VISION

SAPA is a very diverse group of community stakeholders, who are dedicated & work diligently to make Cascade County a better place to live.

MISSION

SAPA addresses all areas of substance abuse education, awareness, prevention, treatment & intervention.

COMMUNITY REPRESENTATION

Business • Civic Organizations • Education • Faith Community
Government • Law Enforcement • Media • Medical/Health
Parent/Citizen • Youth • Youth Serving • Other

2019-2022 SAPA FOCUS AREAS

Coalition Capacity Building
Drug Endangered Children
Local Policy & Environmental Strategies

DID YOU KNOW?

In 2021, SAPA reported declines in youth use/misuse of the following substances:

• There has been a *significant decrease* in the number of Cascade County high school & middle school students who have *smoked cigarettes or vaped*.
• There has been a *slow, but steady decrease* in the number of Cascade County high school & middle school students who have used *alcohol and marijuana**.

* With the legalization and commercialization of adult-use marijuana in Montana, youth marijuana use is a huge area of concern in our community.

*See the last page of this packet for more details from the
2021 Cascade County Youth Risk Behavior Survey.*

Cascade County Substance Abuse Prevention Alliance

45%
of students have tried an electronic vape product

11%
used prescription pain medication without a doctor's prescription or differently than how a doctor instructed
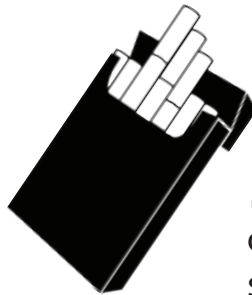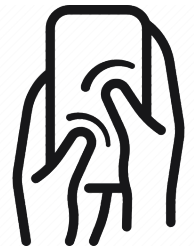
24%
of students have smoked cigarettes

68%
of students spend three or more hours a day on their screens
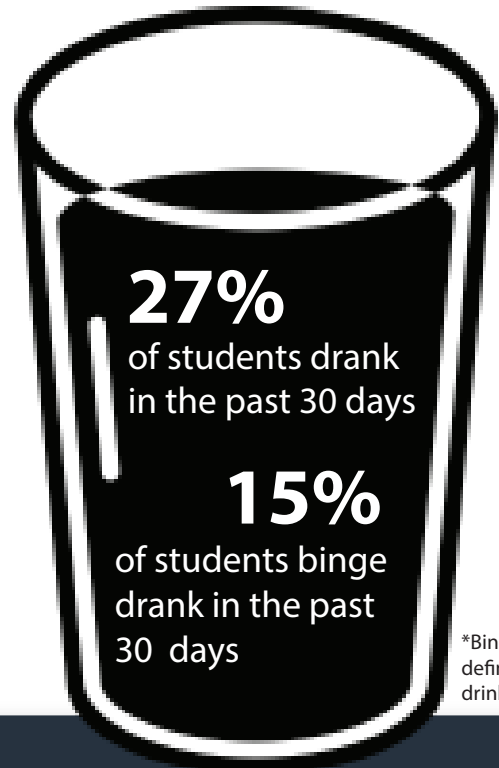
31%
of students have used marijuana

40%
of students reported feeling sad or hopeless almost everyday for two weeks or more

27%
of students drank in the past 30 days

15%
of students binge drank in the past 30 days

*Binge drinking is defined as 5 or more drinks in two hours.

SECTOR MEMBER AND VOLUNTEER ROLES

- Participate in determining the direction of SAPA

- Assist with recommending, recruiting and retaining new SAPA members

- Serve as a liaison from their respective sector to SAPA

- Help identify and assess existing community resources, strengths and needs

- Share information from SAPA with their respective sector and the community

- Assist in prioritizing SAPA's goals and objectives

- Assist in creating SAPA's 3-year strategic plan

- Assist in the implementation of SAPA's activities in the community

- Collaborate, endorse and support the implementation of SAPA's priorities

- Help represent the coalition at key official meetings and events

- Serve as an ambassador for the work of SAPA and promote its mission when and wherever possible

- Respect the rights of all SAPA members to hold their own opinions and beliefs

BRIEF HISTORY OF SAPA

In 2011, as a result of a Cascade County Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP), it was determined our community needed a task force to address substance abuse. Alliance for Youth has chaired and served as the fiscal agent for SAPA since that time. In 2017, Alliance for Youth was awarded a Block Grant through the State of Montana and SAMHSA, and a full-time prevention specialist for Cascade County was hired. In 2019, CHIP was rebranded as Healthy Lives Vibrant Futures, which creates objectives surrounding the priority areas of substance abuse, child abuse and neglect, access to health care and obesity/healthy weight in Cascade County.

