Montana Substance Use Disorders Strategic Plan

2024-2027

**Overall Goal:** Reduce substance use related morbidity and mortality for all Montanans

**Focus Areas:**

* Partnerships
* Surveillance and Monitoring
* Treatment and Recovery
* Harm Reduction
* Enforcement and Corrections

**Overall Metrics:**

* Reduce deaths due to overdose in Montana
* Reduce overdose-related hospitalizations and ER visits in Montana

**Guiding principles:**

*This plan supports strategies that are:*

* Evidence based and data driven
* Sustainable
* Realistic and achievable
* Comprehensive
* Multi-disciplinary
* Trauma informed and
* Empower at-risk groups

**Focus Area 1: Partnerships**

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| **Metrics:****Regularly convene Substance Use Disorder Task Force** **• Target |** 4 meetings per year  |
| **Key Area for Action 1.1 Cross Sector Collaboration**  |
| **1.1.1 Support cross sector collaboration between substance use stakeholders statewide** * Montana Substance Use Disorders Task Force **Lead |** OD2A-S
* Montana Alliance of Prevention **Lead |** Youth Connections
 |
| **1.1.2 Strengthen partnerships between system leaders** * Maintain regular meetings of the DPPHHS State Epidemiological Outcomes Workgroup
* Facilitate quarterly meetings between BHDD and PHSD to coordinate SUD initiatives
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| * + 1. **Foster relationships between health and justice system partners**
* Overdose Response Strategy (ORS) **Lead |** Drug Intelligence Officer & Public Health Analyst
* Support justice system partners in opioid education and naloxone distribution **Lead |** Regional Opioid Education and Naloxone Distribution Programs (OENDP)
* DOJ/CDC Foundation/ODMAP **Lead |** ORS
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| **Key Area for Action: 1.2 Engage diverse partners**  |
| **1.2.1 Coordinate with local and tribal efforts to address SUDs** **Lead |** Local behavioral health, crisis and prevention coalitions, OENDPs, local and tribal health departments, Rocky Mountain Tribal Leaders Council, MSU Extension, ORS |
| **1.2.2 Learn from individuals with lived experience** * Develop a Community Engagement strategy in partnership with the State Health Improvement Plan
* Schedule a speakers panel with individuals with lived experience at least once per year at the SUD Taskforce **Lead |** OD2A-S
 |
| **1.2.3 Better support and advocate for children and families impacted by substance use****Lead |** MT Early Childhood Coalition and MT Home Visiting Coalition, Meadowlark Initiative, HMHB, Preschool Development Birth to Five grant |

**Focus Area 2: Surveillance and Monitoring**

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| **Decrease rate of opioid prescriptions** **Baseline |** \_ opioids prescriptions (excluding buprenorphine) per 100 Montanans **Baseline |** Mean daily MME **Increase number data use agreements and MOUs OD2A-S has with partners** **Baseline |**  |
| **Key Area for Action 2.1 Data Sharing** |
| **2.1.1 Establish new data sharing agreements with internal and external partners** * Develop data sharing agreements with Rocky Mountain Tribal Leaders Council Epidemiology Center **Lead |**OD2A-S
 |
| **2.1.2 Maintain and strengthen existing data sharing** * Continue agreements with Department of Corrections/Local Law Enforcement and Detention Facilities, Overdose Detection Mapping Application Program (ODMAP), Montana Prescription Drug Registry (MPDR), Medicaid **Lead |** OD2A -S
 |
| **2.1.3 Provide technical assistance for data collection and evaluation for local SUD projects** **Leads |** OD2A-S, SEOW  |
| **Key Area for Action: 2.2 Analysis and Communication**  |
| **2.2.1 Analyze datasets** * Behavioral Risk Factor Surveillance System (BRFSS)
* Montana Prevention Needs Assessment (MPNA)
* Youth Risk Behavior Survey (YRBS)
* State Unintentional Overdose Reporting System (SUDORS)
* MPDR
* Vital statistics, Hospital Discharge, Emergency Department visits
* Naloxone use tracking—ImageTrend and Law Enforcement
* Millenium Health drug testing
* Public Health and Safety Team (PHAST)
* EMS Biospatial data
* ODMAP-law enforcement data
* BioBot
* Wastewater surveillance
* Rocky Mountain Poison Drug Center (RMPDC)

