



Improving outcomes for Substance Use Disorders in Montana

Substance misuse, abuse and addiction (or “substance use disorders”) are among the most serious and costly medical problems facing Montana communities. The Montana Healthcare Foundation is committed to working with stakeholders around Montana—including community members; local, state, and tribal leadership; healthcare providers; and criminal justice, corrections, and social service agencies—to better understand the challenges posed by substance use disorders (SUD) and to identify effective, Montana-based solutions.

In 2016, the Foundation initiated a multi-part strategy to address SUD. We worked with the Montana Department of Public Health and Human Services (DPHHS) to develop a framework for strengthening SUD prevention and treatment using the new payment source provided by Montana’s Medicaid expansion; we provided funding for providers to pilot evidence-based prevention and treatment programs guided by stakeholder input; and we are working to evaluate the most promising programs and look for ways to bring successful strategies to scale. Finally, in 2017 with support from the Montana Department of Justice (DOJ) and in partnership with the DOJ, DPHHS, Department of Corrections (DOC), and Governor’s Office, we held listening sessions and focus groups in communities around the state to learn more about the specific challenges Montana communities are facing with regard to SUD, and to plan a Summit focused on identifying effective solutions. This document offers a brief summary of what we learned in our work leading up to the summit.

Methodology

- Facilitation of a cross-agency Steering Committee
- Community listening sessions and focus groups with individuals with lived experience with SUD
- Literature review of state-wide SUD frameworks
- Key informant interviews with local, state and national stakeholders
- Development and endorsement of “Opportunities for Action” document with Steering Committee agencies
- Convening statewide Prevention and Treatment of Substance Use Disorders Summit: November 7, 2017

Steering Committee

Montana Healthcare Foundation

Department of Justice

Governor’s Office

Department of Public Health
and Human Services

Department of Corrections

Aaron Wernham | CEO
Scott Malloy | Senior Program Officer

Attorney General Tim Fox
Jon Bennion | Chief Deputy Attorney General

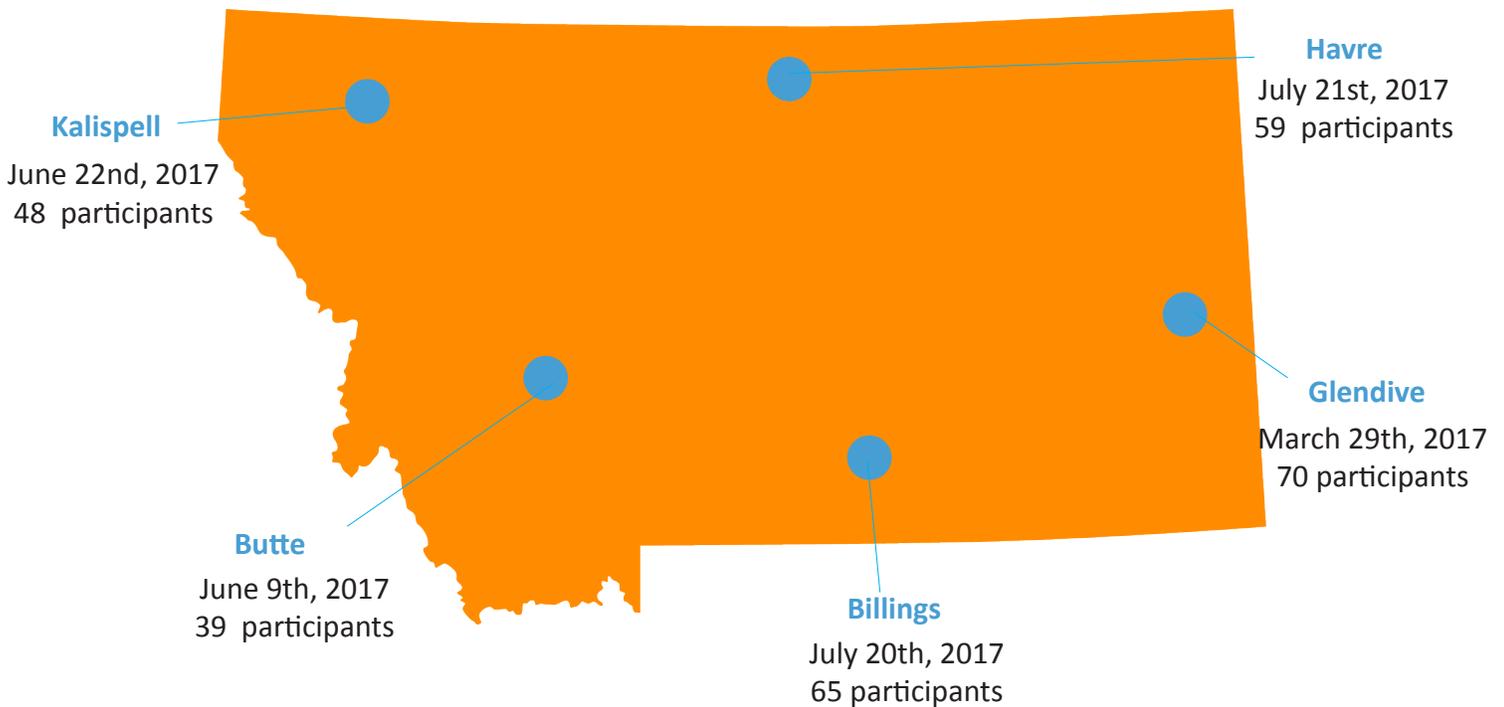
Jessica Rhodes | Health Policy Advisor

Sheila Hogan | Director
Greg Holzman | Medical Director
Zoe Barnard | Administrator, Addictive and Mental Disorders Division

