available	students who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs Increased number of resources available Increased knowledge of resources available	Social determinant s favoring unhealthy stress (i.e. lack of housing and basic needs resources)	Community awareness campaigns Programs addressing family communicati on, coping skills, promotion of healthy behaviors	members through events, health fairs and other means Media campaigns – print, social Implement evidence-based programs and practices
Suicide (All ages)	Increase the number of resources for individuals and families impacted by suicidal ideation	Alarmingly high rates of suicide Rates of individuals referred to services for suicidal ideation Rate of students who felt sad or hopeless almost every day for 2 or more weeks in a row Rate of adults who experienced 10 or more days of poor mental or physical health that prevented them from doing usual activities	Reduce the number of completed suicides Reduce the percentage of students who felt sad or hopeless almost every day for 2 or more weeks in a row Reduce the percentage of adults who experienced 10 or more days of poor mental or physical health that prevented them from doing usual activities	Low awareness of suicide Social Norms Levels of impulsivity Social determinant s favoring hopelessnes s (i.e. lack of housing and basic needs resources)	Community education Community awareness campaign Programs addressing prevention Programs addressing social determinants favoring hopelessness	Education through events, health fairs, other means Media campaigns – print, social Implement evidence-based programs and practices

Rx Opiate use 18-59 years	Reduce the percentage of adults 18-59 who have used opioids for a non-medical reason Reduce the percentage of opioid overdoses by all ages	Number of adults that report using prescription opioids for non-medical use Number of overdose deaths	Reduce the percentage of adults who report using prescription opioids for non-medical use Reduce the percentage of opioid overdoses	Low perception of risk Social availability (obtaining through family members or friends)	Community education Community awareness campaigns	Education 18-59-year-olds and their families through events, health fairs, other means Media campaigns – print, social Implement evidence-based programs and practices Peer-to-peer education Prescription Take Back Events
Marijuana Use by Youth	Percentage of youth using marijuana Raise the first age of onset for high school students using marijuana	Perception of risk of using marijuana Rate of students who have used marijuana in the last 30 days Rate of youth who have used marijuana by age 13	Reduce the percentage of youth who have used marijuana in the last 30 days Reduce the percentage of youth who have used marijuana by age 13	Low perception of risk Laws and norms favorable to use	Community education Community awareness campaigns School-based programs	Education to parents and community members through events, health fairs, and other means Media campaigns – print, social Implement evidence-based programs and practices
Heroin Use 18-59 years	Reduce the percentage of adults 18-59 who have used heroin	Number of adults that reported using heroin	Reduce the percentage of adults who report using heroin	Lack of community awareness Laws restricting access to prescription opiate alternatives	Community education Community awareness campaigns	Education 18-59-year-olds and their families through events, health fairs, other means Media campaigns – print, social Implement evidence-based programs and practices

Alcohol – 18-59 years	Reduce the percentage of adults to engage in binge drinking	High percentage of binge drinking among adults	Reduce binge drinking in ages 18-59	Easy Retail Access Promotion Social Norms	Community awareness campaigns	Social norm campaign Presentations specific to high-risk subpopulations Presentations to staff members of liquor serving establishments Implement evidence-based programs and practices
Alcohol Use by Youth	Reduce the rate of youth who reported binge drinking Raise the first age of onset for alcohol use	Rate of youth reported of binge drinking Rate of youth who consume alcohol by age 13	Reduce the percentage of youth reporting binge drinking Reduce the percentage of youth who use alcohol by age 13	Low perception of risk Laws and norms favorable to use	Community education Community awareness campaigns School-based programs	Education to parents and community members through events, health fairs, and other means Media campaigns – print, social Implement evidence-based programs and practices Peer-to-peer education Presentations to staff members of liquor serving establishments Compliance checks for sales to minors
Marijuana Use 18-59 years	Increase perception of risks associated marijuana use	Low perceived risk of using marijuana	Increased percentage of adults who perceive risk from suing marijuana	Low perception of risk Social Norms Laws and norms favorable to use Retail access	Community awareness campaigns	Media campaign – print, social Implement evidence-based programs and practices Peer-to-peer education

STEP #4: IMPLEMENTATION

This section includes the identification of evidence-based programs, policies, and practices to implement and address the strategies outlined in the planning section. This involves taking action guided by the strategic plan. Having researched and evaluated the current drug trends in Douglas County and having established a plan of action to address those trends, PDC now looks at the coalition's ability to implement that plan and affect those priority issues.

