

Addressing Substance Use Disorder in Montana

A Strategic Plan

Report prepared by



2017-2019

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Introduction

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

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

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

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

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

Data Driven Prevention Initiative

Montana Injury Prevention Program
dphhs.mt.gov



Healthy People. Healthy Communities.

Department of Public Health & Human Services





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Letter from the Governor

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

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

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

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

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

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

Sincerely,



GOVERNOR STEVE BULLOCK

Developing this plan

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

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

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

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

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

Five
meetings

114
Participants

82
agencies

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Substance Use in Montana

**An estimated 64,000
Montanans have a
substance use
disorder¹**

Methamphetamine

46% of all open Child and Family Services placements have meth indicated²

427% increase in meth violations from 2010-2015.¹⁰

Marijuana

20% of high school students report marijuana use in the last month.⁴

62% of Montana youth perceive smoking marijuana regularly as harmful⁴

122K Estimated number of Montanans aged 12+ using marijuana in the last year.⁵

57% of all drug violations are for marijuana.⁶

Alcohol

7% of Montanans aged 12+ were dependent on or abusing alcohol in the last year.⁵

20% of Montana adults report binge drinking in the last year, compared to 16% of adults in the US.⁸

34% of all traffic fatalities in Montana are attributable to alcohol.¹⁰

390 alcohol attributable deaths annually⁹

Illicit drugs

3% of Montanans aged 12+ (18,000 people) are dependent on or abusing illicit drugs⁵

116 heroin arrests in Montana in 2015, up from 4 in 2005.¹⁴

5% of young adults aged 18-25 report using cocaine in the last year.⁵

90% of Montanans with Substance Use Disorder are not receiving treatment.¹³



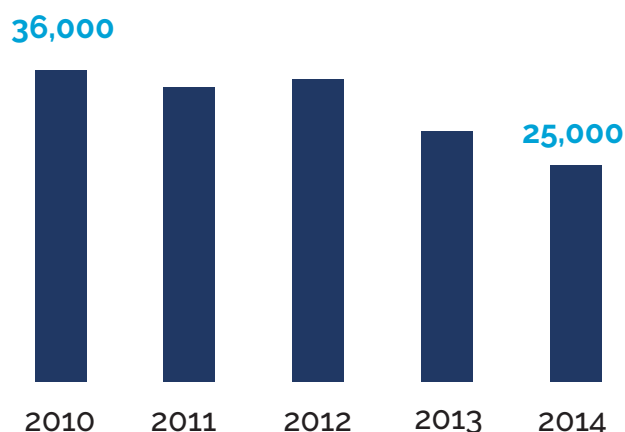
Opioid Use in Montana

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

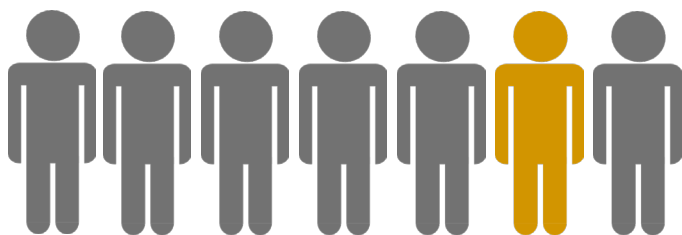
*Montana has
70 opioid
prescriptions
for every 100
residents.¹²*



The number of Montana adults reporting non-medical use of pain relievers in the last year is decreasing¹



The rate of opioid overdose deaths in Montana peaked in 2008-2009 and has decreased significantly since then, bucking national trends. Montana opioid overdose rate was 4.2 per 100,000 residents in 2014-2015.¹¹



One in seven high school students has taken prescription drugs without a doctor's prescription.⁴

Since the year 2000, more than 700 Montanans have died from opioid overdose.¹¹

Plan Format

Overall goals

By 2019 ▶▶▶

- Reduce the prescription opioid age-adjusted death rate in Montana from 4.2 to 3.8 per 1,000
- Decrease the number of Montanans dependent on or abusing illicit drugs from 18,000 to 17,000
- Increase the percent of Montanans dependent on or abusing illicit drugs who received treatment in the last year from 7% to 12%

Focus Areas

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

Metrics

How will we measure overall progress in this focus area?

