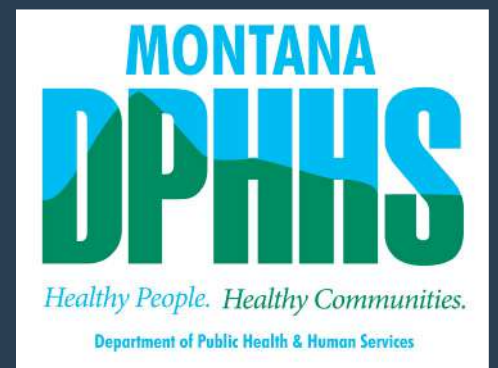


# Addressing Substance Use Disorder in Montana

Strategic Plan:  
Interim Draft Report



This interim report has  
been prepared by



**2017-2019**

# Introduction

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Substance use is a growing concern in the state of Montana, affecting individuals and families across the lifespan. This plan outlines strategic actions that our state can take to collectively address the issue of substance use from a public health perspective.

More than 100 people die every year from drug overdose in Montana, and almost 22,000 hospital or ER visits annually are attributable to alcohol and drug use. The impacts of substance use span every generation and cut across socioeconomic lines, from children in our foster care system to seniors prescribed opioids for chronic pain.

In a rural state like Montana, access to robust, evidence-based systems to prevent, treat and manage substance use disorders are limited. And yet, with tens of thousands of individuals in our state impacted by this issue, we must work collectively to develop solutions for our communities.

This plan outlines a series of targeted strategies in five key areas that Montanans can implement to lessen the impact of substance use in our state.

- Partnerships
- Prevention and Education
- Enforcement
- Monitoring
- Treatment
- Family and Community Resources

## Data Driven Prevention Initiative

Montana Injury Prevention Program  
[dphhs.mt.gov](http://dphhs.mt.gov)





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# Letter from the Governor

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## We are in the midst of a significant public health crisis.

Drug overdose deaths have been on the rise nationally, and although alcohol abuse is more prevalent in Montana, opioid and methamphetamine use are a significant cause for concern as well. Drug overdoses are the third leading cause of injury-related death in Montana accounting for 1,334 deaths between 2003 and 2014.

This challenge strains our families, our hospitals and health care providers, our health, and our public safety. Montana mirrors the national average for opiate overdose deaths: 5.4 per 100,000 compared to the national rate of 5.5 per 100,000 in 2013-2014. More than 15% of Montana high school students report misusing a prescription opioid, and the number of arrests involving heroin has more than tripled since 2014. As a father and as governor, I'm committed to implementing the best tools to tackle this challenge — giving Montanans the treatment they need, while looking out for the most vulnerable among us.

Prior to Medicaid expansion, Montana did not have a significant role in covering and paying for the treatment of substance use disorders: treatment was only covered for those under the age of 21. The HELP Act provided us with a new and powerful tool to treat alcohol and drug use. Without Medicaid expansion, low-income people across Montana, many of whom are the working poor, would be left without access to care, with no pathway to affordable health coverage.

In addition to improving access to treatment, to help meet this challenge, the Montana Department of Public Health and Human Services formed a task force of more than 114 people representing 82 organizations ranging from medical professionals, law enforcement, public health and education, state agencies, and non-profit workers. Together, they have created a unified, state-wide strategic plan to combat substance misuse and abuse in Montana. This plan is a living document which will grow and be adapted as new partners and new evidence becomes available.

The plan developed by our multi-agency team focuses not only on preventing deaths, but finding treatment and support for those struggling with substance use disorders so that our communities may heal. Thank you for your continued work and collaboration.

Sincerely,



GOVERNOR STEVE BULLOCK

# Developing this plan

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## This plan was developed through a collaborative process with partners statewide.

In the summer of 2016, the Montana Department of Public Health and Human Services (DPHHS) received three years of funding under the Data-Driven Prevention Initiative cooperative agreement from the Centers for Disease Control and Prevention. The primary objectives for the grant include:

- Improving data collection and analysis around opioid misuse, abuse, and overdose;
- Developing strategies that impact behaviors driving prescription opioid dependence and abuse; and
- Working with communities to develop more comprehensive opioid overdose prevention programs.

Utilizing this funding, DPHHS brought together state and external partners working on the issue of substance use to create a comprehensive prescription drug overdose and abuse prevention state plan. From November 2016 to August 2017, the Opioid Abuse Strategic Task Force met for five full day, in-person meetings to develop this plan utilizing a facilitated, participatory process. In all, a total of 114 individuals representing 82 agencies statewide participated in at least one of these meetings. As the meetings progressed, it became clear to Task Force partners that the group should develop a statewide plan to address all substance use disorders, incorporating strategies to address opioid misuse and abuse while acknowledging that many strategies are cross cutting and can be utilized to address substance use more broadly. The task force was renamed the Montana Substance Use Strategic Task Force to reflect this change.

