Introduction

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. 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
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
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>02</td>
</tr>
<tr>
<td>Letter from the Governor</td>
<td>03</td>
</tr>
<tr>
<td>Partnering to Address Substance Use in Montana</td>
<td>05</td>
</tr>
<tr>
<td>Key Accomplishments</td>
<td>06</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>07</td>
</tr>
<tr>
<td>Substance Use in Montana</td>
<td>11</td>
</tr>
<tr>
<td>Opioid Use in Montana</td>
<td>12</td>
</tr>
<tr>
<td>Strategic Plan Overview</td>
<td>13</td>
</tr>
<tr>
<td>Partnerships</td>
<td>14</td>
</tr>
<tr>
<td>Surveillance and Monitoring</td>
<td>16</td>
</tr>
<tr>
<td>Prevention</td>
<td>18</td>
</tr>
<tr>
<td>Treatment and Recovery</td>
<td>21</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>24</td>
</tr>
<tr>
<td>Enforcement and Corrections</td>
<td>26</td>
</tr>
<tr>
<td>References</td>
<td>29</td>
</tr>
<tr>
<td>Acronyms</td>
<td>33</td>
</tr>
</tbody>
</table>
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 waivered 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 2017-2018.1

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
Maggie Anderson
Michael Andreini
David Arnold
Elise Arntzen
Sandra Bailey
Colleen Baldwin
Linda Baldwin
Shireen Banerji
Zoe Barnard
John Barnes
Amber Bell
Brett Bender
Jonathan Bennion
Kristina Bessenyey
Jennifer Birney
Travis Birney
Kati Bono
Marcie Bough
Natalia Bowser
Lisa Boyt
Jean Branscum
Katherine Buckley-Patton
David Bull Calf
Anastasia Burton
Stacy Campbell
Karen Cantrell
Dan Carlson Thompson
Leslie Caye
Victoria Cech
Anna Chacko
Clayton Christian
Gilda Clancy
Robert Clark
Stephanie Cole
Mary Collins
Shawna Cooper
Isaac Coy
Megan Coy
Emily Coyle
Rosemary Cree Medicine
Jessica Davies-Gilbert
James Detienne
Chad Dexter
Darla Dexter
Mindie Diehl
Stuart Doggett
John Douglas
Casey Driscoll
Kevin Dusko
Jon Ebelt
Layla Eichler
March Eichler
Barbara Entl
Charlie Ereuxes
Lesa Evers
Scott Eychner
Al Falcon
Jean Falley
Christie Farmer
Brodyln Fine
Leah Fitch
Julie Fleck
Dennis Four Bear

Montana State University Extension
Lincoln County Drug Free Communities
Rocky Mountain Tribal Leaders Council
NASPA
Office of Public Instruction
MSU Center for Mental Health Research and Recovery
Missoula Aging Services
Sunburst Community Service Foundation
Montana Poison Center
DPHHS AMDD
DPHHS Family and Community Health Bureau
Sapphire Community Health Inc
DOJ Attorney General’s Office
Department Of Corrections
Drug Enforcement Agency (DEA)
DEA Billings Resident Office
Intermountain
Department of Labor and Industry
DOC Montana Board of Crime Control
DPHHS Office of Epidemiology and Scientific Support
Montana Medical Association
Be the Change 406 Coalition
Crystal Creek Lodge
Department of Justice
DPHHS Chronic Disease Prevention and Health Promotion
American Indian Health
DPHHS Disability Services Division
Montana Children’s Trust Fund
Montana Health Research and Education Foundation
Montana State University
Senator Daines Staff
US Army
Open Aid Alliance
DPHHS Addictive and Mental Disorders Division (AMDD)
Department of Corrections Probation and Parole Division
University of Montana
Blackfeet Tribal Health
Richland County Health Department
DPHHS EMS and Trauma Systems
DPHHS Child Support Enforcement Division
Montana Project Launch
Rocky Mountain Development Council
Montana Pharmacy Association
Montana Department of Labor
Montana Hospital Association
Department of Transportation State Highway Traffic Safety
Montana Department of Labor
Judicial District Court
Montana Health Co-op
Rocky Mountain Tribal Leader Council
Fort Belknap Chemical Dependency Center
DPHHS Tribal Relations
Montana Department of Labor
Youth Dynamics
Montana Hospital Association
Blackfeet Community College
Montana Hospital Association
Missoula Forum for Children and Youth
Sunburst Mental Health
Fort Peck Tribal Health Department
Acknowledgements continued