Key Areas for Action

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

Strategies & Leads

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

Criteria for strategies included in this plan

Evidence based & data driven

Sustainable

Realistic & achievable

Comprehensive

Multidisciplinary

Trauma informed

Empowers at-risk groups



Partnerships

Focus Area One

Overall Goal

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




Metrics

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

Key Area for Action #1

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







Strategies & Leads

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

Key Area for Action #2

Strategies & Leads

Enhance cross sector surveillance of substance use and overdose

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

Prevention and Education

Focus Area Two

Overall Goal

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




Metrics

-  Youth pain prescription misuse, lifetime
 Source | Montana YRBS
Current | 14% **Goal | Decrease**
-  Youth who intend to use alcohol, tobacco, and/or other drugs in the future
 Source | Prevention Needs Assessment
Current | 44% **Goal | Decrease**
-  Youth alcohol use, past 30 days
 Source | Montana YRBS
Current | 33% **Goal | Decrease**
-  Youth and adult binge drinking, past 30 days
 Source | Montana YRBS and BRFSS
Current | 18% and 19% **Goal | Decrease**
-  Retail opioid prescription dispensing rate
 Source: | QuintilesIMS Transactional Data Warehouse and PDMP
Current | 70 per 100 **Goal | Decrease**
-  Number of poison control calls for all analgesics, annually
 Source: | Montana Poison Control Center
Current | 1136 **Goal | Decrease**

Key Area for Action #1

Strategies & Leads





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

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

Key Area for Action #2

Strategies & Leads

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

-  Implement a statewide public education campaign that includes harm reduction, storage and disposal messaging, targeting at-risk groups
Lead | DPHHS DDPI and the Prevention Resource Center
-  Increase awareness of prescription drop boxes and disposal bags statewide
Lead | Prevention Specialists, Law Enforcement and Pharmacies
-  Promote law enforcement prescription drug take-back events
Lead | Prevention Resource Center, Prevention Specialists and community coalitions
-  Develop and fund educational efforts targeted toward older adults
Lead | DDPI and DPHHS Senior and Long Term Care Division

Key Area for Action #3

Strategies & Leads

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

- ◀ Increase the number of providers receiving education from the Know Your Dose website
Lead | Montana Medical Association
- ◀ Support policies and programs to increase provider education on opioid prescribing guidelines and the use of other effective therapies/treatments for pain
Lead | DPHHS DDPI
- ◀ Support policies to promote prescribing according to the CDC guidelines **Lead | DPHHS DDPI**
- ◀ Analyze Medicaid and private insurer claims data and workman's compensation data to evaluate provider opiate prescribing practices in Montana and provide feedback to providers **Lead | DPHHS**
- ◀ Support policies requiring pharmacists to check identification before dispensing narcotics **Lead | DPHHS**
- ◀ Continue OUD Project Echo to support collaborative learning for treatment providers statewide **Lead | Billings Clinic**
- ◀ Implement dosage policy for morphine milligram equivalents for non-malignant pain for Medicaid clients in accordance with CDC guidelines
Lead | Montana Medicaid and Mountain Pacific Quality Health

Enforcement

Focus Area Three

Overall Goal

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

Metrics

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

Key Area for Action #1

Support enforcement and prosecution of drug trafficking, including pill diversion

