

Join Together Northern Nevada



**Comprehensive Community Prevention Plan
2025-2028**

Acknowledgements

First and foremost JTNN would like to thank every **community member** who participated in a Focus Group, Key Informant Interview, or completed the Wilder Survey.

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This publication was supported in whole or in part by the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency (SAPTA) through State General Funds, and SAPT Block federal grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. DHHS, SAMHSA, or the State of Nevada.

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EXECUTIVE SUMMARY

This Comprehensive Community Prevention Plan (CCPP) for Join Together Northern Nevada (JTNN) covers the timeframe from 2025-2028.

It is important to have the correct perception of JTNN before reading the rest of this CCPP. Coalitions are defined as:

A coalition is a voluntary, formal agreement and collaboration between groups or sectors of a community in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community

Community coalitions are comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level — and nationally under the CADCA umbrella — to make their communities safer, healthier and drug-free.¹

While JTNN paid staff is responsible for scheduling, organizing, monitoring, and measuring activities (see discussion of Collective Impact in Theories and Frameworks section below), they are in no sense acting alone in working to prevent substance misuse. In other words, JTNN considers themselves a “we=all members” rather than “we=paid staff.” Efforts have been made throughout this document to distinguish between “JTNN staff” and JTNN as a collective.

JTNN plans and organizes substance misuse prevention activities in accordance with the Strategic Prevention Framework and by addressing specific risk and protective factors (see Theories and Frameworks section below). Sections are organized according to the steps in the Strategic Prevention Framework:

1. **Assessment.** What are the current needs in the service area? Does the data reveal any emerging trends? What cultural or geographic aspects of the service area might impact substance use or mental wellness?

¹ <https://www.cadca.org/coalitions/#:~:text=A%20coalition%20is%20a%20voluntary,healthy%2C%20and%20drug%2Dfree%20community>

2. **Capacity.** How well prepared is JTNN to address these needs? What resources exist in the service area to address these needs? What's missing?
3. **Planning.** What needs have been prioritized by JTNN? Who will their partners be in addressing these priorities? What activities and strategies will be utilized? What do they hope to accomplish?
4. **Implementation.** What is JTNN already doing to address needs in the community? Are their efforts rooted in solid research?
5. **Evaluation.** How well has JTNN performed in the past? How well have JTNN's subrecipients performed? What might they wish to improve upon?

As a result of this CCPP process, JTNN has chosen to focus their efforts on the following Priorities over the next three years:

- Priority 1: Prenatal and Postpartum Prevention Education
- Priority 2: Crisis Resilience Training (aka Find a Light)
- Priority 3: Increase School-Based Prevention Capacity
- Priority 4: Marijuana Perceptions of Risk
- Priority 5: Collective Impact – Case Management

Readers may wish to review the "About the Data" section in Appendix B to familiarize themselves with the various sources cited throughout this document.

ABOUT JOIN TOGETHER NORTHERN NEVADA

JTNN was formed in 1995 by a group of concerned citizens, and is one of 10 coalitions serving the State of Nevada. These coalitions are partially funded and supervised by the State of Nevada Department of Health and Human Services' Substance Abuse Prevention and Treatment Agency (SAPTA). Coalitions are key to Nevada's Two-Year Substance Abuse Prevention Plan (2021-2023).

Mission of JTNN

Our mission is to create a healthy drug-free community by building successful partnerships to support prevention education and outreach.

Vision of JTNN

Our vision is a community that is free from substance abuse and addiction.

JTNN's Guiding Principles

- JOIN TOGETHER NORTHERN NEVADA embraces a strategic and balanced approach to substance misuse disorders that encompasses the full continuum of care including prevention, treatment, and recovery.
- JOIN TOGETHER NORTHERN NEVADA believes that there are concerning gaps that exist in prevention resourcing that need to be mitigated to build thriving communities.
- JOIN TOGETHER NORTHERN NEVADA is founded upon the importance of partnership to build prevention, treatment, and harm reduction capacity.
- JOIN TOGETHER NORTHERN NEVADA believes that the reduction of stigma related to substance misuse and disorder through advocacy and policy change are critical.
- JOIN TOGETHER NORTHERN NEVADA believes that impact can only be made through partnership and collaboration. It is our role to bring people, agencies and governments together to solve complex problems.
- JOIN TOGETHER NORTHERN NEVADA is accountable to the communities it serves.

Values of JTNN

Integrity: We believe that integrity is the foundation of relationships, and that transparent meaningful collaboration is vital to prevention work.

Compassion: We meet people where they are to provide care and support through resources, education, communication, and services.

Innovation: We are certified prevention specialists and are on the cutting edge of the prevention field. We are responsive to the communities we serve and seek innovative solutions to complex problems.

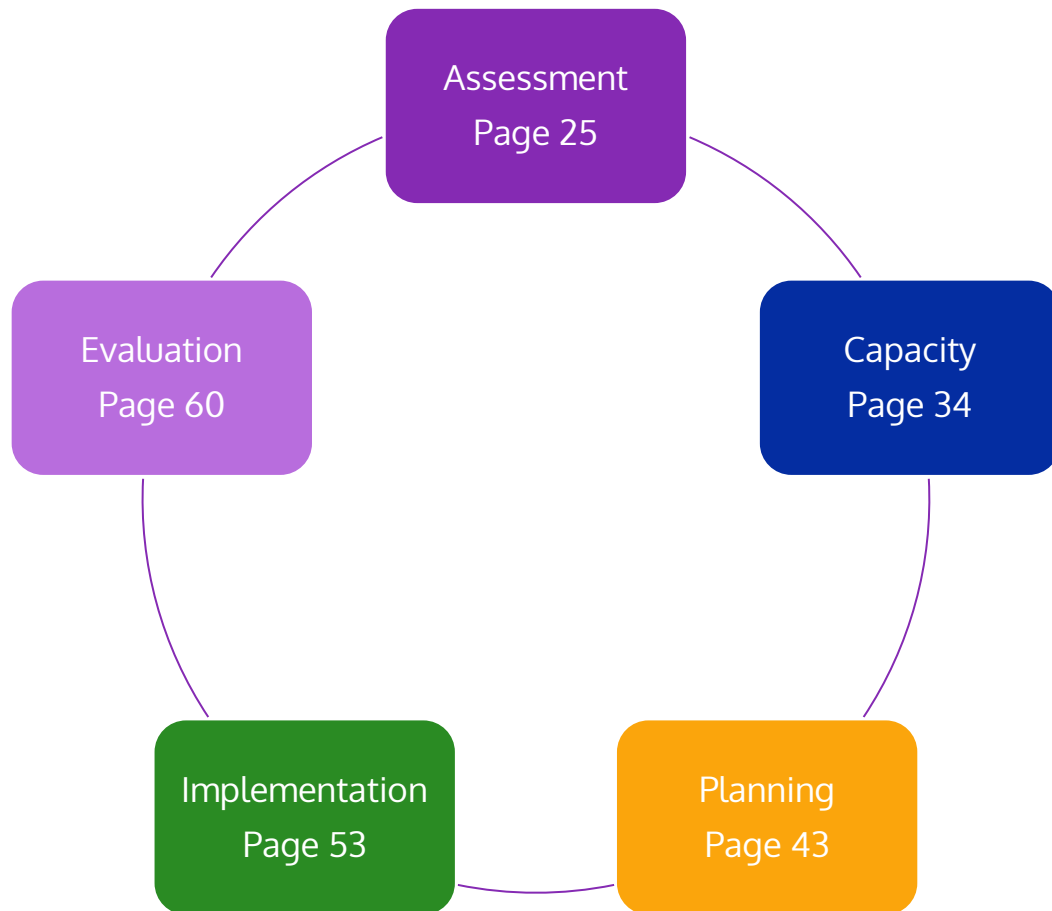
Collaboration: We believe that it is through collective effort that we can make a difference and that collaboration is essential.

Theories and Frameworks

JTNN's Executive Director and paid staff spend considerable time attending trainings to learn about the science of substance misuse prevention (see Capacity section below). They are exposed to a plethora of theories and concepts and suggestions for structuring the organization and implementing their work. They start with a theory proven to reduce substance misuse, move on to intentionally building collaboration with representative partners, clearly identify what it is they are addressing to meet their goal, and then choose the appropriate evidence-based strategies to do so. JTNN's paid staff picks and chooses bits of theory and practice from various other sources (e.g., Communities that Care, Developmental Assets, Community Tool Box, etc.), but in general bases their organization on the following:

Theory of Change: Strategic Prevention Framework

The Strategic Prevention Framework, which was developed by the Substance Abuse & Mental Health Services Administration Center for Substance Abuse Prevention, is a theory of change specifically suited for substance misuse prevention.



A recent example of how the Strategic Prevention Framework is utilized by JTNN revolves around school-based programming:

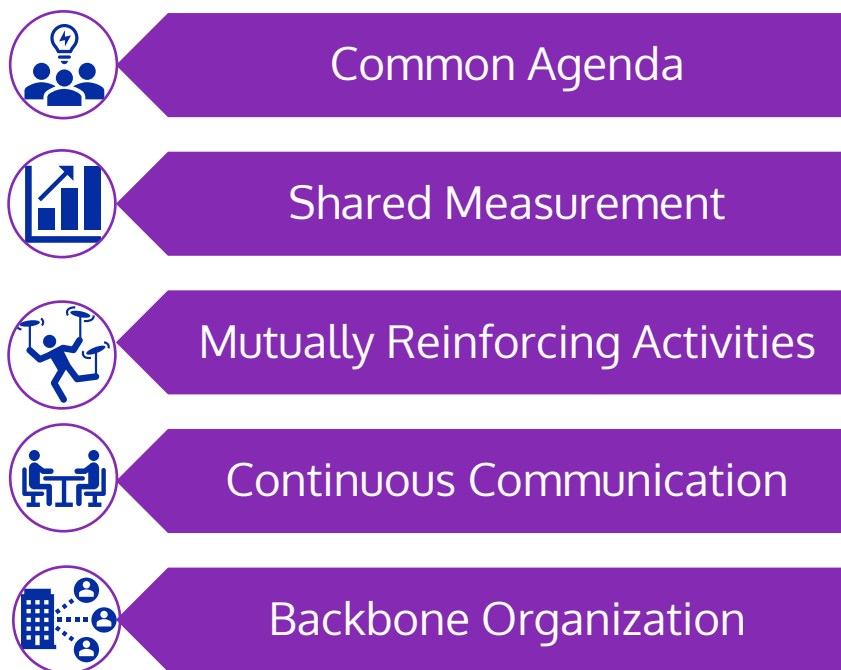
1. **Assessment.** Quantitative data from the YRBS revealed relatively high rates of vaping among youth. Qualitative data from interviews suggested that students saw and heard about more substance use in MS than in high school and ranked vaping as the second highest problem at their school.
2. **Capacity.** JTNN utilized partner agencies including Washoe County School District and Northern Nevada Public Health to increase focus on middle school students in prevention efforts.
3. **Planning.** JTNN and stakeholders identified evidence-based programs that were a best fit for intervening at this level and settled on Catch My Breath as the best fit program for the district.

4. Implementation. JTNN, along with the WCSD prevention specialist and other counselors, implemented Catch My Breath to 876 students across 6 schools in Washoe County.

5. Evaluation. Pre and Post testing was utilized to evaluate the efficacy of the program. The results were positive.

Framework for Collaboration: Collective Impact

JTNN staff utilizes the principles of Collective Impact (See: Collective Impact) to guide Coalition activities, build enthusiasm, and gain support among individuals and agencies within Washoe County.



There are eight “Principles of Practice” within the Collective Impact:

1. Design and implement the initiative with a priority placed on **equity**.
2. Include **community members** in the collaborative.
3. Recruit and co-create with **cross-sector** partners.
4. Use data to continuously **learn, adapt, and improve**.
5. Cultivate Leaders with unique **system leadership** skills.
6. Focus on program and **system strategies**.
7. Build a culture that fosters **relationships, trust, and respect** across participants.
8. Customize for **local context**.

JTNN's successful history with the Washoe County Substance Misuse Prevention Committee ("Committee") will demonstrate how the Collective Impact Process works for JTNN and how they have applied the "Principles of Practice." Principles of Practice are identified in italicized font below.

Common Agenda.

JTNN hosted a Collective Impact Training for individuals and agencies in Washoe County. Opioids and other substances were identified as areas of focus for the group. The Washoe County Substance Misuse Prevention Committee was born from this initial training. This Committee is comprised of representatives from various community sectors (e.g., prevention, treatment, recovery, law enforcement, tribal, public health, etc.). The Committee is focused on taking specific actions in response to immediate threats or trends. One of the Committee's most successful responses has been the creation of a "Toolkit" (<https://jtnn.org/resources/toolkit/>) that provides cohesive, readily accessible information and approaches for anyone in Washoe County. Every member of the Committee was trained in prevention presentations with the same cohesive messaging. (*equity*) (*community members, cross-sector*).

Shared Measurement.

As the members of the Committee shared data and collaborated, it was determined that community members and agencies would benefit from a centralized hub for information pertaining to substance misuse prevention. The Committee is currently working on options for shared data.

Mutually Reinforcing Activities.

The Committee and the Toolkit allow for multiple agencies who have a vested interest in substance misuse prevention to work toward the same understanding of goals using the same data sets. It allows for cohesive messaging from one agency to another throughout Washoe County (*system strategies*) (*system leadership skills*). For example, Northern Nevada Public Health funded a portion of the printing of materials that are accessible to everyone on the Committee.

Continuous Communication.

JTNN provided a SharePoint folder so that members of the Committee can access common information. The committee meets monthly.

Backbone Organization.

JTNN acts as a backbone organization for the Committee by hosting the initial training that led to its formation, by housing the Toolkit, facilitating and organizing routine meetings, and providing/seeking funding for Committee activities.

Independent Variables: Risk and Protective Factors

People typically have instinctive ideas or theories about what factors encourage or discourage substance misuse. While these ideas are not necessarily wrong, they can lead to stereotypical thinking and over-generalizations. Scientific research shows that there is a direct correlation between the number of risk factors present for a young person and the likelihood that he or she will participate in negative behaviors. JTNN utilizes the following matrix of Risk and Protective Factors to organize information and set priorities for youth people.

| Risk Factors | Definition | Adolescent Substance Use | Young Adult Substance Use |
|--|--|--------------------------|---------------------------|
| Individual/Peer | | | |
| Early initiation of substance use | Engaging in alcohol or drug use at a young age. | ✓ | ✓ |
| Early and persistent problem behavior | Emotional distress, aggressiveness, and "difficult" temperaments in adolescents | ✓ | |
| Rebelliousness | High tolerance for deviance and rebellious activities. | ✓ | ✓ |
| Favorable attitudes toward substance use | Positive feelings towards alcohol or drug use, low perception of risk. | ✓ | ✓ |
| Peer substance use | Friends and peers who engage in alcohol or drug use. | ✓ | ✓ |
| Genetic predictors | Genetic susceptibility to alcohol or drug use. | ✓ | ✓ |
| Family | | | |
| Family management problems (monitoring, rewards, etc.) | Poor management practices, including parents' failure to set clear expectations for children's behavior, failure to supervise and monitor children, and excessively severe, harsh, or inconsistent punishment. | ✓ | ✓ |

| | | | |
|--|---|---|---|
| Family conflict | Conflict between parents or between parents and children, including abuse or neglect. | ✓ | ✓ |
| Favorable parental attitudes | Parental attitudes that are favorable to drug use and parental approval of drinking and drug use. | ✓ | ✓ |
| Family history of substance misuse | Persistent, progressive, and generalized substance use, misuse, and use disorders by family members. | ✓ | ✓ |
| School | | | |
| Academic failure beginning in late elementary school | Poor grades in school. | ✓ | ✓ |
| Lack of commitment to school | When a young person no longer considers the role of the student as meaningful and rewarding, or lacks investment or commitment to school | ✓ | ✓ |
| Community | | | |
| Low cost of alcohol | Low alcohol sales tax, happy hour specials, and other price discounting. | ✓ | ✓ |
| High availability of substances | High number of alcohol outlets in a defined geographical area or per a sector of the population. | ✓ | ✓ |
| Community laws and norms favorable to substance use | Community reinforcement of norms suggesting alcohol and drug use is acceptable for youth, including low tax rates on alcohol or tobacco or community beer tasting events. | ✓ | ✓ |
| Media portrayal of alcohol use | Exposure to actors using alcohol in movies or television. | ✓ | |

| | | | |
|-----------------------------|---|---|--|
| Low neighborhood attachment | Low level of bonding to the neighborhood. | ✓ | |
| Community disorganization | Living in neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime. | ✓ | |
| Low socioeconomic status | A parent's low socioeconomic status, as measured through a combination of education, income, and occupation. | ✓ | |
| Transitions and mobility | Communities with high rates of mobility within or between communities. | ✓ | |

| Protective Factors | Definition | Adolescent Substance Use | Young Adult Substance Use |
|---|--|--------------------------|---------------------------|
| Individual/Peer | | | |
| <i>Social, emotional, behavioral, cognitive, and moral competence</i> | <i>Interpersonal skills that help youth integrate feelings, thinking, and actions to achieve specific social interpersonal goals</i> | ✓ | ✓ |
| <i>Self-efficacy</i> | <i>An individual's believe that they can modify, control, or abstain from substance use</i> | ✓ | ✓ |
| <i>Spirituality</i> | <i>Belief in a higher being, or involvement in spiritual practices or religious activities</i> | ✓ | ✓ |
| <i>Resiliency</i> | <i>An individual's capacity for adapting to change and stressful events in healthy and flexible ways</i> | ✓ | ✓ |

| Family, School and Community | | | |
|--|--|---|---|
| <i>Opportunities for positive social involvement</i> | <i>Developmentally appropriate opportunities to be meaningfully involved with the family, school, or community</i> | ✓ | ✓ |
| <i>Recognition for positive behavior</i> | <i>Parents, teachers, peers and community members providing recognition for effort and accomplishments to motivate individuals to engage in positive behaviors in the future</i> | ✓ | ✓ |
| <i>Bonding</i> | <i>Attachment and commitment to, and positive communication with, family, schools, and communities</i> | ✓ | ✓ |
| <i>Marriage or committed relationship</i> | <i>Married or living with a partner in a committed relationship who does not misuse alcohol or drugs</i> | | ✓ |
| <i>Healthy beliefs and standards for behavior</i> | <i>Family, school, and community norms that communicate clear and consistent expectations about not misusing alcohol and drugs</i> | ✓ | ✓ |

Source: National Center for Biotechnology Information/National Institutes of Health

And this list of risk factors for older adults:

| Risk Factors for Substance Misuse in Older Adults |
|---|
| Physical Risk Factors |
| Chronic Pain |
| Physical Disabilities or Reduced Mobility |
| Transitions in Living or Care Situations |
| Loss of Loved Ones |
| Forced Retirement or Change in Income |
| Poor Health Status |
| Chronic Illness |
| Taking a Lot of Medicines and Supplements |
| Psychiatric Risk Factors |
| Avoidance Coping Style |
| History of Substance Use Disorders |
| Previous or Current Mental Illness |
| Feeling Socially Isolated |

Source: NIDA, Substance Use in Older Adults DrugFacts

Evidence-Based Programs, Policies and Practices: SAMHSA’s 6 Strategies

Substance Abuse and Mental Health Services Administration (SAMHSA) identified the following proven strategies for substance misuse prevention:

Information Dissemination increases knowledge and changes attitudes through communications. This method of learning is mainly one-way, such as classroom speakers or media campaigns.

Prevention education is a two-way approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices.

Positive alternatives provide fun, challenging, and structured activities with supervision so people have constructive and healthy ways to enjoy free time and learn skills. These alcohol- and drug-free activities help people—particularly young people— stay away from situations that encourage use of alcohol, tobacco, or illegal drugs.

Environmental strategies are aimed at the settings and conditions in which people live, work, and socialize. These strategies call for change in policies— to reduce risk factors and increase protective factors—for example, tighter zoning restrictions on alcohol outlets or stronger enforcement to prevent underage purchases of alcohol and tobacco products ,

Community-based processes strengthen resources such as community coalitions to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention and treatment services.

Identification of problems and referral to services are crucial to the prevention of substance use. This process includes determining when the behavior of people who are at high risk or who are using alcohol, tobacco, and other drugs requires education or other intensive interventions.

(Source: SAMHSA)

Paradigm Considerations

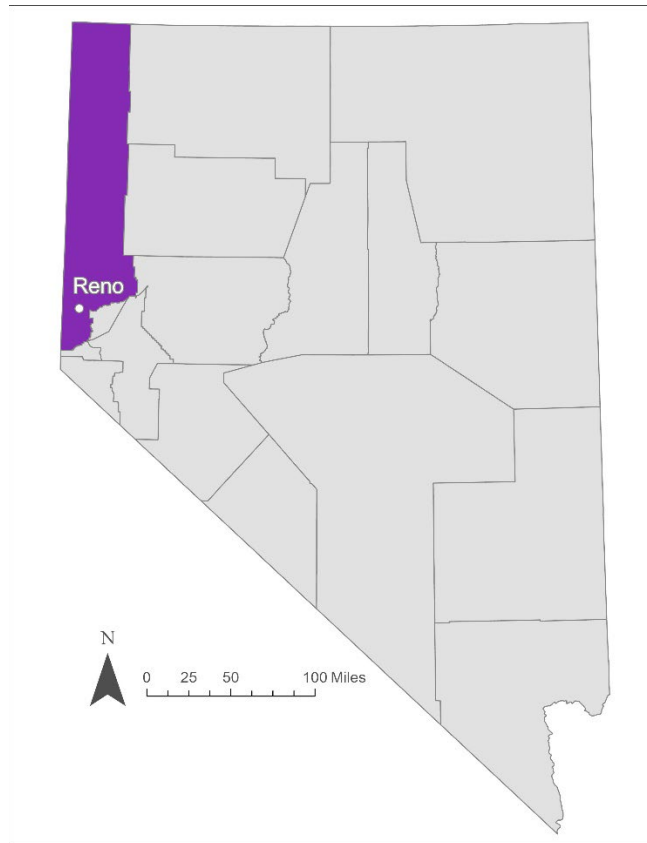
JTNN is primarily focused on **preventing** substance misuse. The following graphic, borrowed from the US Department of Health and Human Services, Office of the Surgeon General, demonstrates the continuum from prevention to recovery:



JTNN staff are the local experts (for their service areas) on the left side of this continuum (positive physical, social, and mental health, enhancing health, primary prevention, and early intervention) while recognizing the expertise of other community

JTNN'S SERVICE AREA

JTNN serves Washoe County, Nevada, which is located in the northwest section of the State of Nevada and is comprised of 6,600 square miles.



The service area lies within the Truckee Meadows basin, which is bordered by the Sierra Nevada and Virginia Mountains. The area is considered a high desert valley.

The service area is transected by I-80 and US 395/580.

Demographics

| Population | |
|---|--|
| <i>(Source: Department of Taxation, Governor's Certified Estimates 2023)</i> | |
| Washoe County | 491,770 (Density: 74.5 persons per square mile) |
| Reno (55% of population) | |
| Sparks (22% of population) | |
| 23% of the Population live on Tribal lands and in unincorporated areas of Washoe County | |

Median Age: 39.1
 Gender Ratio: 105.5 Males to 100 Females
 Total Households: 201,140
 Households with Children under 18: 43,936

| Race/Ethnicity | | | | | | | | |
|--|-------------|--------------------|---------------------------------|---|------------|--|-------|-------------------|
| <i>(Source: American Community Survey)</i> | | | | | | | | |
| County | White Alone | Hispanic or Latino | Black or African American Alone | American Indian and Alaska Native Alone | Asian Aloe | Native Hawaiian and Other Pacific Islander Alone | Other | Two or More Races |
| Washoe | 59% | 25% | 2.4% | 1.1% | 5.8% | .66% | .51% | 5.2% |
| State of Nevada Totals | 46% | 29% | 9.4% | 9.4% | 8.6% | .74% | .55% | 5.3% |

Speak language other than English: 21.7%
 Spanish Speakers: 15.4%
 Other Languages: 6.3%

| 2024 Active Voters by County and Party (Source: Office of Nevada Secretary of State) | | | | | | |
|---|----------|----------------------|-------------|-------------|-------|------------|
| County | Democrat | Independent American | Libertarian | Nonpartisan | Other | Republican |
| Washoe | 30% | 5% | 1% | 29% | 3% | 32% |
| Nevada Totals | 30% | 4.5% | 1% | 33% | 2% | 29% |

| Highest Level of Educational Achievement (Age 25 Years and Over) (Source: American Community Survey†) | | | | |
|--|-----------------------|----------------------|------------------------------------|-----------------------------|
| | Less than High School | High School Graduate | Some College or Associate's Degree | Bachelor's Degree or Higher |
| Washoe | 9.6% | 22.5% | 32.6% | 35.3% |
| Nevada | 12.3% | 26.8% | 32.2% | 28.7% |

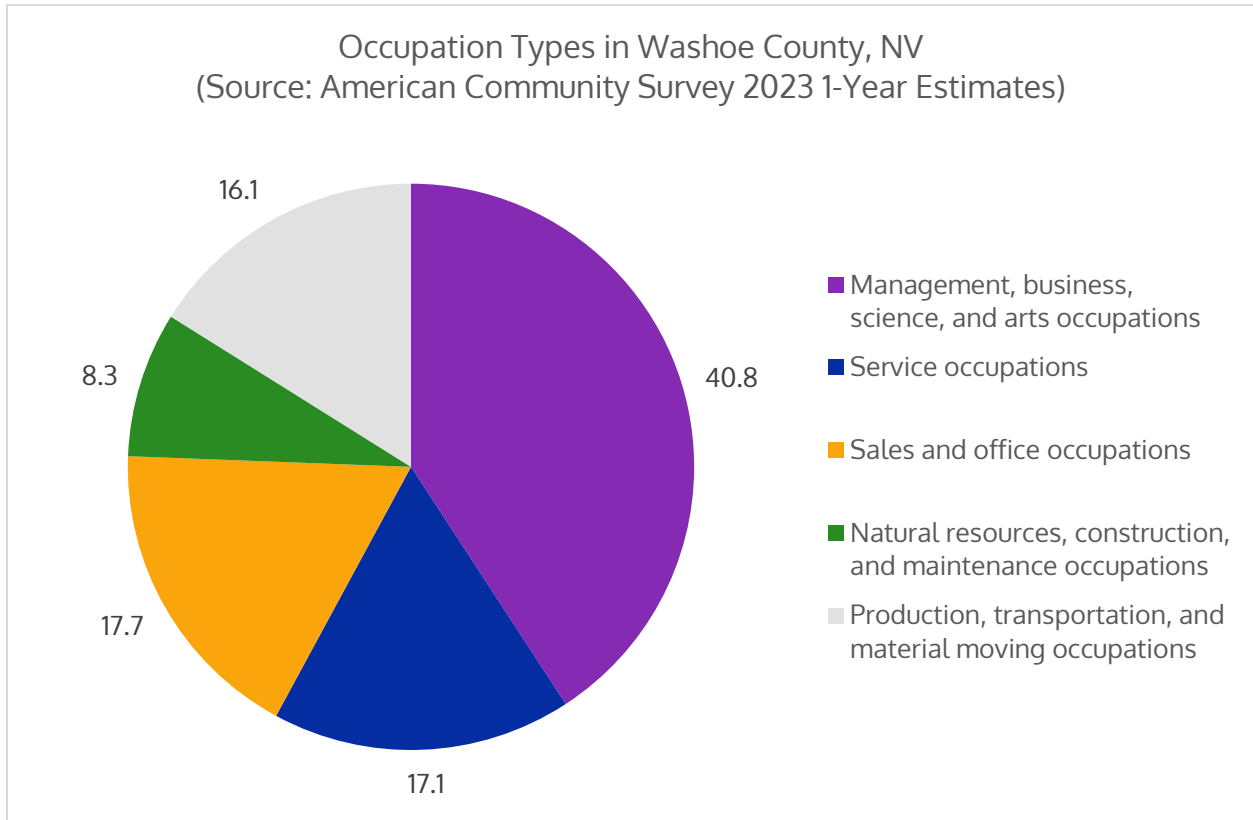
Veteran Status: 7.8% (n=30,139)

Community History

- The area that is now called “Washoe County” has been inhabited by the Washoe, Shoshone-Bannock, and Pyramid Lake Paiute peoples for *at least* the last 6,000 years. People and animals lived on native grasses, plants, and seeds fed by the Truckee River. The Reno Sparks Indian Colony was established in 1917. Current colonies and reservations exist in South Reno, Verdi, Sparks, Hungry Valley, and around Pyramid Lake 35 miles north of Reno.
- Mining booms around the Goldfield area (southwest of Reno) and in California eventually led to the incorporation of Reno in 1903. The City of Reno is the county seat of Washoe County.
- Sparks began as a hub for rail transit and was incorporated in 1905.
- The two cities have grown closer over the years and share a boundary. Together, the two cities comprise 77% of JTNN’s service area.
- Washoe County’s Department of Parks and Open Space manages miles of hiking and mountain biking trails, 49 city parks, athletic fields, golf courses, and other

recreational outlets. In addition, the Sierra Mountains offer hiking, skiing, boating, and other recreational outlets year-round.

Economics



Median Household Income, Washoe County†: \$85,600 (approximately \$41/hour)
Unemployment Rate: 4.3%

The MIT Living Wage Calculation for Washoe County (1 adult with 1 child) is \$41/hour. The calculation for two working adults with two children is \$29.18 each (*Source: <https://livingwage.mit.edu/counties/32031>*).