**Lead |** OD2A-S |
| **2.2.2 Publish surveillance reports and maintain dashboards with relevant substance use data*** Maintain and update Injury and Overdose Indicators Dashboard
* Maintain and update EMS Dashboard
* Publish at least two SUD related surveillance reports annually, with focus on opioids, marijuana and alcohol
* Work with OPI and BHDD to develop reports on SUD use in youth
* Share Department of Revenue reports on cannabis in Montana

**Lead |** OD2A-S |
| **2.2.3 Reduce time to detecting and communicating overdose spikes to the public*** ODMAP, Montana Health Alert Network, Local law enforcement **Lead |** OD2A-S & ORS
* Develop and implement local Overdose Spike Response plans **Lead |** ORS
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| **Key Area for Action 2.3: Monitoring** |
| **2.3.1 Analyze MPDR and usage data and regularly share with partners** * One presentation with MPDR data and updates annually at the SUD Taskforce
* One report published annually with summary of de-identified MPDR data, including buprenorphine data

**Lead |** OD2A-S with data from Board of Pharmacy |
| **2.3.2 Support robust utilization of the MPDR data to improve prescribing practices** * Provide education and training to providers about the new MPDR functionality and how to utilize it to track and improve care **Leads |** OD2A-S, Department of Justice, Montana Medical Association, Montana Pharmacy Association
* Support implementation and education on mandated MPDR use and law restricting length of first opioid prescription **Leads |** OD2A-S, Department of Justice, Montana Medical Association, Montana Pharmacy Association
* Support integration of the new MPDR into EHRs and pharmacy operating systems **Leads |** Board of Pharmacy, OD2A-S
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| **2.3.3 Expand use of Academic Detailing to monitor morphine milligram equivalents** **Leads |** Medicaid, Mountain Pacific Quality Health, Veteran’s Administration |

**Focus Area 3: Prevention**

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| **Decrease youth substance use****Baselines |** Lifetime pain prescription misuse: • Alcohol use, past 30 days: • Marijuana use, past 30 days: • Electronic vapor product use, past 30 days: **Increase number of certified prevention specialists in Montana** |
| **Key Area for Action 3.1 Local prevention infrastructure** |
| * + 1. **Promote certification process for Local Prevention Specialists**
* Convene Prevention Academy
* Provide opportunities for ongoing certification and continuing education for prevention specialists

**Lead |** BHDD and Youth Connections |
| **3.1.2 Support local prevention coalitions to implement evidence-based prevention frameworks and strategies*** Provide robust and ongoing technical assistance to all coalitions **Lead |** Youth Connections
* Communities that Care **Lead |** Montana Healthcare Foundation, BHDD
* Drug Free Communities Grants **Lead |** SAMHSA
* Substance Use Prevention, Treatment and Recovery Services Block Grant **Lead |** BHDD
* Partnership for Success Grant **Lead |** BHDD
* Train local partners on opioid misuse education and safe disposal **Lead |** OENDPs
 |
| * + 1. **Secure additional funding that can be tailored to the unique needs of communities and that can support the prevention specialist workforce long term**

**Lead |** HEART Funding, Marijuana Tax, Opioid Resettlement Funds, HB 872 Future Generations Investment |
| **3.1.4 Enhance capacity of tribal communities to design and implement culturally appropriate prevention activities** * Offer robust and ongoing Tribal Technical Assistance **Lead |** Youth Connections

**Leads |** Indian Health Service, Tribal Health Departments, Medicaid Tribal Health Improvement Program, Tribal Opioid Response Grants and Strategic Planning  |
| **3.1.5 Develop strategies and funding to implement early intervention strategies for at risk youth****Lead |** OPI, BHDD and Youth Connections |
| **Key Area for Action: 3.2 Awareness and Stigma Reduction** |
| * + 1. **Educate providers on evidence-based prescribing practices**

Trainings using telehealth or online platforms* Know Your Dose **Lead |** Montana Medical Association
* Project Echo **Lead |** Billings Clinic
* A Primary Care Approach to Treating SUD Webinar Series **Lead |** MPCA