Strategies & Leads

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

Key Area for Action #2

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




Strategies & Leads

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

Key Area for Action #3

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

Strategies & Leads

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




Monitoring

Focus Area Four

Overall Goal

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




Metrics

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




Key Area for Action #1

Increase MPDR functionality and use

Strategies & Leads

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



Strategies & Leads continued

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

Key Area for Action #2

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

Strategies & Leads

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

Treatment

Focus Area Five

Overall Goal

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

Metrics

- < Number of adult and youth client admissions annually to state approved substance use treatment providers
Source | Montana Medicaid and SAMS
Current | 5,801 (2015) **Goal | Monitor**
- < Number of provider buprenorphine waivers *Source | SAMHSA*
Current | 38 **Goal | Increase**
- < Number of state approved providers and DOC run or contracted facilities that offer MAT *Source | DOC and DPHHS CD Bureau*
Current | 49 **Goal | Increase**
- < Number of Licensed Addiction Counselors
Source | Montana Board of Behavioral Health
Current | 793 **Goal | Increase**
- < Number of SBIRT screenings *Source |*
Current | Unknown **Goal | Increase**
- < Neonatal abstinence rate per 1,000 births annually
Source | Hospital discharge data system **Current | 8.5**
Goal | Decrease cases not resulting from MAT



Key Area for Action #1

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

Strategies & Leads

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


Strategies & Leads continued

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

Key Area for Action #2

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





Strategies & Leads

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

Key Area for Action #3

Strategies & Leads






Increase access to Medication Assisted Treatment

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

Key Area for Action #4

Strategies & Leads

Strengthen the continuum of holistic SUD care in communities across Montana

-  Foster collaboration, including between frontier and rural areas and larger urban centers, to improve the continuum of care in communities
Lead | DPHHS Chemical Dependency Bureau, local providers
-  Increase access to SUD treatment through technology and other means
Lead | DPHHS Chemical Dependency Bureau, local providers
-  Strengthen and integrate systems of care
Lead | DPHHS Chemical Dependency Bureau, local providers
-  Ensure that Montana's reimbursement system for SUD treatment supports the full continuum of care
Lead | DPHHS Chemical Dependency Bureau, Medicaid, insurers
-  Support the Montana Healthcare Foundation's "Solving Perinatal Drug and Alcohol Use Initiative" and other efforts to increase access to treatment for pregnant women with SUD
Lead | Montana Healthcare Foundation and local providers

Family and Community Resources

Focus Area Six

Overall Goal

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






Metrics

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

Key Area for Action #1

Increase access to and training on naloxone




Strategies & Leads

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




Key Area for Action #2

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

Strategies & Leads

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




Strategies & Leads continued

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

Key Area for Action #3

Increase access to needle exchange programs and other harm reduction initiatives

Strategies & Leads

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

Key Area for Action #4

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

Strategies & Leads

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

References

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11. Prescription Opioid Poisoning Deaths in Montana, 2000-2015. August 2016. Office of Epidemiology and Scientific Support. Montana DPHHS. dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSAU_RX_OPIOIDS_2000-2015.pdf
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Acknowledgements

Photography by Ray Bieber. Used by Permission.

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



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CONSULTING

References for Metrics

Page 9 || Substance Use in Montana

Montana Office of Public Instruction. (2017). Montana YRBS. Retrieved from: opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT_YRBS_FullReport.pdf

- 20% of high school students report marijuana use in the last month.

The Substance Abuse and Mental Health Services Administration. (2014) National Surveys on Drug Use and Health: Model-Based Estimation Totals (in Thousands) (50 States and the District of Columbia). Retrieved from: <https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotals2014.pdf>

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

The Substance Abuse and Mental Health Services Administration. (2015). National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). Retrieved from: <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2015.pdf>

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

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

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

Manatt Health. (2017). Medicaid's Role in the Delivery and Payment of Substance Use Disorder Services in Montana. Retrieved from: mthcf.org/wp-content/uploads/2017/03/Medicaid-Role-in-Substance-Use-Disorder-Services-in-Montana_Final.pdf

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

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

- 34% of all traffic fatalities in Montana are attributable to alcohol
- Montana Board of Crime Control. (2017). Montana Incident-Based Reporting System
- 427% increase in meth violations from 2010-2015
- 57% of all drug violations are for marijuana

References for Metrics

Page 10 || Opioid Use in Montana

Montana Office of Epidemiology and Scientific Support

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

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

- Montana has 70 opioid prescriptions for every 100 residents

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

The Substance Abuse and Mental Health Services Administration. (2011-2014) National Surveys on Drug Use and Health: Model-Based Estimation Totals (in Thousands) (50 States and the District of Columbia). Retrieved from: https://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2010-2011_v2/279/CountTabs/NSDUHsaeCountTabs2011.pdf