The Area Deprivation Index uses data to map areas that are less deprived of resources (1) to most deprived of resources (10). Most of Washoe County is considered as a 3, the 3rd best category in terms of deprivation. The exception to this is the area around Pyramid Lake, which falls in the highest level of deprivation (10). (*Source: <https://www.neighborhoodatlas.medicine.wisc.edu/mapping>*).

| Percentage of Students who Qualified for or Received Free or Reduced Price Lunches at School (Source: YRBS 2023) | | |
|--|-------------|---------------|
| | High School | Middle School |
| Washoe County | 39.4% | 44.1% |
| State of Nevada | 51.4% | 47.7% |

- Approximately 14% of households in Washoe County spend 50% or more of their household income on housing (Source: <https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit/severe-housing-cost-burden?state=32&year=2023#map-anchor>).

| Percentage of Students who Experienced Housing Insecurity During the 30 Days Before the Survey (Source: YRBS 2023) | | |
|--|-------------|---------------|
| | High School | Middle School |
| Washoe County | 4.3% | 3.5% |
| State of Nevada | 4.8% | 3% |

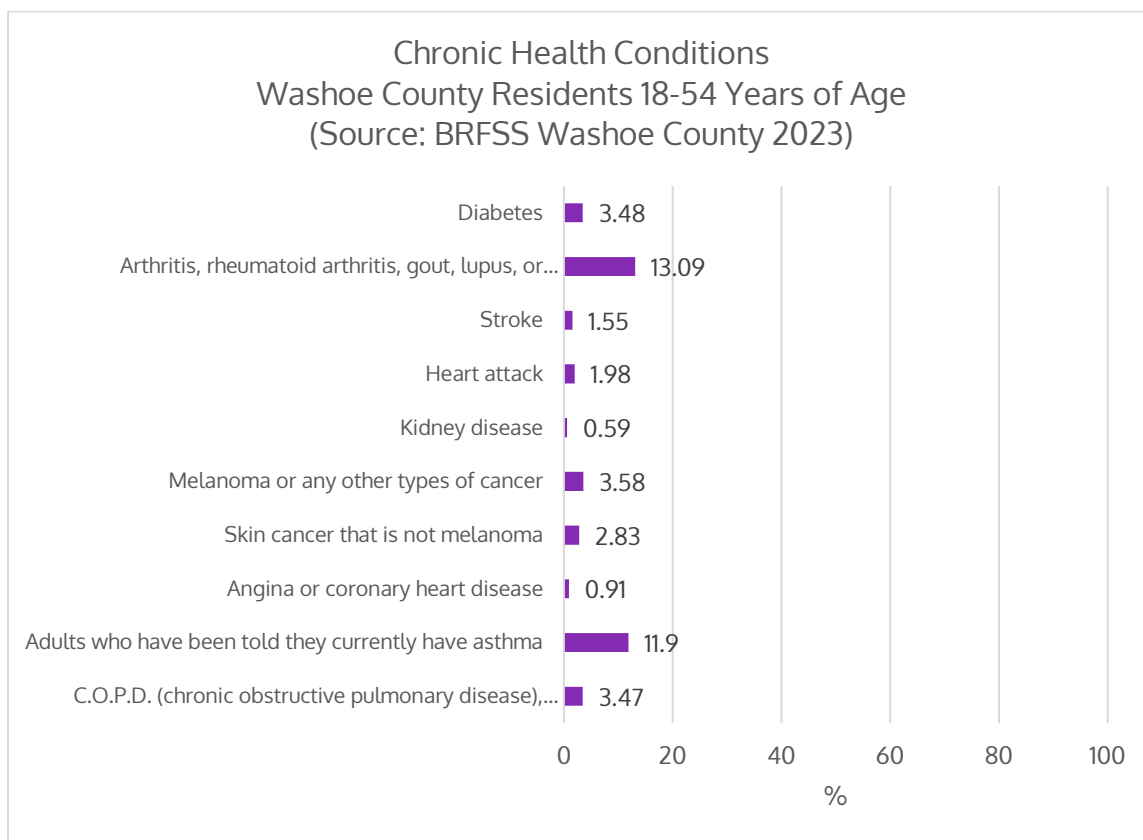
Schools

Less than high school graduate: 10.9%
 Bachelor’s Degree or Higher: 12.2%

| Washoe County School Districts (Source: Nevada Report Card) | |
|---|--------|
| Total schools in District | 121 |
| Total enrollment | 61,171 |
| Four-Year Cohort Graduation Rate | 84.36% |

Health

- Northern Nevada Public Health provides public health services for Washoe County, including: immunizations, food safety, epidemiology, and preparedness.
- Washoe County is ranked slightly higher than both the State of Nevada and the US as a whole in terms of health outcomes and health factors ([countyhealthrankings.org/health-data/Nevada/washoe?year=2024](https://www.countyhealthrankings.org/health-data/Nevada/washoe?year=2024)).



NEEDS ASSESSMENT

Now that we have established a basic understanding of the individuals and communities within JTNN's service area, the next step is to determine the extent of need within the service area. Because JTNN's is singly focused on substance misuse prevention, "need" is very basically defined by lifetime and frequency of use. These are the basic questions (i.e., dependent variables) JTNN is attempting to impact:

Are fewer young people using substances in middle and high school?

Are fewer individuals (adult and youth) currently misusing substances?

General overviews of lifetime use ("have you ever used") and frequency of use ("did you use in the past 30 days") are included in the charts below.

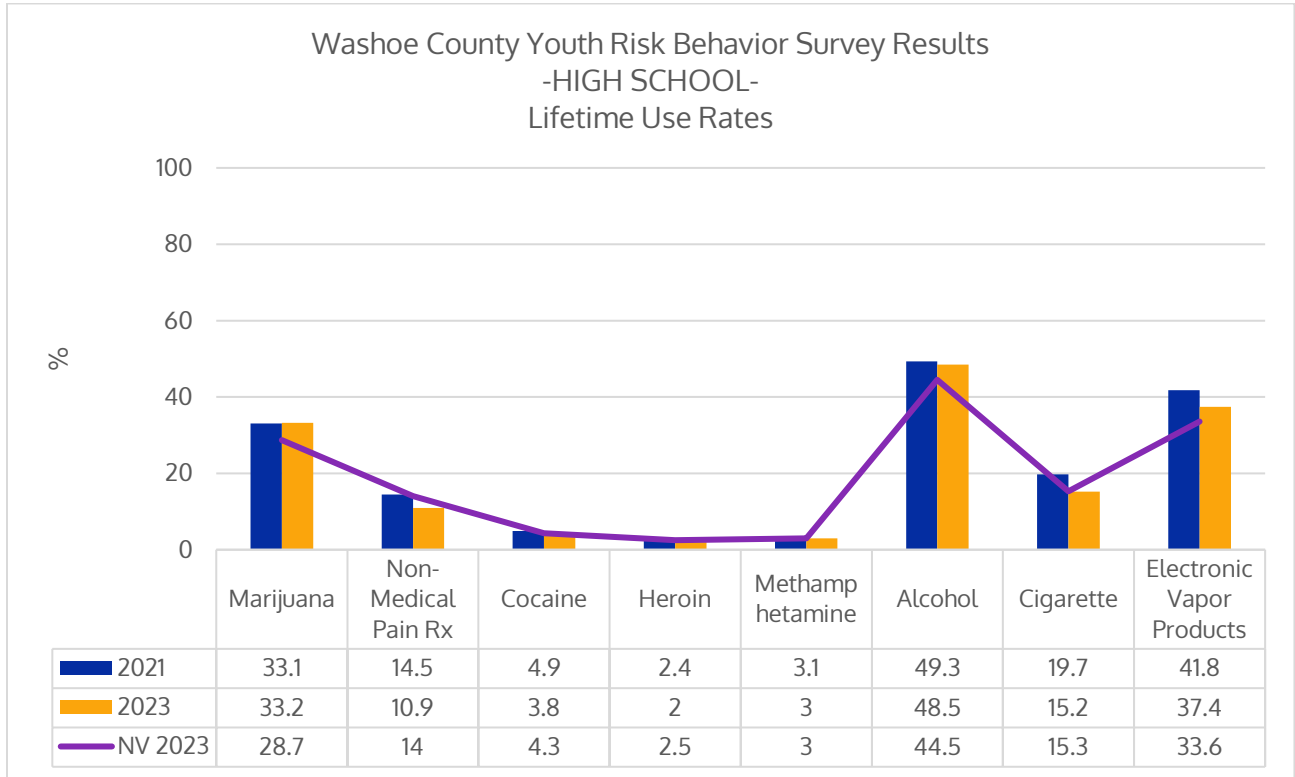
As discussed in the “Theories and Frameworks” section above, JTNN utilizes a matrix of risk and protective factors to determine what factors individuals might possess or be exposed to that increase or decrease their chances of engaging in substance misuse. Data for each risk and protective factor is included in Appendix A. This information comes from quantitative sources (e.g., YRBS, BRFSS, etc.) as well as from qualitative research completed with adults, youth, school personnel, community leaders, healthcare providers, and law enforcement.

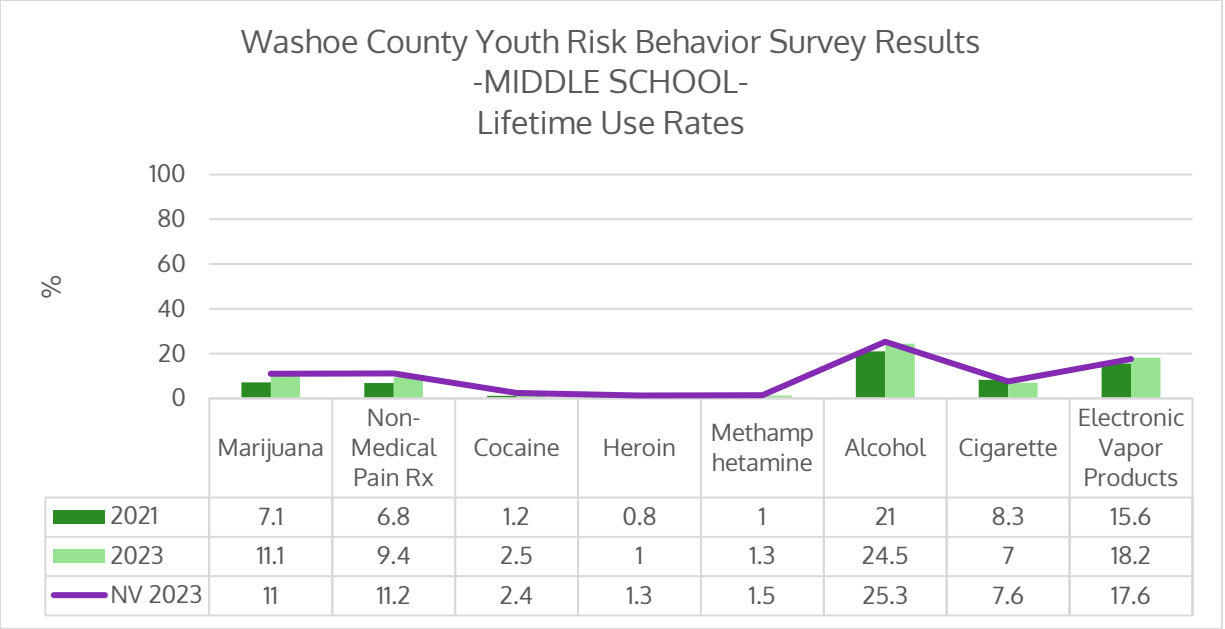
Appendix B describes the methodology used to gather this data and provides an explanation of the limitations of data sources.

Graphs depicting high school use rates appear in blue and gold, and those for middle school are depicted in green and gray.

Youth - Lifetime Use

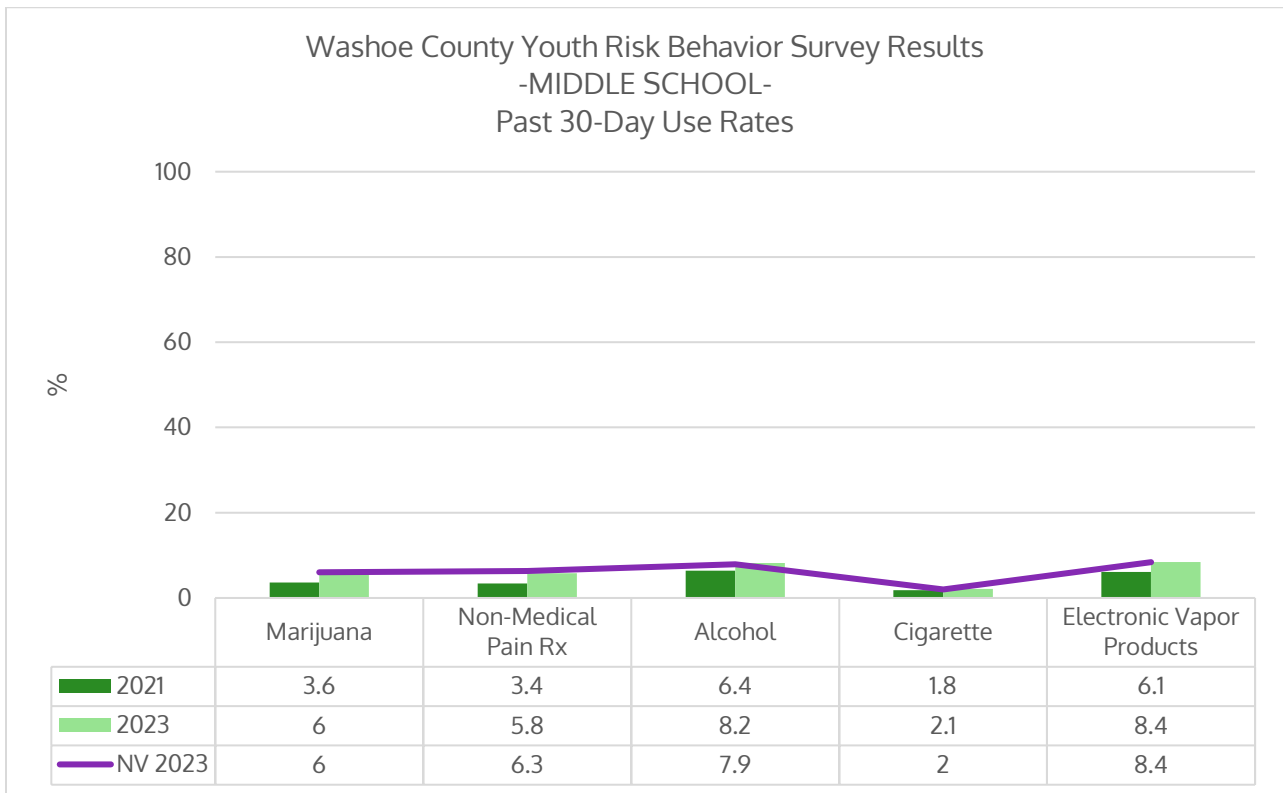
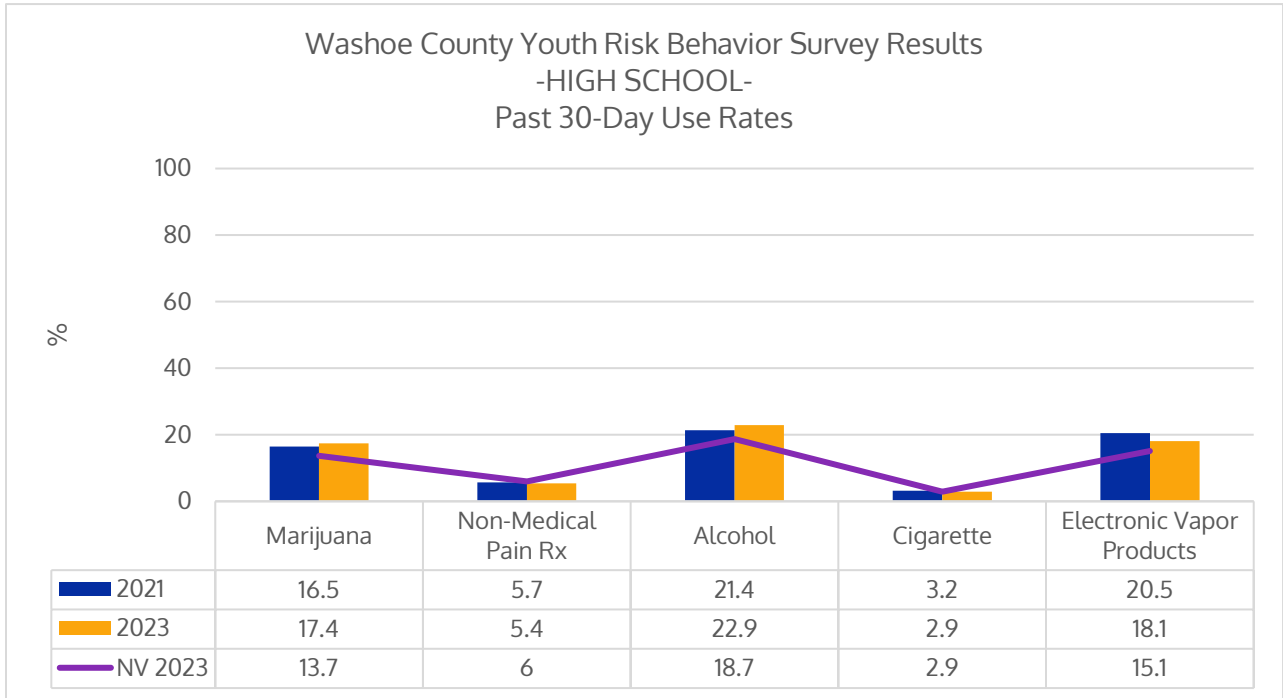
This variable is defined as any use, even once, in a young person's life.





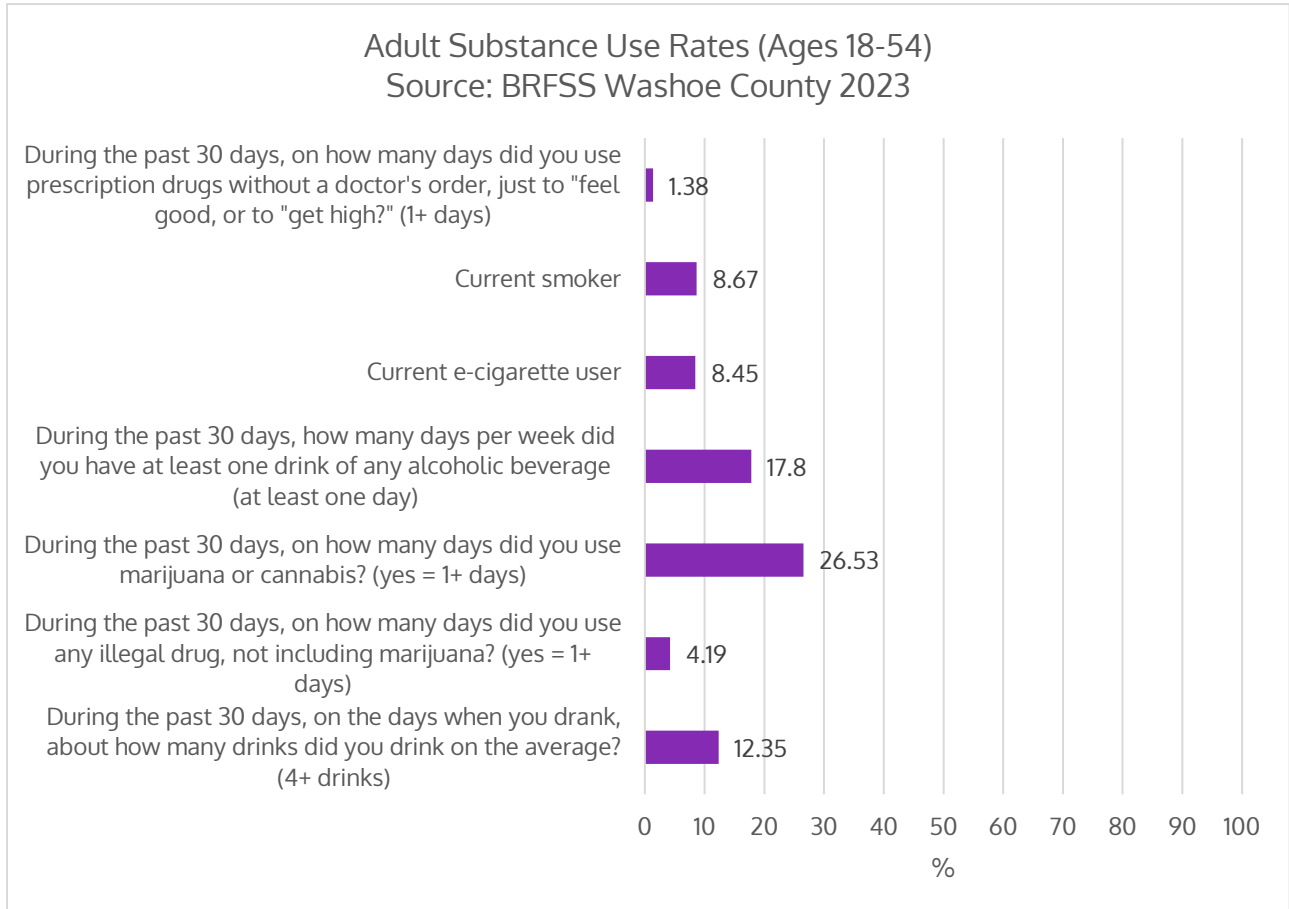
Participants in the focus groups were unclear whether youth answering YRBS questions about “prescription pain medications” responded accurately if they had used Fentanyl because of the wording of the questions. Similarly, participants in the focus groups were unclear whether the YRBS accurately captures data related to all forms of marijuana (e.g., edibles). They were also concerned that youth are inadvertently ingesting marijuana, especially in vape form.

Youth – Current Use



Adult – Current Substance Use

See substance use rates for older Washoe County Residents (55+) below in Appendix A, "Risk and Protective Factors for Older Adults" section.



For those seeking treatment:

Age-Adjusted Rates of Substance Related Emergency Department Encounters and Inpatient Admissions, Washoe County and Nevada Residents in 2023

| Substance Type | Emergency Department Encounters | | Inpatient Admissions | |
|-----------------------|---------------------------------|----------------|----------------------|----------------|
| | Washoe County | Nevada | Washoe County | Nevada |
| Alcohol | 264.2 | 260.0 | 599.4 | 352.4 |
| Opioids | 98.3 | 80.2 | 184.9 | 155.3 |
| Cannabis | 8.5 | 9.0 | 26.6 | 44.5 |
| Sedatives | 12.7 | 11.3 | 23.4 | 16.6 |
| Stimulants | 23.4 | 16.1 | 94.9 | 130.8 |
| Hallucinogens | 0.2 | 0.4 | - | 2.2 |
| Nicotine | 5,362.6 | 3,704.5 | 1,657.3 | 1,417.8 |
| Inhalant | - | - | - | 0.1 |
| Other/Polysubstance | 8.2 | 6.8 | 5.4 | 4.4 |
| All substances | 5,587.7 | 3,950.4 | 2,050.6 | 1,754.0 |

Data Source: Emergency Department Billing and Hospital Inpatient Data.

Rates are age-adjusted to the standard population per 100,000.

The following IC-10-CM codes are included in these data for Emergency Department Encounters and Inpatient Billing: Alcohol (F10.2), Opioids (F11.2), Cannabis (F11.2), Sedatives (F13.2), Stimulants (F14.2, F15.2), Hallucinogens (F16.2), Nicotine (F17.2), Inhalants (F18.2) Other/Polysubstance (F19.2). 'All substances' are an aggregate of previously listed ICD-CM codes.

Total Number of Clients in a Substance Abuse Treatment Facility Center Separated by Primary Substance and Service Type, Residential Services, Washoe County Facilities in 2023

| Primary Substance | Detox, 24 hr Residential | Rehab/Residential Hospital | Rehab/Residential - Short Term | Rehab/Residential - Long Term | Total |
|------------------------------|--------------------------|----------------------------|--------------------------------|-------------------------------|------------|
| Alcohol | 1 | 11 | 22 | 58 | 92 |
| Cocaine/Crack | 0 | 1 | 1 | 9 | 11 |
| Marijuana | 0 | 1 | 3 | 14 | 18 |
| Heroin | 0 | 8 | 7 | 37 | 52 |
| None | 0 | 2 | 0 | 1 | 3 |
| Non-Prescription Methadone | 0 | 0 | 0 | 1 | 1 |
| Other Opiates and Synthetics | 0 | 9 | 15 | 30 | 54 |
| PC-phencyclidine | 0 | 0 | 0 | 1 | 1 |
| Methamphetamine/Speed | 2 | 21 | 49 | 100 | 172 |
| Other Amphetamines | 0 | 0 | 0 | 0 | 0 |
| Benzodiazepines | 0 | 0 | 0 | 1 | 1 |
| Other Sedatives or Hypnotics | 0 | 0 | 0 | 1 | 1 |
| Inhalants | 0 | 0 | 0 | 1 | 1 |
| Other Drugs | 0 | 0 | 1 | 0 | 1 |
| Unknown/Not Collected | 0 | 1 | 5 | 51 | 57 |
| Total | 3 | 54 | 103 | 305 | 465 |

Data Source: Treatment Episode Data Sets (TEDS).

(Source: Nevada Department of Health and Human Services | Office of Analytics)

- The top three primary substances for residential treatment included:
 - Methamphetamine/speed
 - Alcohol
 - Other opiates and synthetics

- The top three primary substances for non-residential services included:
 - Marijuana
 - Alcohol
 - Methamphetamine/speed

| Primary Substance Among All Clients In A Residential Substance Use Treatment Facility Who Have Been Readmitted At Least Once To The Same Facility Between 2015-2023, Washoe County Facilities | |
|---|--------------|
| Primary Substance | Total |
| Alcohol | 1,273 |
| Methamphetamine/Speed | 1,056 |
| Heroin | 641 |
| None | 247 |
| Other Opiates and Synthetics | 120 |
| Marijuana | 114 |
| Cocaine/Crack | 95 |
| Benzodiazepines | 39 |
| Non-Prescription Methadone | 12 |
| Other Amphetamines | 7 |
| PC-phencyclidine | 5 |
| Other Drugs | 2 |
| Other Sedatives or Hypnotics | 2 |
| Over-the-Counter Medications | 2 |
| Other Stimulants | 1 |
| Inhalants | 1 |
| Unknown/Not Collected | 4,064 |
| Total | 7,681 |

Data Source: Treatment Episode Data Sets (TEDS).

- Alcohol appears to account for the highest number of re-admissions for treatment in Washoe County

Conclusion/Recommendations Related to Needs

To summarize, we can return to JTNN’s primary questions:

Are fewer young people using substances in middle and high school?

Lifetime use among high school students declined (with the exception of marijuana) between 2021 and 2023. Lifetime use rates in Washoe County are higher than peers throughout the State of Nevada for electronic vaping products, cigarettes, and marijuana.

Unfortunately, **lifetime** use rates among middle school students increased between 2021 and 2023 (with the exception of cigarettes). With the exception of electronic vapor products, use rates in Washoe County are equal to or lower than peers throughout the State of Nevada.

Are fewer individuals (adult and youth) currently using substances?

Current (30-day) use rates among high school students declined (with the exception of marijuana and alcohol) between 2021 and 2023. Current use rates are generally higher in Washoe County than peers throughout the State of Nevada.

Unfortunately, **current** use rates among middle school students increased for all substances between 2021 and 2023. Current use rates for marijuana and prescription medications are higher in Washoe County than those of peers throughout the State of Nevada.

Adult marijuana use has increased consistently since 2015 (Source: BRFSS).

Alcohol, marijuana, and electronic vapor products are the highest areas of need in terms of lifetime and current use. The dangers of these substances may be twofold. First, each of these substances poses inherent risks to users in terms of mental and physical health. Secondly, in some cases, a person who uses these substances may “prime the brain for enhanced responses to other drugs” (*see NIDA Is Marijuana a Gateway Drug?*). This phenomenon is sometimes referred to as “gateway” drugs.

Opiates and methamphetamine are far less frequently used (lifetime and current) than alcohol, marijuana, and electronic vapor products. However, the immediate dangers to physical and mental health and the danger of addiction are arguably higher.

JTNN’s priorities must keep both in mind: preventing the use of more commonly used substances that pose relatively lower immediate risk (e.g., alcohol, marijuana, electronic vapor products) as well as preventing the use of more dangerous, less commonly used substances (e.g., opiates and methamphetamine).

Fentanyl use is not currently tracked separately from other prescription pain medications. It is unclear whether respondents to the YRBS or BRFSS believe fentanyl falls under the category of “prescription pain medication.” According to NIDA, fentanyl is 50-100 times more potent to morphine (*see NIDA What is fentanyl?*).

Neither the YRBS nor BRFSS ask questions about Xylazine use.

CAPACITY ASSESSMENT

This section assesses the strengths and weaknesses of JTNN to impact the needs identified in the previous section.

JTNN began adopting the Collective Impact framework around Summer 2022. As part of that, JTNN completed a summative Coalition Learning and Evaluation Report (2022-2024) that tracks their progress toward meeting the priorities they set in their 2022-2024 CCPP. That document is available through JTNN staff by request.

