STRATEGIC PREVENTION PLANNING FOR MONTGOMERY COUNTY YOUTH AND FAMILIES
Striving for Safe and Healthy Youth Through Integrated Primary Prevention Approaches

A strategic plan designed to integrate the prevention efforts of the Office of Drug & Alcohol and the Office of Mental Health

Multi-Year Plan 2020 - 2029

Mental Health Support
County, Provider, School District, and Community Relationship Building
Substance Abuse Awareness & Programming
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While Montgomery County Department of Health and Human Services (HHS) celebrates a long history of using a strategic approach to effectively deliver services to those at the highest need, we recognize that we must evolve with the changing needs of our constituents. This has allowed us to look through a lens of CHANGE, ensuring that as an agency we continue to evolve in an effective and efficient way! The county leadership is currently investing time to revisit its strategic framework that is grounded in the guiding principles of being TRAUMA-INFORMED, DIVERSE, EQUITABLE, and INCLUSIVE THROUGH TRUE PARTNERSHIP development with staff, partners, and the individuals and families we serve. Strategic Prevention Planning for Youth and Families Multi-Year Plan 2020 - 2029 is a plan that takes the broad county-level principles and goals to the service delivery level. This approach will be of the utmost importance as we navigate our “new normal”.

The Montgomery County Offices of Drug and Alcohol (ODA) and Mental Health (OMH) have worked together in many ways for many years, but felt that there were missed opportunities that could be addressed through an integrated planning approach. We recognize that an integrated approach to addressing primary prevention is the best way to ensure that service delivery is done in the most efficient and effective manner. Through this integrated approach, that is focused on youth, their families, and the communities in which they live, we recognize that youth represent our future. We are dedicated to achieving healthy outcomes for them by utilizing risk-focused, prevention-science-based approaches that best meet their needs. Primary prevention is the foundation of this strategic planning effort as we also recognize that we must dedicate time, talent, and treasure to ensuring the most effective implementation of proven-effective programs and practices that address youth-related issues before they start. As you review the following pages, we hope you will be able to see where your efforts can fit into making a difference in a child’s life because as we all know…it takes a village to raise a child…and that’s something that will never CHANGE!

Sincerely,

tgaudin@montcopa.org
610-278-3792
Montgomery County Department of Health & Human Services
1430 Dekalb Street
PO Box 311
Norristown, PA 19404-0311

In today’s world, there is one constant…CHANGE!

Tara Gaudin
Director

Thank you to the HHS team who provided guidance and leadership to make this planning process more efficient and effective and are dedicated to helping us achieve our goals!

Much gratitude also goes out to all partners, providers, and friends of the Montgomery County Department of Health and Human Services. Only through your continued dedicated support and outstanding service will we create a safe and healthy environment for Montgomery County youth, families, and communities.

WHAT WILL THE READER FIND IN THIS STRATEGIC PLAN?

• Meaningful data overview
• Goals and outcomes
• Tactics to meet those goals

CP3 is a project that perfectly aligns county-level strategic priorities and local level needs. This strategic plan will showcase the following:

A MESSAGE FROM OUR DIRECTOR
The Strategic Prevention Planning for Montgomery County Youth and Families report provides an overview of the county strategic planning efforts conducted in a joint effort by the Office of Drug and Alcohol (ODA) and Office of Mental Health (OMH). This innovative cross-system initiative, called the Comprehensive Prevention Program Project (CP3), enlists a multi-level approach that builds on strategic planning initiatives at both the state and county levels.

CP3 is focused on integrating primary prevention activities that research has shown increases the likelihood of achieving positive youth outcomes. A key outcome of CP3 is to create a synergistic, cross-systems approach to service delivery to increase efficiency and effectiveness of overall operations.

In 2018, the PA Department of Drug and Alcohol Programs (DDAP) implemented a long term drug and alcohol prevention needs assessment project that required each county drug and alcohol office to utilize a risk-focused approach to prevention planning by using data to determine their needs and to set goals and outcomes. The county ODA and OMH joined forces to work through this process which was grounded in the analysis of the PA Youth Survey (PAYS) and guided the county to adopt the following focus areas:

- Alcohol
- Marijuana
- Vaping
- Depressive Symptoms
In a separate planning project, the Montgomery County Department of Health and Human Services (HHS) began the process of creating a broad-based strategic plan that is very focused on engagement, synergy, and access. The strategic priorities for this effort include:

• Increasing access to services
• Increasing early prevention services
• Operating as one department

The HHS Strategic Plan and the Office of Drug and Alcohol’s Prevention Needs Assessment are the foundation for the ODA and OMH Comprehensive Strategic Plan.

This report showcases data retrieved from the 2019 PA Youth Survey (PAYS) and will focus on data related to the priority areas determined through DDAP’s Needs Assessment. Mental health PAYS data that focuses on depressive symptoms is also used in the development of this plan. Other key data points included in this report are those related to the causes of the problem behaviors also known as risk factors. PAYS was administered in grades 6, 8, 10, and 12 in all Montgomery County school districts. In 2019, over 25,000 students participated.

Below are several key highlights from the 2019 Montgomery County PAYS that are used to set goals for the project:

• Past 30-Day Substance Use
  • Alcohol – 15.8%
  • Marijuana – 9.7%
  • Vaping – 14.9%
• Mental Health
  • Felt Sad or Depressed Most Days – 34.3%
  • Considered Suicide – 14.3%
• Risk Factors
  • Low Commitment to School – 49.1%
  • Low Perceived Risk of Drug Use – 45.5%
  • Parental Attitudes Favorable Towards Antisocial Behavior – 45.1%
  • Parental Attitudes Favorable to Drug Use - 29.0%

Research has shown the direct link between substance use and mental health issues. This relationship is seen in the 2019 PAYS data where students who reported high rates of depressive symptoms reported much higher rates of alcohol, marijuana, and vaping use.

To access the full 2019 Montgomery County PAYS Report, visit: https://www.pccd.pa.gov/Juvenile-Justice/PAYS/Montgomery%20County%20Profile%20Report%202019.pdf

Long-term goals were established during the early phases of the DDAP Needs Assessment where 2017 PAYS data was used to set goals for a variety of data points related to the focus areas of alcohol, marijuana, vaping, and depressive symptoms. These goals were set with a goal date of 2029 and primarily focused on PAYS data. The substance use and mental health goals are grade-level focused which allows for the best tracking of changes over time. Intermediate goals were also set for a variety of risk factors related to these focus areas.

