

Montana Prevention PRIMER

UNDERSTANDING PREVENTION EFFORTS IN
THE STATE OF MONTANA



Department of Public Health and Human Services

Addictive and Mental Health Disorders Division- Chemical Dependency Bureau
&

Prevention Resource Center



Table of Contents

Section A: State Level Knowledge

Welcome Letter	4
History of Prevention in Montana	5
Grants in the State of Montana	12
Scope of the Problem(s)	14
National & State Data Sources	17

Section B: Community Level Knowledge

Introduction to Prevention Science	19
Changes in Approach to Prevention	21
Strategic Prevention Framework	23
Definitions and Key Phrases	25
Role of Prevention Specialist	26
Prevention eLearning	26

Section C: Resources

National Support Organizations	27
Prevention Acronyms	29
Other Agency Contact Information	31

Section D: Grant Level Knowledge

Partnership for Success Grant	32
-------------------------------------	----

How to use this document

This document is designed to be both an introduction to prevention models, processes, efforts in the state as well as a resource guide. It is not meant to be read all at once, with the expectation that all the information will be retained. It is a document that you can refer back to for clarification and guidance. The document is intended to give you a wide perspective on prevention in our state.

The Objectives of this Primer:

- To understand the history of prevention
- To be familiar with current trends and the grants addressing those trends
- To understand how prevention plays a role in improving the overall health of the state
- To understand how the prevention model is implemented across the state
- To understand the specifics of individual grants and your role in the grant
- To become familiar with key phrases and acronyms used in the prevention field
- To have a guide you can use when needed

The Montana Department of Public Health and Human Services attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Department. Alternative accessible formats of this document will be provided upon request. For more information, contact Christine Steele at (406)444-1202 or csteele@mt.gov.

Welcome to the Prevention World here in the Big Sky! We are delighted to have you join our prevention effort. Montana is dedicated to strengthening our states healthy development, well-being, and the safety of children, families, individuals and communities particularly children and families at risk.

One thing that makes Montana unique is our vast land territories and changing topographies. Although it's the fourth largest state geographically, it is in the bottom 5 for population. We are one of nine states that hold the honor of higher cattle to people ratio at 2.51%. We are a rural and frontier state with unique challenges. We have seven tribal nations and only three urbanized areas (Billings, Missoula and Great Falls) with populations over 50,000 people.

We have urbanized clusters that reflect the "Old West" homesteading mentality of being independent, private and not allowing anyone to infringe on rights or offer opinions where they don't belong. All of these isolating innate characteristics are a strong force engrained in societal norms in regards to alcohol, substance use and safe driving practices.

Substance use is a costly public health problem in the U.S., totaling over \$467 billion a year. Of every dollar federal and state governments spend on risky substance use and addiction, an estimated 96 cents goes toward dealing with their consequences; only 2 cents goes toward prevention and treatment. The remaining 2 cents goes toward research, taxation, regulation and interdiction."¹

But prevention promotes heading off problems before they develop. This seems like a smart investment considering the high cost of treatment and other health related consequences. Focusing on prevention can save billions of dollars year after year, making it one of our states most valuable resource. Prevention efforts focused on young people results in healthier lives, families, communities, and economies. We need to make the investment in Montanans, but reaching people with resources is a realistic barrier.

Therefore, prevention in MT entails engaging the small communities in an effort to address the problematic community norms that has allowed youth substance abuse to grow unabated, at the cost of our youth's health, and in some cases their lives. MT has great kids and very energetic volunteer organizations in communities that have learned to join together to provide a network of resources to rural communities. Our community leaders have amazed us with their understanding, dedication, and fearlessness to address these difficult issues.

This is the world you have just dedicated your career to. You are never alone and a vast support network is here for you. Enclosed you will find information that will help orient you to the prevention, strategies, and outreach methods. We thank you for joining us in supporting efforts to prevent drug use, underage drinking, and youth access to drugs and alcohol in your community. We appreciate the dedication you are about to unleash as you learn and grow as a prevention representative in our state. Welcome aboard!

Sincerely,

Prevention Resource Center and Chemical Dependency Bureau, AMDD

History of Prevention

20 Year Chronology and Major Prevention Events provided by

ICC (Interagency Coordinating Council for Prevention Programs)



1993

- ICC created during special legislative session.
- To contribute to the solution of poverty and poverty-related problems, VISTA joined AmeriCorps under the Federal Corporation for National Service (CNS).

1995

- ICC charged with creating a Unified Budget for state prevention programs.
- Legislature added Department of Labor to the Council.

1996

- Prevention Resource Center (PRC) created in DPHHS to staff ICC Council.
- PRC awarded three-year VISTA project by the CNS to assist ICC to link communities with a statewide prevention system, creating a unique federal, state and local partnership.

1997

- Unified Budget presented to Legislature listing prevention programs associated with 23 benchmarks.
- Legislative Session added Department of Corrections and Office of Indian Affairs.
- ICC established five (5) goals related to prevention of: child abuse, substance abuse, violence and crime, school drop-out and teen pregnancy.
- Began publication of the *Prevention Connection*.

1998

- Awarded three-year Community Incentive Grant (CIP) for prevention by the Federal Center for Substance Abuse Prevention (CSAP); funding based in part on ICC leadership.
- ICC members jointly funded Flagship project in Missoula shows success.

1999

- Presented to the Legislature a Unified Budget for 5 goals and 11 benchmarks.
- Legislature added language to HB2 for the ICC to review and comment on state and federal prevention funds contained in the Unified Budget before being expended.
- Awarded another three-year VISTA Project, expanding to 13 VISTAs in 9 towns.

2000

- Held retreat and instituted annual strategic planning process.
- **Received VISTA grant; expanded program to 24 VISTAs with 13 sites, including two reservations.**
- Established *Guiding Principles for Effective Prevention*.
- Revised benchmarks for enhanced progress monitoring and national comparison.

2001

- Legislative Session added Military Affairs, Higher Education and Department of Transportation as council members as well as the provision to add any other state agency desiring to participate, to do so.
- Legislature transferred Montana Tobacco Use Prevention Program to the ICC.

2002

- Alcohol, Tobacco, and Other Drug Task Force, separate from ICC, was convened by Governor Martz. A comprehensive blueprint of policy and strategy changes to reduce the social and financial impacts of substance abuse in Montana, and a new Prevention Board is recommended with legislation.
- Tobacco Initiative passed.
- DPHHS assumes financial responsibility for PRC staff and VISTA grant. ICC Work Group becomes advisory board for VISTA grant.

2003

- Montana awarded another grant to support to expand work of the Community Incentive Program (CIP), State Incentive grant to include the zero to 6 year old population; funding based on ICC leadership.
- Revised penalties to Minor in Possession Laws (SB362) passed with increased fines, community service hours, confiscation of driver's license, participation in substance abuse education course with parents, chemical dependency evaluations, etc.
- SJR 11, A Study of the Problems of Alcohol and Drug Abuse, and prevention, early intervention and treatment was passed and implemented.
- HJR 8, Addressing School Drop Out Rate among American Indian population was passed and implemented.
- Other Legislation worked on: reduction of blood alcohol to 0.08 for DUIs, increasing DUI penalties, and licensure reinstatement fees were doubled and increased dollars went to DUI Task Forces.
- Allocation of \$3.2 million in General Fund to Montana Tobacco Use Program for 2004-2005 biennium to fund the CDC plan.
- Methamphetamines and destructive effects, along with meth labs and ingredients for making meth moved onto the public radar.
- ICC shifted focus to Goal 2, reducing youth use of tobacco, alcohol and other drugs.
- PRC develops data links, state resource directory, and grant resources.
- VISTA grant continued for another three years.

2004

- PRC outreach efforts reach resource capacity with the quarterly newsjournal, *Prevention Connection*, and weekly listserv, Hot News.
- PRC moves out of the DPHHS Director's Office suites and is collocated with AMDD on Fuller.
- Suicide Prevention was allocated \$50,000 for one year to provide resources to three communities and host a statewide Youth Suicide Prevention Conference.
- Montana awarded the CSAP Strategic Prevention Framework State Incentive Grant; funding based on ICC leadership.
- Continued work of SJR 11 and HJR 8.
- Much discussion was held about repealing ICC and replacing with a Commission on Drug Control Policy.
- Future of Prevention Conference held May 7-8th.
- Meth Summit held June 2004, ICC Members and work group members attend and facilitate small groups.
- Meth Tools for Schools Curriculum created; OPI led with several ICC Work Group Members contributing and participating in the writing.
- Meth Watch Implemented out of the Governor's Office; local prevention specialists' local points of contact established.
- Montana's original medical marijuana law was enacted by voters.

2005

- Unified Budget requirement removed from ICC statute (no state general fund money provided to 5 goals to report).
- HB 73 passes the Legislature. Provides enabling legislation for counties to impose a voted levy for programs that prevent substance abuse.
- Tougher DUI penalties enacted (HB 97, HB 99, HB 374)
- Keg registration required (HB 348)
- Open container prohibited in vehicles (SB 80)
- Minor in Possession law revisions (SB 407)
- Ignition interlock law revised (SB 423)

2006

- Full ICC reconvenes under Governor Schweitzer; focus is on addressing underage drinking, binge drinking and drinking and driving to get results rather than focus on broader issues.
- ICC Strategic planning and implementation work begins in the Fall 2006.
- Montana Implements the Strategic Prevention Framework (SPF SIG grant) initial steps.
- Tobacco Prevention moves to Public Health and Safety Division within DPHHS.
- VISTA grant continues and expands resources.

2007

- Under the SPF SIG, the Montana State Epidemiological Work Group meets to use a comprehensive data driven process to determine priorities outlining the nature, magnitude and distribution of consumption and consequences of Alcohol, Tobacco, and Other Drugs (ATOD).
- August 2007 PRC moved from Fuller Building to Park Ave Building.
- Montana Department of Revenue requests participation in ICC and ICC Work Group.
- ICC Strategic Plan implementation continues.
- SJ 2, Study of DUI Laws was passed.