Tim Fox
Deb Frandsen
Abby Franks
Mike Gantz
Christopher Gardner
Will Gardner
Al Garver
Courtney Geary
Dana Geary
Eve Marie Gerasimou
Jane Gillette
Jackie Girard
Robyn Gladue
Danielle Godlebsky
Amie Goroski
Terrance Gourneau III
Shari Graham
Brandt Green
Linda Green
Brad Gremaux
Michelle Groke
Megan Grotzke
Linda Gryczan
Kent Haab
Jim Hajny
Michele Hardy
Brandon Harris
Cara Harrop
Martin Heaney
Louella HeavyRunner
Jami Hensen
William ‘Buck’ Herron
Rochelle Hesford
Shane Hight
Shaunda Hildebrand
Calvin Hill
Sheila Hogan
Greg Holzman
Clint Houston
Andy Hunthausen
Dana Huseby
Jackie Jandt
Francine Janik
Amy Jenks
Alyssa Johnson
Kirsten Johnson
Stefanie Jones
Holly Jordt
Janet Kenny
Jace Killback
Tony King
Connie Kinsey
Linda Kinsey
Honorable Mary Jake Knisel
Kimberly Koch
Todd Koch
Hallie Koeppe
Karl Krieger
Jeffery Kushner
Carol Kussman
Renee Labrie-Shanks
Sarah Lafont
Tessie Larnere
Kevin Langkiet

Department of Justice
Senator Tester’s Office
Boys and Girls Club of Lewistown
Fort Harrison VAMC
Open Aid Alliance – Missoula
DPHHS Office of Epidemiology and Scientific Support
Montana Dental Association
Office of Epidemiology and Scientific Support
DPHHS AMDD
Alluvion Health
Sprout Oral Health
Corporation for National and Community Service
Indian Health Services
Rocky Mountain Development Council
VAMT Pharmacy
Fort Peck Tribal Health
DPHHS EMS and Trauma Systems
JG Research and Evaluation
Curry Health Center
Department of Justice Narcotics Bureau
Montana State University
DPHHS Directors Office
STD/HIV/Hepatitis C Program
Department of Revenue
Montana’s Peer Network
AI/AN Clinical and Translational Research Center
Broadwater County Sheriff’s Office
St Joes Hospital – Wrapped in Hope
DOJ Division of Criminal Investigation
Crystal Creek Lodge
DPHHS AMDD
DPHHS EMS and Trauma Systems
Boulder Elementary
DOJ Division of Criminal Investigation
Senior and Long-Term Care
Blackfeet Transition Home
DPHHS Director
DPHHS State Medical Examiner
Great Falls Police Department
Lewis and Clark County Commissioner
Florence Carlton School
DPHHS AMDD
DPHHS EMS and Trauma Systems
DOA Health Care and Benefits Division
DPHHS EMS and Trauma Systems
DPHHS Public Health and Safety Division
DPHHS Public Health and Safety Division
Flathead City County Health Department
Department of Transportation State Highway Traffic Safety
Northern Cheyenne
Geneva Woods Pharmacy
Department of Labor and Industry
DPHHS AMDD
13th Judicial District Yellowstone County
DPHHS AMDD
DPHHS Office of Epidemiology and Scientific Support
DPHHS Office of Epidemiology and Scientific Support
US Attorney’s Office
Court Services
DPHHS EMS and Trauma Systems
Missoula Aging Services
Uncovery Treatment Center
Rocky Boy Health Center
Benefits Health System
Acknowledgements continued