In order to most effectively support the focus areas of the state needs assessment process and to align with the county-level strategic planning process, CP3 is comprised of developing, implementing, and sustaining prevention planning efforts at the county and school-district levels. CP3 integrated prevention priorities include:

• Strengthened relationships between county, school districts, community, and providers
• Improved prevention service-delivery capacity
• Enhanced data-driven decision making
• On-going promotion of wellness
In 1994, the Institute of Medicine (IOM) released its pioneering report Reducing Risks for Mental Disorders: Frontiers for Preventive and Intervention Research that focused on the prevention of substance use disorders/misuse as related to mental health disorders.

It focused on the emerging research demonstrating that following the public health model of understanding and addressing the risk factors (the underlying causes) of the issues was key to reducing mental health disorders and substance misuse.

This influential report aided the field of prevention science in taking a giant leap forward into improving how we select, implement, and evaluate evidence-based interventions.

In 2009, the IOM released a long-awaited report Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities demonstrating the number of mental, emotional, and behavioral disorders that are, in fact, preventable.

This distinguished report contained many ground-breaking findings that helped shape the field of today’s prevention science including:

- Demonstrating that many mental, emotional, and behavioral disorders experienced by youth exist on a continuum that encompasses mental illness and substance misuse;
- Highlighting the vast amount of prevention science research conducted since the initial 1994 report;
- Showing that billions of dollars can be saved with effective implementation of evidence-based interventions; and

In 2019, the National Academics of Sciences, Engineering, and Medicine—Note: IOM changed to this name in 2015—released its third report in this series Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth. This report highlighted the fact that the US was still struggling to mitigate the risks associated with poor mental, emotional, and behavioral (MEB) development of children and youth.

What is CP3 and how does it support the mission and vision of Montgomery County HHS?

CP3 is a youth-focused, primary prevention planning project that was designed to support the mission and vision of the county by strengthening service delivery in three ways by:

- Strengthening and formalizing the relationship between ODA and OMH through the development of an integrated strategic plan and program delivery system;
- Strengthening relationships with all Montgomery County school districts by providing resources for each district to conduct their own needs assessment and create their own strategic plans;
- Trainings on primary prevention topics and developing a GIS tracking system for county-wide resource mapping.

CP3 is yet another example of how Montgomery County HHS remains at the forefront of utilizing innovative processes to assist in addressing its strategic priorities:

- Help provide people ACCESS to the resources they need;
- Increase PREVENTION efforts to improve overall quality of life; and
- Continually improve agency capacity to operate as ONE DEPARTMENT.
Why is it important that CP3 is focused on youth and grounded in prevention science?

Primary prevention is a proactive process, which empowers communities and individuals to deal with factors that are shown to contribute to mental health and substance misuse issues of our youth.

Prevention science and the public health approach have shown us that we are most likely to achieve successful youth outcomes when we address issues BEFORE they start by reducing risks (causes of issues) and enhancing protections (buffers to risk).

The 2019: Spectrum of Mental, Emotional, and Behavioral Intervention graphic exhibits an outline of actions that need to be undertaken BEFORE someone enters into the treatment section of the spectrum—through Promotion and Prevention efforts.

Promotion involves interventions (e.g., programs, practices, or environmental strategies) that enable people to increase control over and improve their health and quality of life.

It includes strategies that develop skill-based positive attributes, such as self-regulation, self-efficacy, goal setting, and positive relationships that promote MEB development.

Prevention is designed to address three levels of risk:

- **UNIVERSAL**: Approaches effective for the general population;
- **SELECTIVE**: Early interventions targeted to higher risk subgroups; and
- **INDICATED**: Pre-treatment interventions aimed at individuals exhibiting signs of problem behaviors.

**Source:**
- Reducing Risks for Mental Disorders: Frontiers for Preventive and Intervention Research
- Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities National Research Council and Institute of Medicine, 2009, p. xv
- Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth
While it is recognized that there are many data sources that could be included in this project, this strategic planning effort is grounded in the analysis of the PA Youth Survey (PAYS), which is a student survey that is administered biannually to students in grades 6, 8, 10, 12 in all participating schools and districts throughout the county.

In 2019, enrollment figures for all 93 eligible Montgomery County schools show that 37,001 students were eligible to participate in the 2019 PAYS administration. There were 25,644 valid surveys submitted during this which resulted in an outstanding participation rate of 69.3%.

**STRENGTHS:**

- **2015**
  - Since 2015, substance use has decreased.

- **2017**
  - 17.4%
  - Past 30-day alcohol use decreased in 2019.

- **IN THE PAST 12 MONTHS**
  - 73% of youth reported not being bullied.

- **67%**
  - Of youth reported strong family attachment.

**CHALLENGES:**

- **2015**
  - Since 2015, past 30-day use by 12th graders alcohol and marijuana decreased, while over 30% still report alcohol use and 25% report marijuana use.

- **1-IN-2**
  - Montgomery County students report a lack of school commitment.

- **IN THE PAST 12 MONTHS**
  - 14.3% of youth considered suicide.

- **34.3%**
  - Of youth reported feeling sad or depressed most days in the past 12 months.

The infographic highlights several data points found in the county PAYS report. To further explore this report, please visit: https://www.pccd.pa.gov/Juvenile-Justice/PAYS/Montgomery%20County%20Profile%20Report%202019.pdf
This section provides an overview of a variety of risk and protective factor frameworks that offer a summary of the experiences of today’s youth – no matter their race, ethnicity, or economic status.

The study of risk and protective factors is the basis of prevention science and should be considered the keystone to understanding the needs of all areas of youth life: community, school, family, peer relationships, and individual characteristics.

The science of risk and protection is based on the premise that to prevent a problem from happening, we need to identify the conditions (risk factors) that increase the likelihood of a problem developing and then find ways to reduce the risks (protective factors). These factors are difficult and complex to address and require a unified approach that engages multiple systems.

This strategic planning process recognizes the importance of understanding both risk and protection when selecting prevention programs. This section will showcase several risk-focused models that are grounded in science and recognize both risk and protective factors as influential mechanisms affecting positive youth outcomes that relate to social, economic, and environmental circumstances that shape how individuals live, work, play, and learn.

This report showcases the following models:
- Social Determinants of Health (SDoH)
- Adverse Childhood Experiences (ACEs)
- 40 Developmental Assets
- PAYS Defined Risk and Protective Factors
- Positive Childhood Experiences (PCEs)

Social Determinants of Health
SDoH are risk factors that were established to create social and physical environments that promote good health for all. This holistic model is based on the premise that health must be addressed in all areas of one’s life:
- Home
- School
- Workplace
- Neighborhood
- Communities

Healthy People 2020, an initiative of the federal Office of Disease Prevention and Health Promotion, has created a “place-based” organizing framework that reflects five key determinants as seen here:

Adverse Childhood Experiences (ACEs)
Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years of age). ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities.