Governance

The JTNN board is comprised of representatives from multiple agencies and sectors in the service area who advise and coordinate prevention efforts.

| <i>Name</i> | <i>Community Sector/Experience</i> | <i>Role on Board</i> |
|--------------------|--|----------------------|
| Roger Bahten | Washoe County School District | Board Chair |
| Dorothy Edwards | Washoe County Human Services Agency | Vice Chair |
| Cheryl Hug-English | UNR Student Health Center | Secretary/Treasurer |
| Lars Christiansen | Washoe County Sheriff’s Office | Member |
| Reka Danko | St. Mary’s Medical Center | Member |
| Janet Lombardo | Founder, Human Trafficking Prevention Alliance | Member |
| Kristopher Dahir | Councilman, City of Sparks Ward 5 | Member |
| Irene Stambaugh | Parent, Certified Public Accountant | Member |
| Joe Saiz | Division Director, Washoe County Department of Juvenile Services | Member |

- All board of directors serve as volunteers
- Meet quarterly and respond via e-mail for urgent decision-making
- Responsible for determining and following policies, governance, and fiscal oversight

Paid Positions

Executive Director

- Full-time salary position
- Responsible for general oversight of coalition employees and activities

Duties include: liaison between the Board of Directors of Join Together Northern Nevada and the staff, volunteers, and public which the organization serves; management of day-to-day operations of the Coalition; grant procurement and administration; manage the staff and volunteers of Join Together Northern Nevada; maintain and create State and community partnerships; public relations for the Coalition.

Manager

Managers for Join Together Northern Nevada will manage one or more grants and programs. They will supervise staff and/or volunteers.

Coordinator/Prevention Specialist

The Project Coordinators for Join Together Northern Nevada will coordinate the activities and projects of one or more grants or programs. Coordinator Level II is considered a Senior Prevention Specialist and is attainable after Nevada Board Certification confirmation of CPS Status.

Workforce Development Manager

The Program Manager raises awareness related to drug and alcohol prevention by developing and implementing comprehensive education and outreach programs and activities for youth, parents, and other community members and supervises those efforts for the organization. The individual must be motivated, creative, energetic, organized, and team-oriented with excellent interpersonal communications and presentation skills. Must be able to work collaboratively.

Bookkeeper

The bookkeeper performs a variety of bookkeeping and accounting duties including but not limited to processing payroll twice monthly, financial record keeping and transactions including accounts payable, receivable and general ledger. Desired individual will have experience working in the nonprofit setting, advanced experience with QuickBooks Pro, budgeting experience, demonstrated professionalism, strong organizational and time management skills, and acute attention to detail.

Assistant

Assistants for Join Together Northern Nevada will assist with the completion of activities and projects of one or more grants or programs.

Volunteers

Volunteers must undergo background checks if they are working with youth and then receive training as needed. Many of JTNN's volunteers are interns from the University of Nevada, Reno. They take part in the following activities:

- Prevention activities in schools
- Youth groups
- Create and distribute community awareness packets
- Aid in coordination of public awareness events and trainings
- Harm reduction activities

Staff and Volunteer Training: JTNN’s Executive Director and two staff members are Certified Prevention Specialists through the State of Nevada. Additional staff are taking classes toward becoming Certified Prevention Specialists.

Recent trainings for staff include:

| Examples of JTNN Staff Training | |
|---|--|
| <i>Type of Training</i> | |
| Coalition Business Administration | |
| Community Foundation Nonprofit Academy | |
| Too Good for Drugs TOT | |
| Too Good for Drugs Facilitator Training | |
| SAPST Training | |
| SAPST TOT | |
| Prevention Ethics Training | |
| Prevention Ethics TOT | |
| Evaluation for Coalitions | |
| Project Toward No Drug Abuse Facilitator Training | |
| ACEs TOT | |
| Strengthening African American Families | |
| Various Prevention Trainings | |

JTNN has a good track record of recruitment and retention. Many of their struggles with retention are rooted in the ability to offer upward mobility because they are a small non-profit and resources are limited. JTNN has worked to create steps to success such as the creation of a senior prevention specialist, program manager, and deputy director, so that individuals can begin to see prevention as a career path. JTNN has become heavily involved with the Nevada Certification Board and workforce development in the field to ensure that prevention specialists have a career pathway, which is aligned with national efforts to create the job title with the labor commission and other national efforts.

Fiscal Structure

JTNN receives funding from various local, State and Federal grants:

| Current Grants |
|-----------------------------------|
| <i>Funding Source</i> |
| BLOCK Prevention |
| SAPP |
| Fund for Resilient Nevada |
| Washoe County Opioid Relief Funds |
| State Opioid Response Grant |
| Allegra Footprints Grant |
| Silver Summit Community Grant |

JTNN also receives donations from managed care organizations and other nonprofit entities.

Focus group participants expressed concern that there are too few opportunities for collaboration and too much competition with other local entities.

JTNN pays rent and utilities for office space in Washoe County. JTNN has access to facilities, equipment, and technology in various public buildings and private collaborative businesses for coalition meetings and events.

This framework is intended to build a solid foundational understanding of prevention principles and evidence-based practices that JTNN’s paid staff can then share with community members. For example, when community members make vague comments like this:

It seems like there is a lot of competition for grants. Is it possible for JTNN to do more collaboration and less competition?

-Focus Group Participant

JTNN staff and fellow coalition members can steer these conversations to focus on the risk and protective factors (see Theories and Frameworks section above), thereby increasing the capacity of the community overall to effectively address substance misuse.

Membership

JTNN has built an extensive network of partners. Individuals and agencies who are interested in participating and becoming partners with JTNN is directed to an online sign-up form. MOUs/agreements are used for our more formalized process. JTNN's members are invited to attend quarterly meetings and serve on various committees. These committees currently include:

1. Environmental Strategies
2. Prevention/Opioid
3. Overdose Awareness Day
4. RX Take Back Days
5. Other
6. None

A recent member survey revealed that nearly 42% of Members also serve on a committee.

JTNN staff follow Drug-Free Communities 12-community sector guidelines:

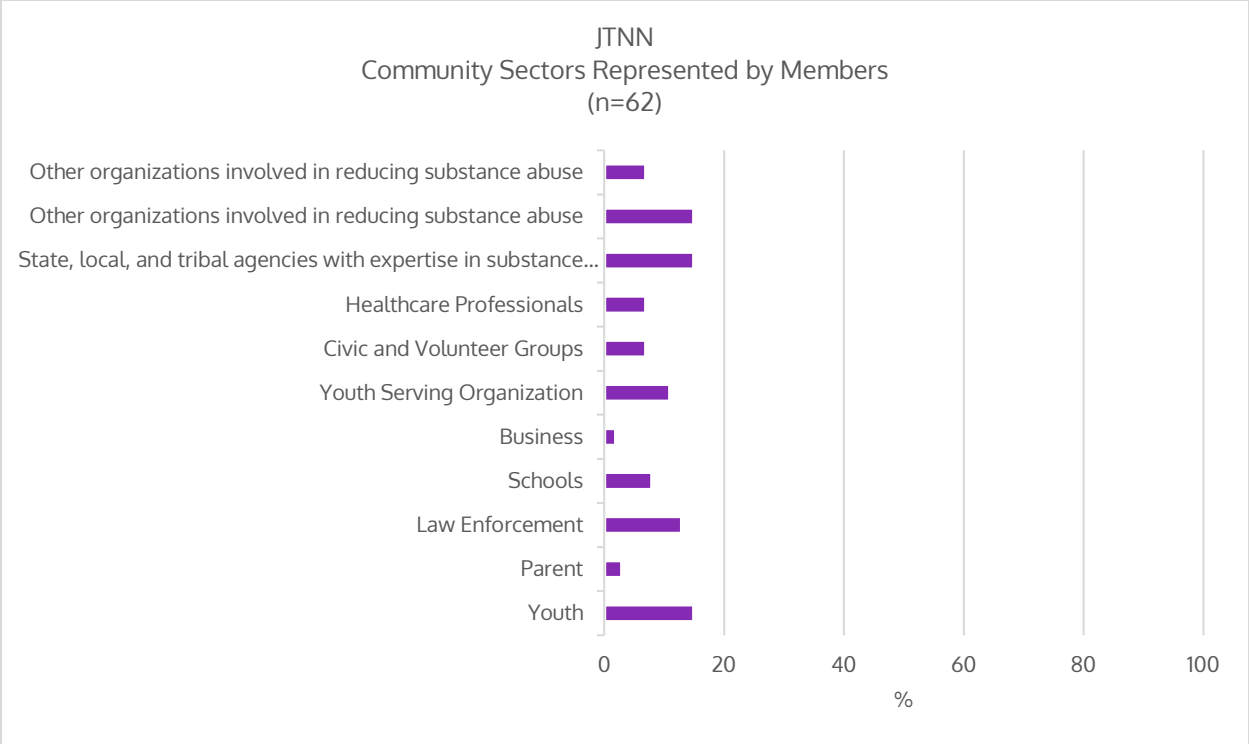


Participants in JTNN focus groups believe the following changes should be considered to this concept of “community,” including the possibility of creating a separate community graphic specific to youth outreach:

1. Athletic leagues and other youth-organizations outside of school (e.g., city leagues, etc.)
2. Non-profits (separate from youth-serving organizations).
3. Social media as its own entity separate from “media.”
4. Services that serve elderly population.
5. Employers (blue and white collar industries).
6. Economic development agencies, small business development, etc.
7. Spanish-speakers and non-profits and agencies that serve minority populations.
8. Veterans and Veteran-serving organizations.
9. First responders and fire departments separate from law enforcements.
10. Agencies that specifically serve vulnerable populations (CPS, justice-involved, LGBTQ, tribal, mental health, homeless, food insecure, etc.)

Members and any interested individuals are invited to attend quarterly coalition meetings to learn more about prevention principles, share needs, learn about changing resources, network with like-minded community members, etc. JTNN staff maintain focus on agenda items and offer suggestions for future, between-meeting opportunities to discuss off-topic issues that might arise. Members and partner agencies are invited to be presenters and are invited to make suggestions for topics in future meetings.

Current Members report they represent community sectors as follows:



In addition to the quarterly meetings, JTNN staff provides training and technical assistance to community partners. Trainings can be provided based on a specific request or concern of a member or as opportunities become known to the Executive Director.

| Type of Training for Community Partners |
|---|
| Naloxone |
| Prevention and Crisis Supports (DCFS) |
| Prevention in the Workplace |
| Washoe County Prevention Conference 2024- 5 different professional CEUs |
| Too Good for Drugs TOT (mental health professionals and youth serving agencies) |
| Prevention Ethics TOT |
| ACEs TOT |
| Super Parents Supervise |
| SAMHSAs Parent Night In |
| Screenagers Screening and debrief |
| Project Toward No Drug Abuse Training |

The effectiveness of JTNN’s efforts to build capacity are more fully described in the Coalition Learning and Evaluation Report (2022-2024).

JTNN was nominated for Dry Society Social Club's Community Resource of the Year.



Washoe County Prevention Conference. Photo credit: JTNN staff.

Funded Partners/Subrecipients

Members of JTNN are eligible to apply for passthrough funding to implement evidence-based programs. Currently funded programs include:

| Funded Partner | Intent/Program |
|---------------------------|--|
| Boys & Girls Clubs | Positive Action |
| Big Brothers, Big Sisters | Support one-to-one mentoring relationships |
| National Guard | Leadership and resilience training |

These programs add to capacity in the following ways:

1. JTNN staff provides general substance misuse prevention training for subrecipients. Full-time employees of subrecipients must attend 40 hours per fiscal year; part-time employees must attend 20 hours per fiscal year. This increased knowledge of prevention principles impacts not only their work within their funded programs but also within the agencies as a whole and personally.
2. Subrecipients have access to individuals that JTNN may not encounter otherwise.

3. JTNN staff's requirement that subrecipients undergo an annual process and outcome evaluation with an external evaluator not only proves the impact of programming, but also increases credibility of the programs and the agencies that may eventually lead to additional funding from sources outside of JTNN.

Conclusion/Recommendations Related to Capacity

Overall, there was evidence to support that the service area has a high level of readiness to change. Any deficiencies in the readiness to change indicators may be best addressed in a strategic plan for the JTNN as a whole (rather than a priority related specifically to ATOD misuse prevention). Issues related to community readiness in the service area are addressed in the "Coalition Evaluating Learning Report" for JTNN.

PLANNING

JTNN has created the following priorities based on the needs identified in Step 1 (Assessment), the available resources and capacities identified in Step 2 (Capacity), and existing Implementation frameworks (Step 4, Implementation). JTNN's progress in meeting their last set of priorities (2022-2024) can be seen in their Coalition Learning and Evaluation Report (2022-2024).

JTNN has also worked to align their priorities with the following statewide initiatives:

1. Nevada Department of Health and Human Services' Substance Abuse Prevention and Treatment Agency (SAPTA Two-Year Substance Abuse Prevention Plan (2021-2023):
 - a. Workforce Training and Support
 - b. Certifications
 - c. Primary Prevention
 - d. Synar (retail program)
 - e. Increase prevention funding
2. Nevada Tobacco Control Plan (2024-2029):
 - a. Reduce initiation and use of tobacco, vapor, and related nicotine delivery products among youth and young adults.
 - b. Eliminate exposure to secondhand smoke and electronic nicotine device emissions
 - c. Promote quitting of tobacco use among adults

3. Silver State Health Improvement Plan (July 2023-2028) (priorities for Northern Nevada Public Health):

- a. Access/Health Equity
- b. Health Care Workforce
- c. Behavioral Health Workforce
- d. Children's Behavioral Health
- e. Crisis Response
- f. Food Security
- g. Housing/Supported Housing

4. Nevada Opioid Needs Assessment and Statewide Plan 2022:

- a. Ensure local programs have the capacity to implement recommendations effectively and sustainably
- b. Prevent the misuse of opioids
- c. Reduce harm related to opioid use
- d. Provide behavioral health treatment
- e. Implement recovery communities across Nevada
- f. Provide opioid prevention and treatment consistently across the criminal justice and public safety systems
- g. Provide high quality and robust data and accessible, timely reporting
- h. Prevention recommendations (pages 88-97)

Priority 1: Prenatal and Postpartum Prevention Education

JTNN will actively enhance prenatal and postpartum prevention education by addressing key risk and protective factors, fostering a comprehensive approach to promoting maternal and child well-being.



By Addressing the Risk and Protective Factors of...

| | |
|--|--|
| Favorable parental attitudes Family history of substance misuse | Favorable attitudes toward substance use Genetic predictors |
|--|--|



Through the Following Potential Activities...

Systems Change: Cultural Norms/6 Strategies
1. In-person group sessions for information dissemination to pregnant persons and new parents, including support for positive bonding experiences, general health information (e.g., car seats, sleep safety, nutrition, etc.).
2. PSAs.

Systems Change: Advocacy and Public Policy
None.



With the Assistance of the Following Potential Partners...

CBOs (Baby's Bounty, Community Health Alliance, Biggest Little Baby etc), Medicaid, healthcare providers at all levels, judicial system, K-12 schools, NVAIECMH.



How we will Focus on Target Populations

1. Print materials will be translated into Spanish.
2. Spanish language interpreters will be available at in-person events.
3. In-person events will be marketed in places where various demographic groups typically access information.
4. Co-create solutions that are respectful and relevant, fostering trust and effective outcomes in supporting their health and well-being.

Priority 2: Crisis Resilience Training (aka Find a Light)

JTNN will strengthen community and individual (adult and youth) capacity to effectively respond to crises while fostering resilient family dynamics and nurturing a hopeful, growth-oriented mindset.



By Addressing the Risk and Protective Factors of...

| | |
|---|--|
| Rebelliousness Favorable attitudes toward substance use Feeling socially isolated | Family conflict Lack of commitment to school Low neighborhood attachment |
|---|--|



Through the Following Potential Activities...

- Systems Change: Cultural Norms/6 Strategies**
1. Curate and distribute valuable resources through JTNN’s Resource Toolbox.
 2. Host dynamic TED talk-style presentations tailored for both adult and youth audiences.
 3. Launch an engaging local “Good News” media campaign to spotlight inspiring stories and community achievements.
 4. Collaborate on monitoring, training, and implementing the “Handle with Care” and Drug Endangered Children protocols in Washoe County, ensuring effective responses and coordinated efforts to support children and families in crisis.

- Systems Change: Advocacy and Public Policy**
1. Advocate for policy changes that support family-centered services and improve access to mental health and social resources at the community and state levels.
 2. Collaborate with local policymakers to develop and implement policies that promote the well-being of families and strengthen community-based support systems.
 3. Engage in community outreach to raise awareness of existing resources and advocate for policies that address gaps in services for vulnerable families.
 4. Monitor and evaluate the impact of current public policies on family dynamics and identify opportunities for advocacy and reform.
 5. Develop partnerships with other organizations to amplify advocacy efforts and push for systemic changes that support family stability and child well-being.



With the Assistance of the Following Potential Partners...

CBOs, healthcare providers at all levels, judicial system, K-12 schools, JTNN Youth Groups, Youth Advisory Council, Social Media, Employee Training Programs, safe babies court, tribal agencies.



How we will Focus on Target Populations

1. Print and online materials will be translated into Spanish.
2. Spanish language interpreters will be available at in-person events.
3. In-person events will be marketed in places where various demographic groups typically access information.
4. Co-create solutions that are respectful and relevant, fostering trust and effective outcomes in supporting their health and well-being.

Priority 3: Increase School-Based Prevention Capacity

JTNN will partner with school district officials to provide prevention consulting, working together to identify and implement the most effective and feasible strategies for strengthening prevention efforts.



By Addressing the Risk and Protective Factors of...

| | |
|--|--|
| Low neighborhood attachment (R) Peer substance use (R) Lack of commitment to school (R) Opportunities for positive social involvement (P) | Healthy beliefs and standards for behaviors (P) Resiliency(P) Social, emotional, behavioral, cognitive, and moral competence (P) |
|--|--|



Through the Following Potential Activities...

Systems Change: Cultural Norms/6 Strategies
Tier One: deploy evidence-based prevention programs in classrooms, with JTNN staff facilitating active, culturally responsive engagement that fosters skill development and promotes behavioral norms.
Tier Two: Strategically enhance school culture by implementing school-wide, evidence-based programming that aligns with and shapes positive cultural norms, fostering an environment that supports student well-being and academic achievement.
Tier Three: Provide comprehensive support and guidance to teachers and administrators, empowering them to reinforce and model cultural norms through policies and practices that sustain a safe, inclusive, and supportive school climate.

Systems Change: Advocacy and Public Policy
Tier One: Implement evidence-based prevention programs within classrooms, with JTNN serving as facilitators, ensuring effective delivery and measurable outcomes in student engagement and skill development.
Tier Two: Enhance school culture through the integration of school-wide evidence-based programming designed to foster a positive, supportive environment and promote long-term behavioral and academic success.
Tier Three: Provide targeted support and guidance to teachers and administrators, while collaborating with the Washoe County School District and alternative education institutions to drive policy changes that strengthen and sustain prevention efforts, ensuring a positive and safe learning environment for all students.



With the Assistance of the Following Potential Partners...

K-12 schools, public, charter, and private, and other youth serving agencies.



How we will Focus on Target Populations

1. Print and online materials will be translated into Spanish.
2. Spanish language interpreters will be available at in-person events.
3. In-person events will be in places where various demographic groups typically access information.
4. Co-create solutions that are respectful and relevant, fostering trust and effective outcomes in supporting their health and well-being.

Priority 4: Marijuana Increase Perceptions of Risk

JTNN will strategically enhance adult and youth awareness of the risks associated with marijuana use, utilizing evidence-based messaging and educational initiatives to foster informed decision-making and promote healthier behaviors within the community.

By Addressing the Risk and Protective Factors of...

Favorable parental attitudes

Healthy beliefs and standards for behavior

Through the Following Potential Activities...

Systems Change: Cultural Norms/6 Strategies

1. Disseminate information through the JTNN website's Resource Toolbox, covering key topics such as male fertility, athletic performance, mental health impacts, addiction potential, and the risks of over-consumption, providing accessible, evidence-based content to inform and educate the community.
2. Implement evidence-based prevention programs in schools, designed to engage students through research-supported strategies that address critical health issues and foster positive behavioral outcomes, enhancing both individual well-being and school culture.
- 3.

Systems Change: Advocacy and Public Policy

1. **Advocate for policy change** by utilizing evidence-based data and community feedback to influence local, state, and national policies addressing the risks associated with marijuana use, including its impact on male fertility, athletic performance, mental health, addiction potential, and over-consumption. JTNN will work to ensure that these issues are prioritized in public health and educational frameworks.
2. **Drive systemic change through policy advocacy** by pushing for the integration of evidence-based prevention programs into school policies, ensuring that schools adopt comprehensive.
3. **Collaborate with policymakers** to create and implement policies that support and sustain community-wide prevention efforts, focusing on long-term solutions to reduce the risks of substance use and promote mental health awareness. JTNN will advocate for the allocation of resources and support for prevention initiatives at all levels of government.



With the Assistance of the Following Potential Partners...

K-12 schools, JTNN Youth Groups, Youth Advisory Council, Social Media, Employee Training Programs, mentors, youth serving organizations, Cannabis compliance board and industry professionals, law enforcement



How we will Focus on Target Populations

1. Print and online materials will be translated into Spanish
2. Spanish interpreters will be available at in-person events
3. In-person events will be in places where various demographic groups typically access information.
4. Co-create solutions that are respectful and relevant, fostering trust and effective outcomes in supporting their health and well-being.

Priority 5: Collective Impact – Case Management

JTNN will increase the capacity of case managers to address the needs of adults, youth, and families, by providing consistent networking events and educational opportunities.



By Addressing the Risk and Protective Factors of...

| | |
|--|---|
| Low socioeconomic status Family management problems | Community laws and norms Low neighborhood attachment |
|--|---|



Through the Following Potential Activities...

- Systems Change: Cultural Norms/6 Strategies**
1. Host quarterly “all case worker” networking and information-sharing sessions.
 2. Information dissemination: training opportunities, referral processes, changes in insurance coverages, etc.

- Systems Change: Advocacy and Public Policy**
1. Collaborate with partners to explore training opportunities.
 2. Collaborate with partners to explore options for standardized training or credentialing system.
 3. Identify common needs among service agencies (e.g., data, grant writing, fiscal management, etc.)



With the Assistance of the Following Potential Partners...

K-12 schools, hospitals, agencies serving families, youth, and, older adults, judicial system, child protective services, Truckee Meadows Tomorrow



How we will Focus on Target Populations

1. Print and online materials will be translated into Spanish
2. Spanish interpreters will be available at in-person events
3. In-person events will be in places where various demographic groups typically access information.
4. Co-create solutions that are respectful and relevant, fostering trust and effective outcomes in supporting their health and well-being.

Conclusion/Recommendations Related to Planning

1. It is important to review the Theories and Frameworks section above, particularly the risk and protective factors as independent variables, in order to adequately understand why certain priorities were chosen. Once again, the dependent variables JTNN is attempting to address are:

Are fewer young people using substances in middle and high school?

Are fewer individuals (adult and youth) currently misusing substances?

JTNN will utilize evidence-based programs, policies, and practices to modify risk and protective factors that will ultimately answer those questions. Thus, some of the priorities listed above are specific to substances, some are specific to risk and protective factors.

IMPLEMENTATION

JTNN staff serve as the backbone organization for substance misuse prevention throughout the service area by organizing and supporting the following strategies as recommended by the Center for Substance Abuse Prevention. There is some overlap between strategies. For example, a social media post may fall under the strategies of information dissemination, education, and environmental. Rather than repeating the information under each category, activities are described once under the most applicable strategy. More details about these activities can be found in JTNN's Coalition Learning and Evaluation Report (2022-2024).

Focus group participants offered several suggestions for JTNN strategy implementation:

| Focus Group Recommendations for Strategy Implementation |
|---|
| Family Domain |
| Family therapy services |
| Case management |
| Parenting classes |
| Prosocial activities for families |
| Celebrations including food and holidays |
| CARA case management |
| Implement prevention education at treatment facilities (residential and outpatient) |

| |
|---|
| OBGYNs CPS/DCFS |
| Individual/Peer Domain |
| Recommendation that JTNN focus on the out-of-work/out-of-school population of young adults. A suggestion that this population might be reached through opportunities for pro-social activities, especially those that provide creative outlets, such as concerts and plays. Explore partnership opportunities with the Dry Society |
| Youth may not be getting harm reduction messages. For example, do youth know about the availability of Fentanyl test strips? Would telling them about it unintentionally lead to increased use of drugs? |
| It is recommended that messages targeted to youth are phrased such as, "people you know might experience this negative consequence," rather than "you might suffer this negative consequence." The focus should be that bad things can happen to other people, not necessarily the youth reading the message. |
| Community Domain |
| COVID, social media, and other factors have led to a decrease in the sense of community. JTNN can "create community" by re-educating community members about why community is important. One suggestion for creating community is to support student youth teams in facilitating events in their own communities (e.g., block parties). Another option is to piggyback prevention messages with crisis preparation events, such as wildfire preparation events or green waste collections |
| There is a general lack of communication among case workers and community health workers in different entities (WIC, welfare, hospital, etc.). One recommendation to remedy this was that JTNN host a quarterly meeting for all case managers in Washoe County. This would allow space for the resource guide to be updated as well as share information about available, ever-changing services. This should include representatives from: hospitals, schools, court system, non-profits, tribal communities, treatment providers, etc |
| A second recommendation related to case workers and community health workers was to create/participate in some type of standardized training/certification/licensure process (e.g., workforce development) |
| It is recommended that JTNN create/maintain an updated, accessible, online and printed Resource Guide, while acknowledging that maintenance and updating such a list is difficult |
| Explore engagement with the Drug Endangered Children program through the AG's Office to more directly impact children who are at higher risk because their parents misuse substances |
| Focus group participants recommend that JTNN create messaging for social media (YouTube, Instagram, Snapchat, TikTok, Reels, Meta) that is personalized, to the point, include movement (no stills), with bright colors, and less than 20 seconds |

School Domain

Participants in the focus groups are uncertain whether JTNN hands out printed resources directly to students at schools

There were a few implementation recommendations from focus group that do not fall under a specific domain:

- The requirement for JTNN to provide only “evidence-based programs” seems to be a barrier. There are concerns that young people learn more from people sharing their lived experiences than they do from a workbook or slideshow.

Information Dissemination

Media. JTNN staff utilize social media, print media (billboards and newspapers), television, and radio to share information about health promotions, current trends, community events, and prevention tips throughout the service area.



Tabeling event with JTNN partner, Our Center. Photo credit: JTNN staff.

Prevention Education

Training. JTNN staff and members attend multiple trainings each year (see Capacity section above).

Youth Education. JTNN facilitates youth-serving events, such as the Youth Summit, in addition to providing funding to several sub-recipients throughout the service area for direct provision of services. See more detail in the “Capacity” section above.



JTNN Youth Summit sponsored by Silver Summit and supported by Upward Bound and the Nevada National Guard. Photo credit: JTNN staff

Alternative Activities

Youth Teams. JTNN staff supports youth teams in Washoe County. These teams serve three purposes. First, they provide leadership training and opportunities for youth who participate. Second, the youth teams are active members of the JTNN collective. Third, youth are trained to teach evidence-based prevention curricula to younger students.

A 50-year-old telling young people in a large assembly, “back in my day,” just doesn’t mean anything. The experiences before cell phones and technology and the economic and environmental classes just aren’t relevant. I think education should be in small groups and be led by younger people.

-Youth Interview

Community Events. JTNN staff supports and/or facilitates a wide range of alcohol-free activities throughout the service area (sober graduation, land navigation exercises with Nevada National Guard, etc.). They also work with event organizers to eliminate or limit access to alcohol during family-friendly events.

I think we would have healthier communities if we had more social events to bring people together. It’s been harder after COVID for people to get to know each other. Maybe they could host community bike rides or something fun.

-Youth Key Informant Interview

Environmental

Drug Take Back. JTNN organizes twice annual prescription drug take-back events throughout the service area.

Compliance Checks. JTNN engages with multiple agencies to perform alcohol sales compliance checks. They have not performed marijuana sales checks to date.

Community-Based Process

Quarterly All-Coalition Meetings: These meetings provide representatives from various community sectors (individuals and agencies) to coordinate and collaborate on substance misuse efforts and addressing risk and protective factors.

Local Policies/Ordinances. Environmental strategies subcommittee

Washoe County Substance Misuse Prevention Committee. This committee is comprised of law enforcement officers and local government officials, as well as prevention, treatment, and recovery agencies. The purpose of this Committee is to share information and implement responsive strategies to current trends and events.

Boards. JTNN's executive director serves on several statewide boards (e.g., epidemiology, ACEs workgroup, etc.).

Problem Identification and Referral

Early Intervention. JTNN supports the Washoe County School District in offering a vaping education and prevention program called Catch My Breath. JTNN also supports Washoe County School District's Substance Abuse Prevention program. JTNN offers the Rainbow Days Curriculum-Based Support Group for youth who have been identified by school guidance counselors as needing additional support. JTNN acts as a hub for community members to make referrals and warm handoffs for appropriate services.

Law Enforcement/Schools. JTNN counts among its members both law enforcement and school representatives throughout the service area. This allows the collective to identify behavioral health trends (substance misuse and mental health) and efficiently coordinate responses, including referrals.