Scott Larson
Montana Department of Justice Crime Lab

Melissa Lavinder
Montana Children’s Trust Fund

Theresa Lee
Director of Veteran and Military Affairs

Denny Lenoir
DOJ Division of Criminal Investigation

Bryan Lockerby
Loveland Consulting, LLC

Katie Loveland
Board of Crime Control

Carrie Lutkehus
Senator Tester’s Office

Robyn Madison
Be the Change 406 Coalition

Elisabeth Martell
Boys and Girls Club of Lewistown

Kim Martinell
Criminal Justice Services Department

Kellie McBride
DPPHS AMDD

Ki-Ai Mcbride
DPPHS Communicable Disease Control and Prevention Bureau

Helen McCaffery
Blaine County Public Health Nurse

Jana McPherson-Hauer
Mountain Pacific Quality Health Foundation

Sara Medley
Broadwater County Sheriff

Wynn Meehan
Western Montana Mental Health Center

Marc Mentel
Department of Corrections

Reg Michael
Rocky Mountain Development Council

Kelley Moody
MOPA HESD

Holly Mook
Alliance for Youth

Beth Morrison
Healthy Mothers, Healthy Babies

Stephanie Morton
Office of Public Instruction

Tracy Moseman
Montana Primary Care Association

Dan Nauts
Montana Primary Care Association

Tammera Nauts
Benefits Health System

Brad Nieset
Riverstone Health

Claire Oakley
Healthy Mothers, Healthy Babies

Brie Oliver
Department of Corrections

Kevin Olson
Rocky Mountain Tribal Leaders

Roy Pack
American Cancer Society Cancer Action Network

Kristin Page
Pikani Lodge Health Institute

Kim Paul
Salish Kootenai College

Bobbi Perkins
Benefits Health System

Vicki Peterson
Big Horn Valley Community Health Center

Nikki Phillips
DPPHS AMDD

Carolyn Pollari
DPPHS AMDD

Pamela Ponich-Hunthausen
Alliance for Youth

Kristy Pontet-Stroop
Benefis – Spectrum Medical

Richard Preite Jr.
DPPHS HRD

Duane Preshinger
Sunburst Community Service Foundation

Raigah Priest
Department of Agency Health Care and Benefits Division

Kim Pullman
Office of Military Affairs

Matthew Quin
MTCDJTF

Daniela Ragen
Montana Hospital Association

Rich Rasmussen
DPPHS Office of Epidemiology and Scientific Support

Isaiah Reed
Open Aid Alliance

Amanda Reese
DPPHS

Susan Reeser
Reiter Foundation Inc.

William Reiter
Governor’s Office

Jessica Rhoades
DPPHS Early Childhood Services Bureau

Kathy Rich
Montana Hospital Association

Shani Rich
State of Montana Health Care and Benefits

Sherri Rickman
Alliance for Youth

Thomas Risberg
St Joes Hospital – Wrapped in Hope

Terri Russell
Instar Community Services

Melainya Ryan
Beaverhead County Ace Task Force

Patrick Ryan
Recovery Center Missoula

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
<table>
<thead>
<tr>
<th>Acknowledgements continued</th>
</tr>
</thead>
</table>

Amy Schuett  
Rowen Schuler  
Shannon Sexauer  
Sherl Shanks  
Willie Sharp  
Vel Shaver  
Shannon Sheppard  
Robin Silverstein  
Brett Simons  
Elizabeth “Beth” Smalley  
Barb Smith  
Coleen Smith  
Jason Smith  
Laura Smith  
Kristie Standing  
Natasha Starceski  
Cindy Stergar  
Wendy Stevens  
Caillt Stewart  
Jamie Straub  
Dr. Earl Sutherland  
Robin Suzor  
Edward Sypinski  
Mike Tooley  
Tanner Tregidga  
Janet Trethewey  
Victoria “Tory” Troeger  
Kari Tutwiler  
Maria Valandra  
Gene Walborn  
Ken Walund  
Maureen Ward  
Joclynn Ware  
Christa Weathers  
Tyler Weingartner  
Aaron Wernham  
Monica West  
Bill Wheeler  
Tressie White  
Donna Whitt  
Kali Wicks  
Mark Wilfore  
Julia Williams  
Kari Williams  
Laura Williamson  
Todd Wilson  
Connie Winner  
Alivia Winters  
Andrea Wishing  
Cynthia Wolken  
Roberta Yager  
Hannah Yang  
David Young  
Becky Zaharko  
Scott Zander  
Lance Zanto  
Nicole Zimmerman  
Stacy Zinn-Brittain  
Billings Clinic  
Community Medical Services  
DPHHS Medicaid  
Spotted Bull Recovery Resource Center  
Blackfeet Tribal Business Council  
Montana Crime Lab  
KEPRO  
DPHHS CDPHP MHLS  
Congressman Greg Gianforte, MT-AL  
Montana Family Care Services  
Lewis and Clark County Youth Connections  
Office of Indian Affairs  
Fort Peck Tribal Health  
DPHHS EMS and Trauma Systems  
Montana Primary Care Association  
MSU Extension, Family and Consumer Sciences  
DPHHS Child and Family Services Division  
St Joes Hospital – Wrapped in Hope  
Bighorn Valley Health Center  
DPHHS EMS and Trauma Systems  
Alcohol and Drug Services Gallatin County  
Montana Department of Transportation  
University of Montana  
DPHHS EMS and Trauma Systems  
DPHHS Family and Community Health Bureau  
DPHHS AMDD  
Department of Revenue  
Division of Criminal Investigation  
DPHHS EMS and Trauma Systems  
DPHHS AMDD  
Open Aid Alliance  
DPHHS Director’s Office  
Montana Healthcare Foundation  
DPHHS EMS and Trauma Systems  
DLI Employment Relations Division  
Montana Health Care Foundation  
Toole County  
Blue Cross and Blue Shield of Montana  
Montana Highway Patrol  
Friends Forever Mentoring  
Rocky Boy Health Center  
DPHHS Office of Epidemiology and Scientific Support  
Helena Indiana Alliance  
DOC Clinical Services Division  
DPHHS EMS and Trauma Systems  
Community Medical Services  
Department of Corrections  
Montana Health Association  
DPHHS EMS and Trauma Systems  
MSU Extension and College of Nursing Chaplain  
Montana Medical Association  
Office of Clinical Preventative Services  
DPHHS Health Care and Benefits Division  
Alliance for Youth  
DEA
An estimated 79,000 Montanans have a substance use disorder.7