CONTACT SAPA

Coalition Leadership

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Alliance for Youth serves as the fiscal agent for SAPA

Website & Social Media

allianceforyouth.org/substance-abuse-prevention-alliance

facebook.com/CascadeCountySAPA

@CascadeCountySAPA

SAPA MEETINGS

• Third Thursday of each month, except July & August

• Alliance for Youth, 3220 11th Ave. S. or via Zoom
  ID: 822 8076 6790 • Passcode: 492501

• 9:00 –10:30 a.m.

CASCADE COUNTY
SAPA
SUBSTANCE ABUSE
PREVENTION ALLIANCE

STRATEGIC PLANNING FRAMEWORK

Cascade County Substance Abuse Prevention Alliance (SAPA) utilizes the Strategic Prevention Framework (SPF, pronounced like Spiff). The SPF was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). It assists community coalitions in developing the infrastructure needed for community-based, public health approaches that can lead to effective and sustainable reductions in alcohol, tobacco and other drug (ATOD) use and abuse.

ASSESSMENT

EVALUATION

SUSTAINABILITY and CULTURAL COMPETENCE

CAPACITY

IMPLEMETATION

PLANNING

Risk factors are associated with a higher likelihood of developing a problem (e.g., low impulse control, peer substance use).

Protective factors are associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding and family cohesion).

SAPA works to reduce substance use and abuse among youth, families and other adults. We address the factors in our community that increase the risk for substance use and abuse and promote factors that minimize risk.

Individual, family, peer & community

2021-2022 SAPA SUPPORTED PREVENTION COLLABORATIONS IN OUR COMMUNITY

EDUCATION
- Hidden in Plain Sight Display
- Red Ribbon Week
- Youth Vaping Education Presentations
- Prescription & Syringe Disposal, including Deterra bags
- Parenting Montana Community Bench
- Family Technology Plan
- High School Graduation Letters
- Environmental Scans of County Gas Stations & Convenience Stores

EVENTS
- Back-to-School Student HOPE Fest
- Women's Expo
- MAFB Bike Safety Rodeo
- MANG Family Day
- NoMore Violence Week
- Stop the Stigma Week
- The Sober Life Recovery Run

PRESENTATIONS
- City of Great Falls Commission
- Cascade County Commissioners
- Cascade County Planning Board
- Cascade County Montana State Legislators
- SAPA Summit
- Montana Board of Crime Control Conference
- CADCA Leadership Conference

PROGRAMS
- The Sober Life

TRAININGS
- Drug Endangered Children
- Montana Board of Crime Control
- Responsible Alcohol Sales & Service
- Question, Persuade, Refer
- Youth Mental Health First Aid
- NARCAN
- Northwest Drug & Alcohol Conference

CASCADE COUNTY
SAPA
SUBSTANCE ABUSE
PREVENTION ALLIANCE

GLOSSARY OF TERMS

AGENT: In the public health model, the agent is the catalyst, substance or organism causing the health problem. In the case of substance abuse, agents are the sources, supplies and availability.

ASSUMPTIONS: Assumptions explain the connections between immediate, intermediate and long-term outcomes and expectations about how your approach is going to work.

ATOD: Acronym for alcohol, tobacco and other drugs.

BASELINE: The level of behavior or the score on a test that is recorded before an intervention is provided or services are delivered.

CAPACITY: The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.

CAPACITY BUILDING: Increasing the ability and skills of individuals, groups and organizations to plan, undertake and manage initiatives. The approach also enhances the ability of those individuals, groups and organizations to deal with future issues or problems.

CADCA: Community Anti-Drug Coalitions of America, a nonprofit organization that is dedicated to strengthening the capacity of community coalitions to create and maintain safe, healthy and drug-free communities.

CDC: Centers for Disease Control and Prevention. As the nation's health protection agency, CDC saves lives and protects people from health, safety and security threats.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP): A long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years.

CLEAN AIR LAW: Law prohibiting smoking indoors (i.e., public buildings, restaurants, airplanes, etc.) Or within a short distance of public entrances. (NOTE: Montana's Clean Indoor Air Act does NOT include provisions for electronic nicotine delivery devices like vapes)

COALITION: A formal arrangement for cooperation and collaboration among 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 ASSESSMENT: A comprehensive description of your target community (however your coalition defines community). The assessment process is a systematic gathering and analysis of data about your community.