Conclusion/Recommendations Related to Implementation

JTNN is clearly the backbone for substance misuse prevention in Washoe County and could be considered in the "institutionalization" phase of development. (*Source: <https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main#:~:text=5%2Dpart%20series%20of%20coalition,%2C%20tasks%20and%20products%2Foutcomes>*).

EVALUATION

JTNN has a three-pronged approach to evaluation. First, the Coalition itself has been evaluated (structures, leadership in the community, etc.) using Collective Impact as a framework (Collective Impact).

The second prong of evaluation relates specifically to JTNN's substance misuse prevention goals over the past three years.

The third prong of evaluation relates to JTNN's subrecipient programs.

Findings from all three are included in the "Join Together Northern Nevada Evaluation and Learning Report 2020-2023".

APPENDIX A – DATA BY RISK FACTORS

The following tables and charts provide the local qualitative and quantitative data JTNN used to identify their priorities for the next three years. The data is organized around risk and protective factors (see “Theories and Frameworks” section above).

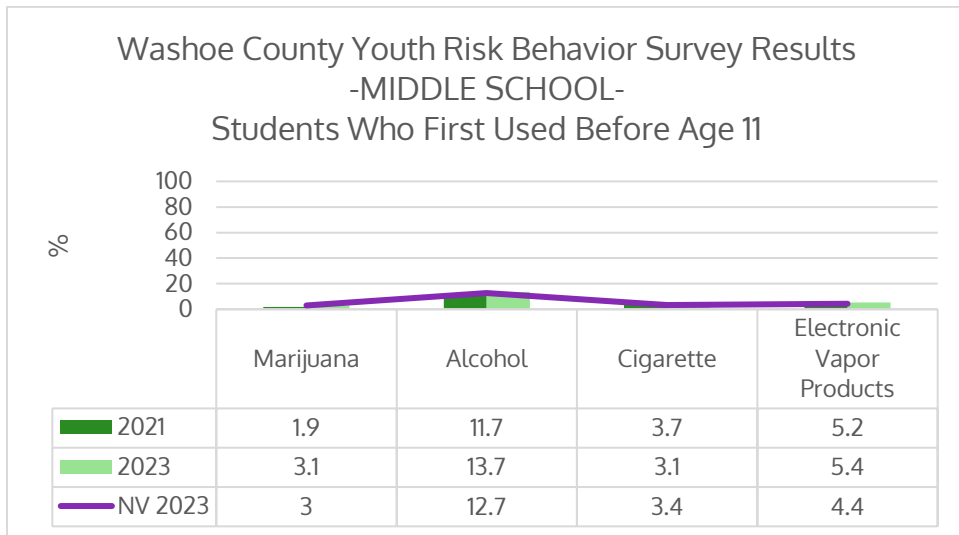
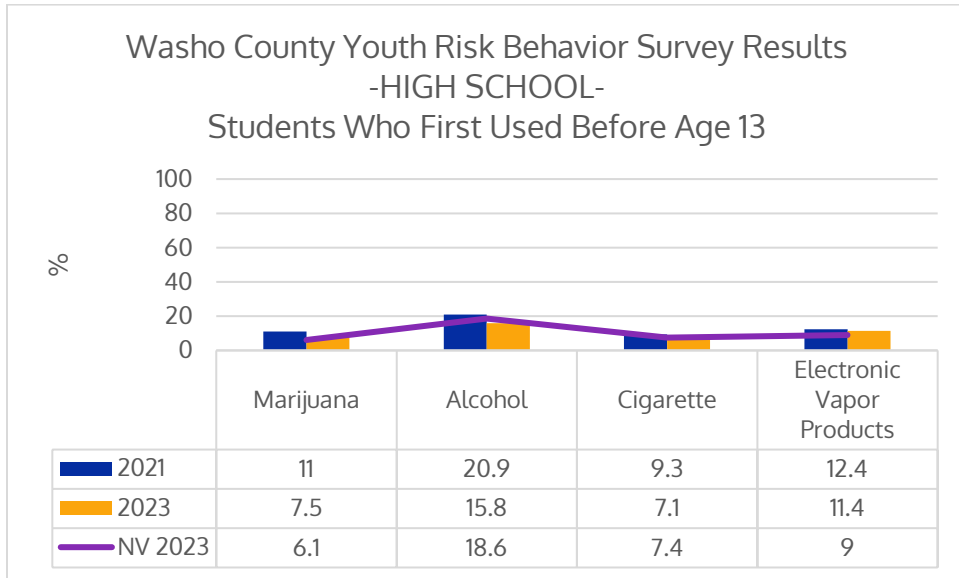
Background information about data sources (especially the YRBS) are included in Appendix B – Methodology.

Adverse Childhood Experiences (ACEs) are not explicitly included in the matrix of risk and protective factors used by JTNN; however they fall within the “individual/peer,” “community” and “family” domains below.

Youth/Young Adult Domain: Individual/Peer

| <i>Indicator</i> | <i>Data Source</i> |
|--|---|
| Early initiation of substance use | YRBS |
| Early and persistent problem behavior | Juvenile Arrest Records YRBS |
| Rebelliousness | YRBS |
| Favorable attitudes toward substance use | YRBS |
| Peer substance use | No data available |
| Genetic predictors | No direct data available, proxy YRBS |

Early Initiation of Substance Use



Early and Persistent Problem Behavior

It is important to keep the definition of this particular risk factor in mind as one considers the following data:

Emotional distress, aggressiveness, and "difficult" temperaments in adolescents

The following data are related to topics that may or may not cause some young people emotional distress depending on their individual support systems and ability to cope. They are included here simply because they *can lead to emotional distress, not* because they are in and of themselves considered "problem behaviors." This emotional distress can then lead to substance abuse in some young people.

YRBS 2023: Percentage of **high school** students who were heterosexual (straight), gay or lesbian, bisexual, other or questioning

| | Heterosexual | Gay or Lesbian | Bisexual | Other | Questioning |
|---------------|--------------|----------------|----------|-------|-------------|
| Washoe County | 75.9% | 5.1% | 10.7% | 3.8% | 4.5% |
| Nevada Total | 74% | 4.2% | 12.4% | 4.4% | 4% |

Participants in the focus groups expressed interest in gaining a better understanding of substance use rates among various demographic groups, specifically LGBTQ+ youth. Their concerns stem from the higher rates of risk factors that members of the LGBTQ+ community face and whether, or in what ways, the increases in risk factors might impact substance misuse.

JTNN requested an analysis of significant differences in lifetime and current use rates and perceptions of approval/disapproval for various substances among **high school** students with various demographic characteristics in the service area from the UNR School of Public Health (UNR) YRBS database.

It is important to understand JTNN's frame of reference for target populations. JTNN does not believe members of any demographic groups might have higher substance use rates *because they identify with a specific demographic group*. Instead, JTNN believes that individuals who identify with specific demographic groups often *encounter higher rates of risk factors* because of this association and those risk factors can lead to higher use rates. JTNN's goal is to identify change levers within the systems that interact with individuals in these demographic groups to reduce risk factors and/or to mitigate the damages from these risk factors.

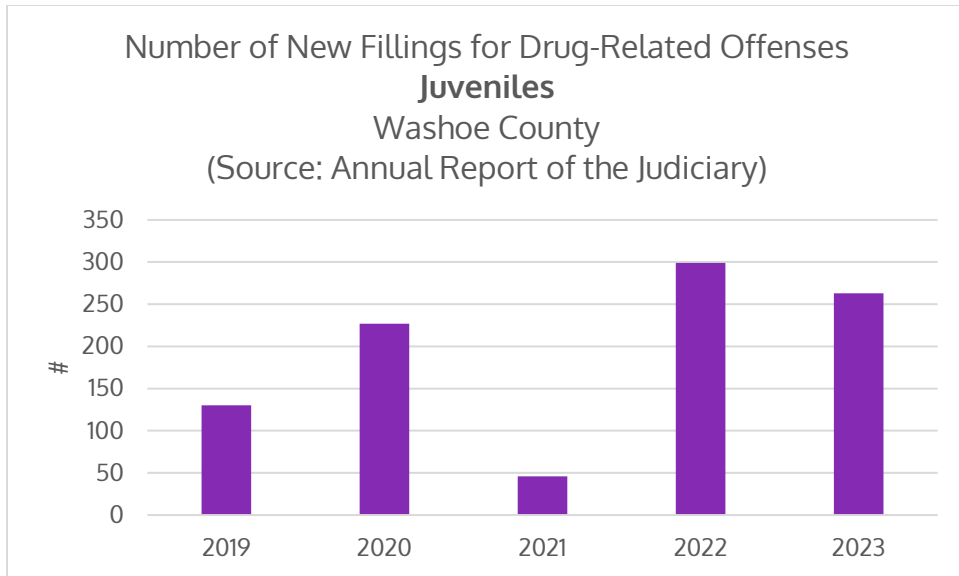
Note: UNR separates LGBQ ("sexual identity") from Transexual ("sex").

All significant differences are identified in the tables below:

| Analysis of Lifetime Use Rates Among High School Students in Washoe County | | | |
|---|--|------------------------|-----------------------|
| Non-Prescription Pain Medicine | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| Females are significantly more likely to have misused non-prescription pain medicine in their lifetime than males | LGBQ+ youth are significantly more likely to have misused non-prescription pain medicine in their lifetime | | |
| Meth | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| | | | |
| Heroin | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| | | | |
| Ecstasy | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| | | | |
| Cocaine | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| | LGBQ+ Youth are significantly more likely to have used cocaine in their lifetime | | |

| Analysis of Current (Past 30-Day) Use Rates of Non-Prescription Pain Medicine Among High School Students in Washoe County | | | |
|---|-----------------|-----------------|----------------|
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| Females are significantly more likely to have used in past 30 days | | | |

| Perceptions of Non-Medical Prescription Pain Medicine Use High School Students in Washoe County | | | |
|---|--|-----------------|----------------|
| Risk of Harm | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| Males are significantly more likely to believe use carries "no/slight" risk | LGBQ+ youth have significantly <i>higher</i> perceptions of risk of harm | | |
| Perceived Parental Disapproval | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| Males are significantly more likely to believe their parents would believe their use of non-medical prescription pain meds as "not at all/a little bit wrong" | | | |
| Perceived Peer Disapproval | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| | | | |
| Ease of Access | | | |
| Sex | Sexual Identity | Gender Identity | Race/Ethnicity |
| | | | |

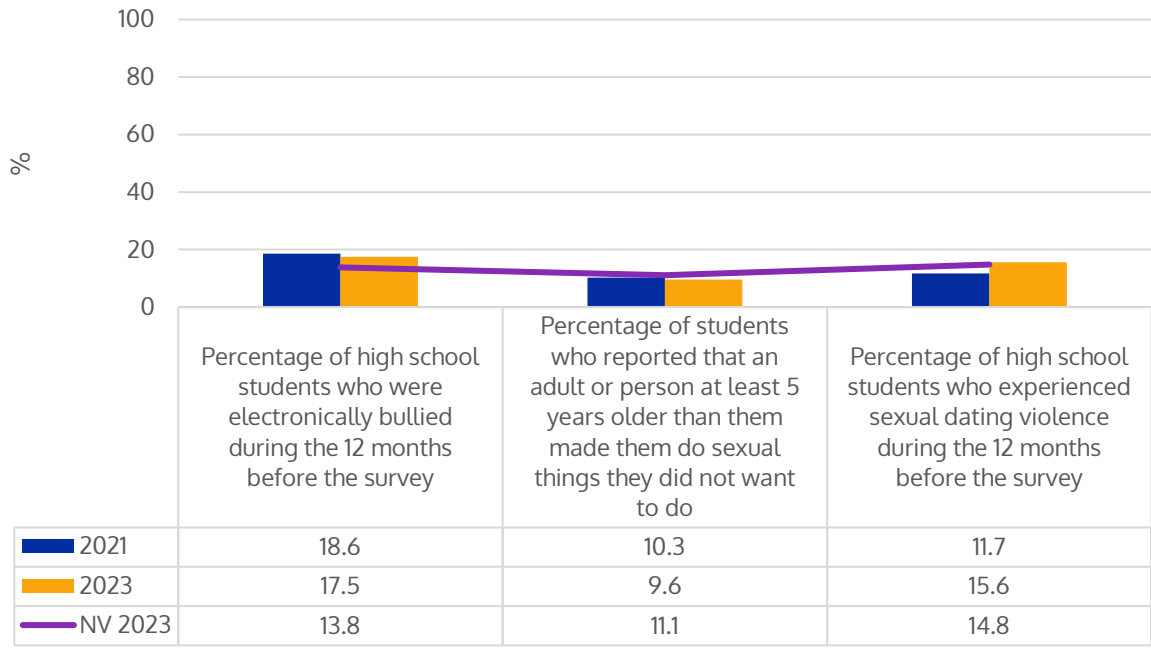


Note: The graph above represents cases filed; they should not be construed to represent convictions or other legal dispositions. One should also keep in mind that the number of cases filed can be influenced by a myriad of factors, including policy changes; law enforcement staffing levels; culture of district attorney's office, etc.

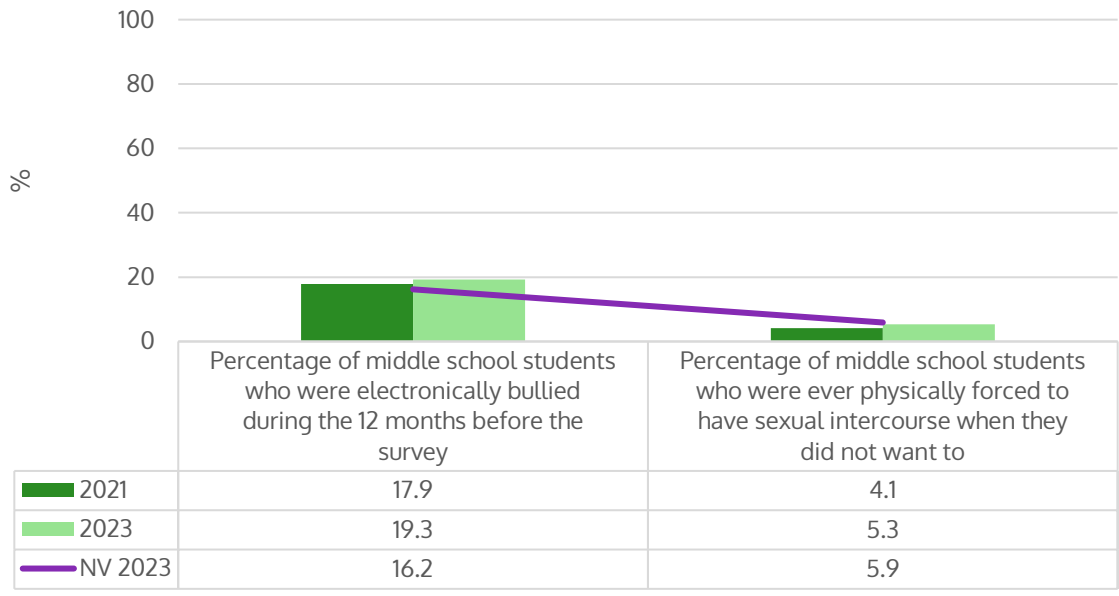
For the past few years we've been seeing a lot of juveniles in possession of marijuana concentrates. Possession of these concentrates is a felony. The kids don't necessarily know that this is such a big deal. Their parents may not be aware either. We don't want to harness these kids with felony offenses for something they don't really understand.

-Focus Group Participant

Washoe County Youth Risk Behavior Survey Results -HIGH SCHOOL- Bullying and Sexual Violence



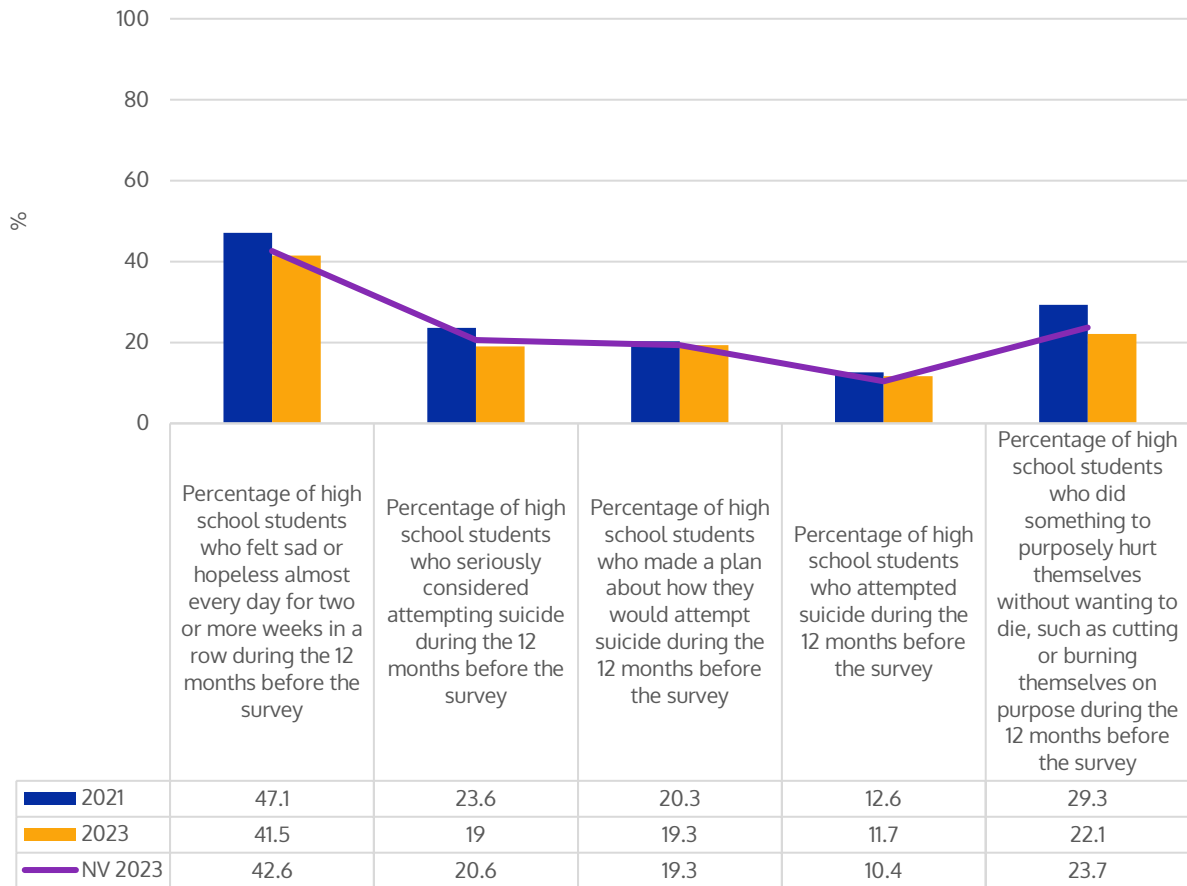
Washoe County Youth Risk Behavior Survey Results -MIDDLE SCHOOL- Bullying and Sexual Violence



I wish parents would take the time to learn what's going on with their kids. I don't think they understand the isolation we are facing and what we are dealing with online.

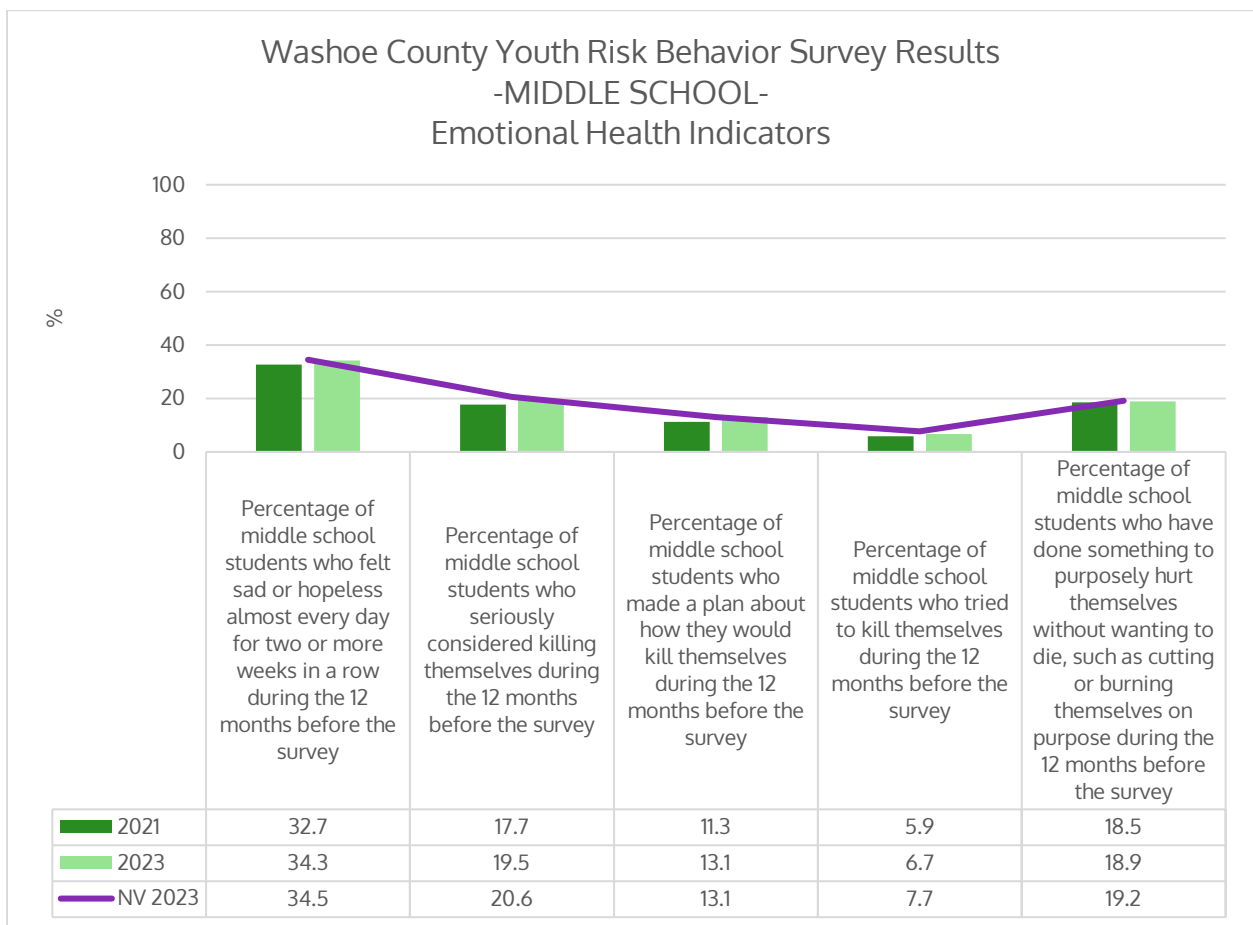
-Youth Key Informant Interview

Washoe County Youth Risk Behavior Survey Results -HIGH SCHOOL- Emotional Health Indicators



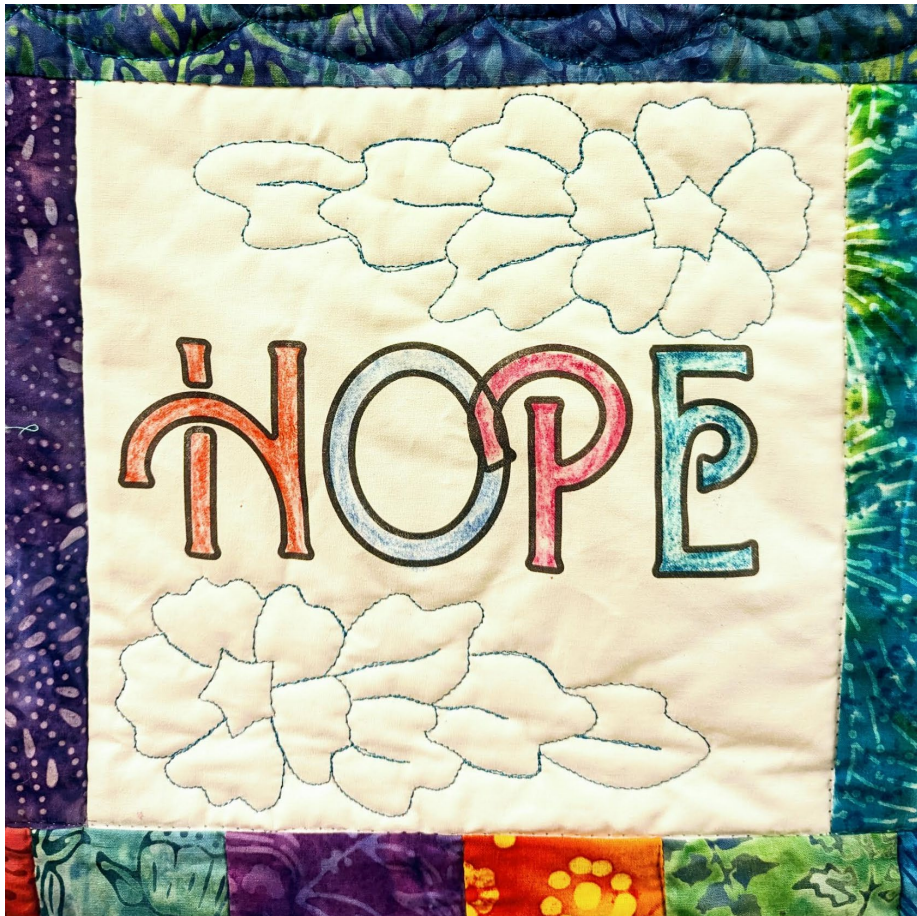
We are seeing more anxiety and self-harm among the students. We have more students self-describing as 'depressed'. We see a lot of anxiety related to threats of bombings or shootings.

-Washoe County School District Representative



I think we need more suicide prevention at school. Like every two weeks or once a month. There is still a stigma. We don't know how to react if someone is depressed.

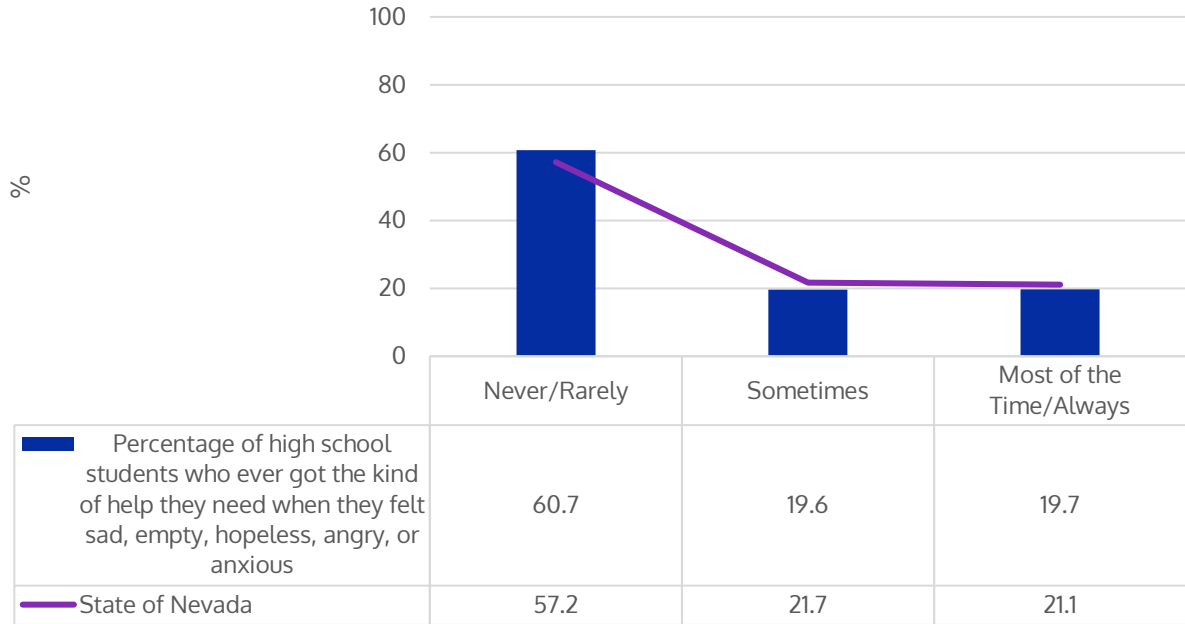
-Youth Key Informant Interview

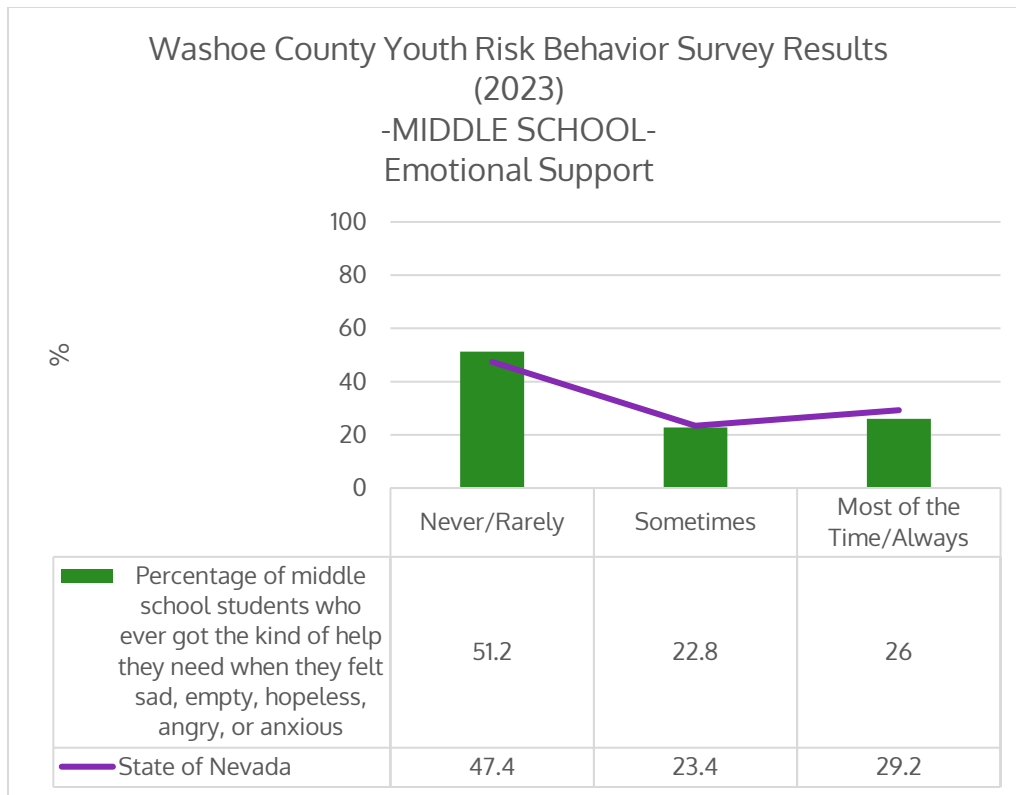


Quilt created for a raffle. Photo credit: JTNN staff.