After developing key areas for action and strategies over the course of the first four meetings, Substance Use Strategic Task Force members provided final comments on the draft plan at an in-person meeting in Helena on August 28th, 2017. The plan was finalized and published by DPHHS in November 2017. This interim strategic plan is a living document that will be updated to include additional metrics and strategies over time in response to new data, evidence and emerging trends.

Five  
meetings

114  
Participants

82  
agencies

# Acknowledgements

**The following individuals and organizations contributed to the development of this plan.**

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David Bull Calf	Crystal Creek Lodge
David Campana	DPHHS, Health Resources Division
Kevann Campbell	Montana Medical Association
Shelly Carney	Open Aid Alliance
Victoria Cech	Montana Hospital Association
Gilda Clancy	Senator Daines's Office
Robert Clark	US Army MTARNG
Stephanie Cole	Open Aid Alliance
Megan Coy	Department of Corrections, Probation and Parole Division
Emily Coyle	American Cancer Society
Rosemary Cree Medicine	Blackfeet Tribal Health
Scottie Crowe	Reiter Foundation, Inc
Autumn Cummings	DPHHS, Hospital and Physician Services Bureau
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Regina Fragale	Department of Justice, Division of Criminal Investigation
Zack Gambill	Representative Zinke office
Dana Geary	DPHHS, Injury Prevention Program
Dr. Jonathan Gilbert	Chief Medical Officer, Billings Area Indian Health Service
Amie Goroski	Montana VA Medical Center - Fort Harrison/Pharmacy
Brandn Green	DPHHS, Behavioral Risk Factor Surveillance System
Brad Gramaux	Department of Justice, DCI Narcotics Bureau

# Acknowledgements continued

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Cara Harrop	St Joe's Hospital ~ Wrapped in Hope
Amanda Harrow	DPHHS, Montana Department of Public Health and Human Services
Todd Harwell	DPHHS, Public Health and Safety Division
Louella HeavyRunner	Crystal Creek Lodge
Shane Hight	Department of Justice, Division of Criminal Investigation
Calvin Hill	Blackfeet Transition Home
Rachel Hinnenkamp	DPHHS, EMS and Trauma Systems
Dr. Gregory Holzman	DPHHS, State Medical Officer
Clyde Home Gun	Blackfeet Reservation
Ben Horn	Helena Indian Alliance
Clint Houston	Great Falls Police Department
Melissa Iverson	Montana Medical Association
Maurita Jonson	Administrator, Montana Child and Family Service Division
Alyssa Johnson	DPHHS, EMS and Trauma Systems
Kaelyn Kelly	Attorney General's Office
Jace Killsback	President of Northern Cheyenne Tribe
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Tracy Moseman	Office of Public Instruction
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Dr. Brad Nieset	Benefis Health System, Medical Director Outpatient Specialty Clinics

# Acknowledgements continued

Kevin Olson	Department of Corrections, Probation and Parole Division
Matthew Palmer	Reiter Foundation, Inc
Casey Peck	DPHHS, Montana Medicaid
Bobbi Perkins	DPHHS, Addictive and Mental Disorders Division
Nikki Phillips	Benefis Health System
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Todd Wilson	Helena Indian Alliance
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Roberta Yager	Montana Hospital Association
Heather Zimmerman	DPHHS, Epidemiologist



# Substance Use in Montana

An estimated 64,000 Montanans have a substance use disorder<sup>1</sup>

## Methamphetamine

**46%** of all open Child and Family Services placements have meth indicated<sup>2</sup>

**427%** increase in meth violations from 2010-2015.<sup>3</sup>

## Marijuana

**13%** of high school students report marijuana use in the last month.<sup>4</sup>

**62%** of Montana youth perceive smoking marijuana regularly as harmful<sup>4</sup>

**122K** Estimated number of Montanans aged 12+ using marijuana in the last year.<sup>5</sup>

**57%** of all drug violations are for marijuana.<sup>6</sup>

## Alcohol

**7%** of Montanans aged 12+ were dependent on or abusing alcohol in the last year.<sup>5</sup>

**20%** of Montana adults report binge drinking in the last year, compared to 16% of adults in the US.<sup>8</sup>

**34%** of all traffic fatalities in Montana are attributable to alcohol.<sup>9</sup>

**390** alcohol attributable deaths annually<sup>10</sup>

## Illicit drugs

**3%** of Montanans aged 12+ (18,000 people) are dependent on or abusing illicit drugs<sup>5</sup>

**116** heroin arrests in Montana in 2015, up from 4 in 2005.<sup>10</sup>

**5%** of young adults aged 18-25 report using cocaine in the last year.<sup>5</sup>

90% of Montanans with Substance Use Disorder are not receiving treatment.<sup>16</sup>



