

Opportunities for action on **SUBSTANCE USE DISORDERS** in Montana

In the summer of 2017, the Montana Healthcare Foundation sponsored listening sessions on Substance Use Disorders (SUD) in communities across Montana to understand the extent of the problem and identify solutions. The work was done in partnership with the Montana Department of Justice, Department of Corrections, Department of Health and Human Services and the Governor's Office. Data gathering for this project also included interviews with local and national stakeholders and research on evidence-based practices to address SUD being implemented across the US. As a result of this process, state partners and the foundation identified the following opportunities for action that Montanans can take to make progress on SUD in our state.



As such, health system, justice, corrections, social service, and community responses must be designed accordingly.



Increase access to timely, effective treatment

Fewer than 10 percent of Montanans with a SUD are receiving treatment; delays in access to SUD treatment lead to poor health outcomes, and multiply the burden and costs for justice system, corrections, social services, and communities. Montana should:

- Increase access to timely, effective treatment: People with SUD, as well as hospitals, police, jails, and court systems, will benefit from prompt access to treatment.
- Screen for SUD routinely in primary care and other medical settings. Screening, brief intervention, and referral to treatment (SBIRT) is a practical, effective approach to incorporating SUD screening and initial management in medical practice.
- Integrate behavioral health and medical care: “Integrated behavioral health” (IBH) brings medical and behavioral health services together in a coordinated, team-based manner, develops treatment goals, and tracks outcomes. IBH facilitates access by allowing primary care and other practices to initiate cost-effective SUD treatment, and refer patients for more intensive treatment when necessary.
- Identify desired treatment objectives, and manage and evaluate treatment to ensure that these objectives are being achieved.
- Consider the current state of evidence regarding the most effective approaches to treatment, including the use of peer recovery supports, outpatient treatment in IBH settings, telehealth to increase access to care, and increasing the use of medication-assisted treatment (MAT) in carefully monitored, integrated care settings.



Foster agency coordination

The consequences of SUD affect and require focused coordination among health services, justice, corrections, and social service agencies. Montana and tribal agencies should develop shared definitions and goals, and should assess opportunities to improve outcomes through coordination, co-investments, agency collaboration, including:

- Behavioral health crisis response training, such as Crisis Intervention Training and Mental Health First Aid, for police, EMTs, and other first responders.
- Pretrial assessment and diversion to treatment where appropriate.
- Drug courts, designed based on national models with the best evidence for effectiveness.
- SUD treatment during incarceration.
- Perinatal SUD treatment and coordination with Social Services and Child Protective Services
- Agency coordination to ensure continuity of insurance coverage, care, and social services for SUD-related offenders being released from protective custody.
- Incorporating monitoring and access to behavioral health services, supports and SUD treatment into the sanctioning process for offenders with SUD.



Build a stronger continuum of care

Build a continuum of care that effectively manages the illness over the long-term. A strong continuum of care will facilitate timely access, ensure that higher-cost resources such as inpatient treatment programs are used judiciously, and improve health and social outcomes.

Montana should support development of stronger community-based care systems that include access to long-term peer recovery supports, SBIRT and IBH in medical care, specialty outpatient and inpatient SUD treatment when needed, and clearly-defined triage criteria and referral networks.



Use existing resources and funding more effectively

SUD results in large expenditures of county, state, federal, and tribal dollars in the corrections, justice, social service, and health systems.

We should invest in state and community-level planning to develop outcome objectives and identify ways to use existing resources more effectively to achieve them.



Invest in prevention

Evidence-based prevention programs can reduce new cases of SUD, and by some estimates, yields more than \$10 in savings for every dollar spent. Montana should:

- Invest in evidence-based community coalitions to plan prevention initiatives utilizing public health approaches.
- Consider ways to support implementation of community SUD prevention plans.

