

# Montana Substance Use Disorder Task Force Strategic Plan



# Introduction

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Substance use is an ongoing concern in the state of Montana, affecting individuals and families across the lifespan. This plan, the second of its kind in our state, outlines strategic actions that partners in Montana will 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 more than 15,000 emergency department visits annually are attributable to substance use.<sup>1</sup> The impacts of substance use span every generation and cut across socioeconomic lines, from children in our foster care system, to adults in our correctional facilities, to seniors prescribed opioids for chronic pain.

Partners across our rural state have collaborated under a shared strategic plan to develop more robust, evidence-based systems to prevent, treat, and manage substance use disorders (SUD) in Montana since 2017. With tens of thousands of individuals in our state impacted by this issue, we must continue to work collectively to implement the strategies under this updated plan to make further progress.

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

- Partnerships
- Surveillance and Monitoring
- Prevention
- Treatment and Recovery
- Harm Reduction
- Enforcement and Corrections

The Montana Substance Use Disorder Task Force Strategic Plan initially focused on the epidemic associated with prescription and illicit opioid use in Montana. While the current strategic plan does not focus on all areas of SUD, the Task Force continues to expand its focus more broadly on other SUD related issues (e.g. methamphetamine). The framework covered through the six focus areas described above is relevant for addressing other SUDs. If you have questions about this plan, contact the DPHHS Injury Prevention Program at their website below.

Montana Injury Prevention Program

<https://dphhs.mt.gov/opioid>

# Letter from the Governor

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Montanans are committed to helping individuals and families affected by opioid substance use reclaim their lives and get on a path to recovery.

An estimated 79,000 Montanans struggle with substance use disorders, the impacts of which reverberate through families and communities across our state. Drug overdoses are the fourth leading cause of injury-related death in Montana, accounting for 1,437 deaths from 2007-2018, and Montanans aged 35-54 years have the highest rate of drug poisoning deaths. Though Montana has bucked national trends with sustained declines in opioid overdose deaths in recent years, hundreds of thousands of Montanans continue to be affected by substance misuse and abuse.

At the start of our last strategic plan addressing substance use disorders in the state, the national average for opioid overdose deaths mirrored that of Montana: 5.5 deaths per 100,000 to Montana's rate of 5.4 deaths per 100,000. **Now, at the launch of the second iteration of the strategic plan, the state opioid overdose rate has fallen to 2.7 deaths per 100,000. Compared to the national opioid overdose rate of 22.8 deaths per 100,000, Montana is strategically situated to continue successfully addressing this crisis, but we understand that now is not the time to be complacent in our efforts.**

Our state's coordinated efforts to fight the substance use epidemic have helped to protect the lives of our citizens. Under the strategic taskforce and state strategic plan since 2016, we have created strong partnerships between local, tribal and state health and justice partners. We have improved our systems for helping affected individuals access treatment and sustain recovery. We have expanded surveillance and improved data collection to ensure real time monitoring of the crisis and rapid public health response. We have expanded access to drug treatment courts and evidence-based care while promoting harm reduction and appropriate justice system diversion. Between the work of the Montana Substance Use Disorders Taskforce and the recent directive to make federal opioid funding available to work in the fight of stimulants, I am confident we can continue to make progress to reduce the impact of overdoses in our great state.

I have continued to fight for Medicaid expansion, which helps to provide additional coverage for the treatment of substance use disorders. Access to care is critical, and without the expansion, some of our populations most vulnerable would be left without the resources to access affordable health coverage.

This state strategic plan, now in its second iteration, continues to be supported and adapted by the Montana Substance Use Disorders Taskforce, which is made up of more than 250 individuals representing over 135 organizations. This Taskforce is comprised of a wide variety of stakeholders, including medical professionals, law enforcement, public health and education, state agencies, and non-profit workers. Together, they continue to work toward a healthy and safe Montana.

Sincerely,



STEVE BULLOCK  
Governor

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# PARTNERING TO ADDRESS SUBSTANCE USE IN MONTANA

## **THIS UPDATED STRATEGIC PLAN WAS DEVELOPED WITH PARTNERS ACROSS OUR STATE.**

The Montana Department of Public Health and Human Services (DPHHS) first convened the Montana Substance Use Disorders (SUD) Taskforce with funding from the Centers for Disease Control and Prevention's Data Driven Prevention Initiative in the fall of 2016. The taskforce, which meets four times per year, has engaged a total of 250 individuals representing 135 organizations statewide. In the spring of 2017, the MT SUD Taskforce published its first strategic plan for addressing substance use in our state.

Operating under this plan from 2017-2019, Montana implemented numerous strategies to improve systems for preventing, treating, and tracking SUDs statewide. Under this plan, DPHHS engaged justice system, community and health partners and developed data sharing agreements for tracking the opioid epidemic and SUDs more broadly in our state. From 2017-2019 the number of providers waived to prescribe buprenorphine for the treatment of opioid use disorders in Montana grew from less than 20 to 150, and nearly 1,000 additional medical providers began accessing the prescription drug registry each month. In 2019, legislation was passed mandating use of the prescription drug registry, requiring identification to pick up opioid prescriptions, and limiting first time opioid prescriptions to a seven-day supply. Bucking national trends, Montana's opioid overdose death rate declined from 7.4 deaths per 100,000 in 2009-2010 to 2.7 deaths per 100,000 in 2017-2018.<sup>1</sup>

In the fall of 2019, Montana received three years of additional funding through a cooperative agreement with the CDC's Overdose Data to Action (OD2A) initiative to continue to implement activities to reduce overdose deaths in Montana. The focus areas for OD2A are:

- Increased timeliness and accuracy of surveillance data to improve drug overdose intervention.
- Greater awareness of opioid and other drug overdoses within the state, leading to increased preparedness and response at the local and state level.
- Decreased high-risk opioid prescribing while increasing education to those receiving opioid prescriptions (both opioid-naïve and legacy patients) and increasing access/use of non-opioid and non-pharmacologic treatments of pain.
- Improved utilization of evidence-based prevention, intervention, and referral to treatment at the local and state level.