COMMUNITY-LEVEL CHANGE: This is a change that occurs within the target population in your target area.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA or CHA): An assessment made at least once every three years by a hospital or healthcare facility that qualifies as a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code and that is required by the Patient Protection and Affordable Care Act, in which the hospital or healthcare facility must define the community it serves and assess the health needs of that community.

COMMUNITY READINESS: The degree of support for or resistance to identifying substance use and

GLOSSARY OF TERMS

misuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

CONTINUUM OF CARE: Provides a framework for understanding the range of approaches to addressing mental, emotional and behavioral disorders. The continuum distinguishes between health promotion,prevention, treatment and recovery. Prevention is further divided into three categories: Universal, Selective and Indicated.

CULTURAL COMPETENCE: (1) A set of behaviors, attitudes and policies that come together in a system, agency or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among and between groups. (2) A point on a continuum with several guiding principles that enable coalitions to have positive interactions in culturally diverse environments.

CULTURAL DIVERSITY: Differences in race, ethnicity, language, nationality or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

DISTRIBUTED LEADERSHIP: A model of leadership in which key functions are shared among all members.

DPHHS: Department of Public Health and Human Services

DRAM SHOP LAW: Refers to an alcohol establishment's potential financial liability for serving alcohol to an intoxicated or underage person who later causes injury to a third party (i.e., in a drunk driving crash). This law normally only covers businesses and not private parties.

ENVIRONMENT: In the public health model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is the societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

ENVIRONMENTAL SCAN: A form of community assessment that investigates the physical elements within a community that may contribute to alcohol, tobacco or other substance use.

ENVIRONMENTAL STRATEGIES: Environmental strategies are prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies.

EPIDEMIOLOGICAL DATA: Measures of the frequency, distribution, and causes of diseases in a population,rather than in an individual.

EVALUATION: A process that helps prevention practitioners discover the strengths and weaknesses of their activities so that they can do better over time. Time spent on evaluations is well spent because it allows groups to use money and other resources more efficiently in the future. Some evaluations can be done at little or no cost and some can be completed by persons who are not

GLOSSARY OF TERMS

professional evaluators.

EVIDENCE-BASED APPROACH OR STRATEGY: An evidence-based approach or strategy has research information to suggest that it really works; that the intervention, not something else, brought about the observed improvements in related behavior and outcome.

EXPECTED OUTCOMES: The intended or anticipated results of carrying out program activities. There may be short-term, intermediate and long-term outcomes.

FRAMEWORK: A framework is a structure that is used to shape something. A framework for a strategy or approach supports and connects the parts. SAPA works under the Strategic Prevention Framework (SPF).

GOAL: A goal states intent and purpose, and supports the vision and mission statements. For example: "To create a healthy community where drugs and alcohol are not abused by adults or used by underage youth."

HEALTHY LIVES VIBRANT FUTURES (HLVF): Addresses top health concerns for Cascade County. Every three years a Community Health Needs Assessment (CHNA) survey is conducted to identify top health priorities. The data collected helps to a Community Health Improvement Plan (CHIP).

INTERVENTION: An intervention comes between what exists (our assessment) and where we hope things will be (our goal). Intervention refers to what is done to prevent or alter a result—the means by which we change behavior and environmental conditions related to a group's goals.

LOCAL CONDITIONS: Conditions or behaviors in the community that are maintaining or contributing to root causes. Local conditions must be:

- **Specific** = must be an actual behavior (youth drink in the park at lunch) or condition (billboards are located near the schools) and not an attitude or a perception
- **Identifiable** = must be a behavior that occurs regularly in the community and can be measured
- **Actionable** = the behavior can be changed

LOGIC MODEL: Presents a diagram of how the effort or initiative is supposed to work by explaining why the strategy is a good solution to the problem at hand and making an explicit, often visual, statement of activities and results. It keeps participants moving in the same direction through a common language and points of reference. Finally, as an element of the work itself, it can rally support by declaring what will be accomplished and how.

MEMBERS: Organizations, groups or individuals that agree to affiliate themselves with the mission of the coalition, participate in coalition meetings on a regular basis, and contribute to community-wide planning and evaluation efforts.