Participants in the focus groups discussed long wait periods for mental health treatment services.

Washoe County Youth Risk Behavior Survey Results
 (2023)
 -HIGH SCHOOL-
 Emotional Support





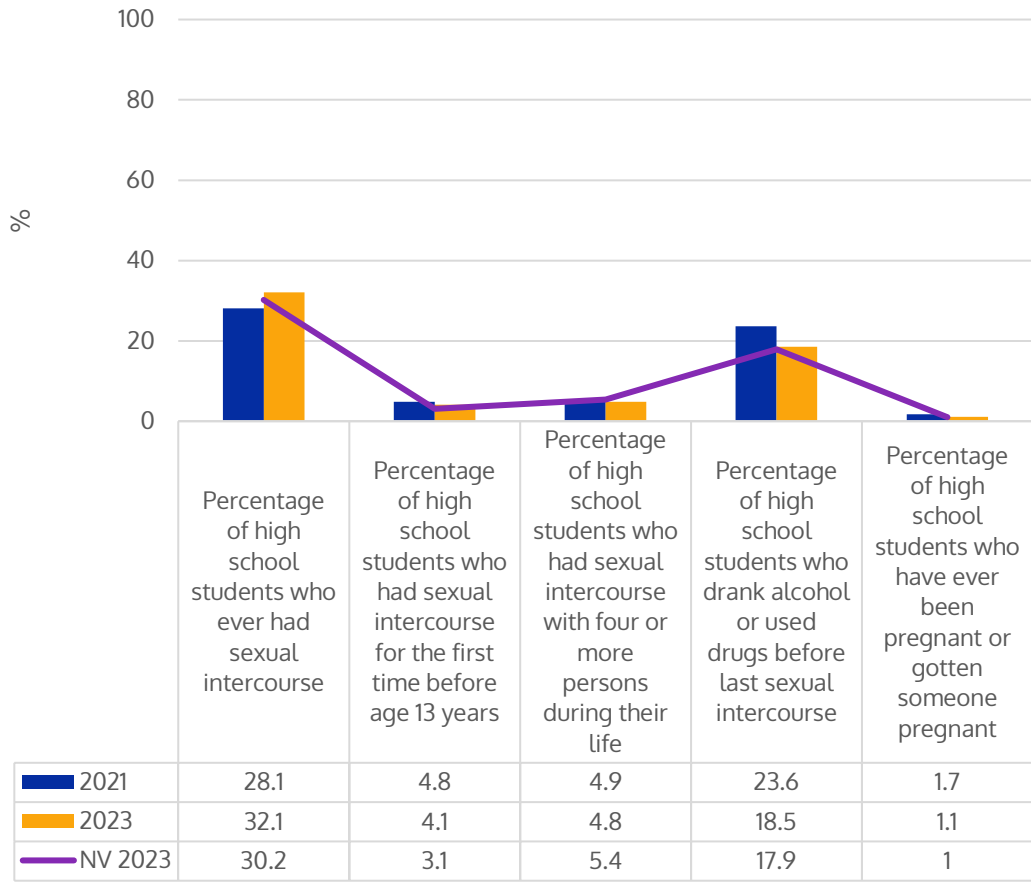
Rebelliousness

Again, it is important to consider the definition of “rebelliousness” when one considers the following data points:

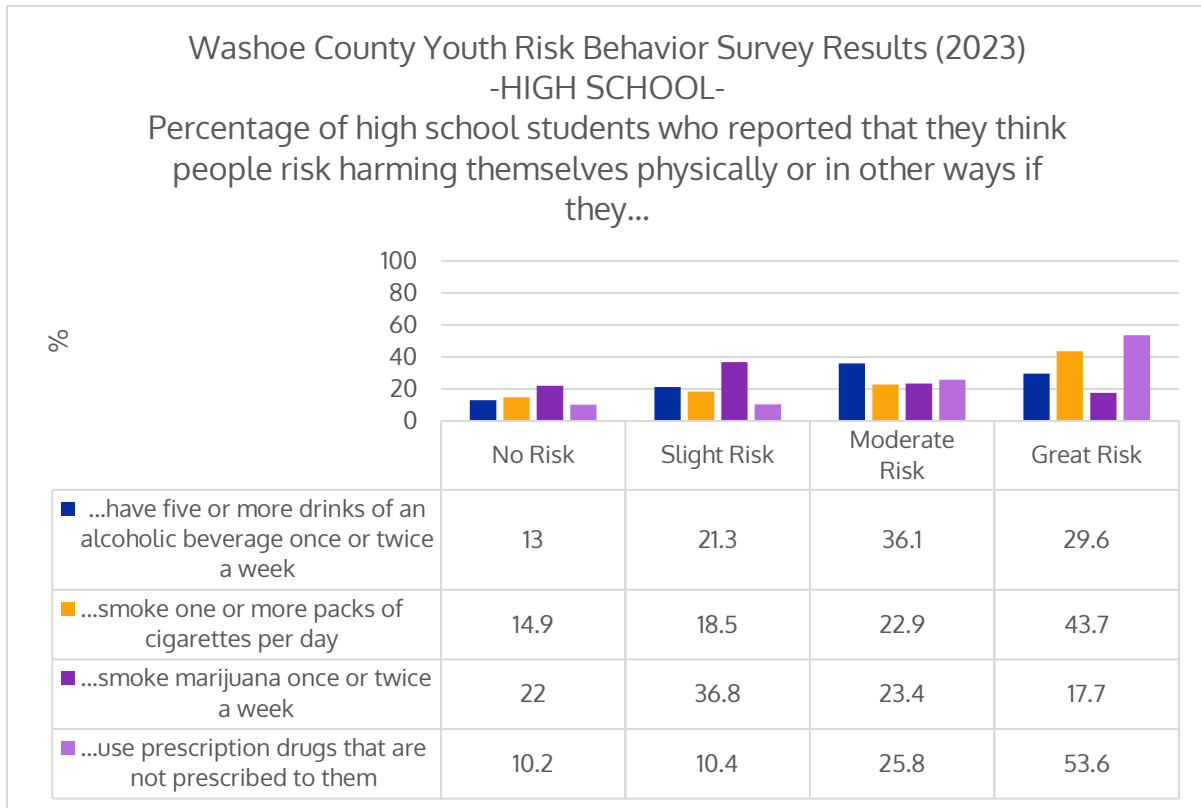
High tolerance for deviance and rebellious activities.

Some of the behaviors described below may not in fact be “rebellious” or “deviant” depending upon the individual young person, their motivations, and their support systems.

Washoe County Youth Risk Behavior Survey Results -HIGH SCHOOL- Sexual Behaviors

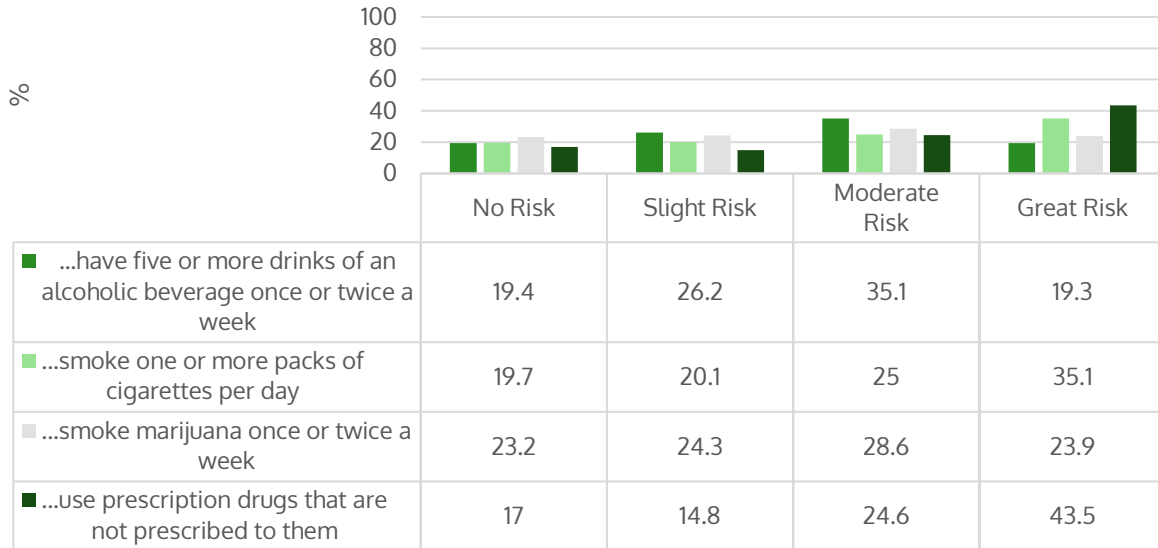


Favorable Attitudes Toward Substance Use



Washoe County Youth Risk Behavior Survey Results (2023)
-MIDDLE SCHOOL-

Percentage of middle school students who reported that they think people risk harming themselves physically or in other ways if they...



Peer Substance Use

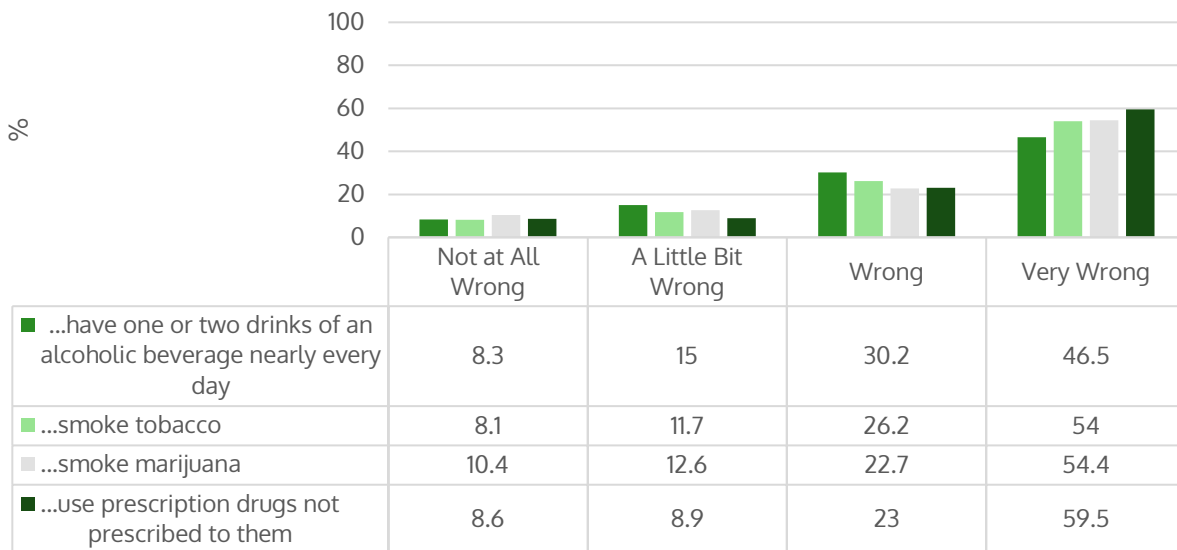
I saw and heard about more substance use in middle school than in high school.

-Youth Key Informant Interview

Washoe County Youth Risk Behavior Results (2023)
 -HIGH SCHOOL-
 Percentage of high school students who reported that their friends
 feel it would be wrong for them to...



Washoe County Youth Risk Behavior Results (2023)
 -MIDDLE SCHOOL-
 Percentage of middle school students who reported that their
 friends feel it would be wrong for them to...



In my school, at least with my friends, we set ourselves to a high standard. We want to succeed in the future. Why cause trouble for ourselves?

-Youth Key Informant Interview

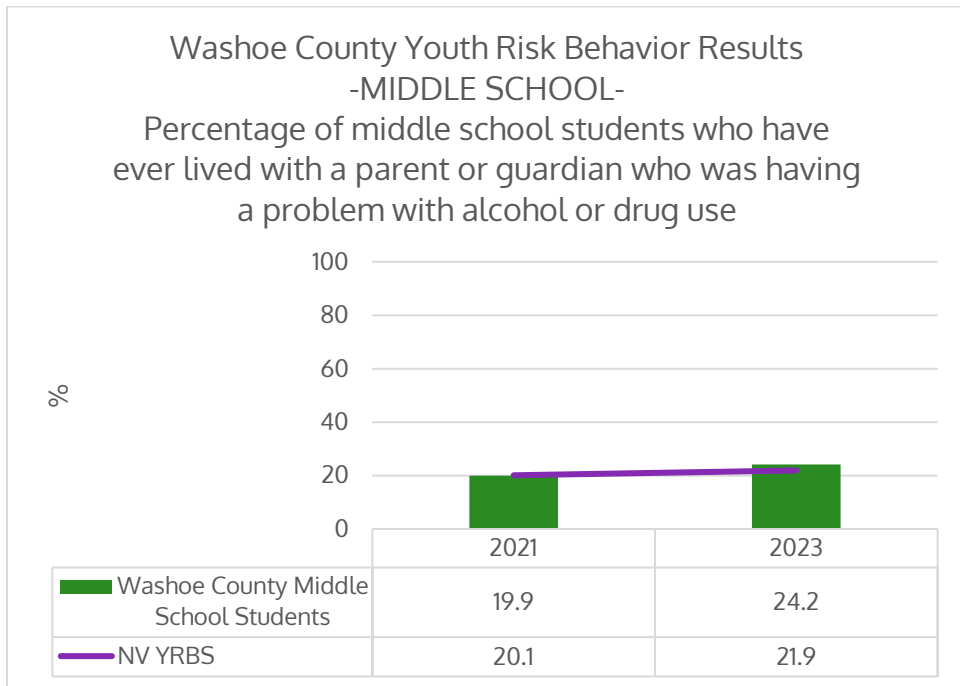
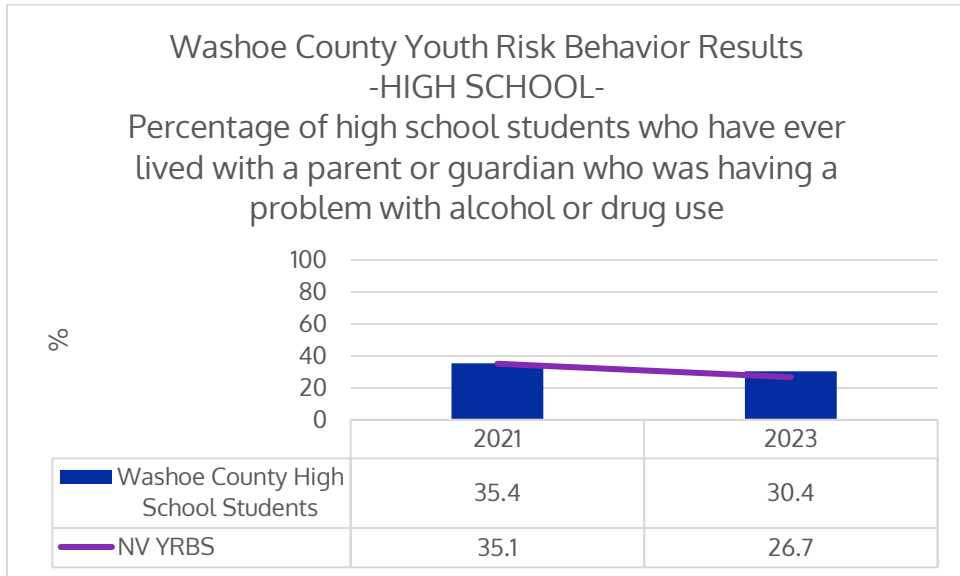


JTNN Game Sponsor for UNR basketball. Note two "Bud Light" advertisements. Photo Credit: JTNN staff.

Genetic Predictors

No information is available specifically related to genetic predictors.

A measure of the number of students who have ever lived with someone who was having a problem with alcohol or drug use is being used as a proxy. Adult use rates in the service area are provided in the "Community" domain below.



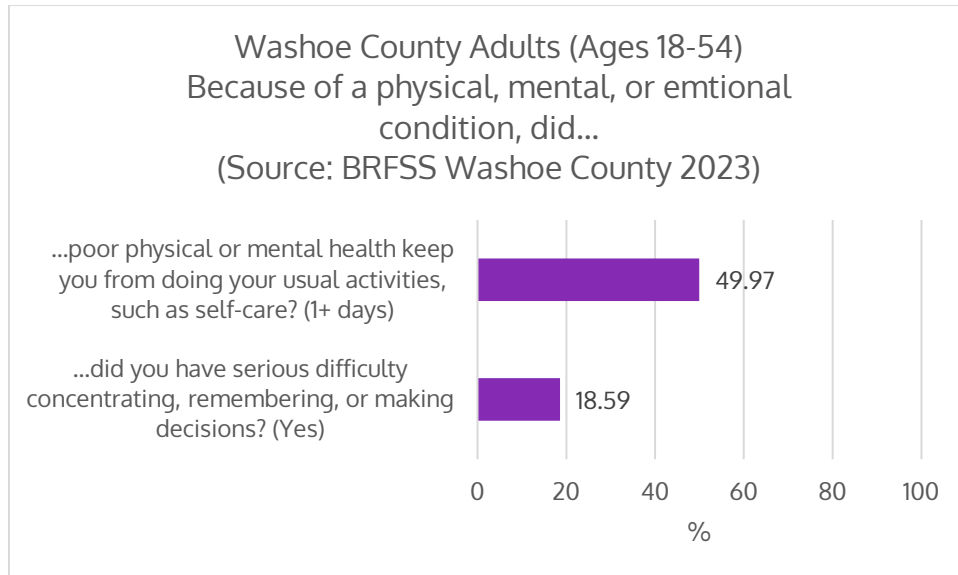
Youth/Young Adult Domain: Family

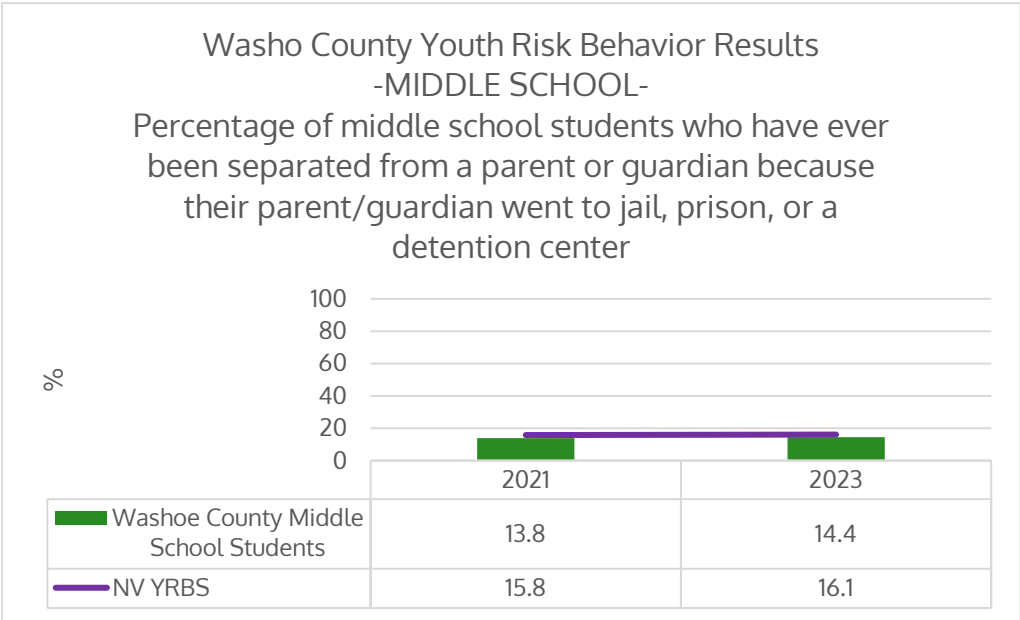
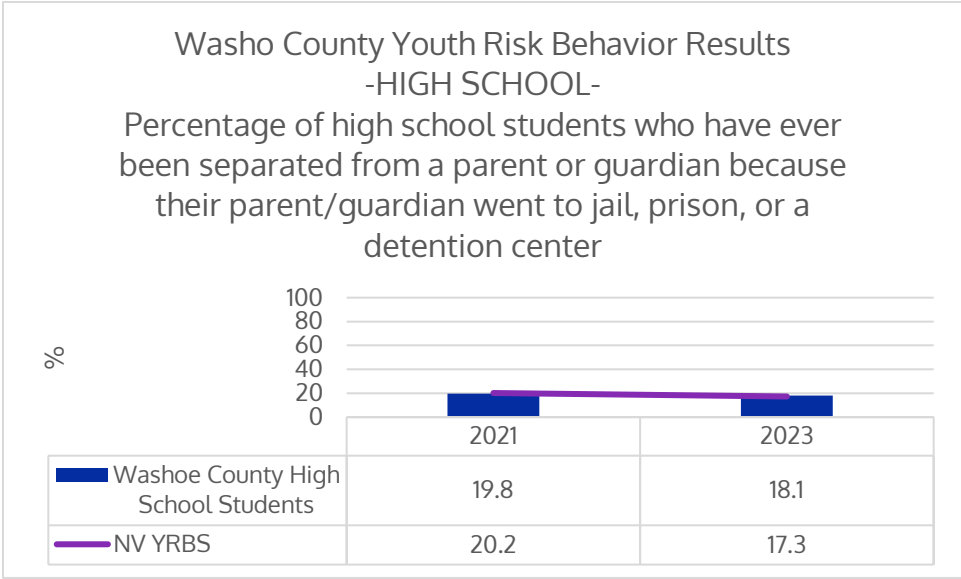
| <i>Indicator</i> | <i>Data Source</i> |
|--|--------------------|
| Family management problems (monitoring, rewards, etc.) | YRBS |
| Family conflict | YRBS |
| Favorable parental attitudes | YRBS |
| Family history of substance misuse | YRBS |

Family Management Problems

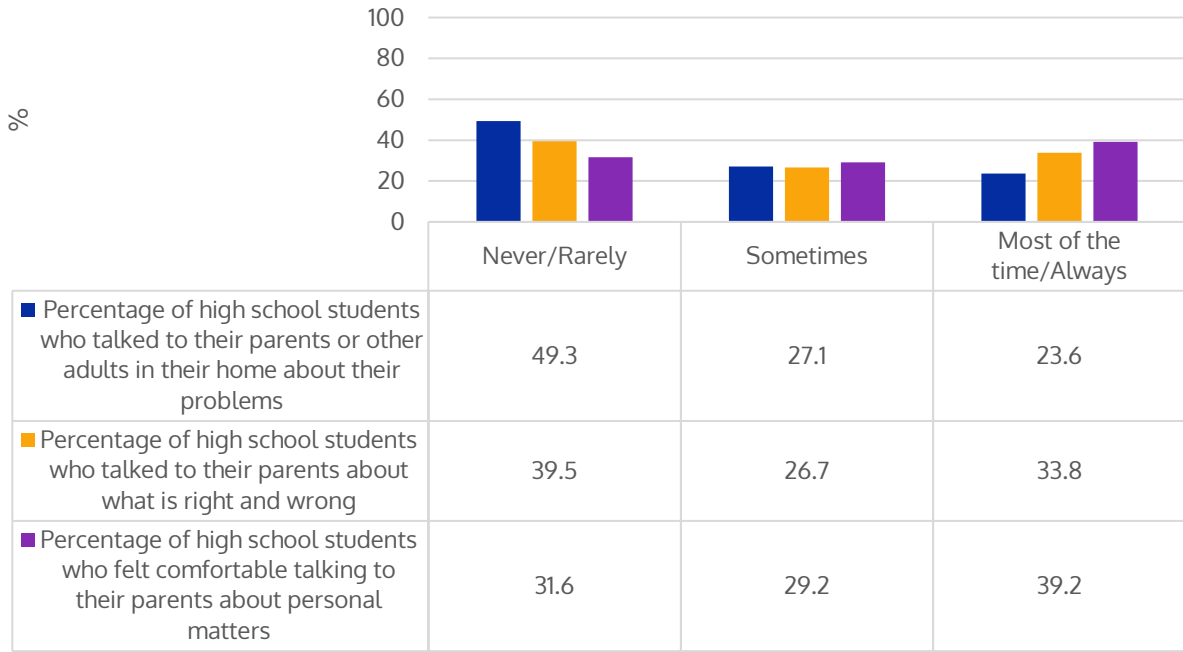
| Percentage of Students Who Had Parents or Other Adults in the Home Serving on Active Duty in the Military (Source: YRBS 2023) | | |
|--|-------------|---------------|
| | High School | Middle School |
| Washoe County | 4.1% | 7.3% |
| State of Nevada | 4.7% | 7.8% |

- Childcare costs for a household with two children are approximately 27% for families in Washoe County. The US Department of Health and Human Services recommends families spend no more than 7%. (Source: countyhealthrankings.org/health-data/health-factors/social-economic-factors/family-and-social-support/child-care-cost-burden?state=32&year=2023#map-anchor).

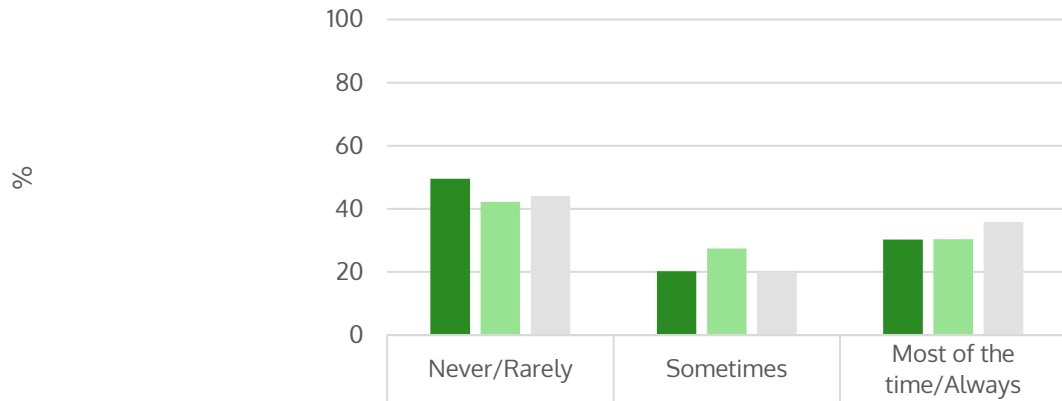




Washoe County Youth Risk Behavior Results (2023)
 -HIGH SCHOOL-
 Measures Related to Child/Parent Relationship



Washoe County Youth Risk Behavior Results (2023)
 -MIDDLE SCHOOL-
 Measures Related to Child/Parent Relationship



| | | | |
|---|------|------|------|
| ■ Percentage of middle school students who talked to their parents or other adults in their home about their problems | 49.5 | 20.2 | 30.3 |
| ■ Percentage of middle school students who talked to their parents about what is right and wrong | 42.2 | 27.4 | 30.4 |
| ■ Percentage of middle school students who felt comfortable talking to their parents about personal matters | 44.1 | 20.1 | 35.9 |

Family Conflict

The indicators explored below relate to potential sources of family conflict. The impacts of these conditions will differ based on each child and family’s support system and resiliency. Also, readers should keep in mind that not all adults answering the BRFSS are parents of minor children.