Utilizing this funding, DPHHS worked with Taskforce partners to update the strategies for addressing substance use in our state. Through a number of participatory sessions in late 2019 and early 2020, SUD Taskforce members prioritized the strategies that are included in this updated plan. As a western state heavily impacted by methamphetamine use, we have advocated for a holistic focus for this plan which will improve the system for preventing, tracking and treating all SUDs impacting Montanans. New federal guidelines allow us to direct funds to address stimulant use as well as opioids. Working together, we will continue to reduce the negative health impacts of opioids and other drugs in our state.

# Key Accomplishments

Under the first Addressing Substance Use Disorders strategic plan from 2017-2019, Montana partners made major strides to reduce the overall burden of opioid overdose in the state. Major accomplishments under the first plan include:

## ▼ Partnerships

- The Montana Substance Use Disorders Taskforce engaged over 250 partners from organizations and agencies across the state
- More than \$30 million of federal funding was secured by partners to address opioid use in Montana
- Montana created an epidemiologic workgroup focused on substance use disorders and analyzed justice system and prescription drug registry data that had not been previously available

## ▼ Prevention and Education

- We awarded 35 mini-grants to local communities to support evidence-based prevention activities such as education for youth and drug take back events
- 100,000 Deterra bags for safe opioid disposal were distributed across all Montana counties and the number of medication drop boxes grew to 164
- 1,600 units of Naloxone, the life-saving opioid overdose reversal drug, were dispensed
- New legislation now limits first time opioid prescriptions and requires identification for opioid prescription pick up

## ▼ Enforcement

- The number of active drug court participants grew 25%
- The Department of Corrections secured federal funding to develop a plan to implement Medication Assisted Treatment in its detention facilities

## ▼ Monitoring

- The number of providers registered with the Montana Prescription Drug Registry (MPDR) grew from 3,898 to 4,785
- The number of monthly searches using the registry grew from 26,274 to 34,970
- Montana passed legislation mandating the use of the MPDR

## ▼ Treatment

- The number of medical providers with buprenorphine waivers grew from 38 to 143, greatly expanding access to evidence-based opioid use disorder treatment
- Bolstered by Medicaid expansion funding and new federal and foundation grants, providers across the state began implementing evidence-based Integrated Behavioral Health Care and Opioid Use Disorder Treatment programs
- The number of naloxone master trainers grew from 0 to 530

## ▼ Family and Community Resources

- The number of safe syringe programs in Montana quadrupled from 2 to 8
- Partners like the Montana Healthcare Foundation's Meadowlark Initiative sought to increase access to substance use treatment for pregnant women and mothers

# Acknowledgements

The following individuals and organizations have participated on the Montana Substance Use Disorders Taskforce.

Barbara Allen	Montana State University Extension
Maggie Anderson	Lincoln County Drug Free Communities
Michael Andreini	Rocky Mountain Tribal Leaders Council
David Arnold	NASPA
Elsie Arntzen	Office of Public Instruction
Sandra Bailey	MSU Center for Mental Health Research and Recovery
Colleen Baldwin	Missoula Aging Services
Linda Baldwin	Sunburst Community Service Foundation
Shireen Banerji	Montana Poison Center
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John Barnes	Attorney General's Office
Amber Bell	DPHHS Family and Community Health Bureau
Brett Bender	Sapphire Community Health Inc
Jonathan Bennion	DOJ Attorney General's Office
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Jean Falley	Montana Hospital Association
Christie Farmer	Blackfeet Community College
Brayden Fine	Montana Hospital Association
Leah Fitch	Missoula Forum for Children and Youth
Julie Fleck	Sunburst Mental Health
Dennis Four Bear	Fort Peck Tribal Health Department

# Acknowledgements continued

Tim Fox	Department of Justice
Deb Frandsen	Senator Tester's Office
Abby Franks	Boys and Girls Club of Lewistown
Mike Gantz	Fort Harrison VAMC
Christopher Gardner	Open Aid Alliance – Missoula
Will Gardner	DPHHS Office of Epidemiology and Scientific Support
Al Garver	Montana Dental Association
Courtney Geary	Office of Epidemiology and Scientific Support
Dana Geary	DPHHS AMDD
Eve Marie Gerasimou	Alluvion Health
Jane Gillette	Sprout Oral Health
Jackie Girard	Corporation for National and Community Service
Robyn Gladue	Indian Health Services
Danielle Godlevsky	Rocky Mountain Development Council
Amie Goroski	VAMT Pharmacy
Terrance Gourneau III	Fort Peck Tribal Health
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Linda Green	Curry Health Center
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Renee Labrie-Shanks	Missoula Aging Services
Sarah Lafont	Uncovery Treatment Center
Tessie Lamere	Rocky Boy Health Center
Kevin Langkiet	Benefis Health System



# Acknowledgements continued

Scott Larson	Montana Department of Justice Crime Lab
Melissa Lavinder	Montana Children's Trust Fund
Theresa Lee	
Denny Lenoir	Director of Veteran and Military Affairs
Bryan Lockerby	DOJ Division of Criminal Investigation
Katie Loveland	Loveland Consulting, LLC
Carrie Lutkehus	Board of Crime Control
Robyn Madison	Senator Tester's Office
Elisabeth Martell	Boys and Girls Club of Lewistown
Kim Martinell	Be the Change 406 Coalition
Kellie McBride	Criminal Justice Services Department
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Helen McCaffery	DPHHS Communicable Disease Control and Prevention Bureau
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Brad Nieset	Benefis Health System
Claire Oakley	Riverstone Health
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Kevin Olson	Department of Corrections
Roy Pack	Rocky Mountain Tribal Leaders
Kristin Page	American Cancer Society Cancer Action Network
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Bobbi Perkins	DPHHS AMDD
Vicki Peterson	Salish Kootenai College
Nikki Phillips	Benefis Health System
Carolyn Pollari	Big Horn Valley Community Health Center
Pamela Ponich-Hunthausen	DPHHS AMDD
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Kurt Sager	Montana Highway Patrol
Diane Sands	Montana State Legislature
Lisa Sather	Mountain Pacific Quality Health
Mark Schaefer	Community Medical Services
Becky Schlauch	DOR Liquor Control Division
Barbara Schneeman	Riverstone Health