Policies – that address substance abuse and barriers related to mental health among targeted populations:

Douglas County Behavioral Health Task Force

This group:

- Collaborates to collect data and monitor activities related to substance abuse and mental health
- Organizes trainings and educational opportunities related to laws and ordinances that impact substance abuse and mental health
- Reports up to the Northern Nevada Regional Behavioral Health policy board to identify barriers in statute to address substance abuse and mental health
- Provides information to the Douglas County Committee on Health and Board of Health to identify local solutions to issues related to substance abuse and mental health

Practices - address issues identified in the strategic plan/logic model:

Information Dissemination

PDC creates custom educational content, social media messaging, monthly newsletters, billboards, informational flyers, print advertisements, online advertisements, and public service announcements relating to various prevention and drug-related topics.

Education, Training, and Speaking Engagements

Substance abuse in the workplace costs employers billions of dollars annually. We believe our mission of promoting a healthy community though education and resource connection. Therefore, PDC offers a variety of training opportunities for many types of groups: parents, teachers, law enforcement personnel, employers, and other community-based service providers. PDC also seeks out train-the-trainer opportunities to sustain training opportunities for cross-sector service providers.

Prescription Drug Round Up

The Prescription Drug Round Up, held each spring and fall, is a safe place to dispose of expired, unwanted prescription drugs. Rates of prescription drug abuse are increasing throughout the country, and studies show that a majority of abused prescription drugs are obtained from family and friends. The community is safer without unneeded

prescription drugs in a home with the potential for abuse by young children or others. Proper disposal of unused medicines is a public health issue since the environment can become polluted by medicines that are thrown away or flushed down toilets.

Host Community Events

PDC plans, organizes, and hosts numerous community events including large-scale educational summits and town hall events with local media partners. These events educate community members on topics related to substance abuse. Past events have included learning about the effects of marijuana, how to build or update a workplace drug policy, the non-medical use of prescriptions drugs, and conferences specific to youth substance abuse.

Evidence-based Programs and Practices

PDC funds direct prevention service programs implemented by partnering community agencies. *The table below summarizes the programs that are currently funded, partially funded, or provided by PDC:

Organization	Program	**Description** *(as provided by NREPP or another registry)*	Scope
Me For Incredible Youth, Inc. (MEFIYI)	**LifeSkills**	Botvin LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.	Middle and High School-age student athletes
Partnership Douglas County	**Too Good for Drugs and Violence**	Too Good for Drugs and Too Good for Violence Social Perspectives build on the prevention concepts of Too Good beginning in Kindergarten incorporating real-world challenges youth face in middle school, high school and beyond. The program explores practical guidance for understanding dating and relationships, violence and conflict, underage drinking, substance abuse, and healthy friendships. Lessons further enhance skills for responsible decision-making, effective communication, media literacy, and conflict resolution. Too Good for Drugs and Too Good for Violence Social Perspectives are evidence-based, skill building programs designed to mitigate risk factors and build the basis for a safe, supportive, and respectful learning environment.	Middle and High School-age youth participating in Empower Youth program
Suicide Prevention Network	**American Indian Life Skills (AILS)**	American Indian Life Skills (AILS) is a universal, school-based, culturally grounded, life-skills training program that aims to reduce high rates of American Indian/Alaska Native (AI/AN) adolescent suicidal behaviors by reducing suicide risk and improving protective factors. The curriculum emphasizes social-cognitive skills training and includes seven main themes: 1) building self-esteem, 2) identifying emotions and stress, 3) increasing communication and problem-solving skills, 4) recognizing and eliminating self-destructive behavior, 5) information on suicide, 6) suicide intervention training, and 7) setting personal and community goals. The curriculum also incorporates three domains of well-being that are specific to tribal groups: 1) helping one another, 2) group belonging, and 3) spiritual belief systems and practices.	Native American Youth
Suicide Prevention Network	**Alternative Activities/Weekly Talking Circles**	This program connects local Native American youth with a mentor to discuss healthy behaviors through culturally competent activities.	PTSD, Veteran and Senior Population. Native