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

Retrieved from: [samhsa.gov/data/sites/default/files/NSDUHStateEst2009-2010/ FullReport/NSDUHsaeMainReport2010.pdf](http://samhsa.gov/data/sites/default/files/NSDUHStateEst2009-2010/FullReport/NSDUHsaeMainReport2010.pdf)

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

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

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

Retrieved from: opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT_YRBS_FullReport.pdf

Page 11 || Overall Goals

In 2014-2015, the prescription opioid age-adjusted death rate in Montnan was 4.2. Retrieved from [https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/](https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSU_Prescription_Opioid_Deaths_2000-2015.pdf)

[VSU_Prescription_Opioid_Deaths_2000-2015.pdf](https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSU_Prescription_Opioid_Deaths_2000-2015.pdf)

The number of Montanans dependent on are abusing illicit drugs was 18,000 in 2013-2014 and the percent of MONTanans dependent on or abusing illicit drugs who received treatment in the last

year was 6.9% . Retreived from https://www.samhsa.gov/data/sites/default/files/2015_Montana_BHBarometer.pdf

References for Metrics

Page 14 || Prevention and Education

Montana Prevention Needs Assessment (PNA) Survey Report, 2016, (Internal Report)

- Youth who intend to use alcohol, tobacco and/or other drugs in the future

Montana Poison Control Center Internal Report, 2017.

- Number of poison control calls for all analgesics, annually

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

Retrieved from: opi.mt.gov/Portals/182/Page%20Files/YRBS/17MT_YRBS_FullReport.pdf

- Youth pain prescription misuse, lifetime
- Youth alcohol use, past thirty days
- Youth binge drinking, past 30 days

Centers for Disease Control and Prevention. (2016). Opioid Overdose U.S. Prescribing Rate Maps. Retrieved from: <https://www.cdc.gov/drugoverdose/maps/rxstate2016.html>

- Retail opioid prescription dispensing rate

Page 17 || Enforcement

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

- All drug offense rate, 2016

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

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

Page 19 || Monitoring

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

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

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

- Number and capacity of academic detailing programs

References for Metrics

Page 21 || Treatment

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

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

Substance Abuse and Mental Health Services Administration. (2017). Buprenorphine Treatment Practitioner Locator. Retrieved from: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator?field_bup_physician_us_state_value=MT

- Number of provider buprenorphine waivers

Montana DPHHS Chemical Dependency Bureau.

- Number of state approved providers and DOC run or contracted facilities that offer MAT

Montana Board of Behavioral Health.

- Number of Licensed Addiction Counselors

Montana Medicaid and private payer billing data.

- Number of SBIRT screenings

Montana Office of Epidemiology and Scientific Support

- Neonatal Abstinence Rate per 1,000 births, annually

Page 24 || Family and Community Resources

Montana Board of Behavioral Health.

- Number of licensed peer mentors

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

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

Evaluation data from the Data Driven Prevention Initiative.

- Number of naloxone trainings annually

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

- Number of needle exchange and harm reduction programs

Acronyms

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

DDPI Year 2 Timeline

Strategy A: Planning Strategy

Project Period Outcome:	1.1 Maintain number of stakeholders that provide buy-in and support to Prescription Drug Overdose Prevention Project
Short-term Performance Measures	Timeframe
Maintain number of stakeholders that provide buy- in and support to Prescription Drug Overdose Prevention Project	10/01/2017-08/31/2018

ANNUAL ACTIVITIES

Activity Description	Lead Personnel Assigned	Barriers/Facilitators	Timeframe: Start Quarter – End Quarter
1.1.1 Coordinate quarterly meeting to provide updates to program partners and to receive information from partners about strategic plan implementation.	Dana Geary, strategic planning consultant	Keep partners engaged in the process	10/01/2017-08/31/2018
1.1.2 Organize and hold annual Opioid Abuse Prevention meeting	Jeremy Brokaw, Dana Geary	N/A	10/01/2017-08/31/2018