2008

- Acting Surgeon General Steven Galson visits Montana and meets with the ICC to promote the *Call to Action to Prevent and Reduce Underage Drinking*; media events and PSAs developed and distributed.
- Town Hall meetings were held across the state to address underage drinking prevention.
- Under the SPF SIG grant contracts were awarded to high need communities.
- ICC Strategic Goal is established: Influence decision making and reduce the harm associated with binge drinking with an emphasis on underage binge drinking and driving with an emphasis on teenage and young adult drinking and driving.
- Goals in ICC Plan addressed establishing a media campaign, developing and expanding curriculums for responsible alcohol sales and server training, aid in addressing issues on increasing alcoholic beverage code violations and reclassification of flavored malt beverages to “distilled spirits” including alcohol energy drinks, worked on increased penalties for creating and using false identification and social host enabling legislation.
- Provided information and resources to SJ 2 DUI Study of the Law and Justice Interim.
- Worked toward institutionalizing the ICC so in future years it would not rise or fall based on the preference of a particular administration.
- *Elements of Effective Prevention* were established and recommended to all ICC participating agencies. The shift to environmental prevention efforts was underway, recognizing harm can be reduced and prevented at the population level. Best practices, promising approaches and evidence-based prevention programs became a focus in terms of addressing risk and protective factors across disciplines.
- ICC recommends drafting a radio PSA targeting youth during the holidays to curb underage drinking. MDT and DPHHS funded this initial PSA, and became the starting point for ICC branding and media campaign.

2009

- Montana sends a team to Methamphetamine: The National Summit to Promote Public Health, Partnerships and Safety for Critically Affected Populations, and stakeholder work group is formed with an informal relationship to ICC work group.
- Montana National Guard’s Drug Demand Reduction Program becomes full staff, and staff are assigned to ICC to aid with carrying out the mission of connecting state resources to local prevention coalitions.
- HB 400 (revises alcohol content of beer), HB 536 (ignition interlock revisions), SB 438 (regulate sale of alcohol energy drinks) passed and strengthened efforts to curb underage drinking. Protocol is established for providing formal ICC input on Administrative Rules.
- June 2009 the PRC moves from Park Ave back to DPHHS Director’s Office in Sanders.

- Prescription Drug Abuse Advisory Council convened and strategic plan established.
- Updated Epidemiology reports that binge drinking for all age groups remains as the number one drug abuse problem in Montana, and that the top two environmental factors contributing to high binge drinking rates for Montana students are 1) being around drunk adults, and 2) having easy access to alcohol either at home or from retail outlets.
- ICC directs the work group to craft a media campaign and effort aimed at parents; Parentpower.mt.gov is created and housed on MDT webserver; Prevention Connection issue on Underage Drinking is produced in various formats with funding from MDT and DPHHS; and MBCC through Enforcing Underage Drinking Laws grant funds the production of the Parentpower TV and radio spots through UofM Broadcast Center. Ads are run in the spring (prom to graduation), and then again at the winter holidays.
- VISTA grant continues.

2010

- www.parentpower.mt.gov is launched.
- 8,000 + hardcopies of the Underage Drinking issue of the *Prevention Connection* are distributed.
- Responsible Alcohol Sales and Service training draft bill is developed.
- Montana selected to develop and produce a professional, state specific video to address and curb underage drinking.
- PRC awarded a Center for Substance Abuse Prevention Fellow.
- Town Hall meetings were held across the state in 29 communities to address underage drinking prevention.
- Montana OPI is awarded a federal Department of Education grant to form a Montana Substance Abuse and Violence Prevention Task Force to enhance support of efforts by local education agencies to prevent substance abuse and violence in Montana's schools.

2011

- Parentpower PSA is nominated for an Emmy award (although not selected).
- Montana's state specific video is scripted, produced, and distributed with 500+ disc copies and posted online at www.parentpowermt.gov and You Tube.
- The federally funded *Prevention Connection* is defunded by the Montana Legislature.
- HB 106 (24/7 sobriety project) and several DUI laws were passed, HB 83 (Prescription Drug Registry), HB 185 (ban on synthetic marijuana), SB 29 (mandatory alcohol server and sales training), SB 423 (revision to laws relating to use of marijuana) were also passed.
- ICC Work Group becomes the lead in reporting on the STOP Act (Sober Truth on Preventing Underage Drinking).
- ICC Work Plan continues to focus on underage drinking through 2013 with an added emphasis on developing a strategy to include youth at the table as well as the need to be more attentive to developing resources and strategies to work with Montana's Indian communities.
- A sub work group forms to assess the gaps and challenges with Minor In Possession laws.
- Ongoing work with the OPI supported Montana Substance Abuse and Violence Prevention Task Force.
- Montana SPF SIG sunsets.

2012

- Montana is awarded the Strategic Prevention Enhancement (SPE) Grant to develop a plan to mobilize state and tribal entities to better plan for coordinated prevention activities to address specific health areas: to build emotional health, prevent and reduce the consequences of underage drinking and adult problem drinking, reduce prescription drug misuse and abuse, and prevention suicide and attempted suicide.
- SPE Final Document and the Interviews on Reservations is finalized and distributed.
- ICC Work Group receives Governor's Award of Excellence.
- Town Hall meetings were held across the state to address underage drinking prevention in 25 communities.
- Minor in possession laws review continues.
- Emerging prevention issues and substances such as illicit drug use/misuse, bath salts, prescription drugs and alcohol packaging are examined and recommendations made.
- Cross agency strategic plans align (Comprehensive Highway Traffic Safety, Juvenile Justice, OPI, etc.).
- VISTA grant continued.

2013

- Talk, They Hear You and Above The Influence media campaigns are initiated.
- Town Hall meetings were held across the state in 24 communities to address underage drinking prevention and to launch the youth driven, Above The Influence Campaign.
- Key state legislation passed: HB 140 (revision of controlled substance laws to ban bath salts type products and synthetic cannabinoids), and, HB 168 (THC limits for DUI).
- Explored revisions to the MIP laws with stakeholders.
- ICC Work Group, preventionists, and partners trained on ACEs (Adverse Childhood Experiences).
- Crime Prevention Conference highlights consequences of marijuana.
- Montana is awarded Partnership for Success Grant awarded to Addictive and Mental Disorders Division/DPHHS - discretionary grant to serve 23 high need communities to include all reservations (4 yr grant at \$1.7 million/year for four years. Goals: prevention the onset and reduce the progression of alcohol abuse in youth ages 12-20; prevent or reduce consequences of underage drinking; and prevention or reduce the misuse/abuse of Rx drugs in youth ages 12-25.
- Crime Prevention Conference highlights Drug Endangered Children, Child Abuse red flags, and victim services, Adverse Childhood Experiences overview, keynote on High in Plain Sight: Current Drug, Alcohol and Violence Trends and Identifiers, and sessions on multi-disciplinary perspectives on drug trends.
- Prescription Drug Registry receives second round of funding through MT Board of Crime Control.
- Funding for DUI Task Forces secured.
- VISTA grant continued.

2014

- Office of Public Instruction awarded Project AWARE Initiative grant (5 yr grant at \$1,950,000/yr) from SAMHSA and a companion School Climate grant (\$750,000/yr for 5 yrs) from the Department of Education to build and/or expand capacity at the state and local levels to make schools safer and improve school climate, increase awareness of student mental health issues, and connect children and youth with mental, emotional, and behavioral health issues with needed services.
- Prescription Drug misuse/abuse efforts to include representatives to the 50 State Meeting on addressing prescription drug abuse and opioid overdose deaths; Governor's Offices convenes two meetings on prescription drug abuse; Prescription Drug Take Back efforts were held in April and September in concert with local law enforcement and the Drug Enforcement Administration; Attorney General's Office settled a \$5.9 Million Pharmaceutical Settlement, with \$1.5 million going toward a new Prescription Drug Abuse Prevention Program through the Office on Consumer Protection.
- Town Hall meetings were held across the state to address underage drinking prevention in 20 local Montana communities.
- Crime Prevention conference highlights adolescent brain development, addiction, suicide, trauma, impaired driving trends, human trafficking, and the Montana Prescription Drug Registry.
- Initiated quarterly Prevention in Montana WebEx sessions for statewide education and discussions on topics across the prevention continuum.
- VISTA grant continued.

2015

- Department of Revenue, Liquor Control, hosts a statewide Alcohol Summit, May 20-21st; sessions on drugged driving, alcohol and drugs in rural communities; alcohol server training, field sobriety testing, 24/7 DUI Update and case studies, alcohol regulations/licensing, alcohol compliance checks, coalition work, engaging youth, working with tribal nations, and training on the connection to ACEs.
- Prescription Drug misuse/abuse efforts to include representatives to the 50 State Meeting on addressing prescription drug abuse and opioid overdose deaths; AG Fox awarded 13 Montana pharmacies grants of \$2,000 each for the implement or continuation of prescription drug take-back programs.
- Drug Take Back in September 2015.
- Legislation - SB 66 - prohibits the sale of electronic cigarettes and vaping devices to minors; HB 374 - Montana Suicide Awareness and Prevention Training Act; SB 48 - requires electronic reporting of pseudoephedrine sales
- Crime Prevention conference highlights mental health/substance use and the criminal justice system, Life of An Athlete, daylong session on Adverse Childhood Experiences.
- Impaired Driving efforts - sub work group of the ICC participated in a national Distracted and Impaired Driving Community of Practice sponsored by the Children's Safety Network; MDT Annual Highway Safety Plan and Vision Zero.
- www.parentpower.mt.gov updated.
- VISTA grant continued.