# Acknowledgements continued

Amy Schuett	Billings Clinic
Rowen Schuler	Community Medical Services
Shannon Sexauer	DPHHS Medicaid
Sherl Shanks	Spotted Bull Recovery Resource Center
Willie Sharp	Blackfeet Tribal Business Council
Vel Shaver	Lincoln County Drug Free Communities
Shannon Sheppard	KEPRO
Robin Silverstein	DPHHS CDPHP MHLS
Brett Simons	Congressman Greg Gianforte, MT-AL
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Cynthia Wolken	Department of Corrections
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Nicole Zimmerman	Alliance for Youth
Stacy Zinn-Brittain	DEA

# Substance Use in Montana

An estimated 79,000 Montanans have a substance use disorder<sup>7</sup>

## Methamphetamine

**44%** of all open Child and Family Services placements have meth indicated.<sup>3</sup>

**100%** increase in meth violations from 2014-2018.<sup>4</sup>

**35%** of all drug violations are for meth.<sup>4</sup>

## Marijuana

**21%** of high school students report marijuana use in the last month.<sup>5</sup>

**53%** of Montana youth perceive smoking marijuana regularly as risky.<sup>6</sup>

**171K** Estimated number of Montanans aged 12+ using marijuana in the last year.<sup>7</sup>

**44%** of all drug violations are for marijuana.<sup>4</sup>

## Alcohol

**64K** Montanans aged 18+ have a current alcohol use disorder.<sup>7</sup>

**1 in 3** high school students report alcohol use in the last month.<sup>5</sup>

**18%** of Montana adults report binge drinking in the last year.<sup>8</sup>

**43%** of all traffic fatalities in Montana are attributable to alcohol impaired driving.<sup>9</sup>

**390** alcohol attributable deaths annually.<sup>1</sup>

## Other Illicit drugs

**31K** Montanans used illicit drugs other than marijuana in the last year.<sup>7</sup>

**570** heroin/opioid arrests in Montana in 2018, up from 4 in 2005.<sup>4</sup>

**6%** of young adults aged 18-25 report using cocaine in the last year.<sup>7</sup>

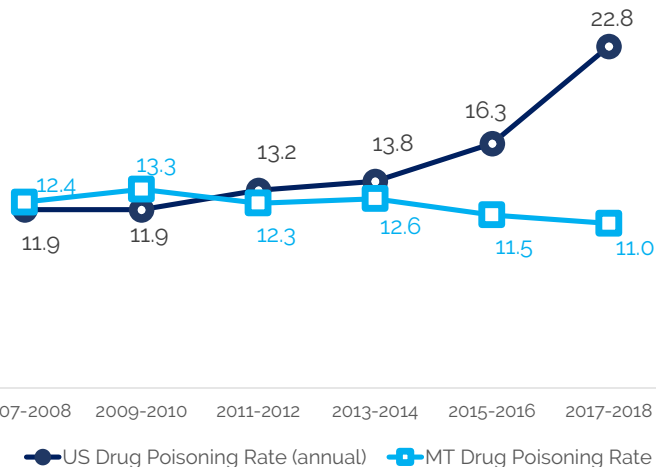
92% of Montanans with a Substance Use Disorder are not receiving treatment.<sup>7</sup>

# Opioid Use in Montana

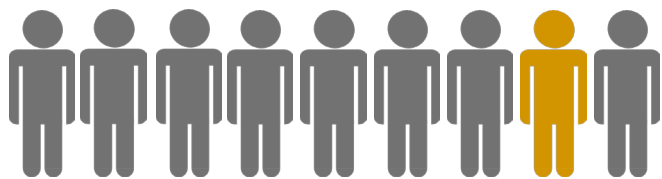
Opioid use is the primary driver of drug overdose deaths in the state of Montana. Thirty-five percent of all drug overdose deaths are attributable to opioids.<sup>10</sup> Montana has made progress in recent years addressing prescription opioid misuse and abuse and reducing overdose deaths, though much 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 and fentanyl.

The drug poisoning death rate in Montana has fallen in recent years, bucking national trends.<sup>10</sup>

*Montana has 89 opioid prescriptions for every 100 residents.<sup>11</sup>*



The rate of opioid overdose deaths in Montana peaked in 2008-2009 and has decreased significantly while the US rate has skyrocketed. The Montana opioid overdose rate was 2.7 per 100,000 residents in 2017-2018.<sup>10</sup>



**One in nine high school students has misused prescription drugs.<sup>5</sup>**

*Between 2006-2018, more than 600 Montanans died from opioid overdose.<sup>10</sup>*

# Strategic Plan Overview

## Overall goal

Reduce drug related morbidity and mortality across all populations in Montana

## Focus Areas

- Partnerships
- Surveillance and Monitoring
- Prevention
- Treatment and Recovery
- Harm Reduction
- Enforcement and Corrections

## Overall Metrics

- Decrease mortality due to all drug overdoses
  - ▼ 11 deaths per 100,000 Montanans (2017-2018)<sup>1</sup>
- Decrease hospitalizations due to drug overdoses
  - ▼ 920 drug cases per 100,000 admissions (2018)<sup>2</sup>
- Decrease emergency department visits due to drug overdoses
  - ▼ 621 drug cases per 100,000 ED visits (2018)<sup>2</sup>

## 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

### Metrics



Regularly convene Substance Use Disorder Taskforce

**Target** | 4 meetings per year



Regularly convene State Epidemiologic Outcomes Workgroup

**Target** | 10 meetings per year

### Key Area for Action



## 1.1 Cross sector collaboration

## Strategies & Leads

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**1.1.1 Support cross sector collaboration between SUD stakeholders statewide**

- Montana Substance Use Disorders Taskforce **Lead** | OD2A



**1.1.2 Strengthen partnerships between system leaders**

- SUD Epidemiologic Outcomes Workgroup **Lead** | OD2A, OESS, AMDD
- Bi-Monthly Meetings with Opioid Grantees **Lead** | OD2A