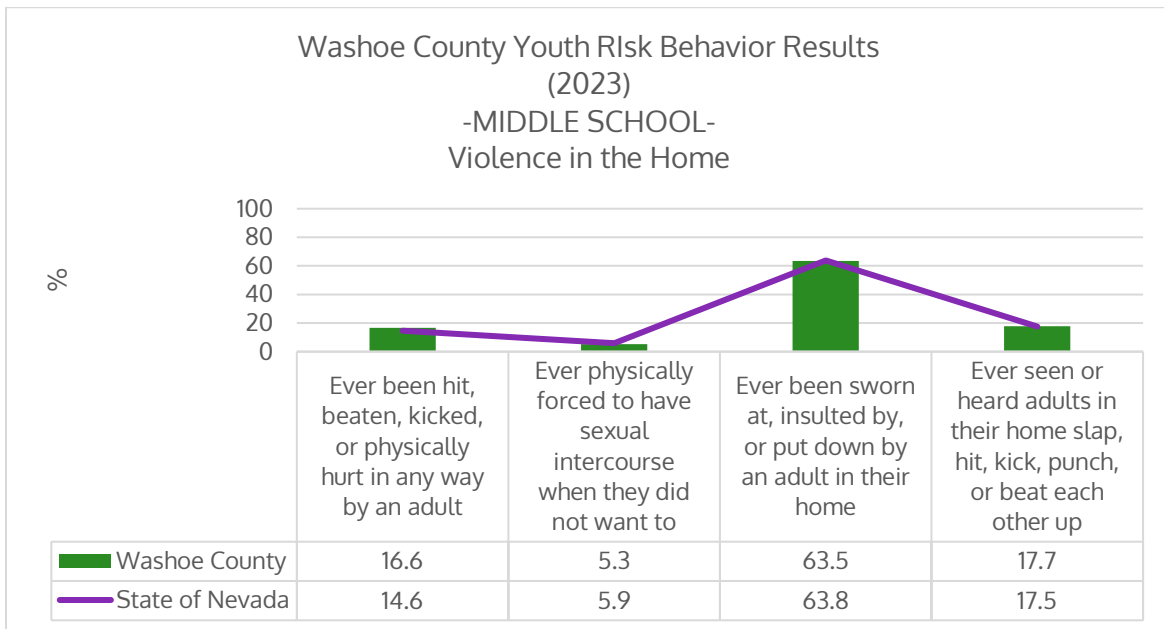
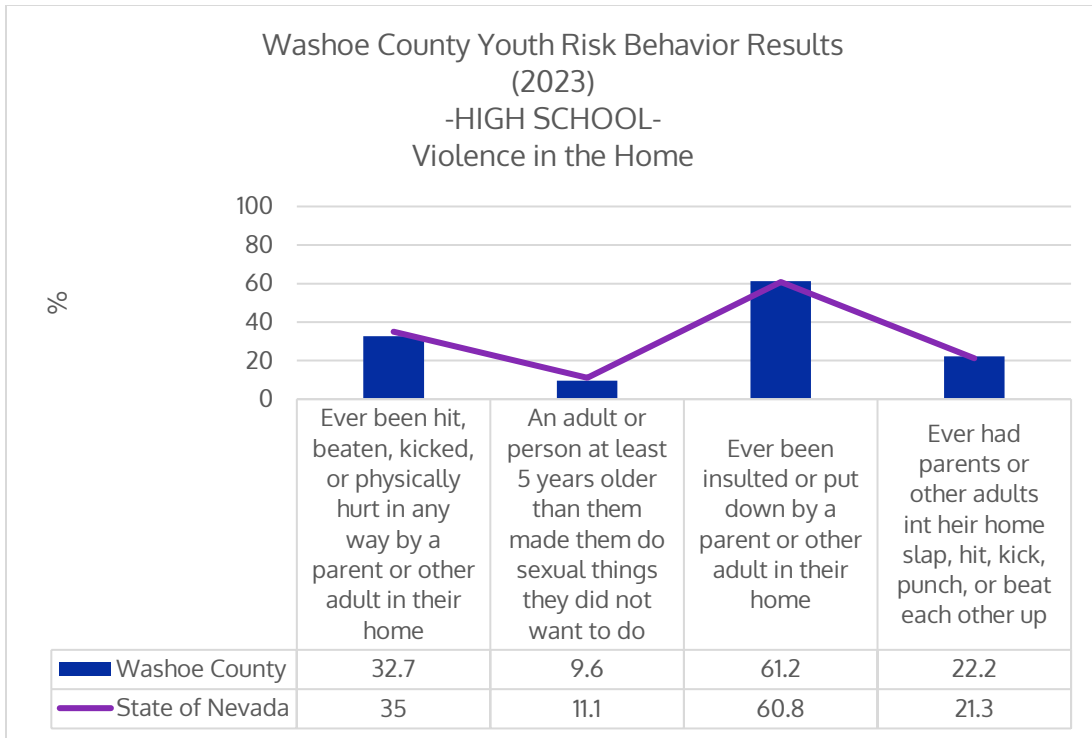
- 22.2% of adults ages 18-54 in Washoe County have been told that they have a depressive disorder (including depression, major depression, dysthymia, or minor depression) (*Source: BRFSS Washoe County 2023*)
- 8.68% of adults ages 18-54 in Washoe County have seriously considered attempting suicide in the past 12 months. (*Source: BRFSS Washoe County 2023*)
- 59.46% of adults ages 18-54 in Washoe County report one or more days of “not good” mental health in the past 30 days (*Source: BRFSS Washoe County 2023*)

| Washoe County Family Structures | | | | | |
|---------------------------------|--|-------------------------------------|---------------------------------------|---|--|
| | Households with Children Under Age of 18 | | | Other Living Situations for Children | |
| | Married-Couple Family Households* | Male Householder no spouse present* | Female Householder no spouse present* | Children on Child Protective Services Reports (Washoe County, as of January 2025)±° | Grandparents Responsible for Grandchildren (regardless of marital status)* |
| Washoe County | 60% (n=29,217) | 11% (n=5,460) | 19% (n=9,259) | n=5,725 | n=2,587 |
| State of Nevada | 54% (n=181,818) | 11% (n=36,508) | 23% (n=77,412) | n=51,796 | n=22,192 |

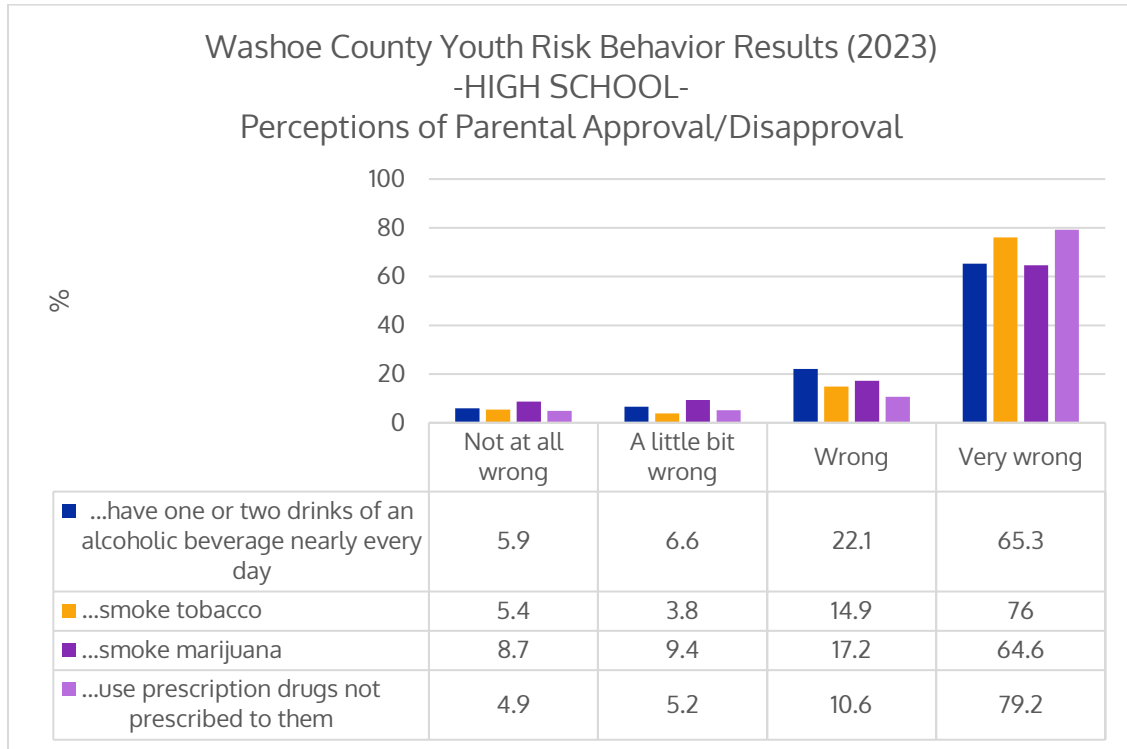
*American Community Survey, 5-Year Estimates. Group homes and institutions excluded.

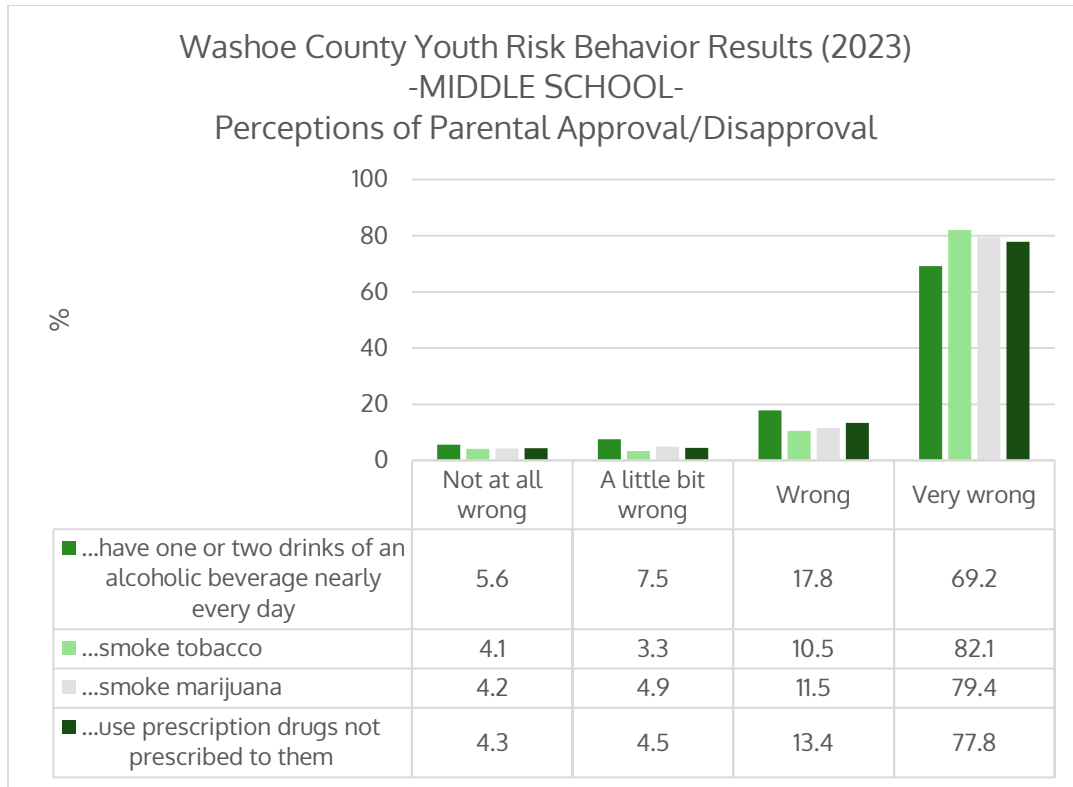
±State of Nevada Child Protective Services Dashboard, State of Nevada, Office of Analytics

°Children who are subjects of CPS reports may remain in the home or may be placed in foster, kinship, or guardianship placement



Favorable Parental Attitudes





Family History of Substance Misuse

Prenatal Drug Exposure

This study has identified that at least 12% of Nevada’s births are gestationally exposed to substance. Mothers to infants who are gestationally exposed to substances are less likely to receive early and adequate prenatal care and more likely to deliver preterm. Substance-exposed infants fare significantly worse than their non-exposed counterparts, with significantly higher rates of low birthweight, abnormal births, and congenital anomalies. They are twice as likely to require NICU admissions after birth and have an increased likelihood of being placed on mechanical ventilation. Substance-exposed infants have CPS reports generated for them at a rate 9.2 times higher than non-exposed infants, are 1.4 times more likely to be admitted to the hospital and are 2.5 times more likely to die before reaching their second birthday.

Further, this study found that when considering a mother whose previous pregnancy involved substance exposure, there is a 70% likelihood that

their next pregnancy will also be gestationally exposed to substances, illustrating a need to provide strong addiction support services to all mothers identified as having a substance exposed infant.

(Source: Addressing Gaps in Care: Health Outcomes of Infants with Gestational Exposure to Substances in Nevada (2018-2020), Nevada Department of Health and Human Services – Office of Analytics, July 2024)

Primary Substance Among 2023 Clients In Any Substance Use Treatment Facility Who Were Pregnant at Admission, Washoe County Facilities

| Primary Substance | Service Type | | | | Total Pregnant Females |
|-------------------------------|--------------------------------|-------------------------------|-----------------------------------|---------------------------------------|------------------------|
| | Rehab/Residential (Short Term) | Rehab/Residential (Long Term) | Ambulatory - Intensive Outpatient | Ambulatory - Non-Intensive Outpatient | |
| Alcohol | 0 | 2 | 0 | 3 | 5 |
| Marijuana | 0 | 3 | 0 | 1 | 4 |
| Heroin | 0 | 4 | 1 | 2 | 7 |
| Other Opiates and Synthetics | 0 | 1 | 0 | 1 | 2 |
| Methamphetamine/Speed | 1 | 4 | 3 | 3 | 11 |
| Unknown | 0 | 0 | 0 | 2 | 2 |
| Not Collected | 0 | 0 | 0 | 10 | 10 |
| Total Pregnant Females | 1 | 14 | 4 | 22 | 41 |

Data Source: Treatment Episode Data Sets (TEDS).

(Source: State of Nevada, Department of Health and Human Services | Office of Analytics)

Youth/Young Adult Domain: School

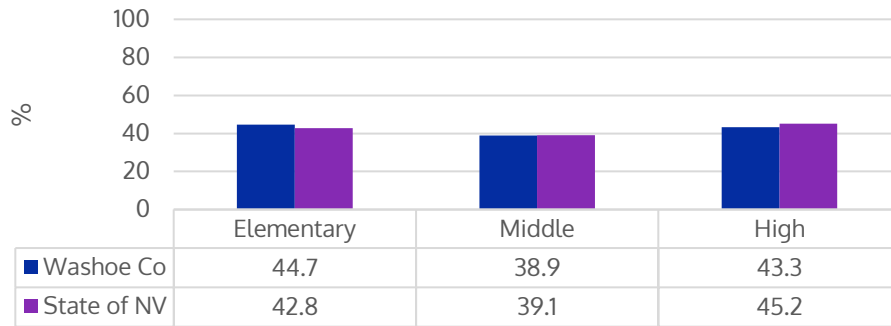
| <i>Indicator</i> | <i>Data Source</i> |
|--|--------------------|
| Academic failure beginning in late elementary school | Nevada Report Card |
| Lack of commitment to school | YRBS |

Academic Failure Beginning in Late Elementary School

There are no data sources readily available for this indicator. English and math proficiency scores for middle school students are being used as a proxy.

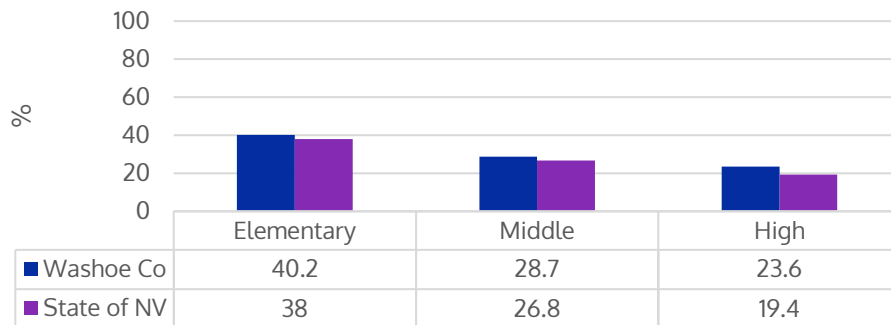
Proficiency Levels of Elementary, Middle, and High School Students
-ENGLISH-
SY 2023/2024

(Source: Nevada Accountability Report)

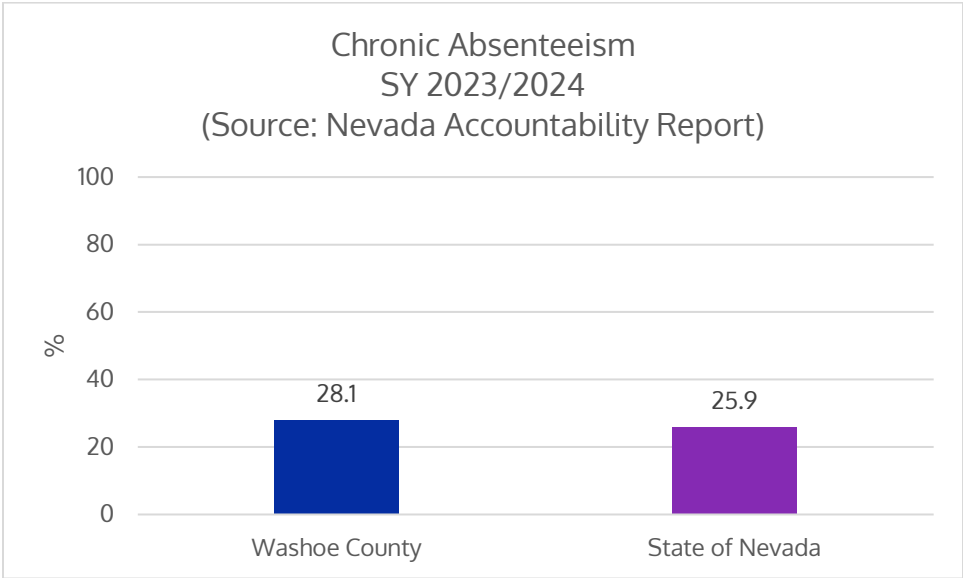


Proficiency Levels of Elementary, Middle, and High School Students
-MATH-
SY 2023/2024

(Source: Nevada Accountability Report)



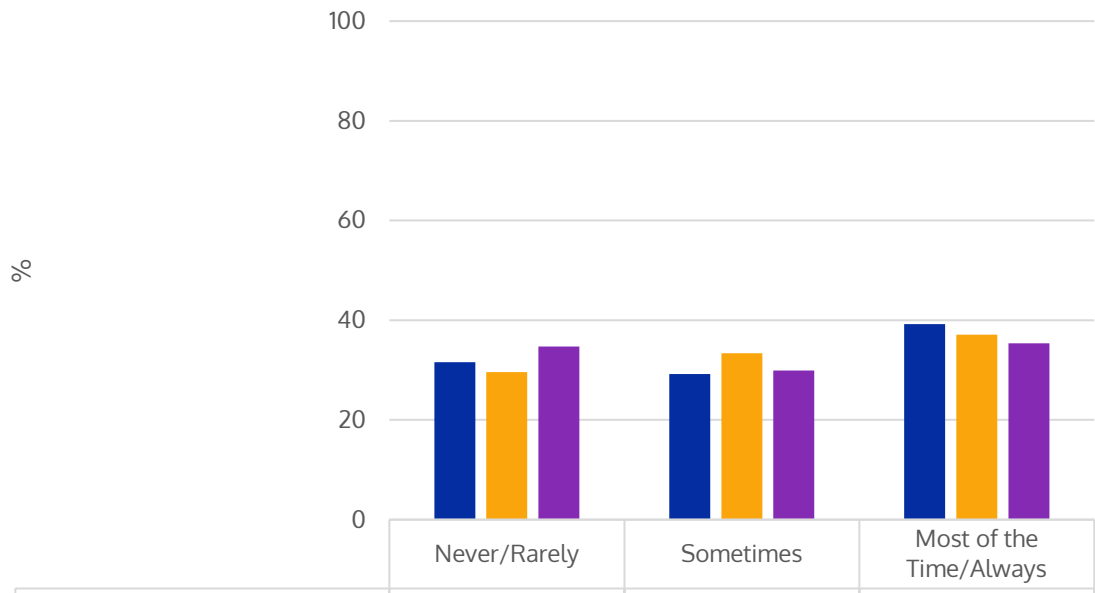
Lack of Commitment to School



The school district is targeting chronic absenteeism.

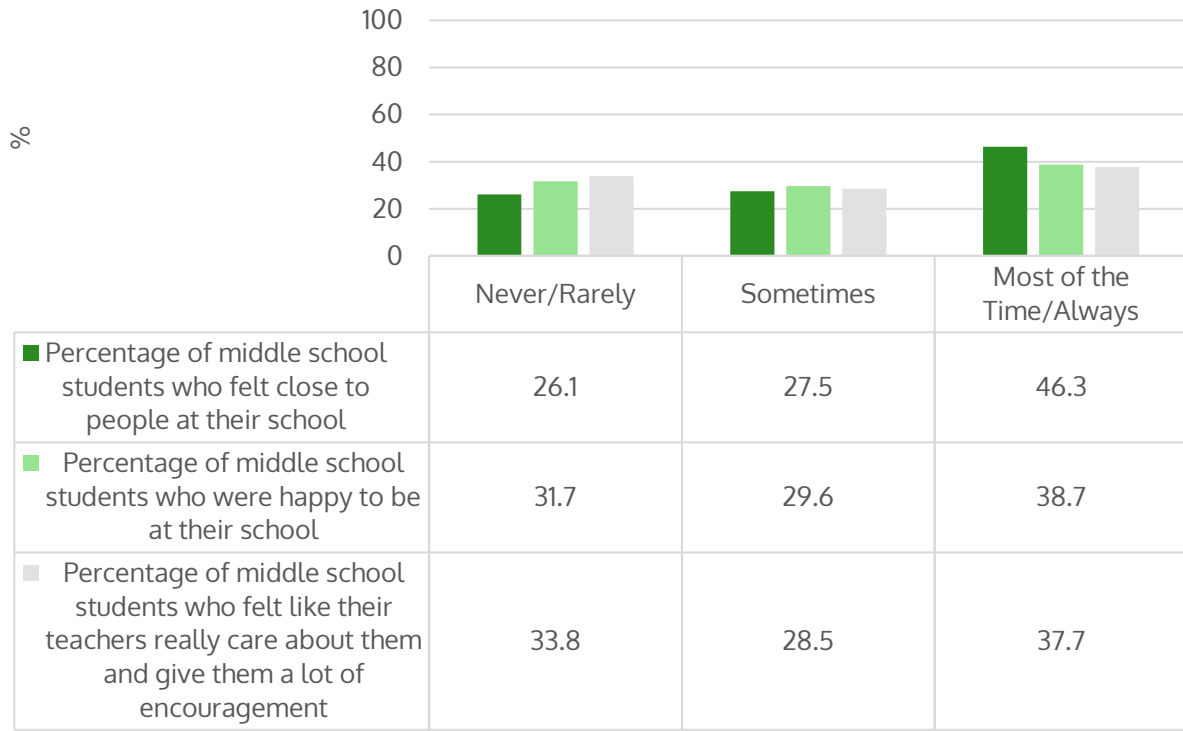
-Washoe County School District Representative

Washoe County Youth Risk Behavior Survey (2023)
-HIGH SCHOOL-



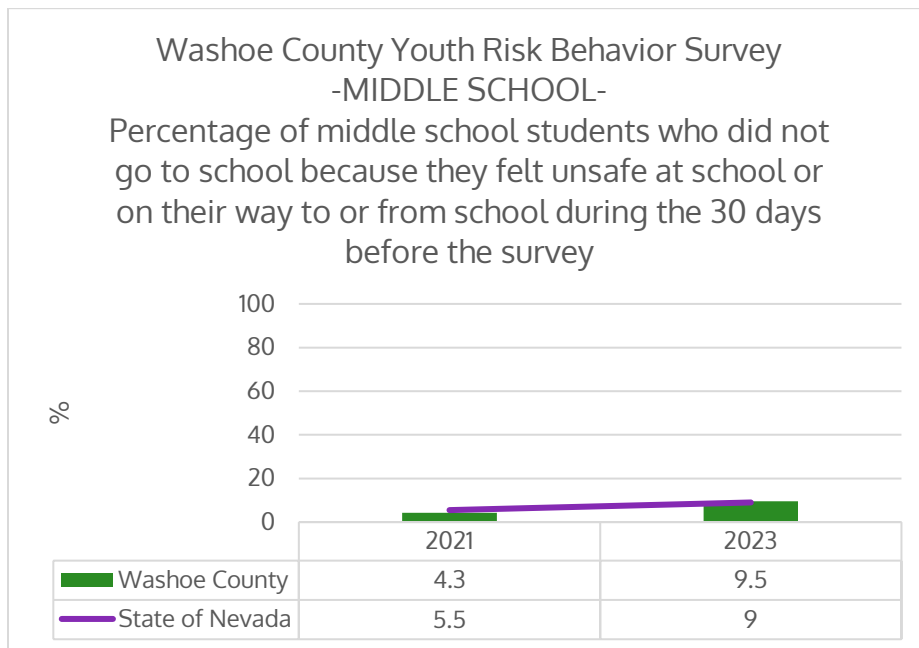
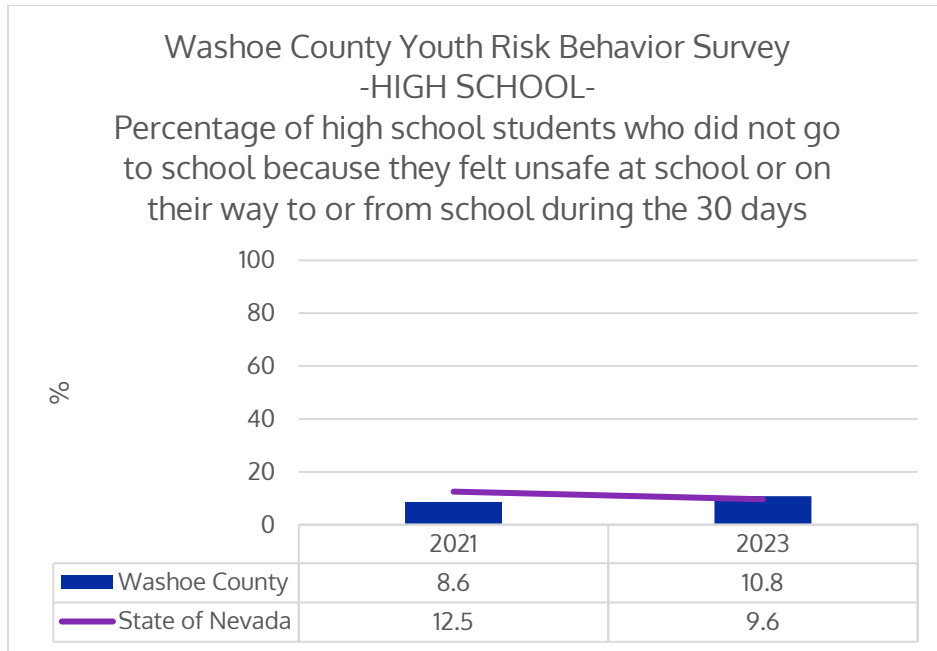
| | Never/Rarely | Sometimes | Most of the Time/Always |
|---|--------------|-----------|-------------------------|
| ■ Percentage of high school students who felt close to people at their school | 31.6 | 29.2 | 39.2 |
| ■ Percentage of high school students who felt like their teachers really care about them and give them a lot of encouragement | 29.6 | 33.4 | 37.1 |
| ■ Percentage of high school students who were happy to be at their school | 34.7 | 29.9 | 35.4 |

Washoe County Youth Risk Behavior Survey (2023)
 -MIDDLE SCHOOL-
 Perceptions of School



I would tell younger people to talk more to teachers. They really do know more than you do and most of them really do care.

-Youth Key Informant Interview



| Percentage of Students Who Were Bullied on School Property During the 12 Months Before the Survey (Source: YRBS 2023) | | |
|--|-------------|---------------|
| | High School | Middle School |
| Washoe County | 16.3% | 27.6% |
| State of Nevada | 13.4% | 23.7% |

Youth/Young Adult Domain: Community

| <i>Indicator</i> | <i>Data Source</i> |
|---|-----------------------------------|
| Low cost of alcohol | Tax Foundation |
| High availability of substances | YRBS |
| Community laws and norms favorable to substance use | Nevada Report of the Judiciary |
| Media portrayal of alcohol use | No data available |
| Low neighborhood attachment | No data available |
| Community disorganization | No data available |
| Low socioeconomic status | American Community Survey YRBS |
| Transitions and mobility | Nevada Report Card |

The way people define “community,” especially young people, has evolved over the past several years. People still find a sense of community in person through their neighborhoods, schools, workplaces, gyms, book clubs, and other venues. Increasingly, however, individuals find a sense of community online through video games, topic-specific group chats, and comment sections. This is not necessarily good or bad, but requires JTNN to think differently. How do “community” risk factors translate to online communities? For example, how do we morph the risk factor of “community laws and norms favorable to substance use” from the realm of brick-and-mortar institutions and into the online world?

This is especially important to consider because online forums have little oversight or regulation. A 2019 study found that 38% of all mobile internet traffic is on YouTube (Cam), and 70% of the videos played on YouTube are recommended by the platform’s algorithm rather than direct searches (Solsman). It is easy to see how a young person searching for answers about “teens and alcohol use” might easily fall into a rabbit hole of misinformation.

Parents who wouldn’t think twice about keeping their child away from an adult who espouses values they disagree with may unwittingly allow their child to be exposed to these same negative influences, sometimes far worse and in greater numbers, online.

Efforts have been made in this section to align community-related risk and protective factors with today’s online world.

Low Cost of Alcohol

The price of alcohol varies by type of alcohol (e.g., wine vs. distilled spirits), taxes, regulations, local demand, and distribution networks.