			American youth
Boys and Girls Club	**Positive Action**	The goal is for students and adults to gain not only the knowledge, attitudes, norms, and skills that they might gain from other programs, but also improved values, self-concept, family bonding, peer selection, communication, and appreciation of school and learning. Positive Action affects more distal (and more fundamentally influential) influences on school climate and student behavior and performance. The expected result is improvement in a broad range of behaviors (both negative and positive), emotional and mental wellbeing, and school performance.	Elementary and middle school aged youth
Partially funded/Supported Programs			
Douglas County Juvenile Probation	**Parent Project - Changing Destructive Adolescent Behavior (CDAB)**	A Parent's Guide to Changing Destructive Adolescent Behavior (CDAB) is the only parent training program that addresses the MOST destructive of adolescent behaviors. Now in its 12th edition, CDAB has become the program of choice for parents raising difficult or out-of-control teens.	Parents of Children with Destructive Behaviors ages 11-17

*Please note: The evidence-based programs provided above are for the funding years 2019 – 2023. This table may need to be updated based on the competitive funding process for 2023-2028.

For Parent Project and Loving Solutions parenting classes, PDC has supported the external trainer with training materials and supplies.

STEP #5: EVALUATION

Evaluation measures the impact of the SPF and the implemented programs, policies, and practices. The evaluation process is meant to be a tool that provides useful information to help coalitions in their work. Evaluation basically involves collecting, analyzing, and interpreting information about how a coalition implements its strategies and activities and what changes occur as a result. PDC completes its evaluation measures through different methods: monitoring progress of grant completion, activities, gathering data and watching data trends, and conducting annual focus groups.

Scopes of Work

For each grant, PDC develops a "Scope of Work" document based on the goals/objective that must be met for that grant. This document is used throughout the grant year to track which services and activities have been completed and which services and activities still need to be met. This allows the PDC staff to monitor the progress of each grant and know what services and activities need to be implemented next.

Data and Trends

PDC staff members also keep a close eye on data and data trends throughout the year. Monitoring data trends and community-level and population-level outcomes allows PDC's staff to be aware of changes in substance use, mental illnesses, overdoses, deaths, access, barriers, social norms, perceptions, and even the emergence of new drugs or substance abuse problems in the community. This may result in the need for more community awareness, education, and the development of new short-term and long-term strategies.

Community Focus Groups

PDC hosts community focus groups that allow participants to voice their opinions and concerns about issues in the community. This helps PDC staff to hear what issues the Washoe county community is concerned about and what issues the community feels are being adequately addressed.

Qualitative Impact

PDC studies the impact substance abuse and mental illness work has on key community stakeholders. This study is conducted using a specific qualitative methodology referenced on page 26.

APPENDIX A

US Census Bureau 2020; **Source: US Bureau of Labor Statistics

https://www.census.gov/quickfacts/fact/table/douglascountynevada/BZA110220

Carson Tahoe Health- Community Health Needs Assessment (2022)

https://www.carsontahoe.com/community-health-needs-assessment.html

2021-2019 Youth Risk Behavioral Survey Reports

https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

2020 Annual Report: Northern Regional Behavioral Health Board

https://nrhp-files.s3.amazonaws.com/documents/2292_09-07-2021_1631024646_2020%20NRBHPB%20report-%203.24.21.docx

2019 Nevada Commission on Behavioral Health

https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Images/BRFSS%20Annual%20Report%202019.pdf