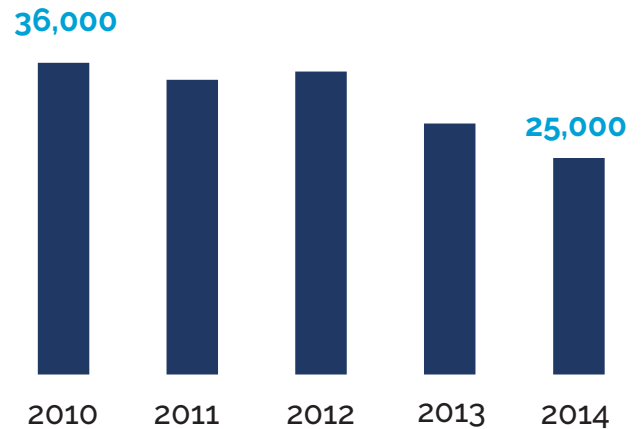
# Opioid Use in Montana

Opioid use is the primary driver of drug overdose deaths in the state of Montana. Forty-four percent of all drug overdose deaths are attributable to opioids.<sup>11</sup> Montana has made progress in recent years addressing prescription opioid misuse and abuse and reducing overdose deaths, though much more can be done to ensure that opioids are prescribed, taken and disposed of safely and that patients being transitioned off of high dose prescription opiates do not transition to illicit narcotics such as heroin.

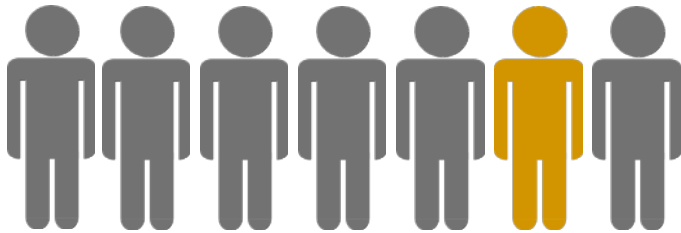
*Montana has 70 opioid prescriptions for every 100 residents.<sup>12</sup>*



The number of Montana adults reporting non-medical use of pain relievers in the last year is decreasing<sup>1</sup>



The rate of opioid overdose deaths in Montana peaked in 2008-2009 and has decreased significantly since then, bucking national trends. Montana opioid overdose rate was 5.4 per 100,000 residents in 2013-2014.<sup>13</sup>



**One in seven high school students has taken prescription drugs without a doctor's prescription.<sup>14</sup>**

*Since the year 2000, more than 700 Montanans have died from opioid overdose.<sup>15</sup>*

# Plan Format

---

## Overall goals

- Reduce drug overdose deaths
- Decrease the number of Montanans misusing or abusing substances
- Increase the number of Montanans with SUD who are in treatment or recovery

## Focus Areas

- Partnerships
- Prevention & Education
- Enforcement
- Treatment
- Family & Community Resources

## Metrics

How will we measure overall progress in this focus area?

## Key Areas for Action

Within this focus area, where should we target our work?

## Strategies & Leads

What will we commit to do and who will lead the way?

## Criteria for strategies included in this plan

Evidence based & data driven

Sustainable

Realistic & achievable

Comprehensive

Multidisciplinary

Trauma informed

Empowers at-risk groups



# Partnerships

## Focus Area One

### Overall Goal

Increase coordination and data sharing across sectors to more effectively address substance abuse and misuse and reduce overdose deaths




#### Metrics

- 
 Number of Substance Use Strategic Task Force meetings annually.  
**Current | 5**                      **Goal | Maintain**
- 
 Number of data systems accessed and analyzed through the Data Driven Prevention Initiative (DDPI)  
**Current | 4**                      **Goal | Increase**

#### Key Area for Action #1

Support ongoing cross sector meetings between stakeholders working to address substance use disorder

#### Strategies & Leads

- 
 Convene the MT Substance Use Strategic Task Force four times per year  
**Lead | DPHHS DDPI**
- 
 Convene regular meetings between programmatic and data leaders in DPHHS, DOJ, OPI, DOC and other agencies to coordinate SUD efforts  
**Lead | DPHHS and DCI**
- 
 Coordinate work at the state level with local drug task force and substance use prevention groups as well as individuals and families with lived SUD experience    **Lead | DPHHS DDPI**



## Key Area for Action #2

### Strategies & Leads

## Enhance cross sector surveillance of substance use and overdose

- ◀ Develop a prescription drug burden document that includes analysis of all major sources of available public health and justice system data related to SUD **Lead | DPHHS DDPI**
- ◀ Publish regular surveillance reports on opioid and drug use among specific populations, and overdose prevention **Lead | DPHHS DDPI**
- ◀ Establish data sharing agreements with the Board of Pharmacy to enhance public health surveillance. **Lead | DPHHS DDPI**
- ◀ Establish data sharing agreements with the Montana Board of Crime Control to understand trends in arrests and drug seizures **Lead | DPHHS DDPI**
- ◀ Establish data sharing agreements with the Department of Corrections to track SUD among populations in correctional facilities **Lead | DPHHS DDPI**






# Prevention and Education

## Focus Area Two

### Overall Goal

Increase prevention efforts to reduce the misuse and abuse of opioids and other substances in all Montana communities