Some states operate liquor outlets (e.g., "control" states), while other states issue licenses to individual vendors ("license" states). (Source: National Library of Medicine, <https://pubmed.ncbi.nlm.nih.gov/articles/PMC3529794/>). The overall price of alcohol in control states was approximately two dollars higher per bottle than in license states. Nevada is a "license" state. Alcohol is sold at convenience and grocery stores, liquor stores, and at casinos, restaurants, and bars.

This researcher was not able to locate any official local data for this indicator. Instead, a spot check of prices for the same size and brand of alcohol at liquor stores in nearby states was conducted. Comparison outlets identified as "liquor stores." The cost of one 750 ml bottle of Smirnoff vodka, including tax, on February 18, 2025, was as follows:

| Comparison of Costs of Alcohol | | |
|--------------------------------|------------|---|
| Location | Total Cost | % of High School Students Who Used Alcohol in Past 30 Days (Source: CDC/YRBS) |
| Reno, Nevada | \$15.15 | 22.9% |
| Dillon, Colorado | \$15.80 | 29.7% |
| Salt Lake City, Utah | \$16.15 | 6.4% |
| Lewiston, Idaho | \$14.74 | 23.3% |
| South Lake Tahoe, California | \$15.32 | 21.4% |
| Klamath Falls, Oregon | \$14.95 | 16.6%± |

±<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Pages/SHS-2022-Results.aspx>

It is unclear at what point higher costs begin to act as a deterrent for youth. This comparison does not consider other risk and protective factors that might impact 30-day alcohol use rates. It would appear from this simplistic analysis that access and possibly criminal consequences for contributing to a minor might have a bigger influence than cost alone.

It is legal in most states to purchase alcohol online. Most states require verification of age through a state-issued ID at the time of delivery. A price check at a large,

nationwide online alcohol retail outlet revealed that the same 750 ml bottle of Smirnoff vodka would cost approximately \$45 (including shipping). Online alcohol sales do not appear to be a factor in “low cost of alcohol.”

Community Laws and Norms Favorable to Substance Use

Casinos in Nevada provide 24-hour a day access to legalized gambling, drinking, legal marijuana dispensaries and other vice industries (Northern Nevada Interdiction Task Force, n.d.). Casinos are an integral component of Washoe County’s economy as they earn revenue from both locals and out-of-town visitors. Movies, television, and books routinely depict irresponsible substance use as a mainstay at casinos (i.e., The Hangover, Leaving Las Vegas, The Godfather, etc). While it is true that some casinos offer free drinks to people while they are gambling and bars inside of casinos are themed appealingly, it is unclear how much influence casinos have over how young people growing up in the area view substance use. Casinos do not actively encourage underage substance use and implement stringent carding policies. Most young people growing up in Washoe County spend their time at school, outdoors, visiting museums, and playing sports just like youth in areas without casinos. They do routinely see the casino buildings and advertisements. Nearly every aspect of the community is influenced on way or another by the casino industry.



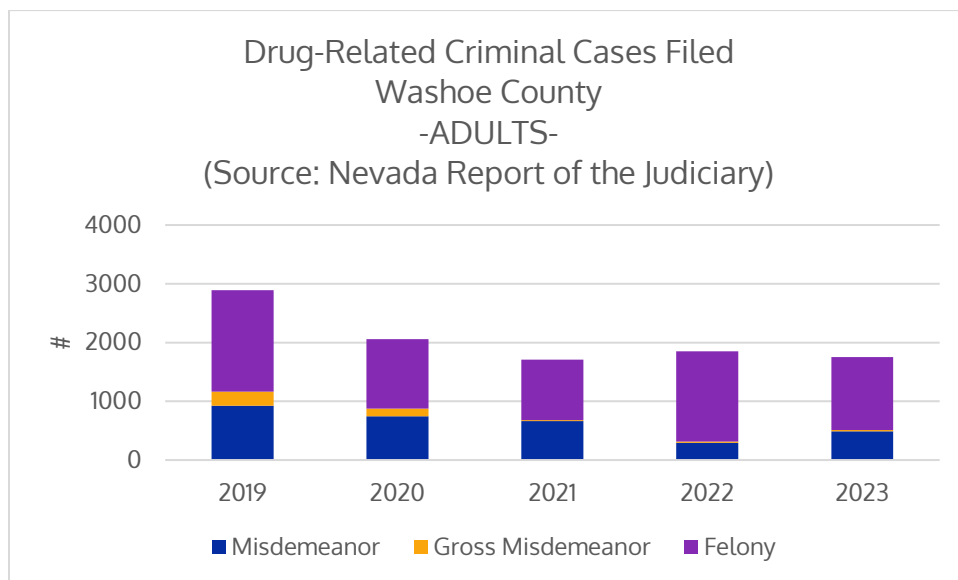
Banner at UNR Basketball Game sponsored by JTNN. Note “Caesars Rewards” as an ongoing sponsor. Photo Credit: JTNN Staff

The data below attempts to determine if Washoe County's "laws and norms" are more or less favorable to substance use than those of the State of Nevada as a whole. This includes information about health and legal consequences.

Two days were selected at random, a Monday and a Friday. Two local "events" pages were reviewed for community events. The events were far-reaching and included events such as story times at libraries, high school plays, and sporting events. The events were tallied to see what percentage promoted alcohol use. There were 28 events listed for Monday. Of those, 8 promoted alcohol and 2 promoted gambling. There were 49 events listed for Friday. Of those, 16 promoted alcohol and 2 promoted gambling. From this brief review, it appears that there are very few events promoted for teenagers and adults that don't include alcohol or gambling. The events that are promoted for teenagers and adults tend to focus on self-improvement (health conditions, employment, etc.)

Harm reduction strategies seem to be working. It might not sound like a "win" but people are injecting substances less frequently and are smoking instead. Users are sharing harm reduction information with one another.

-Focus Group Participants



Note: This graph represents cases filed; this should not be construed to represent convictions or other legal dispositions. One should also keep in mind that the number of cases filed can be influenced by a myriad of factors, including: policy changes; law enforcement staffing levels; culture of district attorney's office, etc.

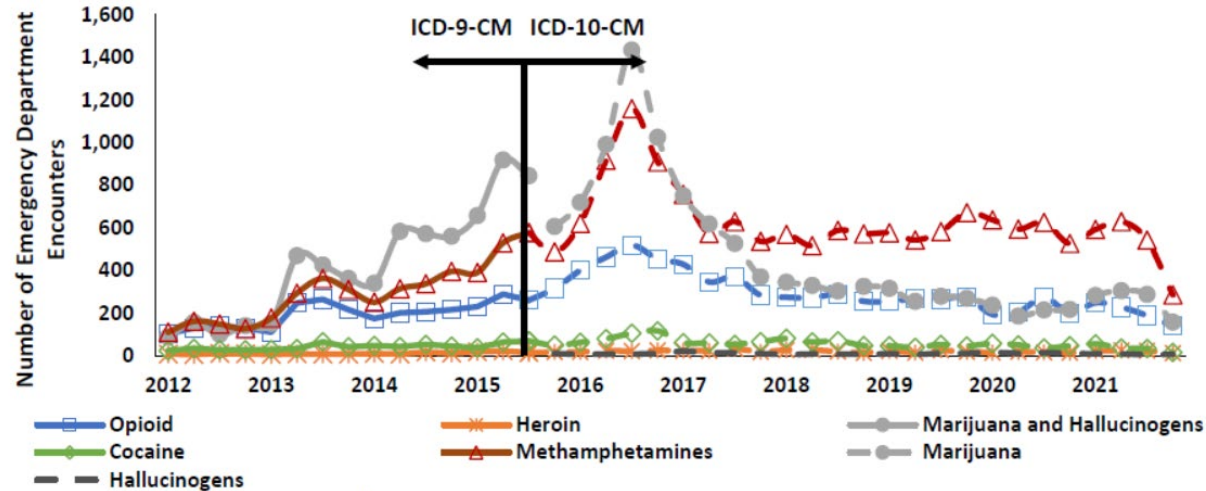
All levels of law enforcement (dispatch – patrol – jail) experience stress when they aren't able to provide services to the people they interact with. All aspects could use more support/trainings (e.g., Crisis Intervention Training).

-Focus Group Participants

Local law enforcement officers engage primarily with elementary school students. Older students do not have opportunities for positive interaction. Can we expand that? For example, can we offer open gym basketball with law enforcement?

-Focus Group Participants

Figure 39. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, Washoe County Residents, 2012-2021.



Source: Hospital Emergency Department 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.

(Source: Reproduced from 2022 Washoe County Epidemiological Profile)

As noted above, recreational marijuana use became decriminalized in the State of Nevada in 2017.

The following graphics are reproduced from the Nevada Drug Overdose Surveillance system January 2025: Washoe County Report (https://nvopioidresponse.org/wp-content/uploads/2025/01/OD-Surveillance-January-2024-Washoe_ADA.pdf).

Figure 1. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in Washoe County (per 1,000 residents), past 12 months

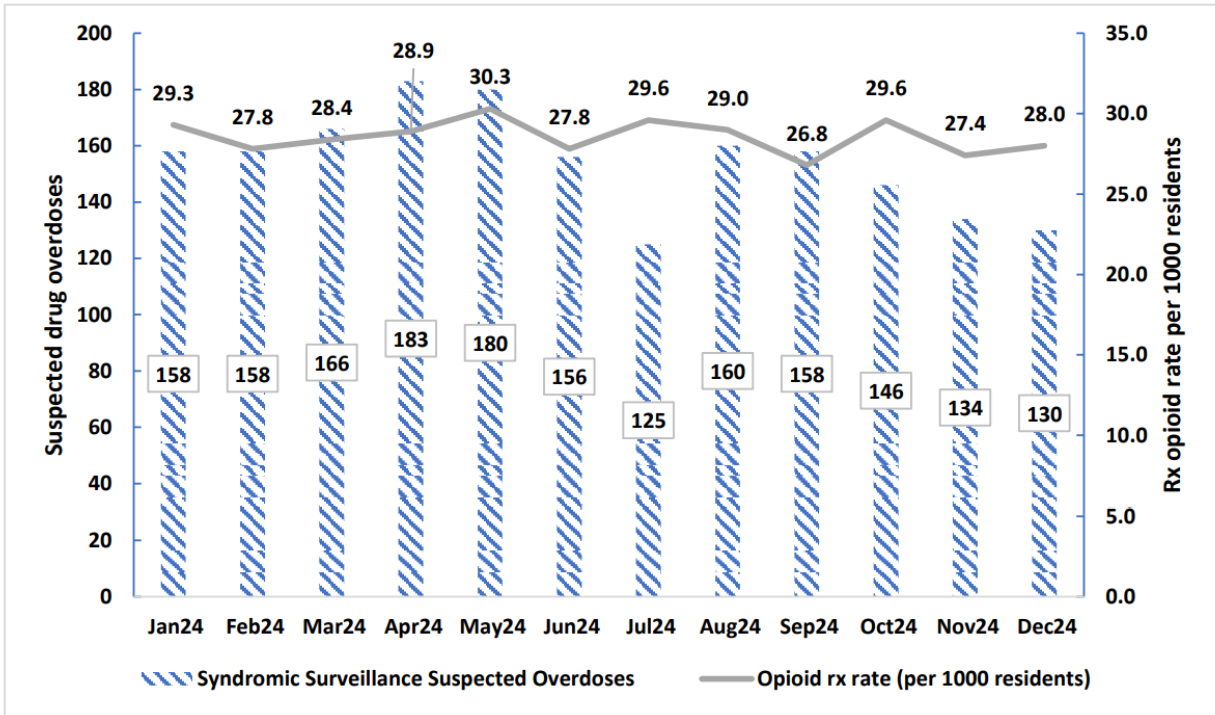


Figure 2. Monthly rates of suspected drug-related overdose ED visits in Washoe County vs NV, past 12 months (per 100,000 population)

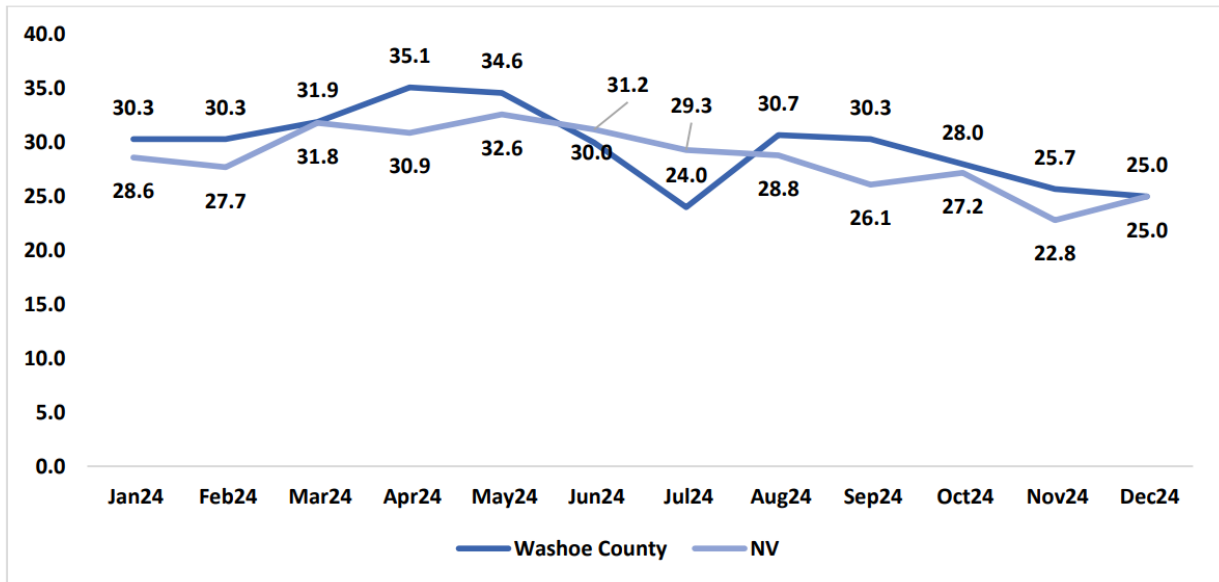


Figure 3. Monthly rates of suspected drug-related overdose ED visits in Washoe County, 2018-2024 (per 100,000 population)

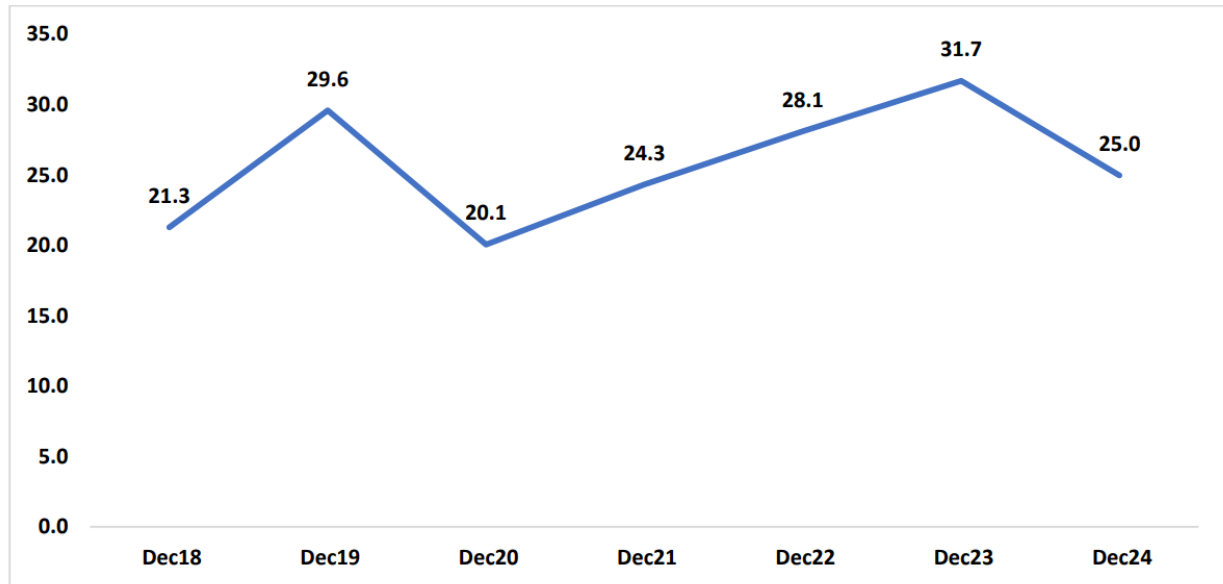
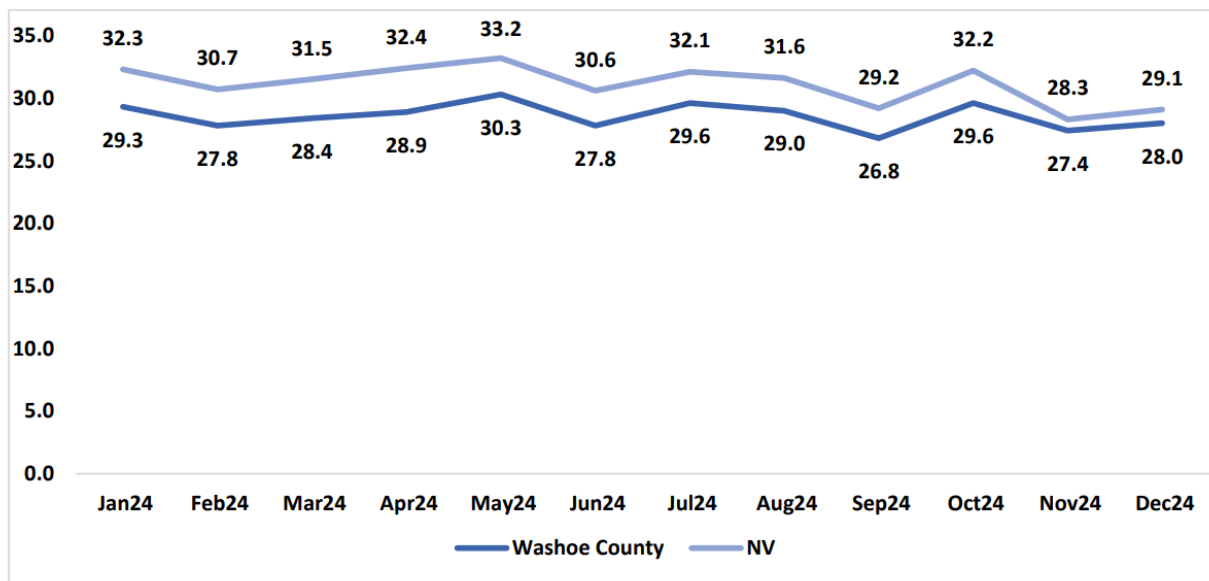
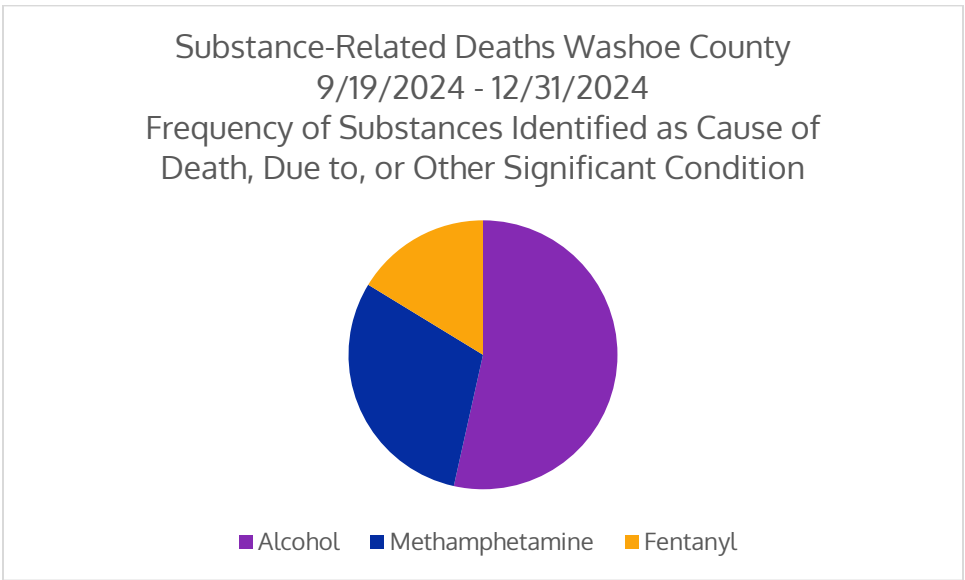


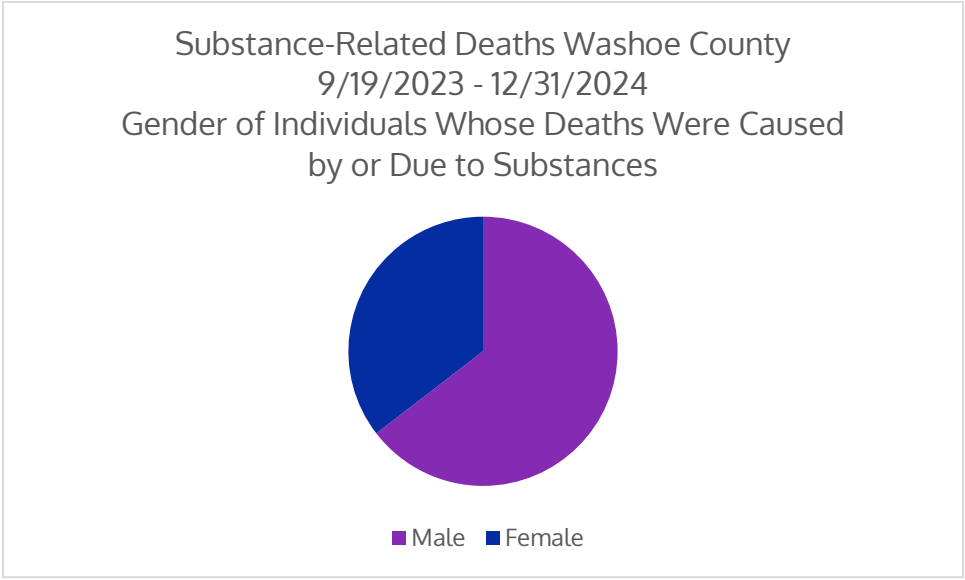
Figure 4. Monthly opioid prescription rates per 1,000 residents in Washoe County and NV, past 12 months



The Washoe County Regional Medical Examiner’s Office provided JTNN with reports about drug-related deaths for the period 9/19/2024 – 12/31/2024. Approximately 7% of deaths during this time were attributable in some way to substance use (“cause of death,” “due to,” or “other significant condition”). A brief review of this report revealed the following distribution:



It is important to note that this report does not report deaths attributable to tobacco use. If one were to assume that at least some of the deaths caused by COPD, other respiratory and cardiovascular diseases, and certain cancers were attributable to tobacco use, tobacco would likely be at least as represented as alcohol in the graph above.



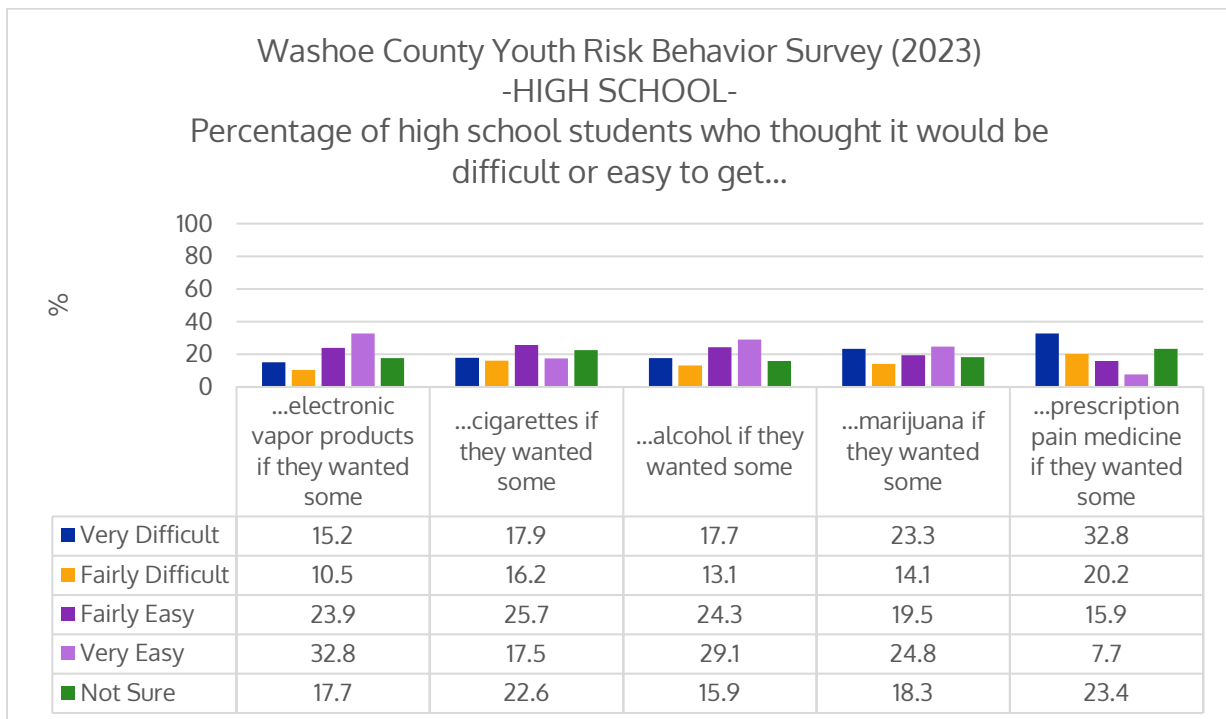
Note: Specific percentages are not being included in the charts above because this was a cursory review of the report rather than a detailed analysis.

The overall average age at death for the full sample (all people of all ages who died of all causes during the reporting period) was 70 years. The average age at death for those in the substance-related death population was 52.

High Availability of Substances

Unlike some other states, alcohol is readily available in the State of Nevada through licensed retailers (grocery stores, convenience stores, liquor stores, casinos, and bars).

The use of recreational marijuana was legalized in the State of Nevada in 2017. There are approximately 15 licensed dispensaries in JTNN's service area (Washoe County). Dispensaries on tribal lands are not required to be licensed by the State of Nevada. In 2023, officials voted against allowing consumption lounges to operate within Washoe County.



It seems like law enforcement activities are effective at reducing access to substances.

-Focus Group Participants



RX Take Back day facilitated by JTNN in collaboration with community partners. Photo Credit: JTNN staff.

Media Portrayal of Alcohol Use

It is difficult to pinpoint media portrayal of alcohol (or other substances) on a local level. Because most people interact more often with social media than traditional media platforms (television or radio), an attempt was made to understand the portrayal of substance use on social media.

A recent study published by the National Library of Medicine found that,

76% of all substance-related content was positive in its depiction of substance use, with 20.2% of content depicting use negatively. Sentiment regarding opiate use however was commonly negative

(55.5%). Most studies identified themes relating to Health, Safety and Harms (65.0%) of substance use. Themes relating to Promotions/Advertisements (63.3%), Informative content (55.0%) and Use behaviours (43.3%) were also frequently identified.

(Source: Rutherford)

Low Neighborhood Attachment

Many young people are engaged with activities that are not affiliated with schools (soccer clubs, karate, theater groups, etc.). These organizations would often benefit from support (e.g., celebration nights, kick-off events, etc.) that JTNN might be able to provide. JTNN would then have an opportunity to provide prevention education for coaches, leaders, etc.

-Focus Group Participants

- In Washoe County, approximately 7% of young adults ages 16-19 are neither working nor in school. (*Source: countyhealthrankings.org/health-data/health-factors/social-economic-factors/education/disconnected-youth*).

Community Disorganization

The “Social Vulnerability Index” is defined as follows:

Social vulnerability refers to the demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities that encounter hazards and other community-level stressors. These stressors can include natural or human-caused disasters (such as tornadoes or chemical spills) or disease outbreaks (such as COVID-19).

Washoe County received an overall score of .6971 on the Social Vulnerability Index, which places them in the “medium to high” range. This means that people living in Washoe County may be more susceptible to natural or manmade disasters than other communities might. This score includes topics related to socioeconomic status, household characteristics, racial and ethnic minority

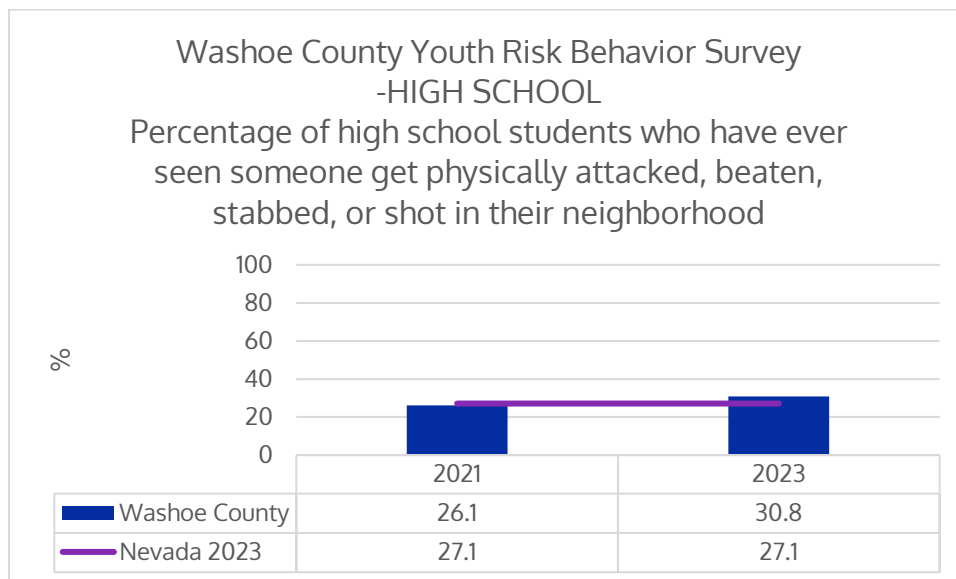
status, and housing type and transportation. (Source: <https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html>).

