MONTANA SUBSTANCE ABUSE CONTINUUM OF CARE
Understanding the HEART Initiative

Presented to the CFHHS Interim Committee 6/16/21

Contents of this report:

01 Before the HEART Initiative

02 Filling in the Gaps

03 After the HEART Initiative

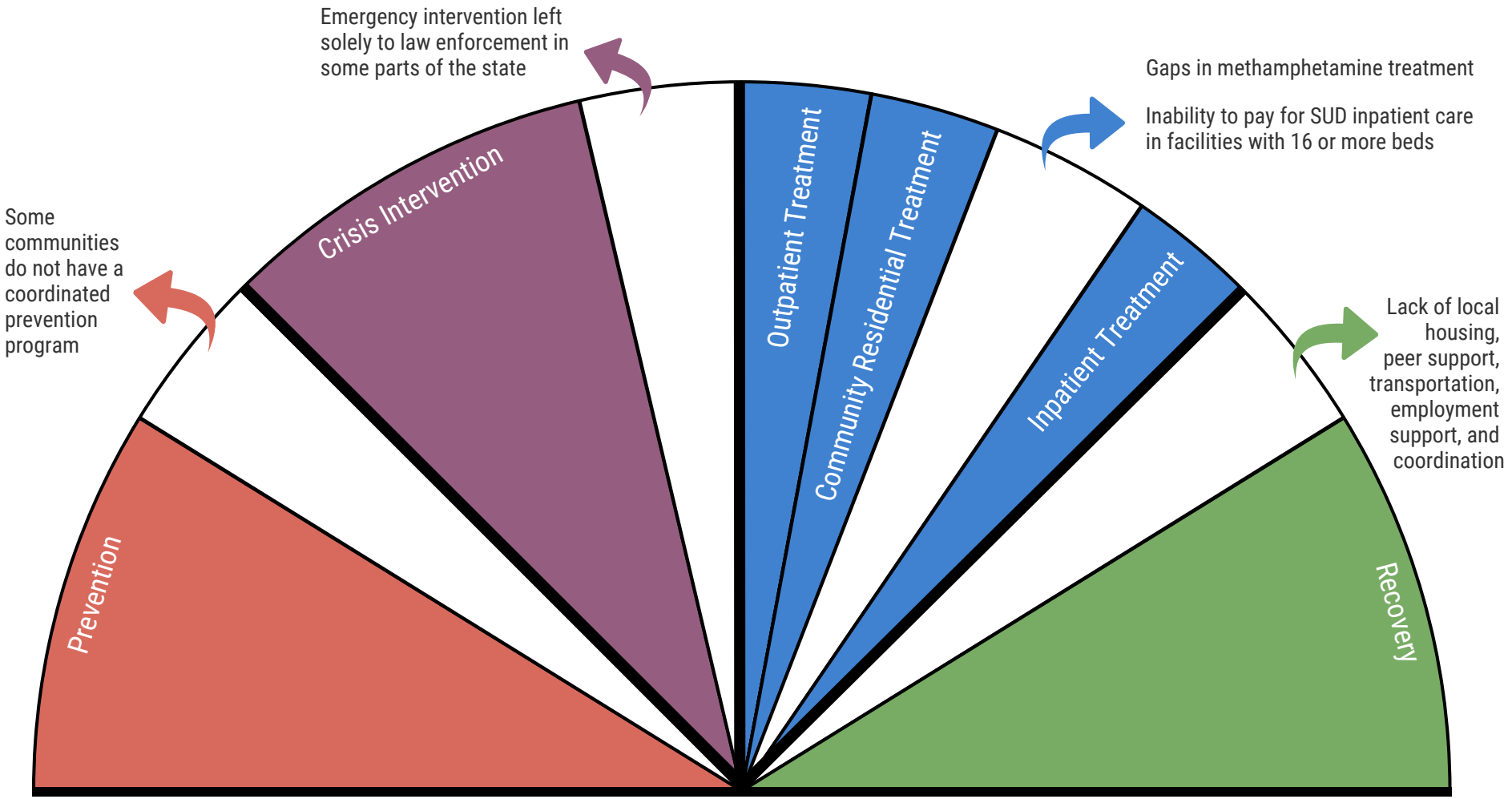
04 HEART Initiative Tools

Updated 6/15/2021

MONTANA SUBSTANCE ABUSE CONTINUUM OF CARE

Current: Before the HEART Initiative

This graphic represents Montana's current model of substance use disorder (SUD) and behavioral healthcare. Gaps in the service continuum available to our local communities are represented by the missing segments in the figure below. The following pages illustrate how the Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative will fill in the gaps, creating a more complete continuum of care.



Presented to the CFHHS Interim Committee 6/16/21

MONTANA SUBSTANCE ABUSE CONTINUUM OF CARE
Filling in the Gaps

Prevention

- Resources for community-based prevention are doubled, allowing for stronger local coalitions and more evidence-based prevention practices.
- Trauma-informed prevention programs for K-3 statewide.
- Targeted prevention for substance-exposed youth
- Universal substance use screening for youth in schools and primary care.

Crisis Intervention

- Community-specific activities intended to decrease the strain on law enforcement.
- Increased number of communities with 24/7 access to mobile crisis response services.
- First responders have additional resources for training and response capacity.
- Montanans in crisis have access to services close to home, including regional medical crisis hubs.
- Increase in crisis services provided by peers.

Treatment

- Specialized intensive outpatient treatment for parents with SUD.
- Evidence-based methamphetamine treatment.
- Increased resources for inpatient stays at larger community treatment facilities.
- Integrated behavioral health in primary care settings, including emergency rooms.
- Pharmacy, therapy, psychiatry, and substance abuse support transitions for jailed/incarcerated persons.