**1.1.3 Foster relationships between health and justice system partners**

- Comprehensive Opioid Abuse Program (COAP) Grant **Lead** | Montana Department of Corrections (DOC)
- Engage probation and parole, Montana Board of Crime Control in the SUD Taskforce **Lead** | OD2A
- Develop relationships with juvenile justice system partners **Lead** | OD2A

## Key Area for Action



## 1.2 Engage diverse partners

### Strategies & Leads

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#### 1.2.1 Coordinate with local and tribal efforts to address SUDs

- **Leads |** Local behavioral health and prevention coalitions, local and tribal health departments, Montana Tribal Leaders, Chamber of Commerce, MSU Extension Grant, Montana Association of Counties, OD2A Mini-Grants



#### 1.2.2 Learn from individuals with lived experience

- At least one panel per year at the SUD Taskforce **Lead |** OD2A



#### 1.2.3 Better support children and young families affected by SUDs

- **Leads |** DPHHS Early Childhood and Family Support Division (ECFSD), Healthy Mothers Healthy Babies (HMHB), Medicaid, Montana Head Start Association (MTHSA) and DPHHS Head Start Collaboration Office

# Surveillance and Monitoring

## Focus Area Two

### Metrics



#### Decrease rate of opioid prescriptions

**Baseline** | 89 opioid prescriptions (excluding buprenorphine) per 100 Montanans (2017)<sup>11</sup>

**Baseline** | Mean daily MME: 49.7 (2017)<sup>11</sup>



#### Increase number of datasets analyzed

**Baseline** | 14 datasets (2019)

### Key Area for Action



## 2.1 Data sharing

## Strategies & Leads



### 2.1.1 Establish data sharing agreements with internal and external partners

- **Lead** | OD2A



### 2.1.2 Maintain and strengthen existing data sharing

- Continue agreements with DOC/Local Law Enforcement and Detention Facilities, PDMP, Medicaid, Rocky Mountain Tribal Leaders Council Epidemiology Center and others. **Lead** | OD2A



### 2.1.3 Support effective data collection and evaluation for local SUD projects

- **Leads** | OD2A, SUD Epidemiological Workgroup, HMHB Child Health Data Partnerships, Safe Syringe Programs, Community Health Assessments



## Key Area for Action



## 2.2 Analysis and Communication

### Strategies & Leads

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#### 2.2.1 Analyze datasets

- BRFSS, YRBS, and PNA
- State Unintentional Overdose Reporting System (SUDORS)
- Montana Prescription Drug Registry
- Vital statistics, Hospital Discharge, Emergency Department visits
- Naloxone use tracking—ImageTrend and Law Enforcement

#### 2.2.2 Publish surveillance reports on substance use trends regularly

- Technical report and reports designed for consumption by the general public [Lead](#) | OD2A

## Key Area for Action



## 2.3 Monitoring

### Strategies & Leads

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#### 2.3.1 Transition to a new Prescription Drug Registry (PDR) platform

- Create advisory board to vet vendors, review potential systems, and guide transition to new registry and select platform with increased functionality and enhanced data fields [Lead](#) | Board of Pharmacy

#### 2.3.2 Regularly share de-identified PDR data with DPHHS [Lead](#) | Board of Pharmacy

#### 2.3.3 Support robust utilization of the MPDR to improve prescribing practices

- Provide education and training to providers about the new PDR functionality and how to utilize it to track and improve care [Leads](#) | OD2A, Department of Justice, Montana Medical Association, Montana Hospital Association, Montana Pharmacy Association
- Support implementation and education on new Montana legislation mandating MPDR use and restricting length of first opioid prescription starting in 2021 [Leads](#) | OD2A, Department of Justice, Montana Medical Association, Montana Hospital Association, Montana Pharmacy Association
- Support integration of the new MPDR into EHRs and pharmacy operating systems [Leads](#) | Board of Pharmacy, OD2A

#### 2.3.4 Expand use of Academic Detailing to monitor morphine milligram equivalents

- [Leads](#) | Medicaid, Mountain Pacific Quality Health, Veteran's Administration

# Prevention

## Focus Area Three

### Metrics



#### Decrease youth substance use<sup>5</sup>

##### Baseline, for Montana high school students |

- Lifetime pain prescription misuse: 12.8% (2019)
- Alcohol use, past 30 days: 33% (2019)
- Marijuana use, past 30 days: 21% (2019)
- Electronic vapor product use, past 30 days: 30% (2019)

### Key Area for Action



## 3.1 Local prevention infrastructure

## Strategies & Leads



### 3.1.1 Increase capacity and training opportunities for Local Prevention Specialists

- Support the certification of prevention specialists **Lead |** AMDD, OD2A and Youth Connections



### 3.1.2 Support local prevention coalitions to implement evidence-based programs

- Communities that Care **Lead |** Montana Healthcare Foundation, AMDD
- Drug Free Communities Grants **Lead |** AMDD
- Substance Abuse Block Grant **Lead |** AMDD
- Partnership for Success Grant **Lead |** AMDD
- Mini-grants to support local coalition work **Lead |** OD2A
- Train rural communities on opioid misuse education and safe disposal **Lead |** MSU Extension



### 3.1.3 Enhance capacity of tribal communities to design and implement culturally appropriate prevention activities

- **Leads |** Indian Health Service, Tribal Health Departments, Medicaid Tribal Health Improvement Program, Tribal Opioid Response Grants, and Strategic Planning, OD2A Mini-grants-OD2A

## Key Area for Action



## 3.2 Awareness and stigma reduction

### Strategies & Leads

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#### 3.2.1 Educate on opioid prescription storage and disposal

- Increase drop boxes and maintain prescription drop boxes map [Leads](#) | Department of Justice, local law enforcement agencies, AMDD
- Law enforcement drug take back events [Leads](#) | DEA and local law enforcement, Department of Justice
- Education for older adults [Lead](#) | AMDD