How common are ACEs?
According to the ACE Data collected by the National Behavioral Risk Factor Surveillance System from 2011-2014, approximately 2/3 of adults surveyed across 23 states reported that they had experienced at least one type of ACE and nearly 1 in 4 reported they had experienced three or more types of ACEs.

Significantly higher ACE exposures were reported by participants who identified as Black, Hispanic, or multiracial. Also, the number of ACEs were increased for participants reporting lower levels of educational attainment and income and those identifying as gay/lesbian/bisexual.


Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
Both of these simulated scenarios, while very different, are very real and have one common thread – they are grounded in a variety of risk factors that will increase the likelihood that these two youth will experience negative youth outcomes such as substance use, violence, delinquency, teen pregnancy, school dropout, mental health issues along with a range of other personal, social, economic, and environmental factors that contribute to individual and population health.

SCENARIO #1

This morning I woke up to find that my mom’s latest “episode” (as I’ve been told to call them) is still happening. These episodes sometimes make her so sad that she won’t even respond when I call out to her – not even if I want to show her the picture I drew for her. Other times she is really loud and excited, which sounds like it should be better, but when she is like this, she typically disappears for days and even weeks which makes me very scared for her and for me. These days she is rarely able to go to work so I never really know if I am going to have food to eat or if our electricity will work. I’m very proud that I have grown three whole inches in the past few months, but now none of my clothes fit so all the kids at school laugh at me. I wonder if I could get a job to help my mom and me – I wonder what kind of job could a 12-year-old get? One good thing this morning is that Frank isn’t here – I don’t like the way he treats my mom and he’s never nice to me – one time he even hit me because I forgot to shut the door. It didn’t leave much of a bruise on the outside, but what it did to my insides is a different story.

BOBBY, age 12

SCENARIO #2

Well, this morning has been a total joke – my father keeps yelling at me to get out bed because my mother made me breakfast! Big deal! If he comes to my door one more time screaming at the top of his lungs, I think I’m going to jump out of the window. Maybe that would stop them from arguing over whose fault it is that I am worthless and lazy! I wish I could say that things will be better when I get to school, but I know that I have to see my so-called friends, Susie and Brittney, who do nothing but constantly tease me about everything from the fact that I don’t have my own car and that my hair is too brown – I mean really! On top of all of this, my grades are going to stink this semester which I know is just going to cause another big blow out with my parents. I really wish that I had the relationship with my parents before I became a teenager – we were so close and used to have so much fun when they watched me play soccer and go on cool family trips to the shore. Well, those days are over and this is now my life. Sometimes I just have to wonder if this life is really worth it!

ANGIE, age 16

Want to learn more about ACEs, please visit: https://www.cdc.gov/violenceprevention/acesstudy/fastfact.html
PA Youth Survey Risk and Protective Factors

Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking, a team of researchers at the University of Washington (UW) have identified conditions (risk factors) that increase the likelihood of the prevalence of youth problem behaviors such as:

- Substance Use
- Delinquency
- School Dropout
- Depression/Anxiety
- Violence
- Teen Pregnancy

The PA Youth Survey (PAYS) measures a variety of the risk factors that have been proven to increase the likelihood of youth experiencing problem behaviors. It uses the conceptual risk factor model showcased in this table as the basis for its measurement. Each check mark represents a minimum of two longitudinal studies that determined a direct link between the risk factor and the youth problem behavior.

A key takeaway is to understand that youth who experience high levels of multiple risk factors are much more likely to experience multiple problem behaviors. For example, children who live in families with high levels of conflict and poor family management are more likely to become involved in delinquency and drug use than children who experience less of these family risk factors.

Protective Factors

Research has also identified protective factors that can buffer these risk factors by building bonding in all areas of a child’s life. Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors.

The Protective Factors Chart on the next page, outlines the protective factors, or “assets”, that have been found, when implemented in all areas of a child’s life (community, family, school, and peer/individual), are successful in reducing the risk factors outline above.

Social Development Strategy

This model is grounded in the Social Development Strategy (SDS) which is a science-based framework for protection that promotes positive youth development.

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these neighborhoods, families, and schools must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.
Research has identified that when SDS is used in all domains of a child’s life, there is a much higher likelihood of positive youth outcomes. What this means is that youth need to have positive bonding in areas of their lives including in their community, family, schools, and amongst their friends. The strategy has these five key components:

1. OPPORTUNITIES
2. SKILLS
3. RECOGNITION
4. BONDING
5. CLEAR STANDARDS FOR BEHAVIOR

### Other Protective Factor Models

While prevention science research has shown the importance of addressing both risk and protection when addressing youth problem behaviors, there are two other models which frameworks are solely built around a variety of protective factors: 40 Developmental Assets and Positive Childhood Experiences.

#### 40 Developmental Assets

The Search Institute has identified 40 positive supports and strengths that young people need to succeed. Half of the assets focus on the relationships and opportunities they need in their families, schools, and communities (external assets). The remaining assets focus on the social-emotional strengths, values, and commitments that are nurtured within young people (internal assets).

**EXTERNAL ASSETS:** The supports, opportunities, and relationships young people need across all aspects of their lives.

- Support
- Empowerment
- Boundaries and Expectations
- Constructive Use of Time

**INTERNAL ASSETS:** The personal skills, commitments, and values they need to make good choices, take responsibility for their own lives, and be independent and fulfilled.

- Commitment to Learning
- Positive Values
- Social Competencies
- Positive Identity

### Positive Childhood Experiences (PCEs)

While Adverse Childhood Experiences (ACEs) focus on traumatic experiences of a child, PCEs research shows that by prioritizing possibilities to foster safe, stable, and nurturing relationships for children can reduce better outcomes and experiences throughout adulthood.

This is a new model based on a study from Johns Hopkins University published in September 2019 by JAMA Pediatrics which concluded that the proactive promotion of PCEs for children may reduce risk for adult depression and/or poor mental health. Christina Bethell and co-authors “propose that children who experience high PCEs become adults able to seek and receive care and support which improves symptoms even if mental illness is present.”