Federal Grants Awards

Substance Abuse and Mental Health Services Administration

SAMHSA Discretionary Funds for the State of Montana

Mental Health

Center for Mental Health Services (CMHS)- CMHS Statewide Family Network Grants, Campus Suicide -Prevention Trust Grants, NITT-AWARE-C 2015, Child Mental Health Initiative, LAUNCH, National Child Traumatic Stress Initiative-Treatment and Service Adaption Centers, State/Tribal Suicide Prevention Grants

Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT), DCT-Adult Drug Courts, Offender Reentry Program, SYT Implementation

SABG - Block Grant Funding FY 2015-2016 * Available in Every MT County

Block Grants for Prevention and Treatment of Substance Abuse

Prevention

Grants: Center for Substance Abuse Prevention (CSAP)- Drug Free Communities, Sober Truth on Preventing Underage Drinking Act (STOP Act) Grants, SPF-Partnership for Success , MSI/CBO
*Awarded Counties

Drug Free Communities -

In FY 2012, the following Montana coalitions received grants from ONDCP:

Phillips County Coalition for Healthy Choices

Ravalli County Prevention Coalition

Roots of Promise: Alliance for Children and Families

Youth Connections (Helena)

Sheridan County Youth Action Council/Community Incentive Program

2014 DFC Support Program Continuation Grantees:

Anaconda PCA Family Resource Center (Anaconda Community Intervention Inc.)

Lincoln County Unite for Youth Coalition- Lincoln County - Troy,

Frenchtown Community Coalition - County of Missoula - (Frenchtown),

The Elevate Coalition - County of Mineral -Superior

Substance Abuse Prevention Alliance, Alliance for Youth Inc. (Great Falls)

Butte Cares, Inc. (Butte)

Richland County Partnership for Promise- District II Drug Alcohol and Drug Program -(Sydney)

STOP Act (Sober Truth on Preventing Underage Drinking) - Anaconda, Butte, Lewis & Clark, District II Alcohol & Drug Program

MSI/CBO Substance Abuse & HIV Aids- Stone Child College, Salish Kootenai College

TiPI - Montana Wyoming Tribal Leaders Council- Blackfeet, Ft. Peck, Ft. Belknap, N. Cheyenne, Little Shell

SPF-TIG - Strategic Prevention Framework - Tribal Indian Grant

Other Current Funding Sources

Department of Justice - Attorney General's Office - \$1.5 million Law settlement over three years for Rx Drug Abuse Prevention Program (student education program, drug drop boxes, and public awareness campaigns)

DUI Task Forces - 38 approved county-level DUI task force serving 42 counties- funded provided through Montana Department of Transportation

All reservations have funding through the MDT "Safe On All Roads (SOAR) program for DUI Prevention Programs

Office of National Drug Control Policy- (ONDCP) - High Intensity Drug Trafficking Area (HIDTA) County Information

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States. The Rocky Mountain HIDTA operates out of Denver, Colorado, and encompasses 34 counties in four states: Montana, Colorado, Utah, and Wyoming.

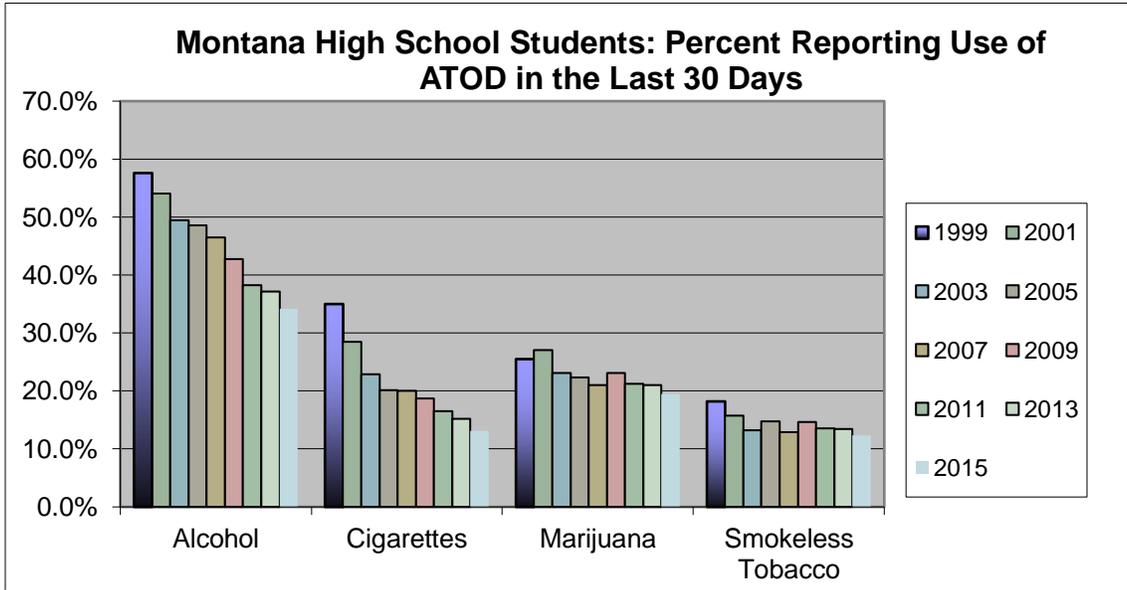
Montana (Rocky Mountain HIDTA): Cascade, Flathead, Lewis and Clark, Missoula, and Yellowstone counties.

State Prevention Enhancement (SPE) Grant - Awarded September 2011- 5 yr grant

In September 2011, the Addictive and Mental Disorders Division, within the Department of Public Health and Human Services, was awarded a planning grant to mobilize state agencies and tribal entities to better plan for and coordinate prevention activities to address four specific health areas. The four areas are: 1) to build *emotional health*; 2) to prevent and reduce the *consequences of underage and adult problem drinking*; 3) to reduce *prescription drug misuse and abuse* and 4) to *prevent suicide and attempted suicide* in the general population and populations at-risk including Military families, Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) populations and American Indians.

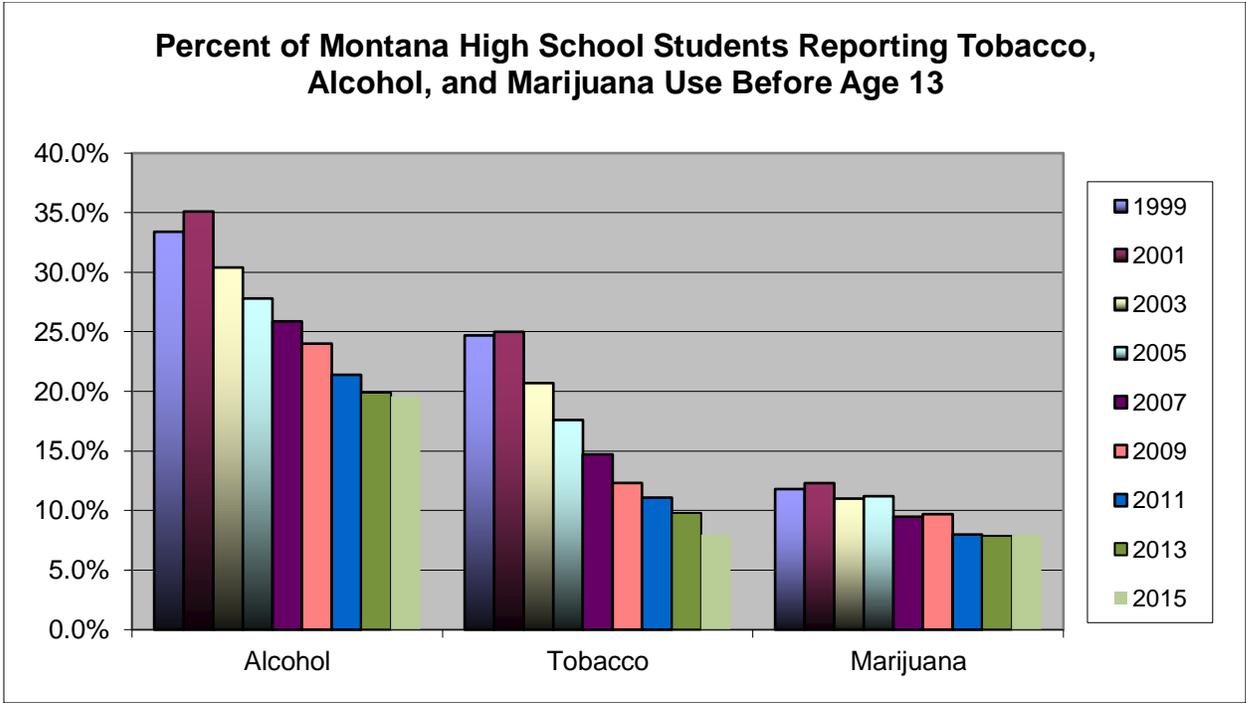
Scope of the Problem(s)- Drug Trends in Montana

Montana Youth Substance Use Trends

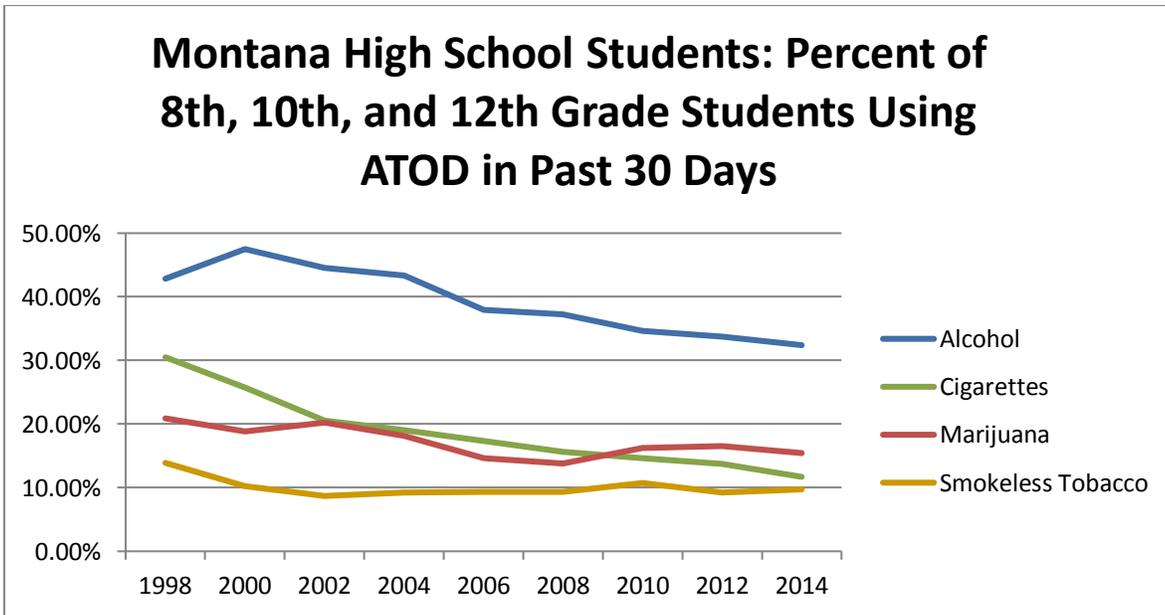


2015 • Cigarettes: 13.1% • Smokeless Tobacco: 12.3% • Alcohol: 34.2% • Marijuana: 19.5%	2009 • Cigarettes: 18.7% • Smokeless Tobacco: 14.6% • Alcohol: 42.8% • Marijuana: 23.1%	1999 • Cigarettes: 35.0% • Smokeless Tobacco: 18.0% • Alcohol: 57.6% • Marijuana: 25.5%
------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------