Recovery

- Peer support services integrated into additional settings.
- Housing, peer support, transportation, and employment support are increased.
- Coordination among non-clinical service providers.

MONTANA SUBSTANCE ABUSE CONTINUUM OF CARE
After the HEART Initiative

Most communities have a coordinated prevention program.

Increased prevention, screening, and trauma-informed practices are in place.

Emergency intervention is not left solely to law enforcement due to community-specific activities.

More communities have access to 24/7 mobile crisis response services and other necessary services.

Crisis services provided by peers are increased.

Evidence-based methamphetamine treatment is widely available.

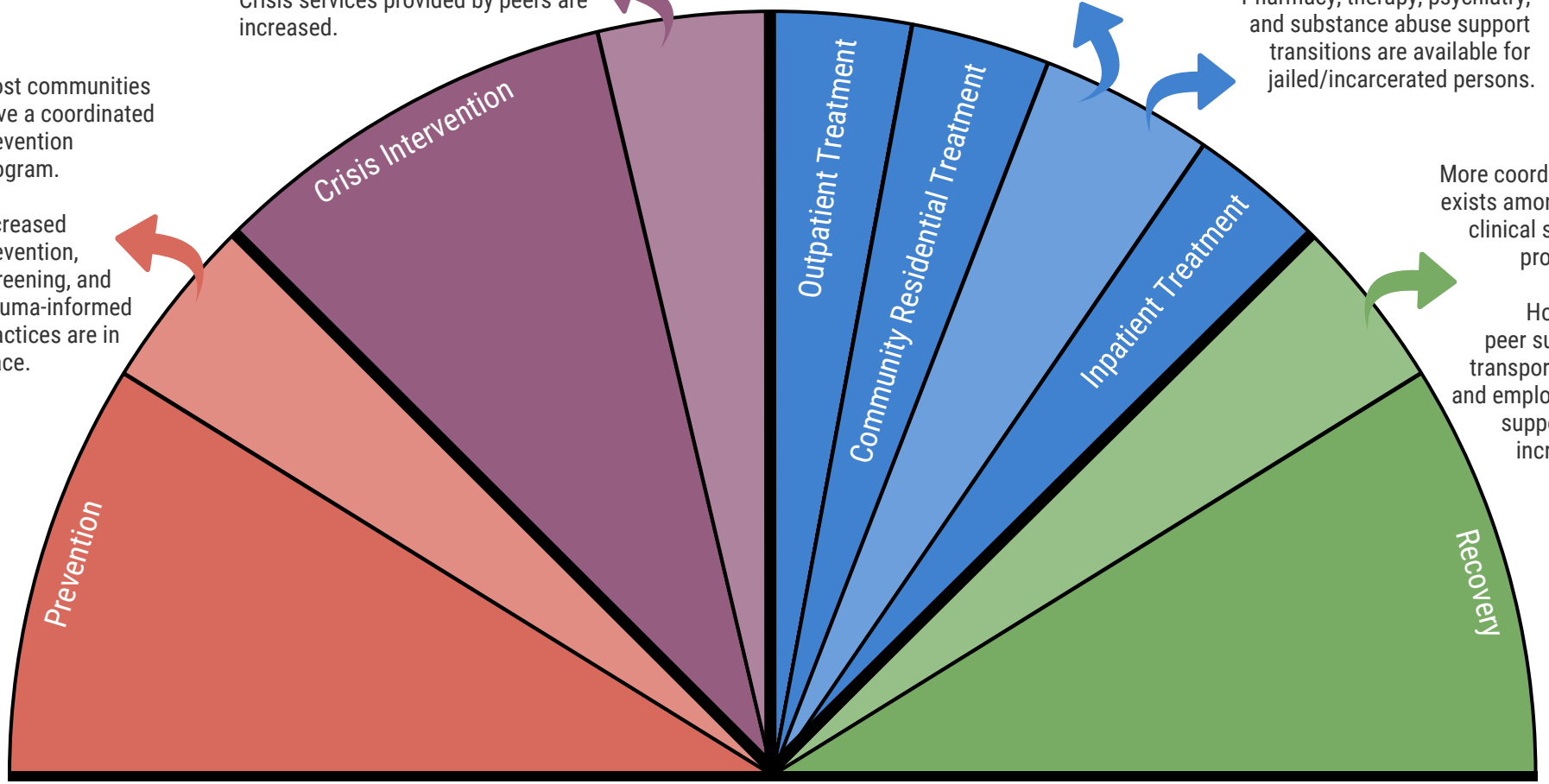
Specialized intensive outpatient treatment is available for parents with SUD.

Increased resources are available for inpatient stays at larger community treatment facilities.

Pharmacy, therapy, psychiatry, and substance abuse support transitions are available for jailed/incarcerated persons.

More coordination exists among non-clinical service providers.

Housing, peer support, transportation, and employment support are increased.



MONTANA SUBSTANCE ABUSE CONTINUUM OF CARE
HEART Initiative Tools

HEART INITIATIVE TOOLS

- Substance Abuse Block Grant (SABG)
- HEART Fund
  1. Grants to jails
  2. Grants to Tribes
  3. Changes to Medicaid Benefit Plan including HEART 1115 Behavioral Health Reform Waiver

MCA 53-2-5(18) provides that a section 1115 waiver must be presented to "the children, families, health, and human services interim committee for review and comment at a public hearing prior to the submission of the proposal to the federal government for formal approval and shall also present the section 1115 waiver after final approval from the federal government."