To learn more about Positive Childhood Experiences and to review the full research article, please visit: [https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336)
How Do We Build Protections?
Risk factors of all types will only be reduced by enhancing protection through holistic approaches that include:

• Developing communication skills within the family
• Offering community-based activities for youth and families
• Building bonding between youth and adults throughout the community
• Strengthening positive peer-to-peer relationships

Inclusion of Risk and Protective Factors in the Strategic Planning Process
While all of these Risk and Protective Factors (RPF) models are excellent resources for understanding what needs to be addressed with prevention programming, it is many times difficult to measure these factors. For this reason, the Commonwealth of Pennsylvania and Montgomery County utilizes the risk and protective factor model defined by the PAYS. The Commonwealth invests in the biannual administration of PAYS and offers it as a no-cost option to all counties and school districts. In 2019, all Montgomery County school districts participated and is dedicated to working towards 100% school district grade level participation in future administrations.

OMH Children’s Services Continuum
It is important to note that Montgomery County Office of Mental Health has adopted a continuum of services model to best address children’s mental health needs. This continuum includes services at a variety of levels and settings.

There are several intersections with the focus areas of Office of Drug and Alcohol that include:

• Community Education and Prevention
• Student Assistance Program
• Youth and Family Support Services
• Community-Based Services

OMH Children’s Services Continuum

“Primary prevention is a key focus area for the Office of Drug & Alcohol. We are committed to reducing risk factors, enhancing resiliency and promoting positive health behaviors by youth in our communities throughout Montgomery County in order to prevent the future need for drug and alcohol treatment services.”

Kay McGowan
Administrator, Office of Drug and Alcohol,
Montgomery County Department of Health and Human Services
Overview

Guiding Principles

In everything it does, Montgomery County Department of Health and Human Services (HHS) is mindful of being Trauma-Informed, maximizing Diversity, Equity, and Inclusion, and working in True Partnership with staff, partners, and the individuals and families it serves.

To make sure that these principles guide the Department’s work, HHS leadership will:

• Instruct Action Teams through written charters to consider them in their analyses and deliverables development

• Develop for each Guiding Principle a plan of concrete activities to help the Department “live” the principle

• Track how well the Department is living its principles through gathering and use of data for senior leader progress and impact monitoring

KEY DEFINITIONS

ACCESS: Being able to obtain a needed or wanted resource without significant difficulty

PREVENTION: Intervening early to minimize the severity of hardship or eliminating altogether the conditions that cause it

UNDER-SERVED POPULATIONS: Groups of people who do not typically receive the resources or services they need

ENGAGEMENT: Getting people involved

“`The Montgomery County Office of Drug & Alcohol and Office of Mental Health’s Comprehensive Strategic Plan aligns with the goals of the Department of Health and Human Services Strategic Plan to increase access to services, expand prevention and operate as one department.”

Tara Gaudin
Director, Montgomery County Department of Health and Human Services
There are a variety of substance-use problem behaviors and mental health issues targeted by CP3. The problem behaviors include higher than the state rate for past 30 day use and several related consequences of the following substances:

- **ALCOHOL** use by 8th, 10th, and 12th grade students
- **MARIJUANA** use by 10th and 12th grade students
- **VAPING** by 10th and 12th grade students

The mental health issues include a focus around depression and suicide risk for students in grades 6, 8, 10, and 12 including data focused on:

- **FELT SAD OR DEPRESSED MOST DAYS**
- **SERIOUSLY CONSIDERED SUICIDE**

Generally speaking, the OMH supports and prioritizes programming that, in the long-term, supports and maintains children's mental health throughout their communities. This translates into consideration of community education and prevention services emphasizing mental health wellness, emphasis on early childhood support, and suicide prevention.

The over-arching goal of the CP3 project is to make data-driven decisions that will increase the opportunities for **safe and healthy** youth by using integrated primary prevention approaches and partnerships. This big-picture goal will be reached by addressing the 4 integrated prevention priorities developed through this process:

1. Strengthened relationships between county, school districts, community, and providers
2. Improved prevention service-delivery capacity
3. Enhanced data-driven decision making
4. On-going promotion of wellness

Montgomery County Department of Health and Human Services, Office of Drug and Alcohol (ODA) and Office of Mental Health (OMH), is committed to working towards these goals and priorities in a focused, but flexible, manner that allows for shifts and pivots as required for long-term success. There is strong belief that this flexible approach will allow for a level of fluidity to make adjustments as needed while remaining focused on the priorities and goals outlined in this section. This section showcases a variety of goals and outcomes including:

- Long-term behavior goals
- Intermediate-term risk factor goals
- Foundational elements of each integrated prevention priority
  - Goals
  - Anticipated Outcomes
  - Strategic Initiatives
  - Tactics

The long and intermediate-term goals utilize, with a few minor exceptions, data from the 2017 Montgomery County PAYS as the baseline data source. The long-term youth behavior goals are focused on the 4 target areas of the project: alcohol, marijuana, vaping, and mental health.

The intermediate goals are focused on perceptions, attitudes, behaviors and/or risk factors that will be analyzed to track progress of the long-term goals. These data points are focused on what are the underlying causes of the youth problem behaviors for the purposes of long-term planning.

Finally, this section will provide a logic model that outlines the foundational elements of the process that will be utilized to achieve these goals. Each section of the logic model will serve as a road map to answer the following project-related questions:

- What will happen because of our actions?
- How do we know we are progressing?
- What general actions will we take to reach these outcomes?
- How will we operationalize our strategic initiatives?
## Alcohol-Related Behaviors

<table>
<thead>
<tr>
<th>ALCOHOL-RELATED BEHAVIORS</th>
<th>AGE/ GRADE</th>
<th>DATA SOURCE</th>
<th>DESIRED % CHANGE</th>
<th>2017 RATE</th>
<th>2029 GOAL</th>
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<tr>
<td>Past 30-Day Use</td>
<td>8th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 10%</td>
<td>8.31%</td>
<td>7.48%</td>
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<td>Past 30-Day Use</td>
<td>10th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 15%</td>
<td>21.05%</td>
<td>17.89%</td>
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<td>Past 30-Day Use</td>
<td>12th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 15%</td>
<td>40.56%</td>
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<td>Youth DUI Arrests</td>
<td>All Youth</td>
<td>PA State Police PA Unified Crime Report</td>
<td>Decrease by 10%</td>
<td>8.50%</td>
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<tr>
<td>Youth DUI Crashes</td>
<td>All Youth</td>
<td>PA Department of Transportation Crash Report Tool</td>
<td>Decrease by 10%</td>
<td>5.30%</td>
<td>4.77%</td>
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## Marijuana-Related Behaviors