2

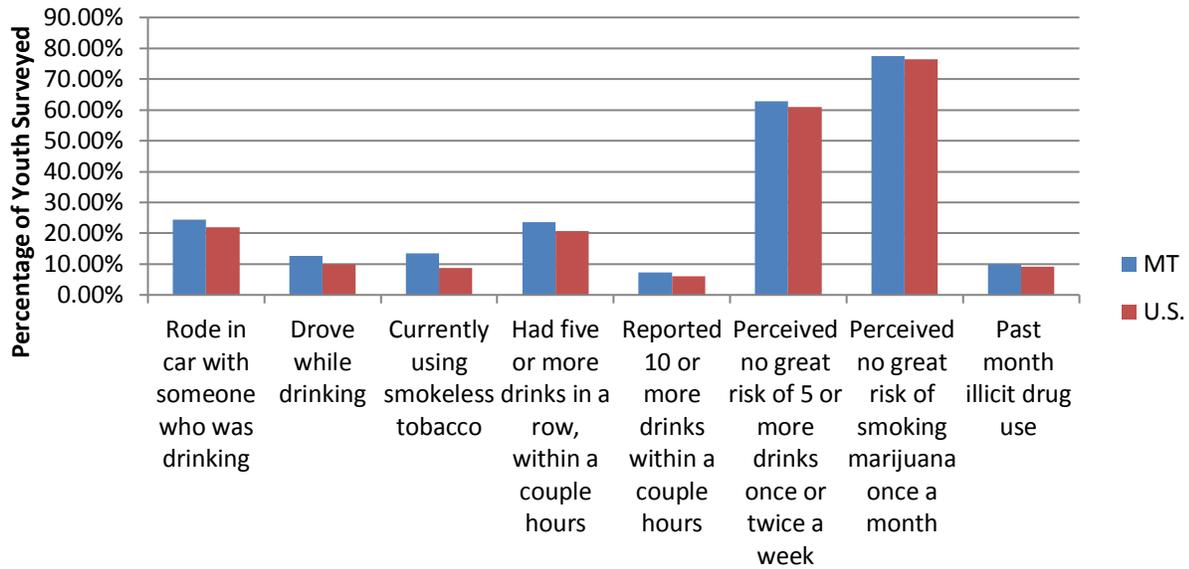


3



4

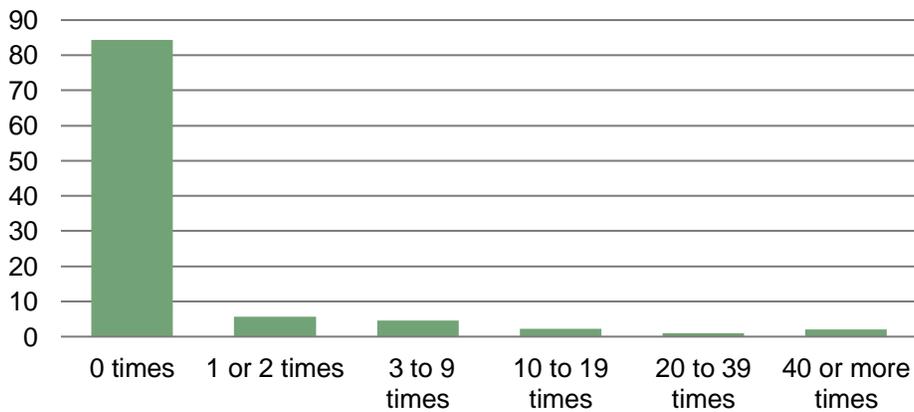
Montana Youth compared to U.S. Youth Average



5

During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

Montana Prescription Drugs Use YRBS 2015-Lifetime



6

Health Disparities- Special Populations

While drug addiction respects no geographic, ethnic, economic, or social boundaries, there are some specific populations that deserve focused efforts, including

- Military, Veterans, and Families
- Women, Children, and Families
- Colleges and Universities
- Native Americans and Alaskan Natives
- LBGTQ

National & State Data Sources

Alcohol and Drug

PNA - Prevention Needs Assessment

This survey is a bi-annual school survey, given to all Montana schools with students in the eligible grades (8, 10, and 12, or 7-12 and is conducted in even numbered years across the state.

PNA data can be accessed at:

<http://dphhs.mt.gov/amdd/SubstanceAbuse/CDDATA/PNADATA/2014PNAData>

YRBS- Youth Risk Behavior Survey-

This survey is administered odd years. It monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence, Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, Alcohol and other drug use, Tobacco use, Unhealthy dietary behaviors, and Inadequate physical activity.

<http://opi.mt.gov/Reports&Data/YRBS.html>

CRA - Community Readiness Assessments-

This survey was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is absolutely essential for success. Efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. The Community Readiness Model has been used to assess readiness for a variety of issues, including drug and alcohol use, domestic and sexual violence, head injury, HIV/AIDS, suicide, parenting, animal control issues, and environmental issues.

<http://www.triethniccenter.colostate.edu/>

<http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/community-readiness/main>

BRFSS - Behavioral Risk Factor Surveillance System

This survey is an annual state-based telephone surveys conducted in collaboration with the Centers for Disease Control and Prevention (CDC). Specifically for Montana residents ages 18 and older, who live in a private residence or a college housing unit.

<http://dphhs.mt.gov/publichealth/brfss>

Montana Department of Transportation

This state funded department provides data on alcohol-related traffic crashes. Data are compiled based on traffic crash outcomes as reported by law enforcement throughout the state, and are categorized by severity of resulting injuries (fatal, serious injury, injury, and no injury). Data are available by county; by reservation; by presence of alcohol, drugs, or both; by age and gender of driver; and by driver's blood alcohol content (BAC).

Reports are compiled annually and available at

<http://www.mdt.mt.gov/publications/datastats.shtml>

Monitoring The Future

Ongoing study funded by NIDA, 50,000 8th, 10th and 12th graders surveyed.

<http://www.monitoringthefuture.org/>

Montana Board of Crime and Control

This board provides actual counts of alcohol- and drug-related arrests by jurisdiction, by county, and by age of offender. MBCC uses the online Montana Incident-Based Reporting System (MIBRS) to collect crime data for the state of Montana

Data is submitted continuously throughout the year, and can be accessed through the MIBRS public portal as needed at

<http://www.mbcc.mt.gov/Data/crimedata/MOR.asp>

MBCC data accounts for 99 percent of arrests occurring in Montana, as the data sharing with Tribal law enforcement is not always consistent.

Suicide

2015 Montana Youth Risk Behavior Suicide Report

2014 SMRT Final Report - Montana Suicide Review Team (MSR) Summary Report 2014

<http://dphhs.mt.gov/amdd/Suicide.aspx>

General

Census reports for Montana

<http://quickfacts.census.gov/qfd/states/30000.html>

Prevention Resource Center - DPHHS

<http://prevention.mt.gov/>

Parent Power Montana

<http://parentpower.mt.gov/>

Section B: Community Level Knowledge

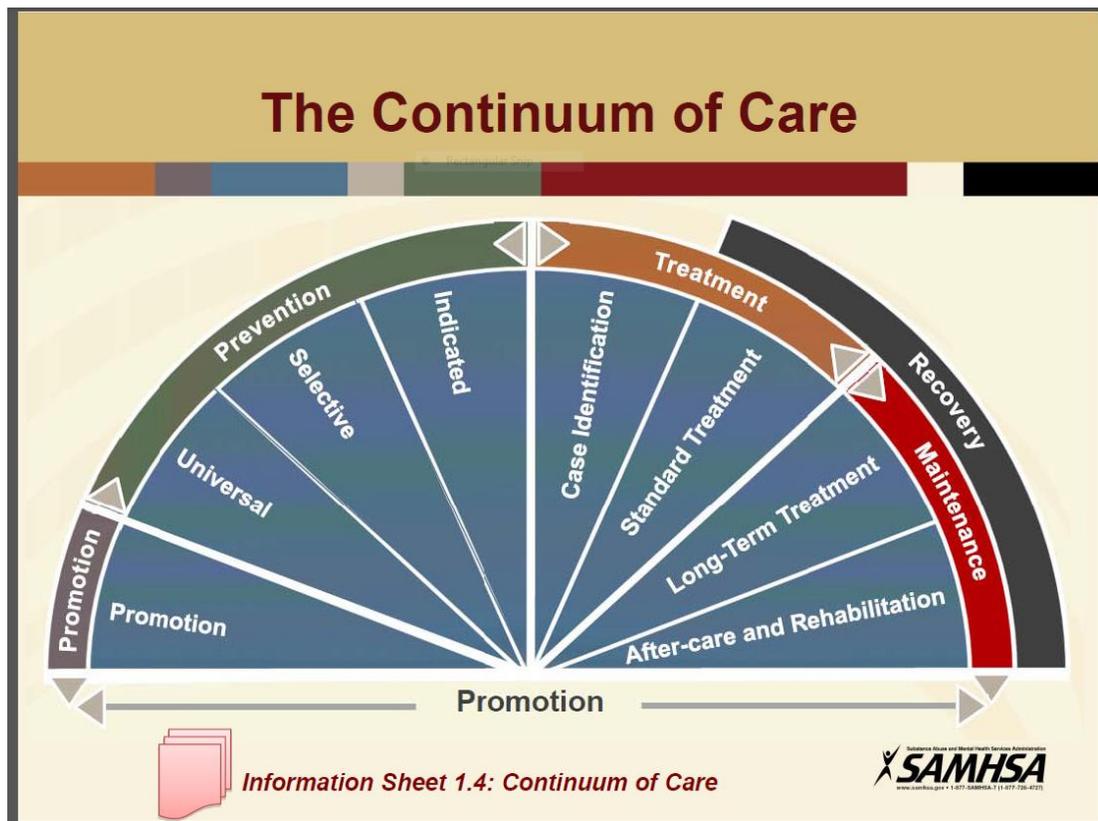
Introduction to Prevention Science

Prevention Science

The primary goal of prevention science is to improve public health by identifying risk and protective factors, assessing the effectiveness of preventive interventions and identifying ways to provide information. The field involves the study of human development and social ecology as well as the identification of factors that lead to positive and negative health behaviors and outcomes. Theories of human development are used to design interventions (programs and policies) that target the reduction of risk and the enhancement of protective factors at the individual, familial, peer, community, and environmental levels.