MONTANA PREVENTION NEEDS ASSESSMENT (MPNA): Student survey designed to measure the need for prevention services among youth in the areas of substance abuse, delinquency, antisocial behavior and violence. The MPNA is sponsored by DPHHS and is administered in even numbered

GLOSSARY OF TERMS

years. The MPNA addresses risk and protective factors.

MULTI-SECTOR: More than one agency or institution working together.

MULTI-STRATEGY: More than one prevention strategy—such as information dissemination, skill-building, use of alternative approaches to substance abuse reduction, social policy development and environmental approaches—all working with each other to produce a comprehensive plan.

OBJECTIVE: Objectives are the specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Each objective should have a time frame by which it will be accomplished. "To reduce the number of youth in our community who smoke at age 15 from 18.5 percent to 10 percent by 2026."

OPI: Office of Public Instruction

OUTCOME: Outcomes are used to determine what has been accomplished, including changes in approaches,policies, and practices to reduce risk factors and promote protective factors as a result of the work of the coalition. An outcome measures change in what you expect or hope will happen as a result of your efforts.

PARTNERS: Groups or organizations that work with the coalition on specific issues or projects.

READINESS: The degree of support for, or resistance to, identifying substance use and abuse as a significant social problem in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

PROTECTIVE FACTORS: Those factors that increase an individual's ability to resist the use and misuse of drugs, e.g., strong family bonds, external support system, and problem-solving and coping skills.

RESILIENCY FACTORS: Personal traits that allow children to survive and grow into healthy, productive adults despite having experienced negative or traumatic experiences and high-risk environments.

RESOURCES: A resource is any or all of those things that can be used to improve the quality of community life—the things that can help close the gap between what is and what ought to be.

RESULTS: The consequences and outcomes of a process or an assessment. They may be tangible, such as products or scores, or intangible, such as new understandings or changes in behavior.

RISK FACTOR: Those factors that increase an individual's vulnerability to drug use and misuse, e.g., academic failure, negative social influences and favorable parental or peer attitudes toward or involvement with drugs or alcohol.

SAMHSA: Substance Abuse and Mental Health Services Administration is charged with improving the quality and availability of treatment and rehabilitative services to reduce illness, death, disability and the cost to society resulting from substance abuse and mental illnesses.

GLOSSARY OF TERMS

SOCIAL HOST ORDINANCE: Holds persons criminally responsible for hosting events where persons under 21 years of age are permitted to consume alcohol, marijuana and other drugs. Social Host ordinances hold persons accountable even if something doesn't occur as a result, i.e., sexual assault, car crash, property damage, etc.

STAKEHOLDERS: Groups, organizations or sectors of the community with an interest in and/or perspective on a common issue, such as reducing substance abuse.

STRATEGY: Identifies the overarching plan of how the coalition will achieve intended results.

SUBSTANCE MISUSE: The use or misuse of illegal drugs, the misuse of inhalants, or the use of alcohol, tobacco or other related product as prohibited by state or local law.

SUSTAINABILITY: The likelihood of a strategy to continue over a period of time, especially after specific funding ends.

THEORY OF CHANGE: A theory of change creates a commonly understood vision of the problem being addressed and defines the evidenced-based strategies or approaches proven to address that problem.

YOUTH RISK BEHAVIOR SURVEY (YRBS): Student survey that assists educators and health professionals in determining the prevalence of health-risk behaviors as self-reported by Montana youth. The YRBS is sponsored by OPI and is administered in odd numbered years. The YRBS does NOT address risk and protective factors.

Cascade County 2021 Youth Risk Behavior Survey

Here's what they said...

Reports of Substance Abuse

HIGH SCHOOL

ALCOHOL
57% have used alcohol in their lifetime (59% 2019, 63% 2017)
27% have used alcohol in the past 30 days (32% 2019, 34% 2017)
15% of all students engaged in binge drinking in the last month. Binge drinking is defined as 5 or more drinks in two hours. (20% 2019, 21% 2017)

MARIJUANA
31% have used marijuana (37% 2019, 35% 2017)
17% have used marijuana in the past 30 days (21% 2019, 19% 2017)

SYNTHETIC MARIJUANA
7% have used synthetic marijuana (8% 2019, 10% 2017)

USE OF OTHER DRUGS
Inhalants
9% have sniffed inhalants to get high (9% 2019, 8% 2017)
Methamphetamines
3% have used meth in their lifetime (2% 2019, 2% 2017)
Prescription Drugs
11% used prescription pain medication without a doctor's prescription or differently than how a doctor instructed (14% 2019, 14% 2017)