<table>
<thead>
<tr>
<th>MARIJUANA-RELATED BEHAVIORS</th>
<th>AGE/ GRADE</th>
<th>DATA SOURCE</th>
<th>DESIRED % CHANGE</th>
<th>2017 RATE</th>
<th>2029 GOAL</th>
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<tbody>
<tr>
<td>Past 30-Day Use</td>
<td>10th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 10%</td>
<td>13.00%</td>
<td>11.70%</td>
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<tr>
<td>Past 30-Day Use</td>
<td>12th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 10%</td>
<td>27.30%</td>
<td>24.57%</td>
</tr>
</tbody>
</table>

**“An integrated approach sits at the core of the Student Assistance Program in Pennsylvania. Here in Montgomery County we just took that integration up a notch through our SAP/Prevention Comprehensive Strategic Planning process! It is very exciting to have a combined plan that highlights the delivery of evidenced-based prevention strategies and social emotional learning that provides a trauma-informed approach to assist children in developing competencies that serve as protective factors in all aspects of their life.”**

Pam Howard
Administrator, Office of Mental Health/Developmental Disabilities/Early Intervention, Montgomery County Department of Health and Human Services
### Vaping-Related Behaviors

<table>
<thead>
<tr>
<th>VAPING-RELATED BEHAVIORS</th>
<th>AGE/ GRADE</th>
<th>DATA SOURCE</th>
<th>DESIRED % CHANGE</th>
<th>2017 RATE</th>
<th>2029 GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 30-Day Use</td>
<td>10th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 15%</td>
<td>22.50%</td>
<td>19.13%</td>
</tr>
<tr>
<td>Past 30-Day Use</td>
<td>12th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 15%</td>
<td>32.2%</td>
<td>27.37%</td>
</tr>
</tbody>
</table>

### Mental Health Behaviors

<table>
<thead>
<tr>
<th>MENTAL HEALTH-RELATED BEHAVIORS</th>
<th>AGE/ GRADE</th>
<th>DATA SOURCE</th>
<th>DESIRED % CHANGE</th>
<th>2017 RATE</th>
<th>2029 GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt Sad or Depressed Most Days in the past 12 months</td>
<td>6th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>29.5%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Felt Sad or Depressed Most Days in the past 12 months</td>
<td>8th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>32.8%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Felt Sad or Depressed Most Days in the past 12 months</td>
<td>10th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>37.2%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Felt Sad or Depressed Most Days in the past 12 months</td>
<td>12th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>39.7%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Seriously Considered Suicide</td>
<td>6th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>8.4%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Seriously Considered Suicide</td>
<td>8th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>14.7%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Seriously Considered Suicide</td>
<td>10th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>16.6%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Seriously Considered Suicide</td>
<td>12th</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>18.8%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

“Substance use disorder has devastated many lives along with those of their loved ones. We need to play a more proactive role in addressing this health issue that impacts so many. Preventing early use of drugs and or alcohol can go a long way in reducing the risk of addiction. Evidence-based prevention programs work to reduce, and in some cases eliminate, the risk factors associated with drug and/or alcohol use.”

Penny Lafferty
Assistant Director, Strategic Support Offices, Montgomery County Department of Health and Human Services
### Toward an Alcohol and Drug-Free County

#### Intermediate-Term Goals – End Date 2023

**Attitudes/Perceptions/Behaviors**

<table>
<thead>
<tr>
<th>ATTITUDES/PERCEPTIONS/BEHAVIORS</th>
<th>AGE/GRADE</th>
<th>DATA SOURCE</th>
<th>DESIRED % CHANGE</th>
<th>2017 RATE</th>
<th>2023 GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth who report having clear family rules about alcohol and drug use</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Increase by 10%</td>
<td>87.50%</td>
<td>96.23%</td>
</tr>
<tr>
<td>Youth who report knowing adults who have gotten drunk or high</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 10%</td>
<td>54.70%</td>
<td>51.97%</td>
</tr>
<tr>
<td>Youth who report willing to try marijuana by age 21</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 5%</td>
<td>16.40%</td>
<td>14.76%</td>
</tr>
<tr>
<td>Youth who respond ‘Very Harmful’ when asked ‘How much do you think people risk harming themselves if they take five or more drinks of an alcoholic beverage once or twice a week?’</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Increase by 10%</td>
<td>75.20%</td>
<td>82.72%</td>
</tr>
<tr>
<td>Youth who respond ‘Very Risky’ when asked ‘How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?’</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Increase by 10%</td>
<td>71.60%</td>
<td>78.76%</td>
</tr>
<tr>
<td>Youth who respond ‘Very Risky’ when asked ‘How much do you think people risk harming themselves if they use marijuana regularly?’</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Increase by 5%</td>
<td>72.30%</td>
<td>75.92%</td>
</tr>
<tr>
<td>Youth who respond ‘Very Wrong’ when asked ‘How wrong do your parents feel it would be for you to smoke marijuana?’</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Maintain Current Rate</td>
<td>90.90%</td>
<td>90.90%</td>
</tr>
</tbody>
</table>