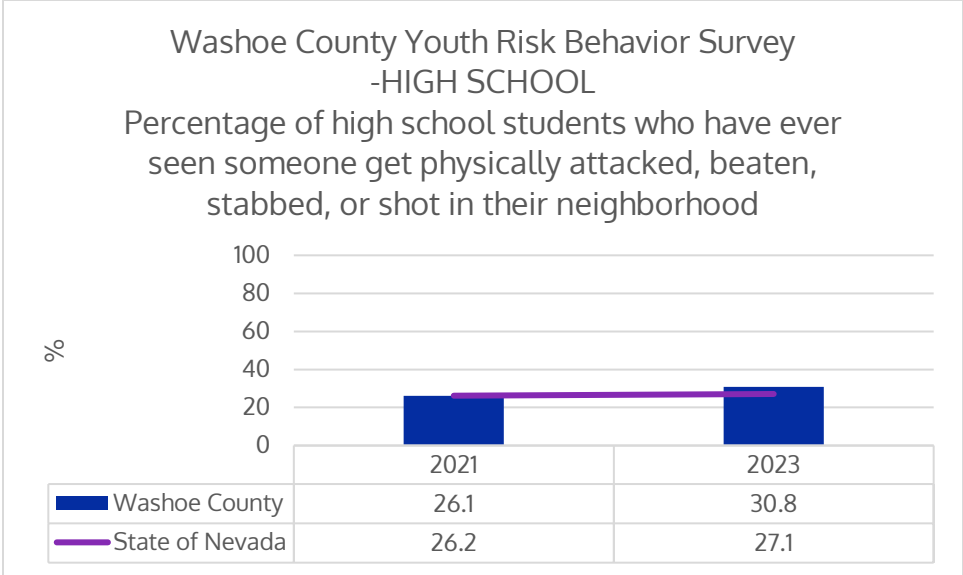
Similarly, the “Child Opportunity Index” measures data related to Education, Health and Environment, and Social and Economic Domains to determine how children raised in a specific geographic area might fare against the nation. The Child Opportunity Index in Washoe County is considered “moderate” overall, with the Health and Environment Domain scoring “Low.” (Source: <https://www.diversitydatakids.org/maps/#/explorer/tracts/0/21/12,17,21//xc/n/3.0.0/41.822/-116.506/5.1/>).

The Environmental Justice Index

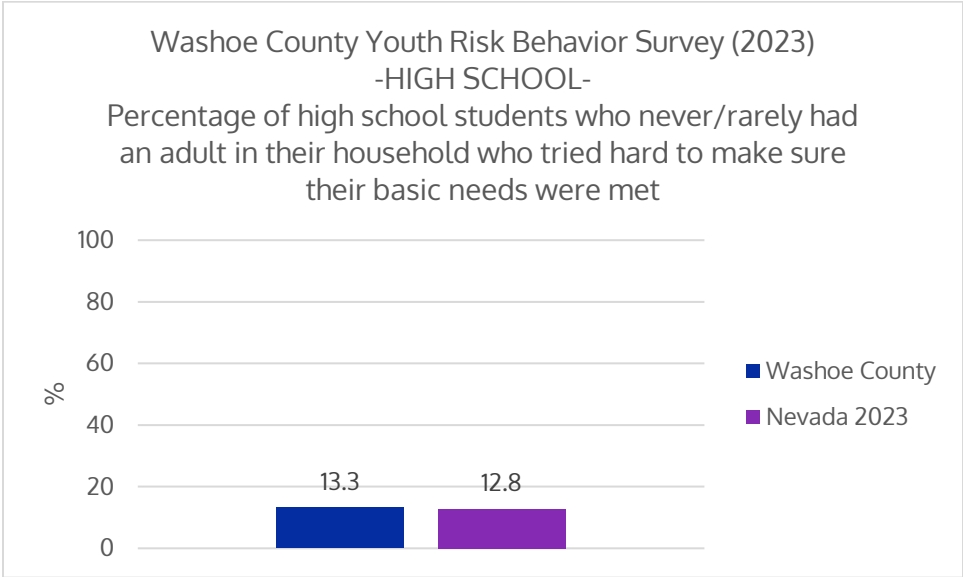
...uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, the U.S. Geological Survey, OpenStreetMap, the U.S. Department of Transportation, and the U.S. Centers for Disease Control and Prevention to rank the cumulative impacts of environmental injustice on health for every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The EJI ranks each tract on 36 environmental, social, and health factors and groups them into three overarching modules and ten different domains.

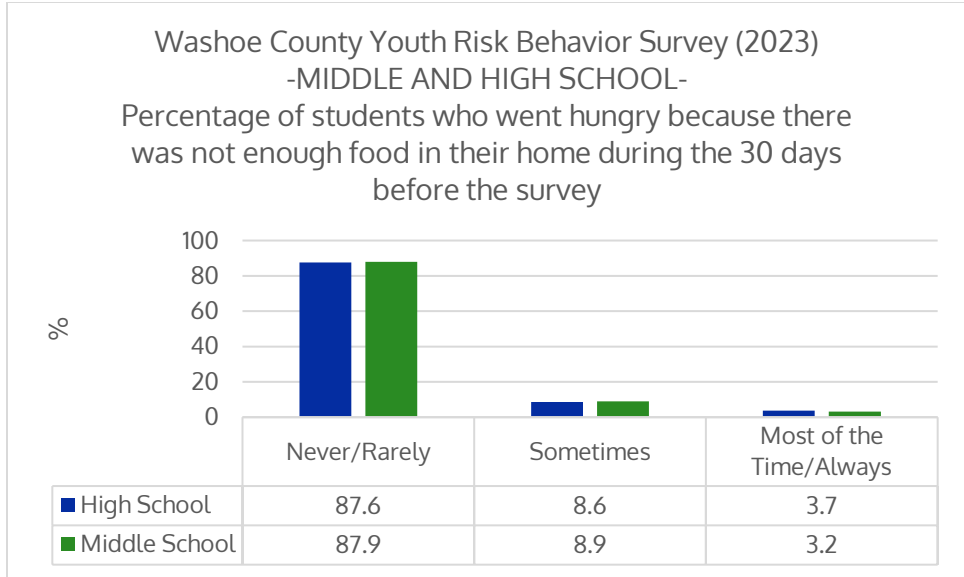
Washoe County’s Environmental Justice Score is .73, which is considered to be moderate-high when compared to other census tracks within the United States.





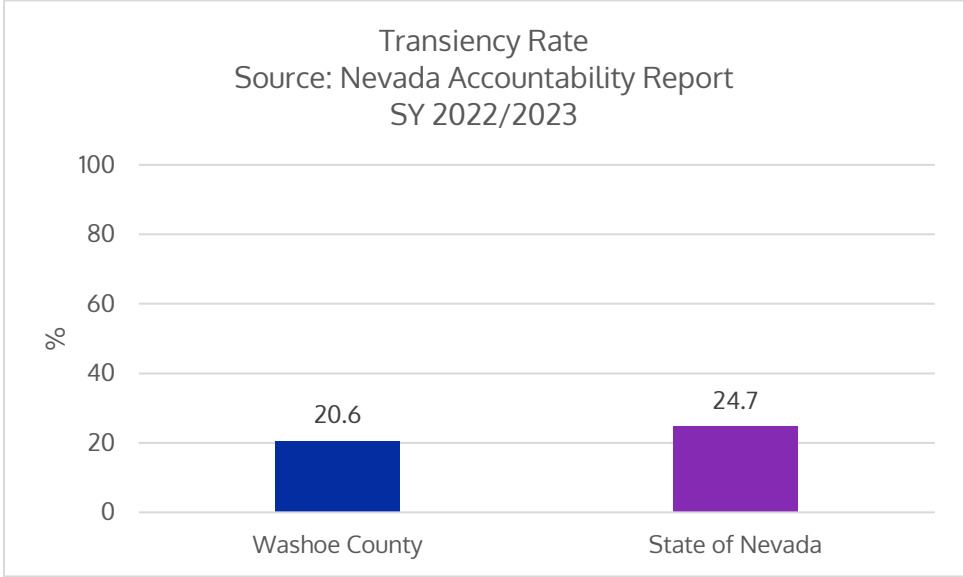
Low Socioeconomic Status





Refer to the service area description above for a better understanding of the economic conditions in each area.

Transitions and Mobility

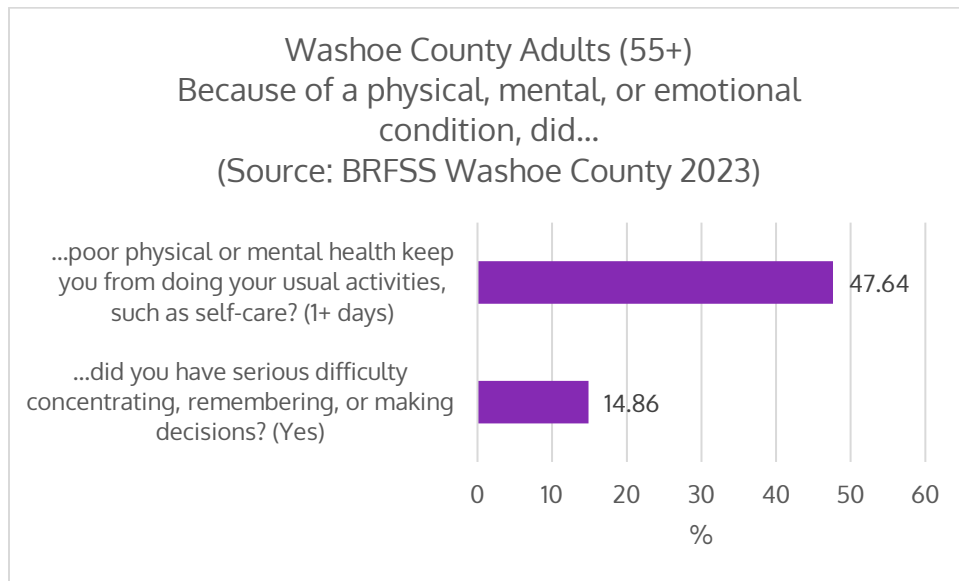


Older Adults Domain: Physical Risk Factors

Chronic Pain

No data available.

Physical Disabilities or Reduced Mobility



Transitions in Living or Care Situations

No data available.

Loss of Loved Ones

No data available.

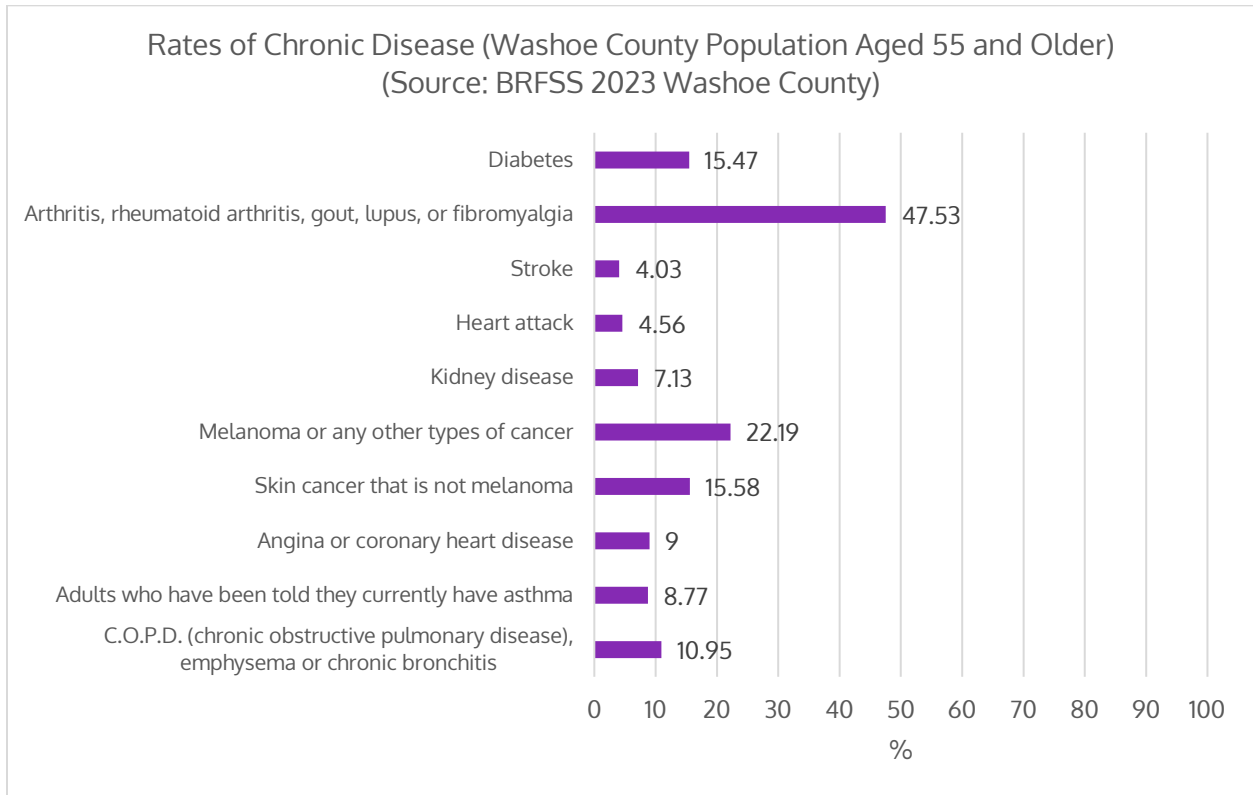
Forced Retirement or Change in Income

No data available.

Poor Health Status

No data available.

Chronic Illness



Taking a Lot of Medicines and Supplements

No data available.

Older Adults Domain: Psychiatric Risk Factors

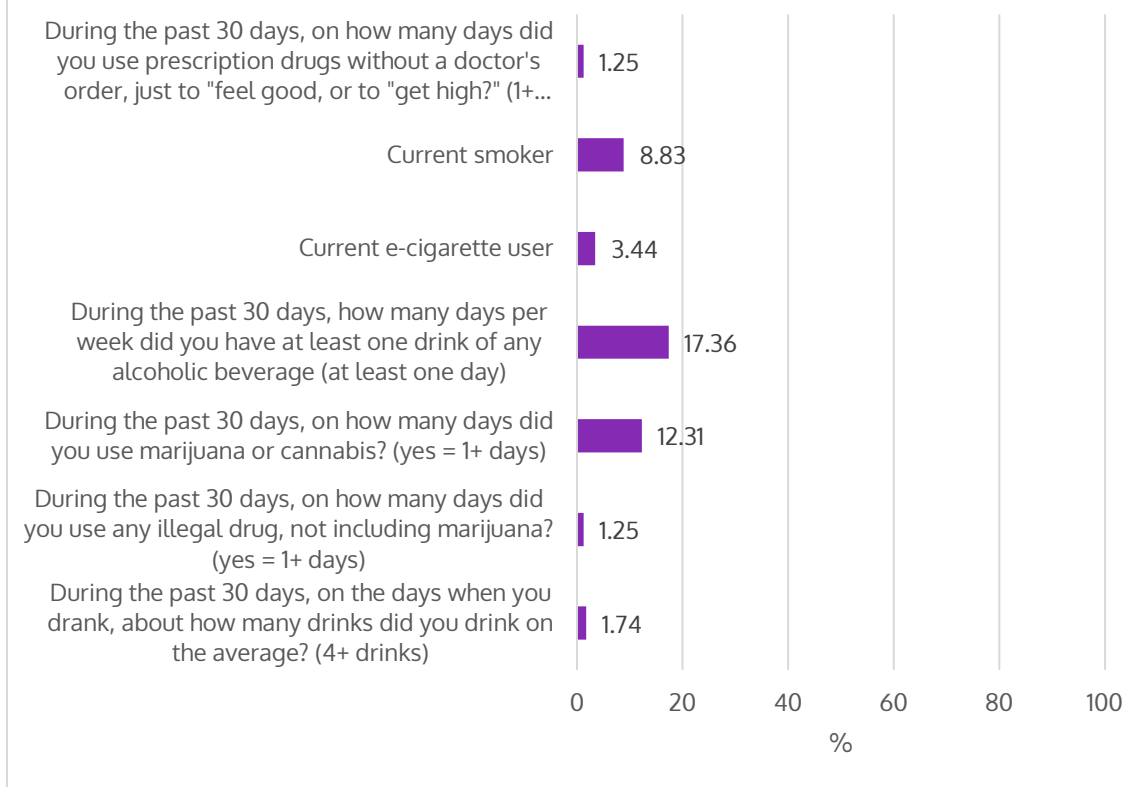
Avoidance Coping Style

No data available.

History of Substance Use Disorders

Readers should note that the substance use patterns depicted below may not necessarily fit the criteria of "substance use disorder."

Substance Use Among Washoe County Residents Ages 55 and Over (Source: BRFSS Washoe County 2023)



Previous or Current Mental Illness

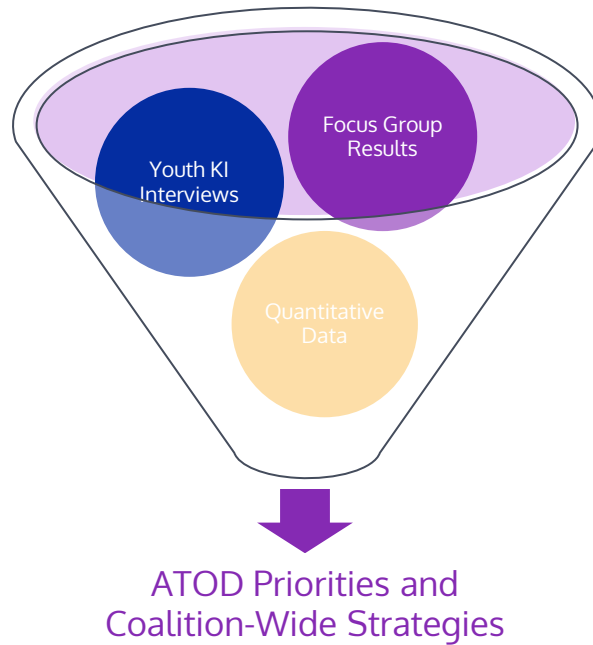
- 16.12% of adults over age 55 in Washoe County have been told that they have a depressive disorder (including depression, major depression) (*Source: BRFSS Washoe County 2023*)
- 1.64% of adults over age 55 in Washoe County have seriously considered attempting suicide in the past 12 months. (*Source: BRFSS Washoe County 2023*)
- 35.57% of adults over age 55 in Washoe County report one or more days of "not good" mental health in the past 30 days (*Source: BRFSS Washoe County 2023*)

Feeling Socially Isolated

No data available.

APPENDIX B – METHODOLOGY

Information for this CCPP was captured from three primary sources:



Focus Groups: Impact and JTNN staff worked together to create a methodology for the focus groups, including the appropriate number of participants, coordination, roles for facilitation, timing, and specific topics to be covered. The primary purpose of the focus groups was, of course, data collection. Ancillary purposes, however, included facilitating stronger relationships between JTNN and new or existing partners and to educate participants about JTNN and substance misuse in general. JTNN was responsible for scheduling focus groups and issuing invitations to participants who represented various sectors based on the Drug Free Communities graphic:



Focus groups were held on the following dates:

December 20, 2024
January 10, 2025

Invitations were extended for Saturday and after-hours focus groups, but no participants were interested in those times.

Ultimately, 17 individuals attended the focus groups. Every community sector, other than business, was represented. Focus groups lasted approximately two hours each. More details about the focus group findings and methodology are available in a separate report through JTNN.

Individual Youth Key Informant Interviews: JTNN co-sponsored an “Upward Bound” summer program on the UNR campus in July 2024. Upward Bound is designed to “prepare first-generation, income-qualified Nevada high school students for higher education access and success.” Seven (7) participants in the Upward Bound summer program were randomly selected to take part in the individual interviews. Parental consent and youth assent were obtained. Participants met Margo Teague of Impact Evaluation & Assessment on UNR’s campus for the 45-minute interviews. Upward Bound’s policies required that a staff member was also present during the interviews to ensure youth safety.

An additional two interviewees were identified through a snowball methodology wherein Impact Evaluation reached out to the parents of young people within their

own sphere of influence or agencies that work with young people ages 12-17. The same questions and consent forms were utilized.

This methodology resulted in a total of 9 youth key informant interviews. More details about the youth interviews, findings, and methodology are available in a separate report through JTNN.

About Quantitative Data Sources

Nevada Youth Risk Behavior Survey (YRBS):

- Questions for the YRBS are determined at the State level and are not under the direct control of JTNN. Several wording changes have occurred over the years that prohibit long-term comparisons.
- Responsibility for administration and analysis of the YRBS is with the University of Nevada, Reno. The following paragraphs are from the 2023 YRBS report:

Methods

Sampling, Weighting, and Analysis

The 2023 Nevada YRBS sampling plan was designed to ensure that every eligible student had an equal chance of selection. A random cluster sample design was used to produce a representative sample of students in grades 6-8 (all Nevada regular public, charter, and alternative middle schools). In order to provide regional data that represent all counties in the state, all 17 school districts were grouped into 8 regions that generally reflect the Nevada Statewide Coalition Partnership (Table 1). The regional grouping also helped ensure that individual schools could not be identified. Next, classes were randomly selected within every school with the probability based on a required margin of error in the sample size for each region. Intact classes of either all second period or all required English courses were randomly selected from each school. The questionnaire was administered to all students in sampled classes from February 2023 to June 2023.

The 2023 Nevada YRBS data in this report were weighted based on the sex, race/ethnicity, and grade level of students in each region. The weighting process ensured that the estimates accurately represent the entire student population in each region and the state as a whole. Non-response or poor sampling procedures can result in a sample that is not a representative subset of the population; therefore, un-weighted results

from these samples may not accurately reflect student behaviors and could be misleading. This report only displays weighted results.

In 2023, 22 middle schools and 18 high schools were selected to participate in the YRBS. Nearly 2,000 middle school students (1,978) and 941 high school students participated. The response rate for middle school was reported at 75.6% and for high school as 76.8%.

The State of Nevada, Office of Analytics provided data from the BRFSS, PRAMS, and SAPTA upon request.

Other data sources are cited throughout this document.

APPENDIX C – HYPOTHETICAL VIGNETTES

This researcher employed the anthropological tool of “the vertical slice” to demonstrate how JTNN might interact with various groups of people (Stryker, et al). The vertical slices are age and geographic location. The following vignettes describe the likely experiences of hypothetical people experiencing various risk and protective factors. The point of this exercise is to examine each “slice” from a 360° perspective to learn how JTNN might intentionally and appropriately implement SAMHSA’s six evidence-based strategies in an effort to reduce substance misuse. Any similarities to actual people or situations are purely coincidental.

Heather, 17-year-old female, Sparks, NV

Heather is a senior at Reed High School in Sparks, NV. She lives with her mother and father. Her father is a slot machine technician at a casino and her mother works as an intake clerk at a hospital.

Heather is very smart. She loves reading, does well in school, and has high expectations for her future. Heather enjoys playing online video games in her free time. Since her time at George L. Dilworth Middle School, Heather has gone between being proud of her intelligence and hiding it to fit in.

Heather’s 6th grade teachers talked with her parents about applying to one of the charter high schools in Washoe County. Some people believed that the charter schools were better suited for someone as smart as Heather. Other people didn’t think it mattered and that Reed High School would set her up for success. Heather’s parents asked friends and family members’ opinions and looked for information online. It was difficult to find information about this topic and there seemed to be a lot of stigma or prestige surrounding the decision. The COVID pandemic forced school closures in Heather’s 7th and 8th grade years. By the time students were allowed back to school, Heather realized she missed her friends too much and chose to attend Reed High School.

However, things had changed during the COVID closures. Heather’s friendships faded away and she found herself being left out of social activities and feeling isolated. She was still being bullied for being smart.

Heather’s parents offered advice for making new friends that sounded like it was from a 1980’s high school movie. Instead, she found herself

turning to the friends she made in online gaming forums. She found out that she wasn't alone in being bullied for being smart. Those connections felt more real and stronger than the connections Heather had made in real life. Her parents were not aware that she was communicating with people in real-time while playing video games.

Heather's parents' jobs (at a casino and at a hospital) had shown them enough harmful consequences that they were careful to set clear boundaries and expectations about substance misuse. Neither of them misused substances. Both of them had come into contact with JTNN through their work. They read information online and took parenting classes. They felt knowledgeable about substance misuse prevention and were confident that Heather would make healthy decisions.

Heather's friends in her online community continually post links to content that makes Heather uncomfortable. This content is very different from the things Heather learned from her parents. The more she watches, the further the ideas conveyed get from what Heather had been taught. At first, she was shocked by the comments on some of these links, but now she is used to the hatred and violence openly discussed.

Heather is preparing to graduate high school and attend college in the fall. She is still following her parents' rules, but there have been some serious arguments. She is hoping that she will make in-person friends at college.

Joey, 15, Reno

Joey is a fifteen-year-old sophomore at Coral Academy of Science Charter School. He lives with his father and mother.

Joey is an average student. He enjoys seeing his friends at school and playing sports. He has had some problems controlling impulsive behaviors since elementary school but has avoided any real trouble so far. He tends to see teachers and anyone who works at the school as nosy rule enforcers rather than people who might really care about his future.

Joey's parents have strong political beliefs. They spend a lot of time every day talking with each other and Joey about what they read and watch online about politics. They call people names who don't hold their same

beliefs. The anger his parents display is sometimes frightening. Joey feels as though his parents spend more time worrying about politics than they do about him. It has been this way most of his life, at least since elementary school.

Sometimes Joey looks up information about these political topics on his own. Some of what he reads confirms the things his parents fear. The opposing views are just as scary, but in a different way. Everyone has big opinions about what the future holds, but nobody seems to know what can be done to avoid negative outcomes. Any discussion of the future in Joey's house leads to doomsday discussions instead of college applications. It all feels so extreme.

Joey is understandably confused and worried about what the world will look like once he is an adult. He has concerns about whether or not it would be worth it for him to attend college. He questions whether he will ever be able to buy a home of his own or if he will be stuck living with his parents forever. He would like to talk to someone to help find some middle ground, but he isn't sure who to trust.

Joey's parents and teachers encourage him to work hard and set goals for his future, but sometimes he doesn't see the point. He doesn't know how to communicate these fears to adults around him and his impulsive behaviors have escalated. He feels like he is in a pressure cooker.

Shirley and John, Separated Family, Reno/Washoe Valley

Shirley is the mother of two children: Brandon, 15; and Sam, 8. Shirley lives with the boys in South Reno. John, the boys' father, lives in Washoe Valley. Brandon attends Galena High School and Sam attends Pleasant Valley Elementary School. Shirley and John have established a respectful, healthy co-parenting relationship. John works on a ranch in Washoe Valley and Shirley works in the insurance industry.

Life is hectic. Until recently Shirley and John were managing everyone's schedules relatively well, particularly with the help of a grandma who transported the boys to and from school and activities and supervised the boys after school and during school breaks. Unfortunately, Grandma developed health issues and can no longer help the family. The family's schedules have fallen into complete disarray.

Shirley and John are trying to figure out how to get the boys to and from school and to and from their visitations with John in Washoe Valley. They don't know how to supervise them on the days they are not at school and both parents are at work. Shirley and John are arguing about how much time the boys are spending playing video games and on their cell phones now that they are left unsupervised. The family relies heavily on Brandon to supervise Sam. These differences of opinion are starting to undermine every interaction between Shirley and John. Issues that they thought they had worked through years ago are starting to pop back up under the strain.

Both Shirley and John are starting to notice behavior issues with the boys. There have been incidences of defiance and angry verbal outbursts with both parents and even some physical altercations between the boys. Shirley and John fully understand that their disagreements are having a negative impact on the boys. They also realize that these early signs of rebelliousness, lack of self-control, and frustration can lead to negative behaviors in the years to come.

There is so much arguing between the grownups that Shirley sometimes feels hypocritical trying to teach her boys to cooperate and avoid fighting. Both John and Shirley are willing to get some help to resolve their issues, but they don't know where to turn. Both have made phone calls to various counseling agencies but the wait times are very long. A lot of places don't accept their health insurance. They feel embarrassed that they can't figure this out for themselves. Shirley and John go to work and go home. They both listen to internet radio and read internet news. They have very little idea of what is available in the community and where else they might go for help.

Brandon (age 15) is aware that his dad drinks a lot of alcohol, especially when he is fighting with Brandon's mother. Brandon is also aware that his mother uses marijuana gummies when she needs to calm down. Everyone tells Brandon that he shouldn't use drugs or alcohol, but his parents seem calmer and funnier when they use. Taking care of his little brother is interfering with time he would rather spend with friends or playing sports. He feels stressed, too, and he's not sure he sees the problem using a substance to calm down.

To reiterate, the object of looking at these vertical slices is to take a 360° view to brainstorm where and how people might interact with JTNN. The exercise should help

JTNN better understand the structures and systems in place and where they might best fit support individuals and families.

APPENDIX D - SOURCES

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