Prevention science is multidisciplinary as the expertise necessary to conduct this science draws from many fields. Prevention scientists include epidemiologists, psychologists, physicians, sociologists, social workers, educators, health practitioners, public health scientists, biostatisticians, nurses, geographers, mental health counselors, anthropologists, policy analysts, economists, criminologists, neuroscientists, and geneticists.

Continuum of Care and why prevention is important



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

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

Why important?

“Addressing the impact of substance use alone is estimated to cost Americans more than \$600 billion each year.⁷ In addition, the Institute of Medicine and National Research Council’s Preventing Mental, Emotional, and Behavioral Disorders Among Young People report – 2009 notes that cost-benefit ratios for early treatment and prevention programs for addictions and mental illness programs range from 1:2 to 1:10. This means a \$1 investment yields \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity”.⁸

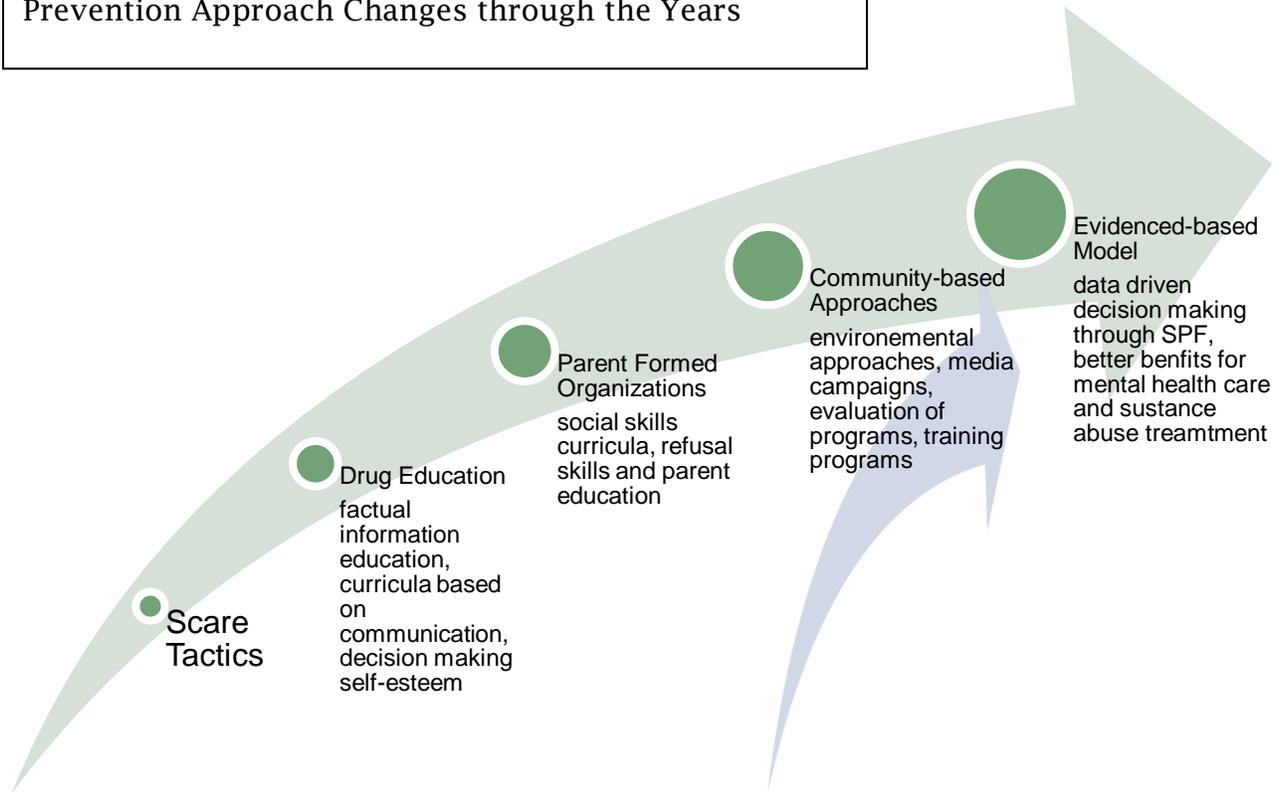
“Substance abuse is a pervasive problem in the United States—cutting across racial, socioeconomic, geographic and generational lines. Its effects are straining the resources of the health care and judicial systems, and delivering a regular dose of disturbing headlines. Drug deaths now outnumber traffic-related deaths in the U.S. for the first time since the government started tracking drug-induced deaths in 1979. The number of U.S. babies born with opiate drug withdrawal has tripled in the past decade. There are approximately 80,000 deaths attributed to excessive alcohol use each year in the United States, with the Centers for Disease Control and Prevention (CDC) estimating 2.3 million years of potential life lost.”⁹

Changes in Approach to Prevention

Between the years 2000 - 2010 the idea of data-driven decision-making through a structured process was born. Comprehensive programs began targeting many domains (family, school, community) The Community-based approaches to prevention was in full swing mode and people from all walks of life (teachers, administrators, criminal justice etc.) were being trained to embrace the data and do something that makes sense to what the data states looking at the context to which individuals belong. Part of the problem with this approach is that there was no method of stating whether these new emerging programs and models actually worked.

Beginning in 2010 evaluators began to promote evidence-based practices and National organizations began to form. In Montana we utilize National organizations, SAMHSA (CAPT) and CADCA using the community as an integral part of finding solutions.

Prevention Approach Changes through the Years



Public Health Approach: Key Characteristics

- Promotion and prevention - The focus is on promoting wellness and preventing problems.
- Population based -The focus is not on one individual but on the population that is affected and that is at risk.
- Risk and protective factors - These are the factors that influence the problem.
- Domain - the ecological model in which the individual is influenced by different environments, such as the Family, neighborhood, school, community, and peers.
- Developmental perspective - Consider the developmental stage of life of the populations at risk (e.g. adolescence, young adults)
- Planning process - Public health utilizes a deliberate, active, and ongoing planning process.

Strategic Prevention Framework

Introduction to the Strategic Prevention Framework

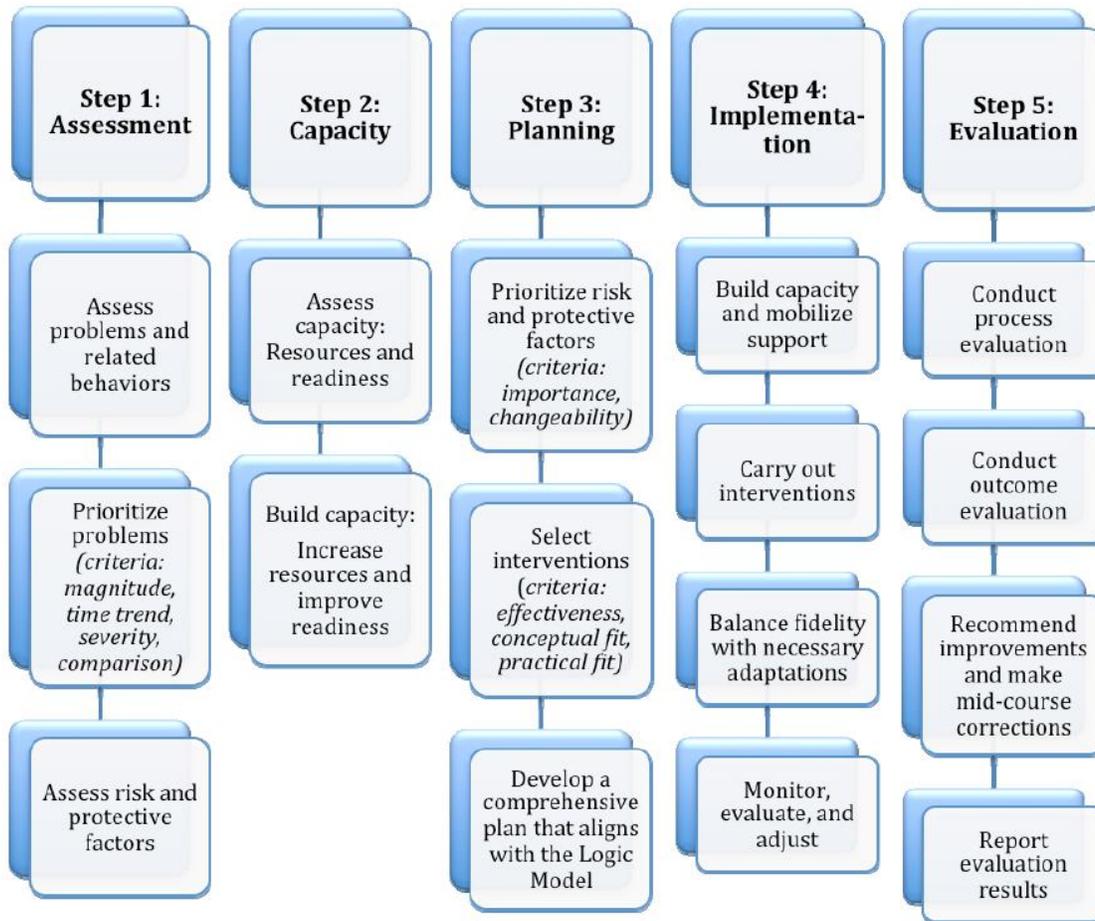
The Strategic Prevention Framework is SAMHSA's five-step planning process for instituting an intervention in your community, region or state. There are five steps, and each is guided by principles of sustainability and cultural competency. Sustainability meaning the process of an effective system achieving and maintaining desired long-term results. Cultural competency refers to a defined set of values and principles that encourage behaviors, attitudes, policies and structures that enable an organization to work effective cross-culturally.