### Metrics

-  Youth pain prescription misuse, lifetime  
*Source | Montana YRBS*  
**Current | 14%**      **Goal | Decrease**
-  Youth who intend to use alcohol, tobacco, and/or other drugs in the future  
*Source | Prevention Needs Assessment*  
**Current | 44%**      **Goal | Decrease**
-  Youth alcohol use, past 30 days  
*Source | Montana YRBS*  
**Current | 33%**      **Goal | Decrease**
-  Youth and adult binge drinking, past 30 days  
*Source | Montana YRBS and BRFSS*  
**Current | 18% and 19%**      **Goal | Decrease**
-  Retail opioid prescription dispensing rate  
*Source: | QuintilesIMS Transactional Data Warehouse and PDMP*  
**Current | 70 per 100**      **Goal | Decrease**

## Key Area for Action #1

### Strategies & Leads

Support the development of evidence-based substance abuse and misuse prevention activities in Montana communities

- Support robust, well-funded community coalitions implementing evidence-based prevention activities under SAMHSA's strategic prevention framework in all Montana communities  
**Lead | Prevention Specialists, Montana DPHHS**
- Support prevention specialists in Montana communities to implement evidence based SUD prevention activities  
**Lead | Coalition fiscal agents and DDPI funded mini-grants**
- Support evidence-based SUD prevention work in schools  
**Lead | Office of Public Instruction**

## Key Area for Action #2

### Strategies & Leads

Increase public awareness about the dangers of prescription misuse and the importance of proper storage and disposal of unused medications

- Implement a statewide public education campaign that includes harm reduction, storage and disposal messaging, targeting at-risk groups  
**Lead | DPHHS DDPI and the Prevention Resource Center**
- Increase awareness of prescription drop boxes and disposal bags statewide  
**Lead | Prevention Specialists, Law Enforcement and Pharmacies**
- Promote law enforcement prescription drug take-back events  
**Lead | Prevention Resource Center, Prevention Specialists and community coalitions**

## Key Area for Action #3

## Strategies & Leads

### Decrease overprescribing of opioids through the promotion of the CDC's "Guidelines for Prescribing Opioids"

- ◀ Increase the number of providers receiving education from the Know Your Dose website  
**Lead | Montana Medical Association**
- ◀ Support policies and programs to increase provider education on opioid prescribing guidelines and the use of other effective therapies/treatments for pain  
**Lead | DPHHS DDPI**
- ◀ Support policies to promote prescribing according to the CDC guidelines **Lead | DPHHS DDPI**
- ◀ Analyze Medicaid and private insurer claims data and workman's compensation data to evaluate provider opiate prescribing practices in Montana and provide feedback to providers **Lead | DPHHS**
- ◀ Support policies requiring pharmacists to check identification before dispensing narcotics **Lead | DPHHS**



# Enforcement

## Focus Area Three

### Overall Goal

Reduce the illegal distribution of drugs and strengthen partnerships between the justice system and treatment providers

#### Metrics

- Offense rate for all drugs  
*Source | Montana Board of Crime Control*  
**Current | 8.5/1,000 Montananas**      **Goal | Decrease**
- Number and capacity of drug treatment courts in Montana  
*Source | Office of the Court Administrator*  
**Current | 33 courts, 381 participants/year**      **Goal | Increase**
- Number and capacity of diversion programs in Montana  
*Source | Montana Board of Crime Control*  
**Current | No data**      **Goal | Increase**
- Number of jails and DOC facilities offering Medication Assisted Treatment  
*Source | Department of Corrections*  
**Current | Pilot program starting at MT State Prison**  
**Goal | Increase**

#### Key Area for Action #1

Support enforcement and prosecution of drug trafficking, including pill diversion


#### Strategies & Leads

- Support criminal interdiction teams to reduce drug trafficking  
**Lead | Montana Highway Patrol**
- Support the work of the Montana Fusion Center and Pill Diversion Agents  
**Lead | Montana Division of Criminal Investigation**

## Key Area for Action #2

Increase access to drug courts, diversion and peer support programs in the Montana justice system




### Strategies & Leads

-  Identify communities that are underserved by drug courts and support the development of treatment courts in these communities.  
**Lead | Office of the Court Administrator**
-  Support the development of diversion programs that safely and appropriately divert substance use offenders out of the justice system and to evidence based treatment  
**Lead | Montana Board of Crime Control**
-  Support the development of peer support/crisis diversion programs with local law enforcement agencies  
**Lead | Montana Peer Support Network**

## Key Area for Action #3

Increase the number of jails and DOC facilities providing evidence-based SUD treatment, including Medication Assisted Treatment

### Strategies & Leads

-  Increase the number of jails in Montana that provide access to SUD treatment, including MAT  
**Lead | Montana Board of Crime Control**
-  Increase access to evidence-based treatment in Department of Corrections run and contracted facilities, including MAT  
**Lead | Montana Department of Corrections**
-  Support policies to support continuity of SUD treatment and MAT for individuals being released from protective custody.  
**Lead | Montana Department of Corrections, DPHHS and Medicaid**




# Monitoring

## Focus Area Four

### Overall Goal

Increase the use of monitoring to target interventions and reduce prescription drug misuse