In-person trainings * Montana Pain Conference **Lead |** MPCA
* Training health care providers (AI training program) **Lead |** Western Montana Area Health Education Center
* Opioid Misuse in Rural Montana **Lead |** MSU Extension
* Addiction Medicine Network **Lead |** MPCA
* Perinatal Mental Health Conference **Lead |** HMHB
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| **3.2.2 Educate communities and promote stigma reduction initiatives** * Statewide Stigma and Education Campaign **Lead |** BHDD-SOR Grant funded
* Stigma and Education Campaign (ASHER) **Lead |** OD2A-S
* Marijuana Prevention Campaign **Lead |**
* Parenting Montana Website **Lead |** BHDD, MSU Bozeman
* Look Closer Campaign: Initiative to reduce stigma for seeking treatment for pregnant women and mothers **Lead |** HMHB
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| **Key Area for Action 3.3 Adverse Childhood Experiences and Resiliency** |
| **3.3.1 Align prevention efforts and initiatives across the lifespan of a child from prenatal to early adulthood*** Assess current systems
* Develop strategic plan to align and track work to strengthen systems
* Support and effectively train the early childhood workforce
* Convene cross sector partnership groups
	+ Montana Home Visiting Coalition
	+ Perinatal Mental Health Coalition
* Support the work of local coalitions focused on early childhood and resiliency
* Expand evidence based and universal home visiting programs

**Lead |** Early Childhood and Family Service Division (ECFSD) Preschool Development Birth to Five grant, HMHB |
| **3.3.2 Integrate evidenced based practices related to Childhood Experiences, trauma informed practices and resiliency into early childhood systems*** ACEs training **Lead |** Elevate Montana
* Evidence based training model **Lead |** HMHB
* Increase the number of PACES/HOPE/PCE-linking systems of care **Lead |** HMHB, Preschool Development Birth to Five grant
* Regularly publish data on HOPE measures, ACEs and Positive Childhood Experiences **Lead |** DPHHS and HMHB
* Utilize lens of historical trauma in Tribal communities **Lead |** Office of American Indian Health and HMHB
* Train early childhood educators and medical providers **Lead |** DPHHS ECFSD, Head Start
* Utilize strengthening families and four building blocks of HOPE in work with youth, families, school and communities **Lead |**
 |
| **3.3.3 Implement evidence-based prevention and mental health programs in early childhood and school settings** * Develop system to train and support Infant and Early Childhood Mental Health Consultation in early childhood systems statewide **Lead |** DPHHS ECFSD, Mountain Pacific Quality Health
* Develop a train the trainer model for 0-3 infant-toddler mental health for Montana Behavioral Health Professionals **Lead |** DPHHS ECFSD
* Implement the PAX Good Behavior Game and other evidence based prevention curricula in early childhood settings and schools **Lead |** OPI, Preschool Development Birth to Five grant, BHDD
* Expand implementation of the “Handle with Care” program statewide to support trauma impacted youth **Lead |** DPHHS ECFSD working with Law enforcement, social workers and other stakeholders
 |
| **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 |** DPHHS
* Expand referral networks and partnerships for the Meadowlark Initiative to increase access to SUD treatment for pregnant mothers **Lead |** Montana Healthcare Foundation
* Engage family medical providers in identifying where outreach/education support is needed **Lead |** Preschool Development Birth to Five grant
* Continue to promote and maintain Linking Infants and Families to Supports (LIFTs) online database **Lead |** HMHB
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**Focus Area 4: Treatment and Recovery**

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| **Number of individuals SUD receiving treatment and FQHC facilities****Baseline |** **Number of individuals on Medicaid receiving SUD treatment****Baseline |** **Number of individuals on Medicaid receiving MOUD****Baseline |****Number of 988 calls in Montana annually****Baseline |****Number of certified Recovery Residence beds in Montana****Baseline |** |
| **Key Area for Action 4.1 Linkage to Care** |
| **4.1.1 Support and raise awareness 988 and other crisis lines** **Lead |** BHDD, 988 call centers, local crisis coalitions, MTHCF  |
| **4.1.2 Increase the use of 211, DPHHS resource engine and Angel Initiative for self-referral** **Lead |**Montana 211and DPHHS |
| **4.1.3 Increase the use of navigators to link PWUD to harm reduction and treatment services****Lead |** OD2A-S, BHDD, & OENDPs |
| **Key Area for Action: 4.2 Access to Care** |
| **4.2.1 Advocate for insurance coverage across the SUD continuum of care** * Advocate for continued Medicaid Expansion coverage for adults in the 2025 Montana legislature
* Support Medicaid waivers to cover the continuum of SUD care including care in jails, tenancy support, mobile crisis response and receiving, peer support codes for additional provider types, and home visiting
* Encourage private payers and Medicaid to cover the full continuum of care and alternative pain treatments