Reginald D. Michael | Director
Lorraine Wodnik | Deputy Director

Community listening sessions and focus groups

The Montana Healthcare Foundation's programs are grounded in stakeholder engagement. To learn more about the impact of SUD in Montana's communities, we convened community listening sessions and conducted key informant interviews with community members, legislators, tribes, social service agencies, law enforcement, schools, and health-care providers. Listening sessions were held in four communities involving more than 200 stakeholders. A fifth community meeting focused on behavioral health crisis response, with participation from individuals and organization from the 17 eastern-most counties in Montana, was held in Glendive in March, 2017.



Listening Session Themes

Prevention

- Address trauma
- Support evidence based prevention
- Parenting training/classes
- Family Engagement
- Community awareness/media campaign and involvement to reduce stigma and encourage people to seek treatment
- School based prevention

Treatment

- SUD is now seen as a chronic disease, which means our approach to treatment must change
- Strengthen the continuum of care—from screening and early intervention in outpatient medical settings to aftercare following hospitalization or incarceration
- Treatment readiness-right person, at right level of care, at the right time
- More access to early intervention services
- Stigma of being in treatment
- Family centered treatment
- Support evidence based treatment
- Expand use of medication-assisted treatment (MAT)
- Increase awareness and access of available services

Recovery

- Treatment workforce shortage
- Use peer/recovery supporters as part of the continuum of care
- Recovery Homes and Sober living
- Re-entry after incarceration
- Allow those in recovery to expunge records if they stay clean
- Ability to work
- Housing

Coordination and Linking

- Support coordination and linkages-statewide and local
- System design-infrastructure
- Support more evidence based initiatives
- Family Drug and Treatment Courts
- More awareness of what is available
- Training at all levels on compassion and the disease aspects of behavioral issues

Law Enforcement and Corrections

- Change sentencing codes and change judicial system-swift accountability
- Differing opinions on punishment: people recommended both harsher punishments and less harsh sentences and punishments with more community service, not fines
- Increase options for misdemeanor charges so that law enforcement can intervene earlier
- Diversion to treatment
- Use more monitoring as an alternative to incarceration
- Increase use of Pre-release

Funding and Resource Management

- Increase investment in SUD
- Medicaid Expansion, for the first time, now provides a stable source of payment for SUD treatment
- IMD Exclusion-expand treatment
- Return on investment
- Better manage resources (we have enough invested but we do not allocate or utilize efficiently)
- Utilize the VA for housing, counseling and treatment

Focus Group Themes

In addition to the four community listening sessions, two focus groups were conducted to learn from individuals with lived SUD experience.

Prevention

- Address trauma - childhood, historical, and current

Treatment

- Treatment readiness-right person, at right level of care, at the right time
- Keep Medicaid
- Support evidence based, affordable treatment and MAT
- Family centered treatment
- Allow those in recovery to expunge records if they maintain sobriety
- Utilize the VA for housing, counseling and treatment for the many veterans who struggle

Coordination and Linking

- More awareness of what services are available
- Training at all levels on compassion and the disease aspects of behavioral issues

Law Enforcement and Corrections

- Less harsh sentences and punishments, and more community service, not fines
- Diversion to treatment
- Enhance monitoring and provide treatment in the justice system as early as possible

Literature Review

The Montana Healthcare Foundation has begun to review literature on effective frameworks in other states and will publish the results after the Summit. In preparation for the Summit, we also reviewed and considered the considerable efforts that have been conducted within the state over the past year. These documents are included in the jump drive given to conference attendees.

- [Medicaid's Role in the Delivery and Payment of Substance Use Disorder Services in Montana](#) | Report funded by the Montana Healthcare Foundation and prepared by Manatt Health analyzing changes in substance use treatment funding in Montana, particularly in the public sector. Published in March 2017
- [Substance Use in Montana: A summary of state level initiatives for the Department of Justice](#) | Summary report detailing state level initiatives related to substance use enforcement, monitoring, treatment, prevention and support for drug endangered children in Montana. Prepared as part of Attorney General Tim Fox's Aid Montana Initiative and published in September 2017
- [Addressing Substance Use Disorder in Montana Strategic Plan: Interim Draft Report](#) | Prepared by the Montana Substance Use Disorder Strategic Task Force with statewide strategies to address substance use disorder and metrics to measure progress. Funded by the CDC's Data Driven Prevention Initiative and published in November 2017 by the Montana Department of Public Health and Human Services Injury Prevention Program.
- [Justice Reinvestment in Montana: Report to the Montana Commission on Sentencing](#) | Final report and findings from the justice reinvestment interim legislative committee on how to improve outcomes and save money in Montana's justice system which is increasingly driven by substance use related crimes. Work supported by the Council of State Government's Justice Center, the Pew Charitable Trusts and the Bureau of Justice Assistance and published in January 2017.