#### Metrics

- 
 Number of providers registered with the Montana Prescription Drug Registry (MPDR) *Source | Montana Board of Pharmacy*  
**Current | 3,898-September 2017**      **Goal | Increase**
- 
 Number of monthly searches entered into the MPDR  
*Source | Montana Board of Pharmacy*  
**Current | 26,274-August 2017**      **Goal | Increase**
- 
 Number and capacity of academic detailing programs  
*Source | Montana DDPI*  
**Current | 2**      **Goal | Increase**




#### Key Area for Action #1

Increase MPDR functionality and use

#### Strategies & Leads

- 
 Support administrative and legislative policies mandating MPDR use  
**Lead | DPHHS**
- 
 Encourage internal healthcare facility peer-to-peer review of MPDR use. **Lead | Montana Board of Pharmacy**
- 
 Support efforts to integrate MPDR information into provider software for EHRs and pharmacy operating systems  
**Lead | Montana Board of Pharmacy and Veterans Affairs**



## Strategies & Leads continued

-  Increase physician, health professional and pharmacist education on the proper prescribing guidelines and the use of the MPDR  
**Lead | Montana Medical Association, EMS, AAP, AFP, Pharmacies, Montana Healthcare Foundation**
-  Facilitate access to de-identified MPDR data for analysis  
**Lead | Montana Board of Pharmacy**
-  Create partnerships with stakeholders by providing de-identified PDR reports to to help partners better address substance misuse and abuse issues  
**Lead | DPHHS DDPI**

## Key Area for Action #2

Use MPDR and other health system data to inform provider education and outreach, including academic detailing

## Strategies & Leads

-  Use monitoring system data to target education and outreach programs to communities  
**Lead | DPHHS DDPI**
-  Support academic detailing efforts that utilize monitoring data to target education to providers  
**Lead | Veterans Affairs and Montana Medicaid**



# Treatment

## Focus Area Five

### Overall Goal

Expanded access to evidence-based, recovery oriented, culturally appropriate treatment for all Montanans

#### Metrics

- Number of adult and youth client admissions annually to state approved substance use treatment providers  
*Source | Montana Medicaid and SAMS*  
**Current | 5,801 (2015)**      **Goal | Monitor**
- Number of provider buprenorphine waivers *Source | SAMHSA*  
**Current | 38**      **Goal | Increase**
- Number of state approved providers and DOC run or contracted facilities that offer MAT *Source | DOC and DPHHS CD Bureau*  
**Current | 49**      **Goal | Increase**
- Number of Licensed Addiction Counselors  
*Source | Montana Board of Behavioral Health*  
**Current | 793**      **Goal | Increase**
- Number of SBIRT screenings *Source |*  
**Current | Unknown**      **Goal | To be determined**



#### Key Area for Action #1

Increase Montana's capacity to serve and treat people with substance use disorder using best practices

#### Strategies & Leads

- Train and increase number of LACs and dually licensed mental health and substance use providers and peer supporters  
**Lead | State and tribal colleges, DPHHS, licensure boards**
- Continue SUD treatment funding through maintaining Medicaid expansion through the HELP Act  
**Lead | DPHHS, SUD Task Force, local advocates**

## Strategies & Leads continued

-  Increase number of state approved SUD providers who can access Medicaid reimbursement, including supporting tribally operated clinics and Urban Indian Health Clinics to become state approved  
**Lead | DPHHS Chemical Dependency and Quality Assurance Bureaus**
-  Increase capacity of existing state approved and other providers to serve a greater number of Montanans across the continuum of care using evidence based practices  
**Lead | DPHHS Chemical Dependency Bureau**

## Key Area for Action #2

Increase number of primary care practices that offer SUD and co-occurring services in an integrated setting

## Strategies & Leads

-  Support healthcare providers to integrate primary care, substance use and mental health services in one clinical location to best assess and serve patients with SUD and co-occurring mental health concerns.  
**Lead | Montana Healthcare Foundation**
-  Increase the number of providers implementing SBIRT (Screening, Brief Intervention and Referral to Treatment)  
**Lead | Montana Healthcare Foundation and Montana Primary Care Association**

## Key Area for Action #3

### Strategies & Leads

## Increase access to Medication Assisted Treatment

- ◀ Develop a Hub and Spoke Model for comprehensive MAT care and education in Montana  
**Lead | DPHHS Chemical Dependency Bureau**
- ◀ Increase the number of MAT providers and physicians with buprenorphine waivers  
**Lead | DPHHS Chemical Dependency Bureau, local providers**
- ◀ Provide education on MAT to providers, pharmacies, and families  
**Lead | DPHHS Chemical Dependency Bureau**
- ◀ Support access to MAT services at the Montana Chemical Dependency Center  
**Lead | DPHHS Chemical Dependency Bureau and MCDC**