Training: Substance Abuse Prevention Skills Training (SAPST)

SAPST provides an introduction to the fundamentals of substance abuse prevention based on the current knowledge and practice in the field. The training was developed for individuals new to substance abuse prevention or early in their prevention career. In addition to the four days of trainings, participants will also be sent a link and need to complete an on-line course prior to the training.

For a brief introduction to the principles of the SPF process: go to <http://www.samhsa.gov/spf>





The five steps of the SPF include:

- 1. Assessment:** Collect data to define behavioral health problems and needs within a geographic area.
- 2. Capacity:** Mobilize and/or build capacity within a geographic area to address identified needs.
- 3. Planning:** Develop a comprehensive, data-driven plan to address problems and needs identified in assessment phase.
- 4. Implementation:** Implement evidence-based prevention programs, policies, and practices.
- 5. Evaluation:** Measure the impact of implemented programs, policies and practices.

Sustainability and cultural competence should be integrated into all steps of the SPF.

Definitions and Key Phrases will be discussed in the next section. All these terms are incorporated in the SAPST(Substance Abuse Prevention Skills training).

Definitions and Key Phrases

Risk factors are conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes.

Protective factors have the reverse effect: they enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk.

SPF is the Strategic Prevention Framework, a five-step planning process developed by SAMHSA for states, tribes, and communities. The model aides these groups in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.

Community readiness refers commonly to 9 stages of readiness which communities can develop. The higher the development, the greater the degree of readiness. These stages refer to a particular issue in the community and begin with no knowledge, denial, vague awareness, pre-planning, preparation, initiation, stabilization, expansion and professionalization.

Environmental Prevention - Grounded in the field of public health, which emphasizes the broader physical, social, cultural and institutional forces that contribute to the problems that coalitions address, environmental strategies offer well-accepted prevention approaches that coalitions use to change the context (environment) in which substance use and abuse occur. Environmental strategies incorporate prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies. Coalitions should select strategies that lead to long-term outcomes. Increasing fines for underage drinking, moving tobacco products behind the counter, not selling cold, single-serving containers of beer in convenience stores and increasing access to treatment services by providing Spanish-speaking counselors are all examples of environmental strategies

Evidence based prevention - The term “evidence-based programs” is becoming quite common in prevention and human service work. This term refers to programs located from a recognized and credited source, see NREPP.

http://www.blueprintsprograms.com	Blueprints
www.ojjdp.gov/mpg	OJJDP Model Program Guide
http://www.crimesolutions.gov	Crime Solutions
http://www.campbellcollaboration.org/lib	Campbell Collaboration Library & Database
http://www.cebc4cw.org	California Evidence-Based Clearinghouse
http://ies.ed.gov/ncee/wwc	What works Clearinghouse
http://nrepp.samhsa.gov/AdvancedSearch.aspx	National Registry of EB Programs

Logic Model- A logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve.

Action Plans- Similar to a logic model, an action plan lists desired outcomes from a project, and walks through actions required for the desired outcome to occur.

Role of Prevention Specialist

Prevention professionals must be prepared to take on roles in promoting behavioral health in the population. By acquiring the necessary skills through trainings and technical assistance you will be well positioned to lead and coordinate the growth of preventive interventions in your community.

You have the opportunity to help communities change their behaviors, guide organizations in adopting and implementing effective programs & practices and organize all local resources and/or services for the promotion of health safe choices.

General Responsibilities

- Stakeholder and resource mapping,
- Coalition building,
- Using data to guide community-wide prevention planning,
- Matching community needs with suitable evidence-based interventions,
- Planning the introduction to implementation
- Monitoring of preventative interventions plan,
- Reporting Grant Activities and record keeping

Prevention e-Learning

DPHHS (Department of Public Health and Human Services)

<http://dphhs.mt.gov/amdd/SubstanceAbuse/ELearning.aspx>

CAPT (Center for the Application of Prevention Technologies) <http://www.samhsa.gov/capt/>

ACEs (Adverse Childhood Experiences)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). For more information visit sites below.

http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

<http://www.cdc.gov/violenceprevention/acestudy/>

Section C: Resources

National Support Organizations

Prevention and Intervention

- **Center for Substance Abuse Prevention (CSAP)** - A center within SAMHSA that provides national leadership in the federal effort to prevent and reduce the abuse of illegal drugs, alcohol, and tobacco. (<http://www.samhsa.gov/about-us/who-we-are/offices-centers/csap>)
- **Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide** - A guide provided by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) that serves as a simple tool for identifying youth at risk for alcohol-related problems. (<http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf>)
- **American Foundation for Suicide Prevention (AFSP)** - The nation's leading organization bringing together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes. (<http://www.afsp.org/>)
- **Center for the Application of Prevention Technologies (CAPT)** - A SAMHSA-funded national substance abuse prevention training and technical assistance system dedicated to strengthening prevention systems and the nation's behavioral health workforce. (<http://captus.samhsa.gov>)
- **Community Anti-Drug Coalitions of America (CADCA)** - Represents the interests of more than 5,000 community anti-drug coalitions in the country. (<http://www.cadca.org>)
- **Consumer Healthcare Products Association (CHPA)** - A member-based trade association committed to promoting the increasingly vital role of OTCs and dietary supplements in America's healthcare system through science, education, and advocacy. CHPA shares educational tools and information with partners across the globe to ensure the safe and responsible use of OTC medicines. (<http://www.chpa.org/>)
- **GAINS Center** - A SAMHSA-funded center that promotes effective mental health and substance abuse services for people with co-occurring disorders in contact with the justice system. (<http://gainscenter.samhsa.gov>)
- **National Action Alliance for Suicide Prevention** - A public-private collaboration developed by SAMHSA to help promote suicide prevention. (<http://www.actionallianceforsuicideprevention.org>)
- **National Prevention Strategy** - A comprehensive plan released by the U.S. Surgeon General that will help increase the number of Americans who are healthy at every stage of life. (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>)
- **NIDA InfoFacts** - A website hosted by the National Institute on Drug Abuse (NIDA) that provides updated information on the health effects of specific drugs, including club drugs and herbal mixtures. (<http://www.drugabuse.gov/infofacts/infofactsindex.html>)

· **Office of National Drug Control Policy (ONDCP)** - A White House-based office that establishes policies, priorities, and objectives for the nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences. (<http://www.whitehouse.gov/ondcp>)

· **The National Advisory Council on Alcohol Abuse and Alcohol Prevention Task Force on College Drinking** - A task force that provides research and information on college drinking. (<http://www.collegedrinkingprevention.gov>)

· **NIDA for Teens** - A website supported by the National Institute on Drug Abuse (NIDA) that provides facts for teens about prescription drug abuse and illicit drug use. (<http://teens.drugabuse.gov>)

· **Too Smart To Start** - A SAMHSA public education resource that helps youth, families, educators and communities to prevent underage alcohol use and its related problems. (<http://www.toosmarttostart.samhsa.gov>)

· **The Trevor Project** - An initiative that promotes acceptance of gay, lesbian, bisexual, and questioning teens and helps to prevent suicide among those youth. The Trevor Helpline, which can be reached at 1-866-488-7386, is a 24-hour toll-free suicide helpline for gay, lesbian, bisexual, and questioning youth. (<http://www.thetrevorproject.org>)

· **UnderageDrinking.SAMHSA.gov** - A public education website, supported by the Surgeon General's Call to Action to Prevent and Reduce Underage Drinking, that communicates to parents how they can help reduce their child's risk of becoming involved with alcohol. (<http://www.samhsa.gov/underage-drinking>)

· **The White House Office of National Drug Control Policy's (ONDCP) National Youth Anti-Drug Media Campaign** - A campaign that provides materials directed toward teens through its "Above the Influence" campaign. (<http://www.abovetheinfluence.com>)

· **National Registry of Evidence-Based Programs and Practices (NREPP)** - A SAMHSA directory designed to support informed decision-making and disseminate timely and reliable information about evidence-based interventions that effectively prevent or treat mental health and substance use disorders. (<http://www.nrepp.samhsa.gov>)

· **The Suicide Prevention Resource Center** - A SAMHSA-funded center that provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies. Resources include information on school-based prevention programs, a best practices registry, state information and more. (<http://www.sprc.org>)

· **Talk. They Hear You.** - SAMHSA's underage drinking prevention campaign to help parents and caregivers start talking to their children early—as early as 9 years old—about the dangers of alcohol. Resources include parent fact sheets and guides, TV/radio/print PSAs, and an interactive simulation for parents to practice talking to their kids about alcohol. (<http://www.samhsa.gov/underage-drinking>)

Common Acronyms

Within NASADAD:

NTN: National Treatment Network

NPN: National Prevention Network

OTN: Opioid Treatment Network

SYSACC: State Youth Substance Abuse Coordinators Committee

WSN: Women's Services Network

Organizations and programs:

ICCPUD: Inter-Agency Coordinating Committee on Preventing Underage Drinking

NASMHPD: National Association of State Mental Health Program Directors

SAMHSA: Substance Abuse and Mental Health Services Administration

---->CAPT: Center for the Application of Prevention Technologies

---->CBHSQ: Center for Behavioral Health Statistics and Quality

---->CSAP: Center for Substance Abuse Prevention

---->CSAT: Center for Substance Abuse Treatment

---->---->DSCA: Division of State and Community Assistance

ONDCP: Office of National Drug Control Policy

IC&RC: International Credentialing & Reciprocity Consortium

CADCA - Community Anti-Drug Coalitions of America

Data-related groups and measures:

ASI: Addition Severity Index

DASIS: Drug and Alcohol Services Information System

DAWN: Drug Abuse Warning Network

EHR: Electronic Health Record

NOMS: National Outcomes Measures

NSDUH: National Survey of Drug Use and Health

PMWG: Program Management Work Group

SEOW: State Epidemiological Outcomes Workgroup

TEDS: Treatment Episode Data Set

TOPS: Trend Open Protocol Server

YRBS: Youth Risk Behavior Surveillance System

PNA: Prevention needs assessment

Miscellaneous:

ACA: Affordable Care Act

A(T)OD: Alcohol (Tobacco) and Other Drugs

EBP: Evidence-Based Practice

EUDL: Enforcing Underage Drinking

FQHC: Federally Qualified Health Center

HIT: Health Information Technology

MAT: Medication Assisted Treatment

MOU: Memorandum of Understanding

OTP: Opioid Treatment Provider

PDMP: Prescription Drug Monitoring Program

ROSC: Recovery-Oriented Systems of Care

SBIRT: Screening, Brief Intervention, Referral to Treatment

SOTA: State Opioid Treatment Authorities

SSA: Single State Authorities [sometimes used to mean the State Director, sometimes to mean the office itself]

Other:

DFSCA: Drug-free Schools and Communities Act

NIDA: National Institute on Drug Abuse

SIG: State incentive grant

SIPG: state incentive planning grant

SPF: Strategic prevention framework

FASD - Fetal Alcohol Spectrum Disorder

MTF: Monitoring the Future

NREPP - National Registry of Effective Prevention Programs

Other Important Prevention Agency Contacts

MT NPN

Vicki Turner,
Director, Prevention Resource Center, Addictive and Mental Disorders Division
Montana Department of Public Health and Human Services
406-444-3484
Fax: 406-444-9389
vturner@mt.gov

CAPT

Debra Morris
Training and Technical Assistance Specialist, West Resource Team
SAMHSA's Center for the Application of Prevention Technologies
312-265-1307
dmorris@edc.org

Single State Agency Contact

Bobbie Perkins
Bureau Chief
AMDD Chemical Dependency Bureau
406-444-6981
bperkins@mt.gov

Epidemiological Workgroup Contact

Thale Dillon
406-243-5113
thale.dillon@ummontana.edu

PFS and Block grants Program Manager

Billy Reamer
AMDD Chemical Dependency Bureau
406-444-9304
breamer@mt.gov

Impaired Driving Prevention Program Manager

Montana Department of Transportation
Kevin Dusko
(406) 444-7411
kdusko@mt.gov

Alcohol Education Coordinator

MT Department of Revenue
Lisa Scates
(406) 444-4307
lscates@mt.gov

Section D: Grant Level Knowledge

Partnership for Success (PFS) Primer

The State of Montana received a five year federal Partnership for Success Program grants that runs from October 1, 2013 - September 30, 2018. This grant provides an opportunity to continue to work in our communities, through collaboration and being a leading voice in substance abuse prevention.

Grant Specific Information

In 2013, SAMHSA released the Strategic Prevention Framework-Partnership For Success (SPF-PFS) grant to continue funding prevention infrastructures developed through the SPF-SIG grant. This grant is designed to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25. It is available to those that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and those who can exhibit high need. The program is based on the premise that changes at the community level will, over time, lead to measurable changes at the state/tribal level.

Grant Goals/Objectives

Goal 1: Prevent the onset and reduce the progression of alcohol abuse among youth ages 12-20.

- Objective 1.1: Reduce prevalence of past 30-day use of alcohol among youth by 5% in each funded community and statewide by September 2018 as measured by the Prevention Needs Assessment (PNA)—[State Baseline: 35.5%].
- Objective 1.2: Reduce the rate of binge drinking by youth by 5% in each funded community and statewide by September 2018 as measured by the PNA—[State Baseline: 21.2%].
- Objective 1.3: Increase community capacity and infrastructure to implement evidence-based prevention programs (i.e., alcohol compliance checks and alcohol Reward & Reminder programming) in 56 counties as measured by the number of counties conducting these activities (SPF PFS Goal 1, 3, 4)—[State Baseline: Data not available at this time].

Goal 2: Prevent or reduce consequences of underage drinking

- Objective 2.1: Reduce liquor law violations among youth by 5% in each of the funded communities and statewide by September 2018 as measured by the Board of Crime Control Reporting Systems—[State Baseline: 4,351 violations].
- Objective 2.2: Reduce the percentage of youth that report riding with a drinking driver within the past 12 months by 5% in each of the funded communities and statewide by September 2018, as measured by the PNA—[State Baseline: 26.0%].
- Objective 2.3: Increase the proportion of youth reporting they have discussed the use or dangers of alcohol, tobacco, and other drugs in the past 12 month by 5% in each of the funded communities and statewide by September 2018 as measured by the PNA—[State Baseline: 40.1% for combined ATOD].

Goal 3: Prevent or reduce the misuse/abuse of prescription drugs in youth ages 12-25.

- Objective 3.1: Reduce prevalence of past 30-day misuse/abuse of prescription drugs among youth by 2% in each of the funded communities and statewide by September 2018, as measured by the PNA—[State Baseline: 3.5%].
- Objective 3.2: Increase community capacity and infrastructure to implement evidence based prevention programs (i.e., drop boxes in each of the funded communities), as measured by the number of boxes located in funded communities (SPF PFS Goal 1, 3, 4)—[State Baseline: 3 communities have a total of 10 drop box locations].

Grant Funding Source

The Grantor - The Substance Abuse and Mental Health Services Administration (SAMHSA), pronounced (sam suh), Center for Substance Abuse Prevention (CSAP). The grant was awarded for 5 years beginning October 2013 with an annual budget not to exceed \$2,207,505 in total costs (direct and indirect) in any given year. The state is allowed to carryover 10% each year. In 2018, Montana can request a 1 year no-cost extension to finish grant activities only.

The Grantee - State of Montana - Department of Public Health & Human Services (DPHHS)- Chemical Dependency Bureau. The Grantee distributes funds to Boyd Andrews Management systems who manages the 23 high needs communities (sub-recipients) , Havre HELP (Compliance Checks & Youth/Parent Forum), KidsCount, University of Montana (Evaluation and SEOW).

Grant Structure

There are two levels involved in the PFS grant. Tier 1 Statewide Level and Tier 2 Community Level.

Tier 1 activities are facilitated by a sub-contractor Havre HELP located in Havre, MT

Tier 1 interventions target all 56 counties in Montana. These activities include conducting alcohol compliance checks and a Reward & Reminder Program. This level also has a social media campaign with both youth & parent components.

The Reward & Reminder program sends retailers/outlets a postcard describing the program and notifies them that they will be visited soon for a “practice” compliance check. A second postcard is then sent informing them that the alcohol compliance checks will be conducted. All 56 counties will have both a Reward & Reminder and Compliance Checks. You will receive, from DPHHS, a list of those Outlets that have complied with state laws by not selling to minors. Please visit these outlets and thank them for not serving to minors. You may also want to write a media article for the local newspaper publically thanking the outlets for their successful compliance. A reminder that any media must be approved by the state first so all media must be sent to Boyd Andrews and go through an approval process.

 is the youth social campaign. The mission of *Own It* is to create a community of teens in Montana who (a) better understand the risks associated with alcohol/drug abuse and the benefits of making safe and healthy choices and (b) will create and share alcohol/drug abuse prevention messaging on social media, so that their peers are empowered to make healthier, safer, and more positive choices. Local advisory teams are established within the schools. If your school district is interested in participating in this project of creating messages please contact Brianna Fox at Havre HELP for more information.

The second component of the state media campaign will focus on creating a parent forum to address parental favorable attitudes. This component is still under development and will be launched sometime in 2016.

Tier 2 activities are facilitated by a sub-contractor Boyd Andrews Management Services (BAMS) located in Helena, MT

Tier 2 Communities include:

- | | |
|------------------------------------------|-----------------------------------------|
| Beaverhead County | Madison County |
| Blackfeet Reservation (Glacier County) | Mineral County |
| Crow Reservation (Big Horn County) | Missoula County |
| Dawson County | Northern Cheyenne Reservation (Rosebud) |
| Deer Lodge County | Phillips County |
| Fallon County | Pondera County |
| Flathead County | Powell County |
| Fort Belknap Reservation (Blaine County) | Richland County |
| Fort Peck Reservation (Roosevelt County) | Rocky Boy’s Reservation (Hill County) |
| Lincoln County | Toole County |
| McCone County | Valley County |

Grant Support Staff

State Level Management – DPHHS – Chemical Dependency Bureau

Billy Reamer ,Program Manager(PFS Grant & Block Grant), 406-444-9304,breamer@mt.gov

Christine Steele, Prevention Specialist (PFS Grant), 406-444-1202, csteele@mt.gov

State Sub-Contractors

BAMS (Boyd Andrews Management Services)Peg Shea, Consultant, Riverfront Professional, 608-609-9767, peg@pegshea.com

Dan McGoldrick, Prevention Contract Supervisor, 406-443-2343, danmcgoldrick@boydandrew.com

MT Kids Count – Evaluation Team

Thale Dillon, Director, thale.dillon@mso.umt.edu

Rachel Goen, Consultant, 406-360-7685, Rachel@5thhouseconsulting.com

Kelly Hart, Consultant, harttofmtconsulting@gmail.com

Havre HELP – Compliance Checks & Social Media Campaign

Krista Solomon, Director, 406-265-6206 x302, kristas@bgchi-line.com

Vern Brown, Compliance Program Director, 406-265-6206 x312, vern@bgchi-line.com

Gina Lamb, Social Media Campaign, 406-654-2378, ginalamb074@ymail.com

Additional Resources: Prevention Resource Center

Vicki Turner, Director, 406-444-3484, vturner@mt.gov

Kenzie Antila- Prevention Fellow, 406-444-3477, MAnitlla@mt.gov

Data Collection

Prevention Specialists, with the help of community members, will gather data to help answer the following questions:

- What are the problems and related behaviors that are occurring in the community?
- How often are the problems and related behaviors occurring?
- Where are the problems and related behaviors occurring?
- Which populations are experiencing more of the problems and related behaviors?