**Risk Factors**

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>AGE/GRADE</th>
<th>DATA SOURCE</th>
<th>DESIRED % CHANGE</th>
<th>2017 RATE</th>
<th>2023 GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Symptoms</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 20%</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>Parental Attitudes Favorable Towards Drug Use</td>
<td>Grade 6, 8, 10, 12</td>
<td>Montgomery County PA Youth Survey</td>
<td>Decrease by 10%</td>
<td>29%</td>
<td>26.10%</td>
</tr>
</tbody>
</table>
### INTEGRATED PREVENTION PRIORITY #1
**STRENGTHENED RELATIONSHIPS BETWEEN COUNTY, SCHOOL DISTRICTS, COMMUNITY, AND PROVIDERS**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>ANTICIPATED OUTCOMES</th>
<th>STRATEGIC INITIATIVES</th>
<th>TACTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will happen because of our actions?</td>
<td>How do we know we are progressing?</td>
<td>What general actions will we take to reach these outcomes?</td>
<td>How will we operationalize our strategic initiatives? (Will be updated as needs arise)</td>
</tr>
<tr>
<td>An integrated strategic plan for school engagement &amp; service delivery to ensure best use of resources will be developed and implemented</td>
<td>Increased number of students who participate in: • Classroom prevention programs • Student Assistance Program groups • Individual support services and screenings</td>
<td>Will partner with Student Assistance Program (SAP) Council to ensure SAP teams across county are supported and county-funded SAP services are delivered with the highest quality and fidelity to best practice</td>
<td>Conduct ongoing county meetings with ODA/OMH including Quarterly SAP Screening Report meetings</td>
</tr>
<tr>
<td>SD prevention programming and Student Assistance Programs will be enhanced and will include special focus on increased access elementary-aged children</td>
<td>Positive ratings from annual satisfaction survey administered to SDs, providers, and community stakeholders</td>
<td>Will provide integrated training opportunities about youth mental health, substance use, and data driven-approaches to service delivery to SDs, service providers, and community stakeholders</td>
<td>Work with SDs and community coalitions to identify at least one prevention coalition and maintain/regularly update an internal contact list</td>
</tr>
<tr>
<td>A comprehensive outreach plan to ensure efficient and effective information dissemination to all stakeholders will be developed and implemented</td>
<td>Increased number of integrated prevention-focused trainings offered to SDs, providers, and community stakeholders</td>
<td>Will create shared goals and will partner with coalitions and school committees to promote these goals</td>
<td>Meet with every SD in late winter to assess building-level student needs to implement the following school year</td>
</tr>
<tr>
<td>Interagency cooperation and referral processes improved by modeling a culture of teamwork at county level</td>
<td>Increased number of participants attending and number of SDs represented at integrated prevention training</td>
<td>Montgomery County School Districts (SD) and Community Partners (CP):</td>
<td>Develop partnerships with community organizations that can provide trainings</td>
</tr>
<tr>
<td>Providers who work with families with young children will have enriched skills developed through trainings</td>
<td>Positive ratings from evaluation results from integrated prevention focused trainings</td>
<td>Will strengthen prevention efforts by identifying prevention key contacts to share with county (SD/CP)</td>
<td>At a minimum, participate in annual SD prevention planning meetings with contracted providers, meet more often as needed and upon request</td>
</tr>
<tr>
<td>Support of coalitions and school committees will increase community capacity to address youth mental health and substance use</td>
<td>Increased number of supported coalitions and school committees dedicated to youth mental health wellness and substance-use reduction</td>
<td>Will promote and encourage participation in county integrated training opportunities by school staff, providers, and community members (SD/CP)</td>
<td>At a minimum, communicate monthly with county grant manager about funding opportunities and more often as needed</td>
</tr>
<tr>
<td>Partnerships with community stakeholders and SDs will be enhanced through grant opportunities provided to support program sustainability and to build capacity</td>
<td>Increased number of grant applications submitted or supported each calendar year</td>
<td>Will participate in integrated opportunities to achieve Montgomery County vision through maximization of resources and partnerships efforts (SD/CP)</td>
<td>Prepare and present updates for quarterly SAP Council meetings</td>
</tr>
</tbody>
</table>

**Montgomery County ODA/OMH:**
- Will provide data from sources such as Student Assistance Program Screening Reports are compiled and shared with providers.
- Will collaborate with county grant manager to research grant opportunities for internal use and to share with external partners.
- Will create shared goals and will partner with coalitions and school committees to promote these goals.

**Montgomery County School Districts (SD) and Community Partners (CP):**
- Will strengthen prevention efforts by identifying prevention key contacts to share with county (SD/CP).
- Will promote and encourage participation in county integrated training opportunities by school staff, providers, and community members (SD/CP).
- Will participate in integrated opportunities to achieve Montgomery County vision through maximization of resources and partnerships efforts (SD/CP).
## IMPROVED PREVENTION SERVICE-DELIVERY CAPACITY

<table>
<thead>
<tr>
<th>GOALS</th>
<th>ANTICIPATED OUTCOMES</th>
<th>STRATEGIC INITIATIVES</th>
<th>TACTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What will happen because of our actions?</strong></td>
<td>Increased number of Montgomery County residents receiving prevention-related services</td>
<td>Will promote inter-agency collaboration between SDs, providers, and community members through ongoing outreach and integration activities</td>
<td>Conduct ongoing county meetings with ODA/OMH including:</td>
</tr>
<tr>
<td>County will be positioned to provide high quality services through a strong provider network</td>
<td>Amount of progress made on county and SD SMART goals</td>
<td>Will develop and offer various integrated-prevention trainings/training series to a variety of audiences including:</td>
<td>• Biannual update meetings with Suicide Prevention Task Force</td>
</tr>
<tr>
<td>Collaboration between county-funded and non-county-funded providers will be strengthened</td>
<td>Increased/sustained number of SDs that complete the Montgomery County biannual Needs Assessment</td>
<td>Will develop and implement an annual survey to measure how well collaboration and inter-agency referral processes are working</td>
<td>• Meet with key stakeholders to provide county grant updates</td>
</tr>
<tr>
<td>Prevention services delivery to SDs and community partners will be improved</td>
<td>Increased number of trainings offered by the county</td>
<td>Will develop, disseminate, and update biannually an integrated services information guide</td>
<td>Disseminate integration resources including:</td>
</tr>
<tr>
<td>The prevention workforce will be strengthened at all levels throughout Montgomery County</td>
<td>Increased number of SD employees, parents, students, and community members trained</td>
<td>Will create and utilize integrated policies, procedures, and communication methods aimed at all county contract holders</td>
<td>• Crisis information</td>
</tr>
<tr>
<td>The number of prevention service resources available to SDs and community partners will be increased</td>
<td>Positive ratings from evaluation results from integrated prevention-focused trainings, Pre/Post Test results, &amp; other</td>
<td>Will develop GIS Mapping System that focuses on prevention services delivery areas</td>
<td>• Grant &amp; training opportunities</td>
</tr>
<tr>
<td>There will be ongoing support for SDs and stronger connection to community resources</td>
<td>Will consider opportunities &amp; partnerships that can increase sustainability capacity for all types of programs/activities – not just county-funded or in response to PAYS data analysis and Needs Assessment outcomes (SD/CP)</td>
<td>Montgomery County School Districts (SD) and Community Partners (CP):</td>
<td>• Community provider offerings</td>
</tr>
<tr>
<td></td>
<td>Increased number of SD staff who report having confidence in their ability to make prevention/SAP referrals</td>
<td>Will adhere to county integrated prevention policies and procedures (SD/CP)</td>
<td>• Universal prevention resource newsletters in Sept./Jan./May</td>
</tr>
<tr>
<td></td>
<td>Increased number of SDs that continue implementing programs with fidelity after grant or county-funding is no longer available</td>
<td>Will participate in resource development and grant writing trainings and meetings (SD/CP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased number of visits to the GIS Mapping website</td>
<td>Will promote and encourage staff to attend prevention-focused trainings (SD/CP)</td>
<td></td>
</tr>
</tbody>
</table>

**ACRONYM KEY:** CP = Community Partners, ODA = Office of Drug and Alcohol, OMH = Office of Mental Health, SAP = Student Assistance Program, SD = School District
### INTEGRATED PREVENTION PRIORITY #3
#### ENHANCED DATA-DRIVEN DECISION MAKING