## Key Area for Action #4

### Strategies & Leads

## Strengthen the continuum of holistic SUD care in communities across Montana

- ◀ Foster collaboration, including between frontier and rural areas and larger urban centers, to improve the continuum of care in communities  
**Lead | DPHHS Chemical Dependency Bureau, local providers**
- ◀ Increase access to SUD treatment through technology and other means  
**Lead | DPHHS Chemical Dependency Bureau, local providers**
- ◀ Strengthen and integrate systems of care  
**Lead | DPHHS Chemical Dependency Bureau, local providers**
- ◀ Ensure that Montana's reimbursement system for SUD treatment supports the full continuum of care  
**Lead | DPHHS Chemical Dependency Bureau, Medicaid, insurers**

# Family and Community Resources

## Focus Area Four

### Overall Goal

Expand access to supportive resources for individuals and families affected by SUD, including those in recovery






### Metrics

- ◀ Number of licensed peer mentors  
*Source | Licensing Board*  
**Current | 0**      **Goal | Increase**
- ◀ Percent of Child and Family Services Division out-of-home placements with parental substance use indicated  
*Source | DPHHS Child and Family Services Division*  
**Current | 65% (April 2016)**      **Goal | Decrease**
- ◀ Number of naloxone trainings annually  
*Source | DPHHS DDPI and STR Grant*  
**Current | 0**      **Goal | Increase**
- ◀ Number of needle exchange and harm reduction programs  
*Source | Open Aid Alliance*  
**Current | 2**      **Goal | Increase**

## Key Area for Action #1

### Increase access to and training on naloxone




#### Strategies & Leads

-  Provide blended online/in-person “train the trainer” and provider trainings on the recognition of opioid overdose and naloxone use to EMS, fire, law enforcement, school nurses and other sectors in all Montana counties  
**Lead | DPHHS DDPI and STR Grant**
-  Distribute naloxone to trained first responder groups  
**Lead | DPHHS STR Grant**
-  Encourage co-prescribing of naloxone at the time of a high dose opioid prescription  
**Lead | DPHHS DDPI and STR Grant**
-  Track naloxone use statewide  
**Lead | DPHHS DDPI**
-  Develop standing order for naloxone in Montana  
**Lead | DPHHS DDPI**




## Key Area for Action #2

### Increase access to peer mentors, housing and other evidence based recovery supports

#### Strategies & Leads

-  Finalize process for credentialing peer mentors in Montana and provide reimbursement for peer mentors through the Substance Use Prevention and Treatment Block Grant  
**Lead | Department of Labor and Industry**
-  Increase the number of certified peer supporters  
**Lead | DPHHS Chemical Dependency Bureau, Montana Peer Support Network, Rocky Mountain Tribal Leaders Council**
-  Develop multidisciplinary teams to address child safety and substance use in child protection service cases  
**Lead | DPHHS Child and Family Services Division**




## Strategies & Leads continued

-  Increase the number of SUD programs with peer supporters on staff  
**Lead | DPHHS Chemical Dependency Bureau, local providers**
-  Support peer mentoring organizations as they develop and seek to recruit and appropriately match peers with individuals in recovery  
**Lead | DPHHS**
-  Support development of additional housing supports for individuals in recovery and leaving protective custody  
**Lead | DPHHS and DOC**

## Key Area for Action #3

### Increase access to needle exchange programs and other harm reduction initiatives

## Strategies & Leads

-  Support the development of additional needle exchange and other harm reduction initiatives in Montana communities  
**Lead | Open Aid Alliance**
-  Provide on-going, statewide capacity building and technical assistance for harm reduction programs utilizing resources from the National Harm Reduction Coalition  
**Lead | Open Aid Alliance**
-  Develop a Montana Harm Reduction Summit  
**Lead | Open Aid Alliance**

## Key Area for Action #4

## Strategies & Leads

Reduce the stigma associated with SUD and mental health and increase input from people with lived SUD experience into state programs and planning processes

- ◀ Invite peer mentors and drug courts graduates to future task force meetings  
**Lead | DPHHS DPPI, active users and affected family members**
- ◀ Support mental health, substance use, harm reduction and trauma informed training for justice system staff and first responders  
**Lead | CIT Montana and ChildWise Institute**
- ◀ Support a Safe Harbor Policy for women to access prenatal and SUD services without fear of criminal repercussions  
**Lead | DPHHS**
- ◀ Add language to paraphernalia amendment to increase needle disposal and increase access to sharps disposal boxes to protect users and the public  
**Lead | Open Aid Alliance**
- ◀ Support messaging across sectors that SUD is a treatable, chronic disease  
**Lead | Substance Use Strategic Planning Task Force**