NICOTINE
24% have smoked cigarettes (34% 2019, 32% 2017)
6% have smoked cigarettes in the past 30 days (10% 2019, 13% 2017)

Electronic Vapor Product Use
45% have used the product (58% 2019, 49% 2017)
24% have used the product in the past 30 days (38% 2019, 32% 2017)

MIDDLE SCHOOL

ALCOHOL
27% have used alcohol in their lifetime (32% 2019, 39% 2017)
13% have used alcohol in the past 30 days (17% 2019, 12% 2017)
6% of all students engaged in binge drinking in the last month. Binge drinking is defined as 5 or more drinks in two hours. (7% 2019, 7% 2017)

MARIJUANA
13% have used marijuana (18% 2019, 10% 2017)
6% have used marijuana in the past 30 days (11% 2019, 5% 2017)

SYNTHETIC MARIJUANA
2% have used synthetic marijuana (4% 2019, 4% 2017)

USE OF OTHER DRUGS
Inhalants
9% have sniffed inhalants to get high (10% 2019, 6% 2017)
Methamphetamines
1% have used meth in their lifetime (1% 2019, 1% 2017)
Prescription Drugs
9% used prescription pain medication without a doctor's prescription or differently than how a doctor instructed (11% 2019, 9% 2017)

NICOTINE
14% have smoked cigarettes (21% 2019, 18% 2017)
4% have smoked cigarettes in the past 30 days (4% 2019, 4% 2017)

Electronic Vapor Product Use
23% have used the product (32% 2019, 23% 2017)
10% have used the product in the past 30 days (20% 2019, 12% 2017)

= decrease (Step in the right direction!)   = increase (Red flags!)

Bullying, Mental Health & Suicide

What can we do?

HIGH SCHOOL

18% reported being bullied on school property (24% 2019, 24% 2017)
14% reported being bullied electronically (texting/social media) (18% 2019, 17% 2017)
14% reported being bullied because of their sexual orientation (13% 2019, 12% 2017)
8% reported not going to school because they felt unsafe at school or on their way to or from school (8% 2019, 6% 2017)

20% reported seriously considering attempting suicide in the past 12 months (22% 2019, 21% 2017)
16% reported actually making a plan on how they would attempt suicide in the past 12 months (20% 2019, 17% 2017)
12% reported actually attempting suicide in the past 12 months (11% 2019, 14% 2017)
40% reported feeling sad or hopeless almost every day for two weeks or more (38% 2019, 29% 2017)

MIDDLE SCHOOL

32% reported being bullied on school property (26% 2019, 34% 2017)
20% reported being bullied electronically (texting/social media) (19% 2019, 17% 2017)
22% reported being bullied because of their sexual orientation (19% 2019, 18% 2017)
9% reported not going to school because they felt unsafe at school or on their way to or from school (10% 2019, 7% 2017)

23% reported seriously considering attempting suicide in the past 12 months (23% 2019, 17% 2017)
19% reported actually making a plan on how they would attempt suicide in the past 12 months (20% 2019, 16% 2017)
14% reported actually attempting suicide in the past 12 months (16% 2019, 15% 2017)
33% reported feeling sad or hopeless almost every day for two weeks or more (31% 2019, 26% 2017)

#TRENDING

Of those students who have vaped, fruit & menthol flavored were the most popular flavors for high school students. Fruit and chocolate, candy, desserts were the most popular flavors for middle school students. This demonstrates that flavors make the poison go down.

68% of high school students and 67% of middle school students spent three (3) or more hours a day in front of a TV, computer, smart phone or other electronic device watching shows or videos, playing games, accessing the Internet or using social media. This screen time does NOT include time spent doing schoolwork.

There has been a significant decrease in the number of students who get seven (7) or more hours of sleep on a school night. (High school 52% 2021, 60% 2019, Middle school 64% 2021, 75% 2019)

Distracted Driving
40% of high school students reported texting or emailing while driving in 2021. (35% 2019)
36% of high school students reported using the internet or apps on their phone while driving in 2021. 33% 2019)

NOTE: A total of 941 Cascade County students took the YRBS in 2021 (634 high school, 307 middle school). That is 68 more students who took the YRBS survey in 2021 than in 2019 (574 high school, 299 middle school). This is noteworthy as we consider how the COVID pandemic could have played a role.