Key Informant Interviews

Individual interviews were conducted with national and state SUD treatment and prevention leaders to test assumptions and themes, following the listening sessions and focus groups. Key informant interviews provided an opportunity to learn more from other national, regional, and state perspectives.

National Leaders

- Dr. Daniel Sumrock | Director of the Center for Addiction Sciences at the University of Tennessee
- Tym Rourke | Director, New Hampshire Charitable Foundation
- Dr. Kathleen Mauer | Medical Director, Connecticut Department of Corrections
- Dr. Howard Shaefer | Associate professor of psychology at Harvard Medical School
- Dr. Kima Taylor | Director of the National Drug Addiction Treatment and Harm Reduction Program, Open Society Foundations

State Leaders

- Jessica Conell | Chemical Dependency Program Manager, Montana State Prison
- Matt Furlong and Jim Hajny | Montana Peer Network
- Jeff Kushner | Montana State-wide Drug Court Coordinator
- Maurita Johnson | Administrator, Montana Child and Family Services Division
- Teri Jackson | Clinical Director of Community Services, Youth Dynamics
- Cindy Stergar | CEO, Montana Primary Care Association
- Peg Shea | Better Brain MT

Local Leaders

- Robert Widorski | Executive Director, Gateway Recovery
- Dan Krause | Chief Operations Officer, Boyd Andrew Community Services, Helena
- Derek Gibbs | WATch East Program Administrator, Lewiston
- Judge Kurt Krueger | 2nd Judicial District Court, Butte
- Judge John Larson | 4th Judicial District Court, Missoula
- Jodi Daly | Executive Director, Western Montana Mental Health Center
- Dr. David Mark | CEO, Bighorn Valley Health Center
- Representative Nancy Ballance | MT House District 87, Hamilton
- Leslie Nyman | Director, Pathways Treatment Center, Kalispell
- Kristen Lundgren | Director of Impact, United Way of Yellowstone County

10 Recommendations Arising from Key Informant Interviews

- 1** Right people, right services, right time-earlier system of assessment to get people into the right level of intervention, ideally earlier in the course of the illness.
- 2** Treatment needs to be available immediately. Long wait times and long pre-treatment assessments are counter-productive.
- 3** Develop a clearer understanding of shared desired outcomes. SUD, by its nature, leads people into frequent contact with medical providers, social services, criminal justice, and other agencies. Utilize the collective impact or other community collaborative models to define what we want to do-formulating clear, measurable goals that we are all working toward such as health improvement, reduction of incarceration, decreasing overdose, or diversion from foster care. Defining clear outcomes will lead to a shared approach and allow us to articulate policy priorities.
- 4** Facilitate systematic education and training for law and justice, health care, policy makers and the public. We must develop the political and social will to lessen our collective ambivalence on these issues. Consider development of centralized policy making authority that will span partisanship and administrations.
- 5** Build a continuum of care that meets the needs of the population. We need a vision for what that continuum would be and what capacity and funding would be needed (from using Screening, Brief Intervention and Referral to Treatment (SBIRT) routinely in primary care to providing access to adequate inpatient treatment, to access to ongoing outpatient care during recovery.
 - Ensure that the services that are provided are evidence based by moving the state of Montana to a model where it is only paying for evidence-based treatment and prevention.
 - Rely on integrated care models that offer primary care, psychiatric specialty consultation, behavioral health counseling, peer supports, and careful care coordination as a cornerstone. The continuum of care should reflect a chronic disease model-including peer support and recovery over the long term.
 - Invest in long term, community-based services and monitoring
 - Evolve the SUD treatment system to become more integrated and more connected to evidence-based medical care-from billing to MAT.
- 6** Focus on shifting to a model of care that systematically treats SUD as a chronic illness, promoting an understanding of the long-term nature of care in both the health and justice systems including understanding relapse as a normal part of the progression of the disease. Seek to continue treatment and provide robust, ongoing recovery supports instead of repeatedly starting treatment over.
- 7** Focus on developing appropriate diversionary models in the justice system
 - Street level-diversion to peer support, behavioral health intervention. Train EMTs not just police.
 - Diversion before charges (not for lesser charges, earlier and more often as appropriate)
- 8** Look carefully at the economics of how we are allocating our resources and how they could be utilized more effectively. Funding models matter. We should also consider behavioral economics; e.g. where the incentives are.
- 9** Consider developing more community-based inpatient services statewide that fully utilize third party payers instead of our current, publicly funded DOC/MCDC/Prison systems
- 10** Invest long term in a public health approach to prevention in communities