# References

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1. National Survey of Drug Use and Health. 2014.
2. Montana Child and Family Services administrative data, 2016.
3. Montana Board of Crime of Crime Control. <http://mbcc.mt.gov/Portals/130/Data/CIM/CIM2015.pdf>
4. Behavioral Risk Factor Surveillance System, 2015.
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6. Montana Board of Crime of Crime Control. <http://mbcc.mt.gov/Portals/130/Data/CIM/CIM2015.pdf>
7. Behavioral Risk Factor Surveillance System, 2015.
8. National Highway Traffic Safety Administration, National Center for Statistics and Analysis. Traffic Safety Facts, 2015 Data. "State Alcohol-Impaired-Driving Estimates."
9. [https://www.cdc.gov/pcd/issues/2014/13\\_0293.htm](https://www.cdc.gov/pcd/issues/2014/13_0293.htm)
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11. Prescription Opioid Poisoning Deaths in Montana, 2000-2015. August 2016. Office of Epidemiology and Scientific Support. Montana DPHHS. [https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSAU\\_RX\\_OPIOIDS\\_2000-2015.pdf](https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSAU_RX_OPIOIDS_2000-2015.pdf)
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14. Youth Risk Behavior Survey (YRBS). Montana, 2017.
15. Prescription Opioid Poisoning Deaths in Montana, 2000-2015. August 2016. Office of Epidemiology and Scientific Support. Montana DPHHS. [https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSAU\\_RX\\_OPIOIDS\\_2000-2015.pdf](https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSAU_RX_OPIOIDS_2000-2015.pdf)
16. Data review for AMDD. Brandn Green. January 2017.

## Acknowledgements

Photography by Ray Bieber. Used by Permission.

Report prepared by Katie Loveland MPH, MSW of Loveland Consulting LLC.



# References for Metrics

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## Page 9 || Substance Use in Montana

Montana Office of Public Instruction. (2017). Montana Youth Risk Behavior Survey High School Results. Retrieved from: [http://opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT\\_YRBS\\_FullReport.pdf](http://opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT_YRBS_FullReport.pdf)

- 2% of high school students report lifetime meth use
- 35% of high school students have ever tried marijuana
- 6% of high school students used inhalants in the last year

The Substance Abuse and Mental Health Services Administration. (2014) National Surveys on Drug Use and Health: Model-Based Estimation Totals (in Thousands) (50 States and the District of Columbia).

Retrieved from: <https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotals2014.pdf>

- 122K estimated number of Montanans aged 12+ using marijuana in the last year

The Substance Abuse and Mental Health Services Administration. (2015). National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). Retrieved

from: <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2015.pdf>

- 23% of young adults aged 18-25 used marijuana in the last month
- 3% of Montanans aged 12+ (18,000 people) are dependent on or abusing illicit drugs
- 5% of young adults aged 18-25 report using cocaine in the last year. Less than 1% report heroin use
- 7% of Montanans aged 12+ had an alcohol use disorder in the last year

Substance Abuse and Mental Health Services Administration. (2014). State Estimates of Substance Use and Mental Disorders from the 2012-2014 National Surveys on Drug Use and Health.

- An estimated 64,000 Montanans have a substance use disorder

Manatt Health. (2017). Medicaid's Role in the Delivery and Payment of Substance Use Disorder

Services in Montana. Retrieved from: [http://mthcf.org/wp-content/uploads/2017/03/Medicaid-Role-in-Substance-Use-Disorder-Services-in-Montana\\_Final.pdf](http://mthcf.org/wp-content/uploads/2017/03/Medicaid-Role-in-Substance-Use-Disorder-Services-in-Montana_Final.pdf)

- 90% of Montanans with Substance Use Disorder are not receiving treatment
- Montana youth and adults are more likely to binge drink or drink chronically than people in the US as a whole
- 390 alcohol attributable deaths in Montana annually

Montana Highway Patrol. (2015). 2015 Annual Report. Retrieved from: <https://media.dojmt.gov/wp-content/uploads/mhp-report.pdf>

- 83% of all traffic fatalities in Montana are attributable to alcohol
- Montana Board of Crime Control. (2017). Montana Incident-Based Reporting System
- 427% increase in meth violations from 2010-2015
- 57% of all drug violations are for marijuana

# References for Metrics

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## Page 10 || Opioid Use in Montana

Montana Office of Vital Statistics

- 44% of all drug overdose deaths are attributable to opioids
- The rate of overdose deaths in Montana peaked in 2008-2009
- Montana opioid overdose rate was 4.2 per 100,000 residents in 2014-2015
- Since the year 2000, more than 700 Montanans have died from opioid overdose

Centers for Disease Control and Prevention. (2016). Opioid Overdose U.S. Prescribing Rate Maps.

- Montana has 70 opioid prescriptions for every 100 residents

Retrieved from: <https://www.cdc.gov/drugoverdose/maps/rxstate2016.html>

The Substance Abuse and Mental Health Services Administration. (2011-2014) National Surveys on Drug Use and Health: Model-Based Estimation Totals (in Thousands) (50 States and the District of Columbia).

Retrieved from:

[https://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2010-2011\\_v2/279/CountTabs/NSDUHsaeCountTabs2011.pdf](https://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2010-2011_v2/279/CountTabs/NSDUHsaeCountTabs2011.pdf)

<https://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2011-2012/StateTabs/Web/NSDUHsaeStateTabs2012.htm>

<https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotals2013/NSDUHsaeTotals2013.pdf>

<https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotals2014.pdf>

The Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). State Estimates and Substance Use and Mental Disorders from the 2009-2010 National Surveys on Drug Use and Health.