<table>
<thead>
<tr>
<th>GOALS</th>
<th>ANTICIPATED OUTCOMES</th>
<th>STRATEGIC INITIATIVES</th>
<th>TACTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will happen because of our actions?</td>
<td>Sustained participation by all SDs in biannual PAYS administration</td>
<td>Will partner and communicate to ensure adherence to best practice guidelines defined by OMHSAS, DDAP, and county</td>
<td>Conduct ongoing county meetings with ODA/OMH including:</td>
</tr>
<tr>
<td></td>
<td>Increased number of Montgomery County students participating in PAYS</td>
<td>Will conduct outreach and follow up to SDs to ensure they register to participate in PAYS</td>
<td>• Annual review of county monitoring tools, policies, and procedures</td>
</tr>
<tr>
<td></td>
<td>Amount of progress made on county and SD SMART goals</td>
<td>Will support biannual SD Needs and Resource Assessments and use information collected to guide service planning</td>
<td>• Monthly review of projects and decision making with leadership team</td>
</tr>
<tr>
<td></td>
<td>Positive results from Social Emotional Learning delivery &amp; elementary-level outcomes</td>
<td>Will invest in data analysis for all programs and services regardless of funding source</td>
<td>• Monthly to review status WITS, budget utilization, service plan delivery</td>
</tr>
<tr>
<td></td>
<td>Increased number of alternative data sources used for decision tracked over time</td>
<td>Will invest in Social Emotional Learning skill-building classroom curriculums</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive ratings from annual satisfaction survey administered to all funded services and to staff delivering those services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased numbers/positive reports/outcomes - DDAP Eval Reports, WITS, JQRS, BHS</td>
<td>Will agree to participate in the biannual PAYS administration (SD/CP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased numbers of school contacts for crisis support services and treatment services</td>
<td>Will participate in biannual needs and resource assessments (SD/CP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improved provider outcomes as measured by annual monitoring using the county tool and DDAP process</td>
<td>Will focus on optimizing elementary-aged student wellness through SEL skill-building classroom lessons (SD/CP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Will adhere to monitoring guidelines as outlined in county tool (SD/CP)</td>
<td></td>
</tr>
</tbody>
</table>

**Montgomery County ODA/OMH:**
- Conduct ongoing county meetings with ODA/OMH including:
  - Annual review of county monitoring tools, policies, and procedures
  - Monthly review of projects and decision making with leadership team
  - Monthly to review status WITS, budget utilization, service plan delivery

**Montgomery County School Districts (SD) and Community Partners (CP):**
- Will ensure the following reports are generated:
  - DDAP Eval Report, Annual
  - JQRS, Annual
  - BH Works, Annual
  - Program Report, Biannual
  - WITS Review, Monthly

- Will track service effectiveness by:
  - Following DDAP procedures for program evaluation
  - Administering annual satisfaction surveys
  - Utilizing data to enhance services

- Will integrate monitoring processes of county-funded services using the DDAP monitoring tool

- Will create visual data through GIS mapping to demonstrate integrated service delivery

- Will partner with county in data collection/analysis to inform decision making and adjust program delivery as needed (SD/CP)

- Will share data used to inform decision-making with local stakeholders (SD/CP)

- Will adhere to monitoring guidelines as outlined in county tool (SD/CP)

**ACRONYM KEY:**
- BHS = Behavioral Health Screening
- CP = Community Partners
- DDAP = Department of Drug and Alcohol Programs
- JQRS = SAP Joint Quarterly Reporting System
- ODA = Office of Drug and Alcohol
- OMHSAS = Office of Mental Health and Substance Abuse Services
- OMH = Office of Mental Health
- PAYS = PA Youth Survey
- SAP = Student Assistance Program
- SD = School District
- WITS = Web Infrastructure for Treatment Services

<https://montcopa.org>
### INTEGRATED PREVENTION PRIORITY #4
**ON-GOING PROMOTION OF WELLNESS**

#### GOALS
What will happen because of our actions?

- Wellness of all students will be optimized most notably elementary-aged students
- There will be enhanced coordination of awareness campaigns and prevention resource sharing between ODA/OMH
- There will be an increased awareness by SDs, communities, and the general public of the following youth-related risks and problem behaviors: • Suicide • Mental Health • Substance Use
- County will be positioned to ensure most efficient and effective information dissemination to all stakeholders
- SDs will be better equipped to adopt/expand Social Emotional Learning and the Social Development Strategy throughout their districts
- Provider staff who work with families with children will have enriched skills developed through county-sponsored trainings

#### ANTICIPATED OUTCOMES
How do we know we are progressing?

<table>
<thead>
<tr>
<th>Montgomery County ODA/OMH:</th>
<th>Montgomery County School Districts and Community Partners:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased number of schools that are doing universal prevention in all grades with a special focus on grades PK-5</td>
<td>Will promote and support integrated county events, campaigns and resources (SD/CP)</td>
</tr>
<tr>
<td>Increased number of awareness events, campaigns, social media posts, and resources distributed</td>
<td>Will promote integrated county events, campaigns and resources (SD/CP)</td>
</tr>
<tr>
<td>Increased number of school districts that offer Social Emotional Learning and Social Development Strategy activities</td>
<td>Will create procedures to promote an internal safety net of wellness by providing support and training opportunities for students and staff (SD/CP)</td>
</tr>
<tr>
<td>Increased number of students who participate in Social Emotional Learning activities</td>
<td>Will create linkages to resources for student mental health wellness through Student Assistance Program screenings (SD/CP)</td>
</tr>
</tbody>
</table>

#### STRATEGIC INITIATIVES
What general actions will we take to reach these outcomes?

<table>
<thead>
<tr>
<th>Montgomery County ODA/OMH:</th>
<th>Montgomery County School Districts and Community Partners:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will align shared goals and ensure prevention efforts are coordinated to promote youth wellness</td>
<td>Will promote substance use and mental health programs available to youth and families to SD and community partners</td>
</tr>
<tr>
<td>Will produce and deliver a variety of mental health and substance use awareness events</td>
<td>Will develop an integrated-prevention communication plan and resource newsletter</td>
</tr>
<tr>
<td>Will develop a variety of public awareness campaigns on such topics as reducing stigma (physical health = mental health) and PAYS positive messaging</td>
<td></td>
</tr>
</tbody>
</table>