#### 3.2.2 Educate providers on evidence-based prescribing practices

- Trainings using telehealth or online platforms
  - Know Your Dose [Lead](#) | Montana Medical Association
  - Mini-grants [Lead](#) | OD2A
  - Opioid Use Disorder Project Echo [Lead](#) | Billings Clinic
- In-person trainings
  - Buprenorphine waiver trainings [Lead](#) | Montana Primary Care Association
  - Montana Pain Conference [Lead](#) | Western Montana Area Health Education Center
  - Opioid Misuse in Rural Montana [Lead](#) | MSU Extension



#### 3.2.3 Educate communities and promote stigma reduction initiatives

- Parenting Montana Website [Lead](#) | AMDD, MSU Bozeman
- Stigma and Education Campaign [Lead](#) | OD2A, HMHB, Open Aid Alliance
- Initiative to reduce stigma for seeking treatment for pregnant women and mothers [Lead](#) | HMHB
- Aid Montana [Lead](#) | Department of Justice
- OD2A Mini-grants [Lead](#) | OD2A
- Meadowlark Initiative [Lead](#) | Montana Healthcare Foundation, local health organizations

## Key Area for Action



# 3.3 Adverse Childhood Experiences (ACEs) and Resiliency

## Strategies & Leads

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- 3.3.1 Provide training on ACEs, trauma informed practices, and resiliency**

  - Increase the number of ACE Master Trainers and ACE trainings **Lead |** Elevate Montana
  - Train the trainer model for trauma-informed criminal justice responses **Lead |** SAMHSA GAINS Center
  - Trauma informed care training for tribal providers **Lead |** Billings Area IHS, Mountain Pacific Quality Health
  - Train early childhood educators and medical providers **Lead |** DPHHS ECFSD, MTHSA
- 3.3.2 Implement mental health consultation services in early childhood settings**

  - Support for increased funding and training on the model **Lead |** DPHHS ECFSD
- 3.3.3 Develop a train-the-trainer model for 0-3 Infant-toddler mental health for Montana behavioral health professionals**

  - **Lead |** DPHHS ECFSD
- 3.3.4 Expand bi-directional referral networks for children and families experiencing trauma and behavioral health concerns**

  - Support use of the CONNECT referral system in early childhood settings **Lead |** OD2A
  - Expand referral networks and partnerships to increase access to SUD treatment for pregnant mothers and engage medical providers in identifying where outreach/education support is needed **Lead |** Montana Healthcare Foundation, HMHB
- 3.3.5 Support the work of local coalitions focused on early childhood and ACEs**

  - **Lead |** Early Childhood Coalitions, Headwaters Zero to Five Initiative, OD2A
- 3.3.6 Implement prevention initiatives in schools and early childhood settings**

  - PAX Good Behavior Game **Lead |** Office of Public Instruction and AMDD
- 3.3.7 Develop curriculum for working with young children affected by SUDs**

  - **Lead |** Montana Head Start Association, Montana University System
- 3.3.8 Implement “Handle with Care” program statewide to support trauma impacted youth** **Lead |** DPHHS ECFSD, ChildWise, law enforcement, and other partners
- 3.3.9 Support advocacy efforts on behalf of at-risk young children and families.**

  - **Lead |** HMHB, Early Childhood Coalitions, MTHSA

# Treatment and Recovery

## Focus Area Four

### Metrics



Increase annual adult and youth client admissions to state-approved substance use treatment providers

**Baseline |** 8,133 (2019)<sup>12</sup>



Increase providers with a waiver to prescribe buprenorphine

**Baseline |** 155 (February, 2020)<sup>13</sup>



Increase patients treated for SUD at community health centers

**Baseline |** 1,819 (2018)<sup>14</sup>



Increase buprenorphine-waivered providers at HRSA health centers

**Baseline |** 48 (2018)<sup>14</sup>



Increase patients receiving MAT through HRSA health centers

**Baseline |** 187 (2018)<sup>14</sup>

### Key Area for Action



## 4.1 Linkage to care

## Strategies & Leads



**4.1.1 Expand the CONNECT Referral System to treatment and recovery systems**

- Fund additional local CONNECT coordinators **Lead |** DPHHS and OD2A



**4.1.2 Increase the use of 211 for self-referral**

- **Lead |** Local United Way affiliates, Local Advisory Councils



**4.1.3 Engage colleges and universities to increase SUD-related referrals for students**

- Provide localized trainings and technical assistance **Lead |** OD2A, Montana University System

## Key Area for Action



## 4.2 Access to treatment

### Strategies & Leads

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- 4.2.1 Advocate for robust insurance coverage**

  - Encourage private payers and Medicaid to cover the full continuum of care and alternative pain treatments **Lead |** Montana Hospital Association, Patient advocacy groups
- 4.2.2 Support workforce development to enhance provider coverage statewide**

  - Reduce barriers to LAC credentialing **Lead |** MPCA Behavioral Health Licensing Discussion Group
  - Support dual licensed and waived providers, especially in rural communities **Lead |** Universities, AMDD, MPCA
- 4.2.3 Increase the use of universal assessments for SUDs**

  - S-BIRT **Lead |** Montana Healthcare Foundation
- 4.2.4 Bolster the number of providers offering Integrated Behavioral Health services**

  - **Lead |** MTHCF, MPCA, Behavioral Health Alliance of Montana
- 4.2.5 Increase access to evidenced-based care including Medication for Addiction Treatment (MAT)**

  - Linkages to addiction service utilizing technology as needed **Lead |** SOR Grant
  - Increase number of MAT-waivered providers **Lead |** SOR Grant, AMDD, MPCA
  - Implement Targeted Capacity Expansion Grant **Lead |** MAT-PDOA
  - Education on MAT and other evidence-based practices **Lead |** MPCA
- 4.2.6 Increase the number of full service Opioid Treatment Programs**

  - Support the Montana Chemical Dependency Center to offer all forms of MAT **Lead |** AMDD
  - Expand access to methadone through OTPs across Montana **Lead |** AMDD, local providers
- 4.2.7 Expand access to family centered and culturally appropriate treatment**