Retrieved from:

<https://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2009-2010/FullReport/NSDUHsaeMainReport2010.pdf>

- The number of Montana adults reporting non-medical use of pain relievers in the last year is decreasing

# References for Metrics

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Montana Office of Public Instruction. (2017). Montana Youth Risk Behavior Survey High School Results.

- One in seven high school students has taken prescription drugs without a doctor's prescription

Retrieved from: [http://opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT\\_YRBS\\_FullReport.pdf](http://opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT_YRBS_FullReport.pdf)

## Page 14 || Prevention and Education

Montana Office of Public Instruction. (2017). Montana Youth Risk Behavior Survey High School Results.

Retrieved from: [http://opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT\\_YRBS\\_FullReport.pdf](http://opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT_YRBS_FullReport.pdf)

- Youth pain prescription misuse, lifetime
- Youth methamphetamine use, lifetime
- Youth alcohol use, lifetime

The Substance Abuse and Mental Health Services Administration. (2014) National Surveys on Drug Use and Health: Model-Based Estimation Totals (in Thousands) (50 States and the District of Columbia). Retrieved

from: <https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotals2014.pdf>

- Non-medical pain reliever use among adults aged 18+, past year
- Centers for Disease Control and Prevention. (2016). Opioid Overdose U.S. Prescribing Rate Maps. Retrieved from: <https://www.cdc.gov/drugoverdose/maps/rxstate2016.html>
- Retail opioid prescription dispensing rate

## Page 17 || Enforcement

Montana Board of Crime Control. (2017). Montana Incident-Based Reporting System

- Number of narcotics related arrests
- Rate of narcotics seized
- All drug offense rate, 2016

Montana Drug Courts: An Updated Snapshot of Success and Hope. Montana Supreme Court. Office of the Court Administrator. January 2017. <https://courts.mt.gov/portals/113/drugcourt/report/2017drugcourt-report.pdf>

- Number and capacity of drug treatment courts in Montana
- Informal data from the Montana Board of Crime Control and the Montana Department of Corrections.
- Number and capacity of diversion programs in Montana
- Number of jails and DOC facilities offering Medication Assisted Treatment

# References for Metrics

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## Page 19 || Monitoring

Montana Department of Labor and Industry. (2017). Montana Prescription Drug Registry (MPDR) August Statistics.

- Number of providers registered with the Montana Prescription Drug Registry
- Number of monthly searched entered into the MPDR

Informal data from Montana Medicaid and the Montana Veteran's Administration.

- Number and capacity of academic detailing programs

## Page 21 || Treatment

Substance Abuse and Mental Health Services Administration. (2014). State Estimates of Substance Use and Mental Disorders from the 2012-2014 National Surveys on Drug Use and Health.

- Number of adult and youth client admissions annually to state approved substance use treatment providers

Substance Abuse and Mental Health Services Administration. (2017). Buprenorphine Treatment Practitioner Locator. Retrieved from: [https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator?field\\_bup\\_physician\\_us\\_state\\_value=MT](https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator?field_bup_physician_us_state_value=MT)

- Number of provider buprenorphine waivers
- Montana DPHHS Chemical Dependency Bureau.
- Number of state approved providers and DOC run or contracted facilities that offer MAT

Montana Board of Behavioral Health.

- Number of Licensed Addiction Counselors

Montana Medicaid and private payer billing data.

- Number of SBIRT screenings

## Page 24 || Family and Community Resources

Montana Board of Behavioral Health.

- Number of licensed peer mentors

Programmatic data from the DPHHS Child and Family Services Division, April 2016.

- Percent of CFSD out-of-home placement with parental OUD/SUD indicated

Evaluation data from the Data Driven Prevention Initiative.

- Number of naloxone trainings annually

Informal data from the Montana Open Aid Alliance and other partners.

- Number of needle exchange and harm reduction programs

# Acronyms

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AAP	American Academy of Pediatrics
AFP	Academy of Family Physicians
BRFSS	Behavioral Risk Factor Surveillance System
CD	Chemical Dependency
CDC	Centers for Disease Control and Prevention
CIT	Critical Illness and Trauma
DCI	Division of Criminal Investigation
DDPI	Data-Driven Prevention Initiative
DOC	Department of Corrections
DPHHS	Department of Public Health and Human Services
EHR	Electronic Health Records
EMS	Emergency Medical Service
LAC	Licensed Addiction Counselor
MAT	Medication Assisted Therapy
MCDC	Montana Chemical Dependency Center
MPDR	Montana Prescription Drug Registry
ODD	Opioid Use Disorder
PDMP	Prescription Drug Monitoring Program
PDR	Prescription Drug Registry
PNA	Prevention Needs Assessment
SAMHSA	Substance Abuse and Mental Health Services Administration
SAMS	Substance Abuse Management System
SBIRT	Screening, Brief Intervention, and Referral to Treatment
STR	State Targeted Response
SUD	Substance Use Disorder
YRBS	Youth Risk Behavior Surveillance

# MONTANA SUBSTANCE USE STRATEGIC TASK FORCE

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## Addressing Substance Use Disorder in Montana | 2017

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