Data Collection Methods

Surveys: Standardized paper and pencil, online or phone questionnaires that ask pre-determined questions (PNA and YRBS)

Archival data: Data that have already been collected by an agency or organization and which are in their records or archives (Law Enforcement, Judicial Districts)

Key Informant Interviews: Structured or unstructured, one-on-one directed conversations with key individuals or leaders in a community (Tri-Ethnic Community Readiness Interviews)

Focus Groups: Structured interviews with small groups of like individuals using standardized questions, follow-up questions, and exploration of other topics that arise to better understand participants.(Community , Parent, Youth)

Prevention Framework Model Utilizing

Assessing your Community

Before beginning to address the identified problems and risk/protective factors in your community, you must first understand the level of resources and readiness that exists in your community to address the problems.

The level of resources refers to the programs, organizations, human, financial, and knowledge/skill levels of your community leaders and the history of previous efforts to address the problems. You should also gather information on what local policies and regulations exist in your county/tribal entity.

The readiness refers to how ready the community is to take action and commit its resources to address the problems. Readiness also looks at how aware the community is of the problems that exist. The model identifies 9 levels of readiness. After conducting Key Informant Interviews, with help from the Evaluation team, you will be given a report indicating your communities' level of readiness to address the problems. This score will determine appropriate effective strategies.

Your Role as a Prevention Specialist

- Participate in prevention training
- Build capacity in your community by implementing the “**Strategic Prevention Framework**”
- Assess and track **community readiness**, needs, and resources
- With a leadership team made of community members - identify community **protective and risk factors and identify/prioritize problems**
- With a leadership team, through a community process, select **evidence based practices and programs (strategies)** to address the risk and protective factors and create an action plan.
- Guide and monitor the community in the implementation the action plan.
- Evaluate if the strategies from the action plan are making an impact
- Input data and submit invoices for reporting purposes

First Steps now that you have joined:

Working in conjunction with Boyd Andrews Management Systems

- Read Introduction to Prevention in Montana
- Get to know your community by obtaining your Community Profile which highlights the data in your county
- If SAPST (Substance Abuse Prevention Skills Training) is not available immediately, learn on-line. (List of resources will be provided)
- If no Community Readiness Assessment (CRA) has been conducted in your community: Start to think about who to interview for the Community Readiness Interviews.
- If the CRA has been completed, review the results and understand where your efforts best lie given your community readiness level.
- Understand reporting requirements and record keeping for Boyd Andrews Management Systems (- Budget -Invoices, Time Tracking, Data Tracking, Logic Models & Action Plans, Quarterly reports, semi-annual CLI-R reports).
- Visit with schools in your county and introduce yourself.
- Learn about different key organizations or coalitions already established in your community. Introduce yourself. Create a “Prevention Home” which is a list of prevention partners and resources including: financial resources, human resources, organizational resources and community resources (local policies & regulations).

Grant Training

You will be offered structured and sequential trainings- own personal development plan

Substance Abuse Prevention Skills Training (SAPST),

Center for the Application of Prevention Technologies (CAPT) Online - <https://captonline.edc.org>

- Introduction to Substance Abuse Prevention
- What is the SPF? An Introduction to SAMHSA's Strategic Prevention Framework
- Go Get It! Finding Existing Data to Inform Your Prevention Efforts
- Focusing on Focus Groups
- Key Informant Interviews
- Involving Youth in Your Substance Abuse Prevention Program

Montana Partnership for Success WebEx,

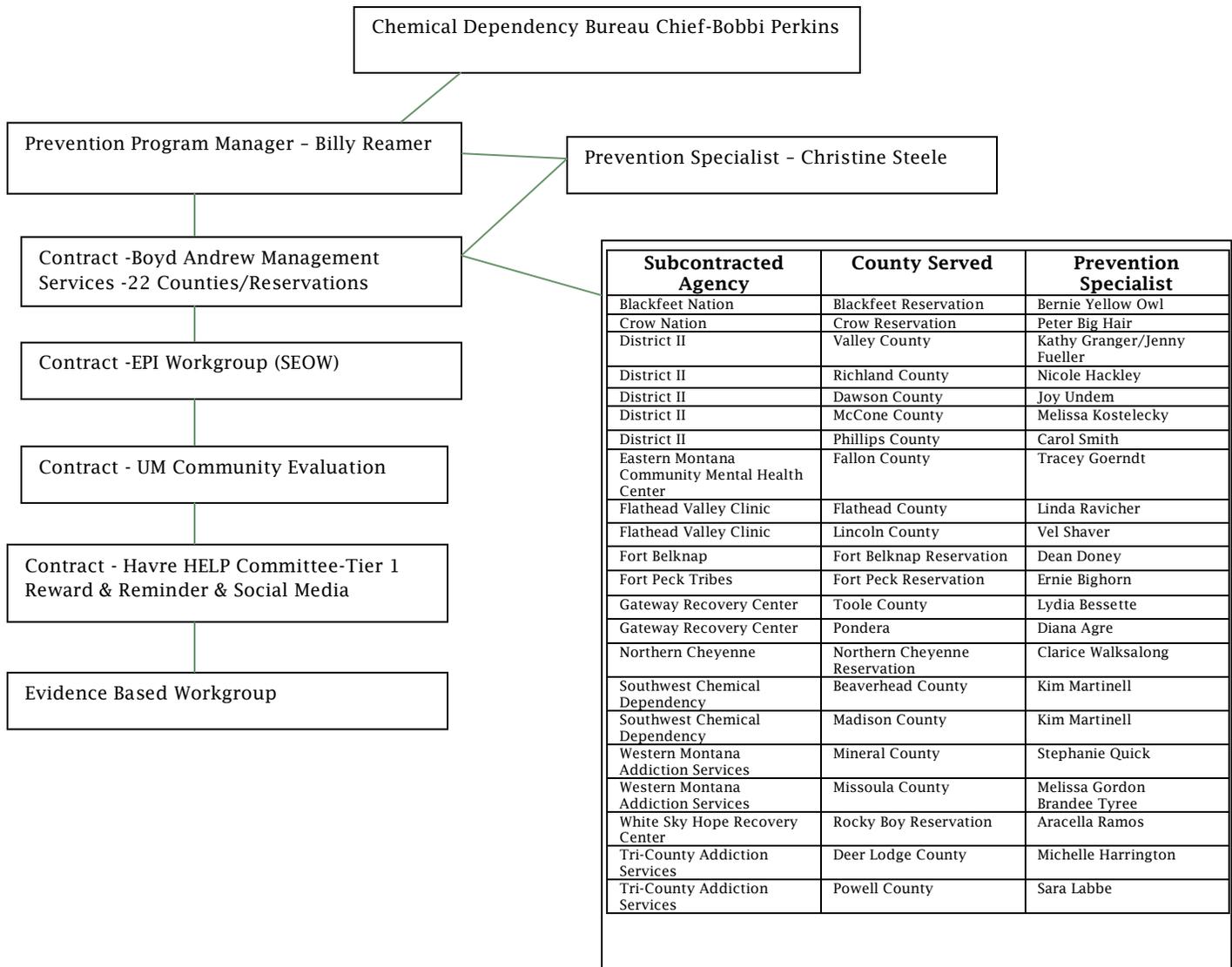
Grant Reporting Requirements

Overview of Data reporting: PEP-C - Report CLI-R(Dec 1 and June 1 every year), WITS

Tracking your progress: Site Visits, Logic Model & Action Plans, Monthly Invoices

PFS Organizational Chart-

* Updated PFS Prevention Contact List available from BAMS



Sources - CITATIONS

- 1 The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2009). *Shoveling up II: The impact of substance abuse on federal, state and local budgets*. New York: Author.
- 2 Montana Office of Public Instruction. (2015, September 25). Youth Risk Behavior Survey 2015. Retrieved from <http://opi.mt.gov/Reports&Data/YRBS.html>
- 3 Montana Office of Public Instruction. (2015, September 25). Youth Risk Behavior Survey 2015. Retrieved from <http://opi.mt.gov/Reports&Data/YRBS.html>
- 4 Montana Department of Public Health and Human Services. (2015). 2014 Prevention Needs Assessment Data. Retrieved from <http://dphhs.mt.gov/amdd/SubstanceAbuse/CDDATA/PNADATA/2014PNADData>
- 5 SAMHSA - Substance Abuse and Mental Health Services Administration. (2014, November 27). Behavioral Health Barometer: Montana, 2015. Retrieved from <http://www.samhsa.gov/data/browse-report-document-type?tab=46>
- 6 Montana Office of Public Instruction. (2015, September 25). Youth Risk Behavior Survey 2015. Retrieved from <http://opi.mt.gov/Reports&Data/YRBS.html>
- 7 SAMHSA (n.d.) Substance Abuse Mental Health Service Administration Retrieved from <http://www.samhsa.gov/prevention>
- 8 O'Connell M., Boat T., Warner K. (Eds.). (2009). *Preventing Mental, Emotional and Behavioral Disorders Among Young People*, Washington: National Research Council and Institute of Medicine
- 9 Berk B. (2013) : Effective Substance Abuse Prevention: Why it matters, what works, and what the experts see for the future (Retrieved from http://www.cacpi.org/docs/Publications/Other/EffectiveSubstanceAbusePrevention_March2013.pdf)