Strategy A: Planning Strategy

Project Period Outcome:	1.2 Implementation of comprehensive State-wide Prescription Drug Overdose strategic plan
Short-term Performance Measures	Timeframe
Implement all areas of plan	10/01/2017-08/31/2018

ANNUAL ACTIVITIES

Activity Description	Lead Personnel Assigned	Barriers/Facilitators	Timeframe: Start Quarter – End Quarter
1.2.1 Provide technical assistance and support to program partners in the fields of prevention, law enforcement, treatment, and recovery	Dana Geary, Tory Troeger		09/01/2017 – 08/31/2018
1.2.2 Contract with Strategic Planning Consultant	Jeremy Brokaw	Potential consultant identified	09/01/2017-08/31/2018
1.2.3 Apply for AmeriCorps VISTA volunteer	Jeremy Brokaw		
1.2.4 Provide fifteen (15) mini grants of up to \$5,000 and technical support to communities in need with a qualified prevention specialist to assist with media, education, and youth prevention events	Dana Geary, AmeriCorp VISTA		10/01/2017–08/31/2018
1.2.5 Place 15 billboards across the state to highlight prescription drug issues and direct consumers to prevention and treatment resources	Jeremy Brokaw		11/01/2017-08/31/2018
1.2.6 Launch digital media campaign across state for 8 week timeframe with 400,000 impressions/month	Jeremy Brokaw		12/01/2017-01/31/2018
1.2.7 Launch traditional media campaign with TV and radio advertisements utilizing CDC campaign materials	Jeremy Brokaw		01/01/2018-08/31/2018
1.2.8 Provide in person trainings on recognition of opioid overdose and proper naloxone use to 300-350 representatives from EMS, Fire, Law Enforcement, and School Nurses in each of 56 counties	Best Practice Medicine, Dana Geary		09/01/2017-08/31/2018

Strategy B: Data Strategy

Project Period Outcome: 2.1 Enhance Surveillance of prescription drug and heroin abuse and overdose	
Short-term Performance Measures	Timeframe
More timely receipt and usage of key data sources	09/01/2017-08/31/2018

ANNUAL ACTIVITIES

Activity Description	Lead Personnel Assigned	Barriers/Facilitators	Timeframe: Start Quarter – End Quarter
2.1.1 Draft data use agreement with Montana Board of Pharmacy	Tory Troeger		09/01/2017/01/31/2018
2.1.2 Initiate use of ImageTrend Continuum Software to track overdoses and naloxone saves	Jeremy Brokaw		09/01/2017-11/31/2017
2.1.3 Initiate use of Tableau Software for Opioid Overdose Data	Jeremy Brokaw		09/01/2017-11/31/2017

Strategy B: Planning Strategy

Project Period Outcome: 2.2 Enhance public health access and application of data from [multiple] sources	
Short-term Performance Measures	Timeframe
Direct services and resources to high burden communities identified through analysis of morbidity and mortality data in conjunction with other data sources	09/01/2017-08/31/2018
Increased ability of DPHHS and partners to access, analyze, and apply data	09/01/2017-08/31/2018

ANNUAL ACTIVITIES

Activity Description	Lead Personnel Assigned	Barriers/Facilitators	Timeframe: Start Quarter – End Quarter
2.2.1 Draft Annual prescription drug burden report	Tory Troeger		09/01/2017-01/31/2018
2.2.2 Draft prescription drug surveillance report on opioid use of Medicaid Recipients of reproductive age	Tory Troeger		09/01/2017-11/31/2018
2.2.3 Draft prescription drug surveillance report on illicit opioid use in Montana	Tory Troeger		09/01/2017-11/31/2018
2.2.4 Draft press release highlighting activities of strategic plan and describing the burden of prescription drug abuse in Montana	Dana Geary		09/01/2017-11/31/2018
2.2.5 Draft press release on primary prevention efforts to address youth prescription drug abuse utilizing data from YRBS and PNA	Dana Geary		01/01/2018-05/31/2018
2.2.6 Update program partners on finding from syndromic surveillance/ImageTrend Continuum at quarterly meetings	Tory Troeger		01/01/2017-08/31/2018

DDPI Year 2 Timeline

Strategy B: Data Strategy

Project Period Outcome: 2.3 High burden communities identified through analysis of morbidity and mortality data in conjunction with other data sources.