  - Support initiatives targeting pregnant women and parents **Lead |** Meadowlark Initiative, local providers
  - Support implementation of the Safe Harbor Policy for pregnant women seeking treatment **Lead |** DOJ
  - Provide training on perinatal mood disorders and additional post-partum mental health care resources **Lead |** HMHB
  - Champion culturally appropriate care **Leads |** Urban Indian Clinics, IHS, Tribal Health Departments
  - Support provision of behavioral health services according to the Culturally and Linguistically Appropriate Services standards. **Lead |** AMDD


## Key Area for Action



# 4.3 Access to recovery and support services

## Strategies & Leads

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- 
**4.3.1 Foster access to recovery support groups in all communities**
  - **Lead |** Narcotics Anonymous and Alcoholics Anonymous, local recovery groups, faith communities
- 
**4.3.2 Increase access to and training for certified peer support specialists**
  - **Lead |** Montana's Peer Network, Rocky Mountain Tribal Leaders Council, AMDD, NAMI
- 
**4.3.3 Support development of Addiction Recovery Teams in local communities**
  - **Lead |** AMDD in partnership with local providers
- 
**4.3.4 Increase funding and support for effective case management and recovery management strategies for individuals in treatment and recovery**
  - **Lead |** DPHHS, private payers, Medicaid
- 
**4.3.5 Expand access to safe, affordable Recovery Housing**
  - **Lead |** AMDD
- 
**4.3.6 Increase access to low cost community events that are drug and alcohol free**
  - **Leads |** Local recovery groups, city councils and governments, Early Childhood Coalitions

# Harm Reduction

## Focus Area Five

### Metrics



Increase number of safe syringe programs

**Baseline** | 8 (2019)<sup>15</sup>



Increase the number of naloxone units distributed annually

**Baseline** | 1,283 (2018)<sup>16</sup>



Increase the number of naloxone master trainers

**Baseline** | 538 (September 2019)<sup>16</sup>

### Key Area for Action



## 5.1 Naloxone

## Strategies & Leads



### 5.1.1 Provide online and in-person naloxone training statewide

- Target EMS, fire, law enforcement, school nurses, libraries, homeless shelters, and individuals who use or associate with people using opioids **Lead** | SOR grant, DPHHS EMS and Trauma Program, AMDD



### 5.1.2 Establish a master naloxone trainer in every Montana county

- **Lead** | SOR grant, EMS and Trauma, AMDD



### 5.1.3 Place naloxone in Automated External Defibrillator kits and provide training

- **Lead** | DPHHS EMS and Trauma Systems



### 5.1.4 Encourage co-prescribing of naloxone with opioids

- **Lead** | MMA, Medicaid, Mountain Pacific Quality Health, Montana Primary Care Association



### 5.1.5 Encourage initiation of MAT in patients who receive naloxone

- **Lead** | MMA, Medicaid, Mountain Pacific Quality Health



### 5.1.6 Encourage naloxone distribution by pharmacies utilizing the state standing order

- **Lead** | MMA, Medicaid, Mountain Pacific Quality Health



### 5.1.7 Develop systems to better track naloxone use, especially for law enforcement

- **Lead** | OD2A








## Key Area for Action



## 5.2 Safe syringe programs

### Strategies & Leads

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- 
**5.2.1 Support and raise awareness about existing safe syringe programs**
  - [Lead](#) | DPHHS HIV/STD Section, OD2A Mini-grants
- 
**5.2.2 Advocate for additional safe syringe programs and funding in Montana**
  - [Lead](#) | DPHHS HIV/STD Section, existing local programs
- 
**5.2.3 Utilize safe syringe programs for distribution of naloxone and linkages to care**
  - [Lead](#) | AMDD SOR Grant
- 
**5.2.4 Increase HIV and Hepatitis C testing and treatment for injection drug users**
  - [Lead](#) | DPHHS HIV/STD Section
- 
**5.2.5 Support paraphernalia amendment legislation**
  - Focus on benefits of increasing needle disposal and protecting public health [Lead](#) | Open Aid Alliance





## Key Area for Action



## 5.3 No or low barrier housing

### Strategies & Leads

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- 
**5.3.1 Support the development of low barrier shelters for individuals with SUDs**
  - [Lead](#) | Montana Continuum of Care Coalition
- 
**5.3.2 • Support local Coordinated Entry system for linkage to housing resources**
  - [Lead](#) | HUD, Montana Continuum of Care Coalition
- 
**5.3.3 Develop Housing First programs to house individuals with SUD**
  - [Lead](#) | Montana Healthcare Foundation, local housing grantees and partners
- 
**5.3.4 Advocate for a Medicaid benefit for permanent supportive housing**
  - [Lead](#) | Montana Healthcare Foundation

# Enforcement and Corrections

## Focus Area Six

### Metrics



Increase number of treatment courts statewide

**Baseline** | 37; 8 are tribal (2017)<sup>17</sup>



Reduce relative risk of overdose mortality for Montanans recently released from a DOC facility

**Baseline** | 27x more likely than average Montanan to die from overdose (2019)<sup>18</sup>



Increase number of justice system facilities that offer MAT

**Baseline** | Obtain from jail survey

### Key Area for Action



## 6.1 Reduce supply

### Strategies & Leads



#### 6.1.1 Support local Drug Taskforces

- **Lead** | Federal High Intensity Drug Taskforce Area funding, DOJ Division of Criminal Investigation