**Lead |** Medicaid, Montana Hospital Association, Patient advocacy groups  |
| **4.2.2 Enhance provider coverage statewide** * Support training, certification and retention of dual licensed and MOUD providers, especially in rural communities
* Encourage provision of care through telehealth, especially in rural and frontier communities

**Lead |** BHDD, AHEC, DPHHS |
| **4.2.3 Increase the use of universal assessments for SUDs** * Train providers on use of S-BIRT **Lead |** MTHCF, MPCA
 |
| **4.2.4 Bolster the number of clinics offering Integrated Behavioral Health services and peer support****Lead |** MTHCF, MPCA, Behavioral Health Alliance of Montana  |
| **4.2.5 Increase access to evidenced-based care** * Support and train Montana providers to offer evidence-based SUD treatment including MOUD, Contingency Management, the Matrix Model, partial abstinence and low barrier care-including via telehealth when appropriate
* **Lead |** MPCA, SOR
 |
| **4.2.6 Increase the number of full service Opioid Treatment Programs** * Support the Montana Chemical Dependency Center to shift to a 4.2.5 level provider **Lead | BHDD**
* Expand access to methadone through OTPs across Montana, including implementing new federal OTP rules **Lead |** BHDD, local providers, OENDPs
 |
| **4.2.7 Expand access to family centered and culturally appropriate treatment** * Support initiatives supporting pregnant women and parents who use drugs **Lead |** Meadowlark Initiative, local providers, HMHB
* Support implementation of the Safe Harbor Policy for pregnant women seeking treatment
* Provide training on perinatal mood disorders and additional post-partum mental health care resources **Lead |** HMHB
* Champion and provide training on culturally appropriate care, with a focus on better serving Native Americans **Lead |** Montana Consortium for Urban Indian Health, Urban Indian Clinics, IHS, Tribal Health Departments, ECFCD, HMHB
* Develop certification for Doulas and Indigenous Doulas in Montana and secure Medicaid reimbursement for their services **Lead |** ECFSD MOMS Program and HMHB
 |
| **Key Area for Action 4.3 Access to Recovery and Support Services** |
| **4.3.1 Develop warm hand off referral pathways to recovery community organizations statewide****Lead |** Care coordinators, Probation and Parole, Recovery Community Organizations, OENDPs, EDs |
| **4.3.2 Increase the number of certified peer support specialists serving in Montana, with a focus on coverage in rural and frontier communities** **Lead |** Montana’s Peer Network, Rocky Mountain Tribal Leaders Council, BHDD  |
| **4.3.3 Expand the workforce and increase funding, support and training for effective care coordination and case management for individuals in treatment and recovery** **Lead |** DPHHS, private payers, Montana Medicaid, OENDPs |
| **4.3.4 Expand number of certified Recovery Residences and beds in Montana** **Lead |** Recovery Residences Alliance of Montana  |
| **4.3.5 Increase access to recovery support services that are free, family friendly events and fitness activities** **Leads |** Recovery Community Organizations such as The Sober Life in Great Falls, and The Phoenix in Billings, city councils and governments, Early Childhood Coalitions  |

 **Focus Area 5: Harm Reduction**

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| **Increase number of syringe exchange programs** **Baseline |** **Increase the number of naloxone units distributed annually** **Baseline |**  |
| **Key Area for Action 5.1 Naloxone** |
| **5.1.1 Support six regional Opioid Education and Naloxone Distribution Programs to coordinate with local jurisdictions to provide effective naloxone training and distribution*** Increase training and distribution of naloxone locally
* Raise awareness of over-the-counter Naloxone availability at pharmacies and through the state standing order and reimbursement through Medicaid
* Support placement of naloxone vending machines and establishment of Naloxone leave behind programs with first responders
* Support media and public awareness campaigns promoting naloxone use

**Lead |** OENDP coordinators and MTPHI |
| **5.1.2 Create low barrier and accessible access to naloxone for People Who Use Drugs (PWUD), their friends and loved ones*** Support OENDP coordinators to support work locally
* Encourage patient education and distribution of naloxone to patients being prescribed opioids and to PWUD and their associates
* Train Community Care Teams to initiate naloxone on scene