Short-term Performance Measures	Timeframe
Determine regional breakdown of prescription drug overdoses to establish baselines of each region.	10/01/2017-12/31/2017
Identify five communities in Montana that have the highest burden of prescription drug overdose rates	02/01/2018-03/31/2018
Perform community needs assessments for five communities to assess access to treatment to inform program partner of where to focus prevention efforts	03/31/2018-06/31/2018

ANNUAL ACTIVITIES

Activity Description	Lead Personnel Assigned	Barriers/Facilitators	Timeframe: Start Quarter – End Quarter
2.3.1 Work with Prescription Drug Overdose workgroup using current data sources to determine appropriate regional boundaries	Tory Troeger	Different agencies have different regional boundaries	09/01/2017-01/31/2018
2.3.2 Identify communities with highest burden of prescription drug overdose in each region	Tory Troeger, Dana Geary	N/A	02/01/2018-03/31/2018
2.3.3 Perform community needs assessment for each of the selected high burden communities	Tory Troeger	Many communities, hospitals and local health departments have completed community needs assessments recently	04/01/2018-06/31/2018
2.3.4 Begin conducting ecologic analysis incorporating mortality, morbidity, sales, and treatment data	Tory Troeger	Time intensive (will continue in year 3)	02/01/2018-08/31/2018

Basic Work Plan Narrative: Description of Work in Years 2-3

The goal of this evaluation is to determine the effectiveness and efficiency of activities coordinated and lead by the Montana Injury Prevention Program (MIPP) in preventing prescription drug abuse and reducing overdose morbidity and mortality. By engaging stakeholders in the development of a strategic plan and allowing for real-time data collection and analysis by enhancing syndromic surveillance efforts, this evaluation aims to enhance comprehensive community and health system interventions in areas determined to have high burdens of drug overdose morbidity and mortality. The results will be used to assess execution of these activities to guide future development of the program, including establishing best-practices for the expansion and continuation of interventions throughout the state. In addition, the evaluation will demonstrate the impact of program activities on specified outcomes, provide justification for the investment of funders and the public.

Stakeholders representing over 80 diverse organizations have convened several times in the past year to coordinate existing and ongoing activities involving opioid drug use, as well as develop a state-wide Prescription Drug Overdose (PDO) Prevention strategic plan. This plan has identified areas of focus, SMART objectives, created goals, and identified organizations and stakeholders responsible for completing tasks. Proposed program expansion will allow for a continuation of these meetings facilitated with the help of a PDO Planning Consultant, who will monitor the ongoing status of the strategic plan and the extent to which coordination of existing and ongoing activities have been successfully implemented.

Statewide data has been accessed and utilized to generate preliminary maps visualizing areas of high prescription drug overdose mortality. This allows for identification of communities at greatest need of targeted interventions. Plans for accessing and utilizing syndromic surveillance to create real-time analysis would benefit from this program expansion, and would allow for faster detection and response to any changing trends. Users of expansion funds include the purchase of Image Trend Continuum software to allow real-time EMS data tracking of opioid overdoses and naloxone use. Additionally, the expansion funds will be used to hire an epidemiologist/evaluator at .25 FTE who will be responsible for maintaining the updated statewide injury surveillance system for the MIPP, as well as working with epidemiologists from the Office of Epidemiology and Scientific Support. By improving syndromic surveillance and focusing on real-time data capture and analysis, MIPP will be more responsive to any changing needs of Montana communities.

MONTANA SUBSTANCE USE STRATEGIC TASK FORCE

Addressing Substance Use Disorder in Montana | 2017

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