#### 6.1.2 Enhance use and reach of Criminal Interdiction Teams

- **Lead** | Montana DOJ



#### 6.1.3 Train and employ additional Drug Recognition Experts

- **Lead** | Montana Highway Patrol, local law enforcement agencies



#### 6.1.4 Support the work of the Pill Diversion Agents

- **Lead** | DOJ Division of Criminal Investigation


## Key Area for Action



## 6.2 Crisis response and diversion

### Strategies & Leads

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- 
**6.2.1 Support communities to better understand and design their behavioral health crisis services through Sequential Intercept Mapping and other planning efforts**
  - **Lead** | Montana Healthcare Foundation, County Crisis Grants through AMDD
- 
**6.2.2 Support development of systems that appropriately divert individuals with SUD away from the justice system and into treatment**
  - Community agreements between law enforcement, SUD providers, and crisis response
  - Mobile crisis response teams
  - Co-responder models
  - Clinically managed withdrawal management
  - Short term crisis stabilization facilities
  - Crisis Intervention Training and Mental Health First Aid training for Law Enforcement and first responders
  - Empath Units
  - System navigation and follow-up using peer support specialists and case managers
  - **Leads** | County Matching and Mobile Crisis Grants through AMDD, Montana Healthcare Foundation, Local Advisory Councils, and other community coalitions
- 
**6.2.3 Advocate for more robust crisis funding in Montana**
  - Enhance federal, state, and local funding sources
  - **Lead** | Montana Healthcare Foundation, County Crisis Grants through AMDD



## Key Area for Action



## 6.3 Treatment Courts

### Strategies & Leads

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- 
**6.3.1 Increase access to and diversity of courts statewide, including robust family treatment court models**
  - **Lead** | Montana Judicial Branch
- 
**6.3.2 Increase state and federal funding for drug treatment courts**
  - **Lead** | Department of Justice, Montana Judicial Branch, Montana Healthcare Foundation





## Key Area for Action



# 6.4 Access to treatment in the justice system

## Strategies & Leads

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-  **6.4.1 Develop a strategic plan for increasing access to treatment in detention facilities and prisons**
  - **Lead |** Montana Department of Corrections COAP Grant
  
-  **6.4.2 Increase access to evidence-based SUD evaluations and treatment in jails and correctional facilities**
  - **Lead |** COAP and Residential Substance Abuse Treatment (RSAT) grants, local providers
  
-  **6.4.3 Increase access to SUD assessment and treatment in community corrections**
  - Improve continuity of care for individuals released into the community from DOC facilities
  - **Lead |** DOC, Probation and Parole, Medicaid
  
-  **6.4.4 Increase collaboration, support, and funding between juvenile probation and adult probation and parole**
  - **Lead |** DOC, local law enforcement agencies
  
-  **6.4.5 Increase access to recovery supports for individuals who are justice system involved**
  - **Lead |** COAP grant
  
-  **6.4.6 Distribute naloxone to individuals with SUDs upon release from jail/prison**
  - **Lead |** SOR Grant and DOC

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



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## Page 10 || Substance Use in Montana

Montana Child and Family Services administrative data, 2018.

- 44% of all open Child and Family Services placements have meth indicated

Montana Statistical Analysis Center, Department of Corrections Crime Control Bureau. 2018 Crime in Montana Summary.

- 100% increase in meth violations from 2014-2018
- 35% of all drug violations are for meth
- 44% of all drug violations are for marijuana
- 570 heroin/opioid arrests in 2018, up from 4 in 2005

Montana Office of Public Instruction, Youth Risk Behavior Survey, 2019.

- 21% of high school students report marijuana use in the last month

Montana Department of Public Health and Human Services, Prevention Needs Assessment. 2018.

- 53% of Montana youth perceive smoking marijuana once or twice a week as harmful to themselves (physically or in other ways)

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

- An estimated 79,000 Montanans age 12+ have a substance use disorder
- 64,000 Montanans aged 18+ have a current alcohol use disorder
- 171,000 Montanans aged 12+ were estimated to have used marijuana in the last year
- 31,000 Montanans were estimated to use illicit drugs other than marijuana in the last month
- 6% of young adults aged 18-25 report using cocaine in the last year
- 92% of Montanans with a substance use disorder are not receiving treatment

Montana Department of Public Health and Human Services (MT DPHHS) and Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Helena, MT: Montana Department of Public Health and Human Services, Public Health and Safety Division, 2018.

- 18% of Montana adults report binge drinking in the last year

National Highway Traffic Administration. (2019). 2018 Fatal motor vehicle crashes: Overview.

- 43% of all traffic fatalities in Montana are attributable to alcohol-impaired driving

## Page 11 || Opioid Use in Montana

Montana Department of Public Health and Human Services Injury Prevention Program, Drug Poisoning Deaths in Montana, 2007-2018.

- 35% of all overdose deaths are attributable to opioids
- The drug poisoning rate in Montana has fallen since 2010, bucking national trends
- The Montana opioid poisoning rate was 2.7 per 100,000 residents in 2017-2018

Montana Department of Public Health and Human Services Injury Prevention Program, Opioid Prescribing Practices in Montana, 2012-2017.

- Montana has 89 opioid prescriptions for every 100 residents

Montana Office of Public Instruction, Youth Risk Behavior Survey, 2019.

- Over one in ten high school students has taken a prescription drug without a doctor's prescription

Montana Department of Public Health and Human Services, Montana Vital Statistics Analysis Unit, 2007-2018.

- Between 2006-2018, more than 600 Montanans have died from opioid overdose

## Page 15 || Surveillance and Monitoring

Montana Department of Public Health and Human Services Injury Prevention Program, Opioid Prescribing Practices in Montana, 2012-2017.

- 89 opioids (excluding buprenorphine) per 100 Montanans
- 49.7 Mean daily MME

## Page 17 || Prevention

Montana Office of Public Instruction, Youth Risk Behavior Survey, 2019.

- Youth lifetime pain prescription misuse: 12.8%
- Youth alcohol use, past 30 days: 33.4%
- Youth marijuana use, past 30 days: 21.1%
- Youth electronic vapor product use, past 30 days: 30.2%

## Page 20 || Treatment and Recovery

Montana Medicaid and Substance Abuse Management Information System (SAMS), 2019

- 8,133 adult and youth client admissions annually to state-approved substance use treatment providers

SAMHSA, Center for Behavioral Health Statistics and Quality, Buprenorphine Practitioner Locator, 2020.

- 155 providers with an x-waiver for buprenorphine

HRSA, Health Center Program, Montana Data, 2018.

- 1,819 patients treated for SUD at HRSA health centers
- 48 buprenorphine-waivered providers at HRSA centers
- 187 patients receiving Medication-Assisted Treatment through HRSA health centers

## Page 23 || Harm Reduction

Montana Department of Public Health and Human Services STD/HIV Program, Get Tested Montana!, 2019.