**Lead |** OENDP Coordinators, MTPHI, SOR II BHDD |
| **5.1.3 Encourage initiation of MOUD in patients who receive naloxone** * Develop MOUD bridge protocols with Emergency Rooms

**Lead |** MMA, Medicaid, Mountain Pacific Quality Health, MPCA |
| **Key Area for Action: 5.2 Communicable disease prevention and harm reduction** |
| **5.2.1 Increase funding for and awareness of safe syringe and fentanyl test strip distribution programs, capitalizing on the recent de-criminalization of paraphernalia in Montana*** Support statewide mail order safe syringe, fentanyl test strip and naloxone programs
* Expand number of safe syringe and fentanyl test strip distribution programs in Montana

**Lead |** DPHHS HIV/STD Section, Open Aid Alliance, BHDD |
| **5.2.2 Increase HIV, Syphilis, and Hepatitis C testing and treatment for PWUD****Lead |** DPHHS HIV/STD Section  |
| **Key Area for Action 5.3 Low threshold/barrier care and recovery support** |
| **5.3.1 Educate providers on providing low threshold and partial abstinence care for PWUD****Lead |** MPCA |
| **5.3.2 Increase number of drop in centers that provide low threshold supports for PWUD, with linkages to care****Lead |**  |
| **5.3.3 Support the development of low barrier shelters for PWUD, including those re-entering communities from inpatient and correctional facilities****Lead |** Montana Continuum of Care Coalition, local housing organizations |
| **5.3.4 Support local Coordinated Entry system for linkage to housing resources** **Lead |** HUD, Montana Continuum of Care Coalition, MTHCF |
| **5.3.5 Develop Housing First programs to house individuals with SUD** * Increase number of tenancy support specialists supporting clients on Medicaid to find housing.

**Lead |** MTHCF, local housing grantees and partners, local providers |

**Focus Area 6: Enforcement and Corrections**

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| **Increase number of treatment courts statewide** **Baseline** | **Reduce relative risk of overdose mortality for Montanans recently released from a DOC facility** **Baseline |** **Increase number of justice system facilities that offer MOUD****Baseline |** 3 in 2024 |
| **Key Area for Action 6.1 Reduce Supply**  |
| * + 1. **Support local Drug Taskforces**

**Lead |** Federal High Intensity Drug Taskforce Area funding, DOJ Division of Criminal Investigation * Use ODMAP to develop and implement spike response plans
 |
| **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, RMHIDTA |
| **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** |
| **6.2.1 Support state initiatives and local crisis coalitions to plan for, design and implement the Crisis Now Model in Montana*** Someone to call: 988 and other crisis lines
* Someone to respond: Mobile Crisis Response
* Somewhere to go: Crisis receiving and stabilization facilities

**Lead |** MTHCF, MTPHI, Crisis Diversion Grants (BHDD) |
| **6.2.2 Support development of systems that appropriately divert individuals with SUD away from the justice system and into treatment** * Crisis Now Model
* Crisis Intervention Team and other behavioral health crisis training for Law Enforcement and first responders
* Community agreements between law enforcement, SUD providers and crisis response
* System navigation and follow up using peer support specialists and case managers
* Training and workforce support for crisis workforce, including peer support specialists and mental health professionals

**Leads |** Local crisis coalitions working with law enforcement and first responders, MTHCF, MTPHI, Crisis Diversion Grant |
| **Key Area for Action 3.3 Embedding treatment in the justice system** |
| **6.3.1 Provide ongoing training to justice system partners on evidence-based assessment, treatment and recovery supports for PWUD, as well the role and use of naloxone and other harm reduction measures*** Workforce training and development for behavioral health professionals working in corrections

**Lead |** DOC, Heart Grant, OENDP |
| * + 1. **Increase access to and diversity of behavioral health courts statewide**

**Lead |** Montana Judicial Branch  |
| **6.3.3 Increase access to behavioral health evaluations and treatment (including MOUD) in jails, correctional facilities and community corrections*** Assess use of behavioral health assessments and treatment in jail facilities
* Provide funding and support, including Medicaid reimbursement, for jail services

**Lead |** HEART Jail Grant, Montana Board of Crime Control grants, Crisis Coalitions, Department of Corrections, Probation and Parole, Montana Medicaid |
| **6.3.4 Develop effective re-entry and MOUD Bridge programs for individuals released from corrections or jail facilities, including linkage to recovery supports****Lead |** RSAT grant and Heart Waiver |