#### TACTICS
How will we operationalize our strategic initiatives? *(Will be updated as needs arise)*

| Conduct ongoing county meetings with ODA/OMH including quarterly coordination meeting with county grant manager regarding funding opportunities for health promotion |
| Partner with community organizations to promote healthy behaviors by youth, such as mental wellness and substance use prevention |
| Cross-promote and align signature line pictures to awareness campaigns |
| Strengthen health promotion social media presence through integrated and cross promotion of posts |
| Broaden support of mental wellness campaigns supported by community providers |
| Ensure bi-directional, cross-promotion of mental wellness and substance use prevention as appropriate |
| Partner with entities for school-related mental health wellness support like universal screening |

- • Promote health and wellness trainings and at all community, school, and provider meetings

**ACRONYM KEY:** CP = Community Partners, ODA = Office of Drug and Alcohol, OMH = Office of Mental Health, SAP = Student Assistance Program, SD = School District
ADDENDUMS

Needs Assessment Overview .................................................24-25

2019 PAYS Overview .............................................................26-27
WHAT ARE THE PROBLEMS?
Completing this data driven county-wide needs assessment has provided us with a greater understanding of the substances being used/misused, as well as the related social, economic, health and other negative consequences.

WHY ARE THE PROBLEMS OCCURRING?
Data driven discussion has allowed us to identify the specific risk factors most impacting substance misuse within our county.

WHY ARE PROBLEMS OCCURRING HERE?
Additionally, we have engaged key stakeholders in data driven discussion to determine the specific contributing factors that are influencing these behaviors in our county.

WHAT ARE WE DOING ABOUT IT?
We have identified specific programs, strategies, policies, and practices to influence the identified behaviors and risk factors, created measurable goals around those behaviors and risk factors as well as a plan to evaluate our progress towards our goals.

As prescribed by Pennsylvania Department of Drug and Alcohol Programs:
The needs assessment and strategic planning process is designed to profile population needs, resources and readiness to address needs and gaps. The process involves the collection and analysis of data to define problems within a geographic area. Assessing resources includes identifying service gaps, assessing cultural competence, and identifying the existing prevention infrastructure in the county. It also involves assessing readiness and leadership to implement programs, strategies, policies and practices. Long term and intermediate goals are set and a plan created to address and evaluate progress towards meeting the goals.
**CURRENT PROBLEM AREAS**

**PROBLEM AREA 1**  
**YOUTH ALCOHOL USE**  
We are seeing higher than the state rates of 30 day alcohol use by 8th, 10th, 12th graders which contributes to high juvenile liquor arrests, youth DUI arrests and DUI crashes increasing over time.

**PROBLEM AREA 2**  
**YOUTH MARIJUANA USE**  
We are seeing higher than the state average of 30 day marijuana use by 10th and 12th graders contributing to juvenile drug arrests.

**PROBLEM AREA 3**  
**YOUTH VAPING**  
We are concerned about 30 day vaping by 10th and 12th graders which is higher than the state average.

**TARGETED AREAS AND ASSOCIATED RISK CONTRIBUTING FACTORS**

- **DEPRESSIVE SYMPTOMS**
- **PERCEIVED RISK OF DRUG USE**
- **PARENTAL ATTITUDES FAVORABLE TOWARDS DRUG USE**
- **ATTITUDES FAVORABLE TOWARDS DRUG USE**

**LONG TERM GOALS:**

- **ALCOHOL**  
  Decrease youth past 30 day alcohol use by 10-15% by 2029.  
  Decrease Youth DUI Crashes by 10% from 5.3% to 4.77% by 2029.  

- **MARIJUANA**  
  Decrease youth past 30 day marijuana use by 10% by 2029.  

- **VAPING**  
  Decrease youth past 30 day use of vaping by 15% by 2029.

**INTERMEDIATE GOALS:**

- **ALCOHOL**  
  Increase the number of youth reporting clear family rules about alcohol and drug use by 10% from 87.5% to 96.25% by 2023.

- **MARIJUANA**  
  Decrease the number of youth willing to try marijuana before 21 years old by 10% from 16.4% to 14.76% by 2023.

- **VAPING**  
  Decrease nicotine used by students indicating electronic vaping product use by 15% from 21.3% to 26.86% by 2023.

**SUPPORT & PROGRAMMING**

- **CLASSROOM EDUCATION**
- **PARENT EDUCATION**
- **AWARENESS CAMPAIGNS**
- **COMMUNITY MOBILIZING**
MONTGOMERY COUNTY
2019 PAYS FACTSHEET (PA YOUTH SURVEY)

YOUTH DRUG USE IN THE LAST 30 DAYS

15.8% ALCOHOL
9.7% MARIJUANA
14.9% VAPING

SUBSTANCE USE AMONG YOUTH HAS DECREASED SINCE 2015

PERCENTAGE INDICATING USE DURING THE PAST 30 DAYS

<table>
<thead>
<tr>
<th>Substance</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL</td>
<td>18.9%</td>
<td>17.4%</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>10.3%</td>
<td>10.3%</td>
</tr>
<tr>
<td>VAPING</td>
<td>13%</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

BINGE DRINKING

6.3% 2015
7.7% 2017

DRIVING AFTER ALCOHOL USE

1.1% 2015
1.5% 2017

DRIVING AFTER MARIJUANA USE

2.9% 2015
3.6% 2017

WILLINGNESS TO TRY ALCOHOL BEFORE YOU ARE 21
23.5% 2015
27.2% 2017

WILLINGNESS TO TRY MARIJUANA BEFORE YOU ARE 21
15.4% 2015
15.3% 2017

51% OF MONTGOMERY COUNTY STUDENTS ARE COMMITTED TO SCHOOL

COMMITMENT & INVOLVEMENT IN SCHOOL REDUCES THE LIKELIHOOD OF SUBSTANCE USE
TOP PROTECTIVE FACTORS FOR YOUTH

- Family Attachment
- Family Opportunities
- Rewards for Prosocial Involvement

BULLYING

72.9%

Mental Health

34.3%

felt sad or depressed

Suicide

14.3%

Overall # of students who considered suicide

2015 13.6%
2017 14.6%

For the full PAYS report, visit:
HTTPS://WWW.PCCD.PA.GOV/JUVENILE-JUSTICE/PAGES/PAYSCOUNTY-REPORTS.ASPX

Top Risk Factors students reported as the three highest overall in (all grades combined)

1. 49.1% Low Commitment to School (49.1% of student at risk)
2. 45.5% Low perceived risk of drug use (45.5% of student at risk)
3. 45.1% Parental attitudes favorable towards antisocial behavior (45.1% of student at risk)

PO Box 311 • Norristown, PA 19404-0311 • info@montcopa.org • MONTCOPA.ORG