- 8 safe syringe programs

Montana Department of Public Health and Human Services Addictive and Mental Disorders Division, Internal Data, 2019

- 1,283 naloxone units distributed annually
- 538 Naloxone master trainers

## Page 25 || Enforcement and Corrections

Montana Supreme Court Office of Court Administrator, Montana Drug Courts: An Updated Snapshot of Success and Hope, 2019.

- 37 treatment courts statewide; 8 are tribal

Montana Department of Public Health and Human Services and Montana Department of Corrections, Internal Data, 2019

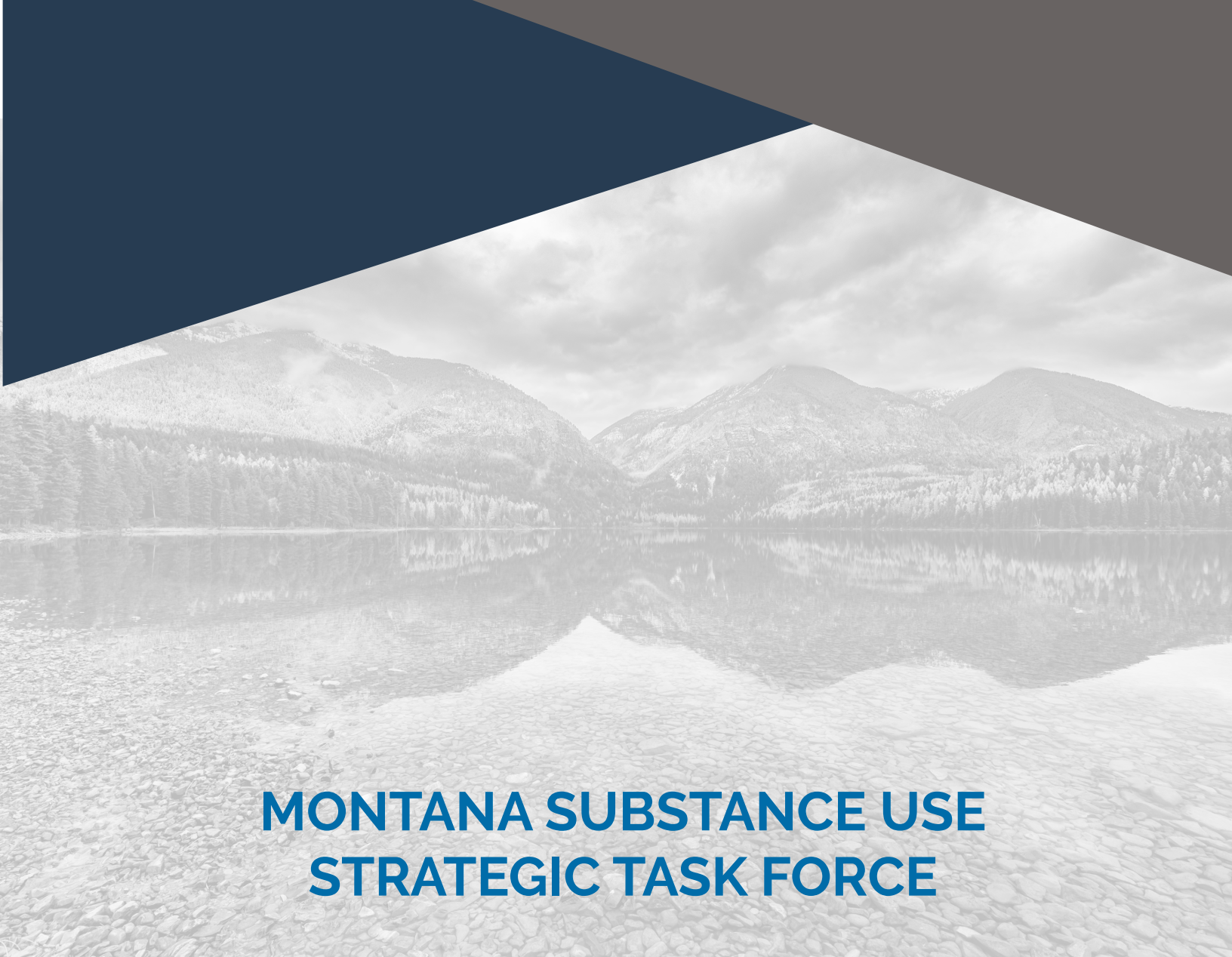
- Montanans recently released from a DOC facility are 27x more likely to die from an overdose than the average Montanan



# Acronyms

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AI/AN	American Indian/Alaska Native
AMDD	Addictive and Mental Disorders Division (DPHHS)
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
COAP	Comprehensive Opioid Abuse Site grant
DCI	Division of Criminal Investigation (DOJ)
DEA	Drug Enforcement Administration
DOJ	Montana Department of Justice
DDPI	Data-Driven Prevention Initiative
DOC	Montana Department of Corrections
DPHHS	Montana Department of Public Health and Human Services
ECFSD	Early Childhood and Family Services Division (DPHHS)
DPHHS	Department of Public Health and Human Services
EMS	Emergency Medical Services
HMHB	Healthy Mothers Healthy Babies
IHS	Indian Health Service
LAC	Licensed Addiction Counselor
MAT	Medication for Addiction Treatment
MCDC	Montana Chemical Dependency Center (DPHHS)
MMA	Montana Medical Association
MPCA	Montana Primary Care Association
MPDR	Montana Prescription Drug Registry
MTHCF	Montana Healthcare Foundation
OD2A	Overdose to Action Grant
OTP	Opioid Treatment Program
PDMP	Prescription Drug Monitoring Program
PDR	Prescription Drug Registry
PNA	Prevention Needs Assessment
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SOR	State Opioid Response Grant
SUD	Substance Use Disorder
YRBS	Youth Risk Behavior Survey



# MONTANA SUBSTANCE USE STRATEGIC TASK FORCE

## Addressing Substance Use Disorders in Montana | 2020

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