**Methamphetamine**
- 44% of all open Child and Family Services placements have meth indicated.3
- 100% increase in meth violations from 2014-2018.4
- 35% of all drug violations are for meth.4

**Alcohol**
- 64K Montanans aged 18+ have a current alcohol use disorder.7
- 1 in 3 high school students report alcohol use in the last month.5
- 18% of Montana adults report binge drinking in the last year.8
- 43% of all traffic fatalities in Montana are attributable to alcohol impaired driving.9
- 390 alcohol attributable deaths annually.1

**Marijuana**
- 21% of high school students report marijuana use in the last month.5
- 53% of Montana youth perceive smoking marijuana regularly as risky.6
- Estimated number of Montanans aged 12+ using marijuana in the last year.7
- 44% of all drug violations are for marijuana.4

**Other Illicit drugs**
- 31K Montanans used illicit drugs other than marijuana in the last year.7
- 570 heroin/opioid arrests in Montana in 2018, up from 4 in 2005.4
- 6% of young adults aged 18-25 report using cocaine in the last year.7

92% of Montanans with a Substance Use Disorder are not receiving treatment.7
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. 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.

Montana has 89 opioid prescriptions for every 100 residents.

The drug poisoning death rate in Montana has fallen in recent years, bucking national trends.

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.

One in nine high school students has misused prescription drugs.

Between 2006-2018, more than 600 Montanans died from opioid overdose.
Strategic Plan Overview

Overall goal
Reduce drug related morbidity and mortality across all populations in Montana

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

Focus Areas

Overall Metrics

- Decrease mortality due to all drug overdoses
  \[\downarrow \text{11 deaths per 100,000 Montanans (2017-2018)}\]
- Decrease hospitalizations due to drug overdoses
  \[\downarrow \text{920 drug cases per 100,000 admissions (2018)}\]
- Decrease emergency department visits due to drug overdoses
  \[\downarrow \text{621 drug cases per 100,000 ED visits (2018)}\]

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

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
1.2 Engage diverse partners

Key Area for Action

Strategies & Leads

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)
  - **Baseline** | Mean daily MME: 49.7 (2017)

- 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
2.2 Analysis and Communication

Strategies & Leads

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

2.3 Monitoring

Strategies & Leads

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

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
3.2 Awareness and stigma reduction

Strategies & Leads

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
3.3 Adverse Childhood Experiences (ACEs) and Resiliency

Strategies & Leads

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)³²

- Increase providers with a waiver to prescribe buprenorphine
  
  **Baseline** | 155 (February, 2020)³³

- Increase patients treated for SUD at community health centers
  
  **Baseline** | 1,819 (2018)³⁴

- Increase buprenorphine-waivered providers at HRSA health centers
  
  **Baseline** | 48 (2018)³⁴

- Increase patients receiving MAT through HRSA health centers
  
  **Baseline** | 187 (2018)³⁴

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
4.2 Access to treatment

Strategies & Leads

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
4.3 Access to recovery and support services

Strategies & Leads

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
Focus Area Five

Harm Reduction

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

Metrics

Increase number of safe syringe programs
Baseline | 8 (2019)^6

Increase the number of naloxone units distributed annually
Baseline | 1,283 (2018)^6

Increase the number of naloxone master trainers
Baseline | 538 (September 2019)^6
Key Area for Action 5.2 Safe syringe programs

Strategies & Leads

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

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)

- 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)

- 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
6.2 Crisis response and diversion

Strategies & Leads

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

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

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
References

2. Montana Hospital Discharge Data System, 2017-2018; Data courtesy participating Montana Hospital Association members.
12. Montana Medicaid and Substance Abuse Management Information System (SAMS), 2019

Photography by Ray Bieber. Used by Permission.
Report prepared by Katie Loveland MPH, MSW of Loveland Consulting LLC.
References for Metrics

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

• 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

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

• 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

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

• 43% of all traffic fatalities in Montana are attributable to alcohol-impaired driving
Page 11 || Opioid Use in Montana

• 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 has 89 opioid prescriptions for every 100 residents

• Over one in ten high school students has taken a prescription drug without a doctor’s prescription

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

Page 15 || Surveillance and Monitoring

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

Page 17 || Prevention

• 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

• 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

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)
DPRH      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

“Funding for this strategic plan was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”