Five Peaks Coalition: Key Points
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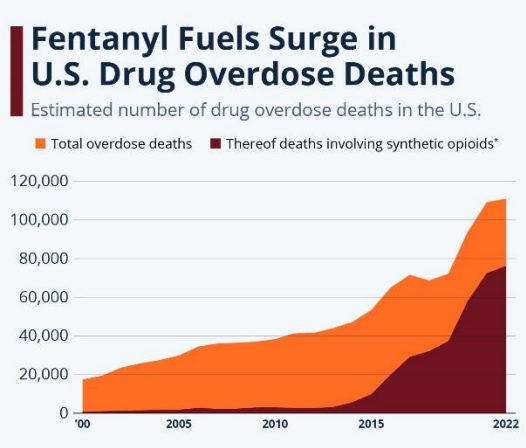
BACKGROUND

1. Rural Community Opioid Response Program (RCORP): Implementation III. epidemic and drug overdose deaths.

2. Drug overdose deaths in the United States (rounded and most from CDC)



- 2010 - 38,000
- 2014 - 47,000
- 2018- 67,000
- 2020 -93,000
- 2021- 108,000
- 2022 -111,000
- 2023 -107,000

3. Overarching goal of program (from initial grant award: *"To reduce opioid-related mortality and morbidity through a coordinated, multi-sector response that strengthens SUD/OUD prevention, treatment and recovery services to enhance pregnant and parenting women's and rural resident ability to access treatment and move toward recovery in Silver-Bow, Deer Lodge, Beaverhead, Madison and Jefferson counties."*
4. Divided into three domains: prevention, treatment and recovery with a leader for each domain.
5. 1 million grant over 3 years initially administered through St. James Foundation, SCL Health

NAMING

1. *Southwest Montana Opioid and Substance Use Disorder Community Coalition*: Initial name under which grant was awarded
2. Name changed to Five Peaks Coalition: "Pathways to Family Health"

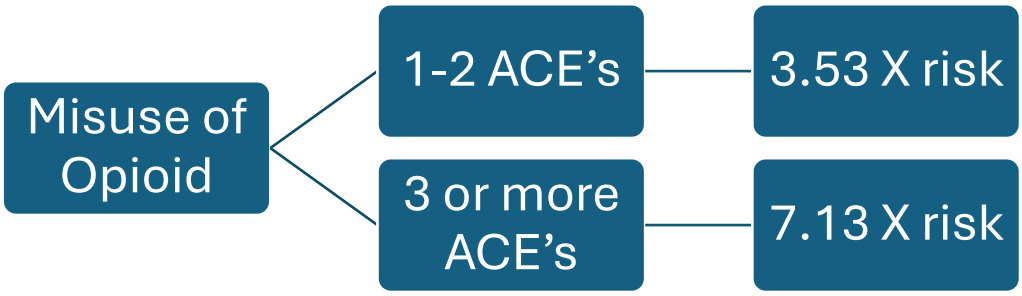
CHALLENGES

1. **Challenge 1:** Chain of decision-making and red tape (Need a clear model of who makes decisions, and how you make them; who ultimately says "yes" or "no." (the coalition, the coalition leadership, the primary fiscal agent – who can spend money and how to spend?)
2. **Challenge 2**: What substances are to be addressed? What are substances that are misused and cause harm and death and dysfunction in rural Montana? Should they all be addressed at one; or you better off just tackling one or at best two at a time? What about alcohol?

SOUTHWEST MONTANA 2023: DEATHS OF DESPAIR

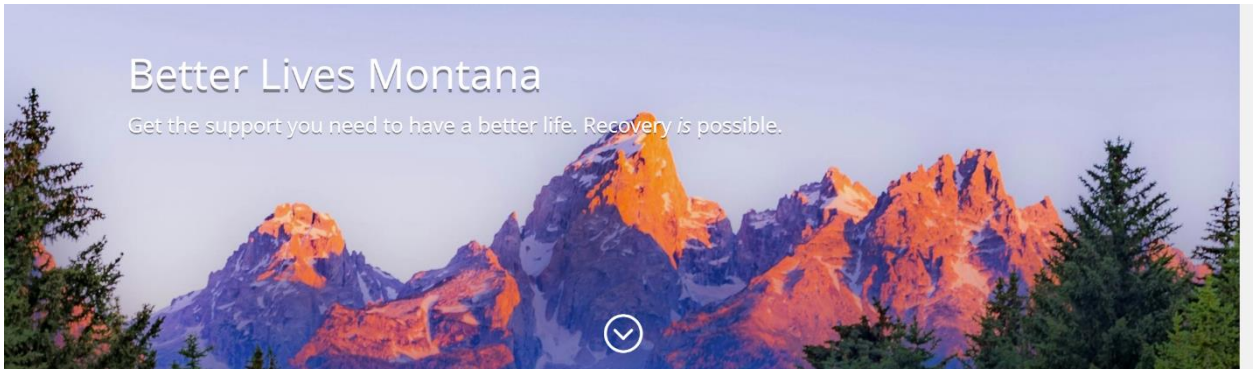
County	Suicide	Poisonings	Accidental poisonings	Alcohol-related deaths
Beaverhead	0	0	0	1
Deer Lodge	4	2	2	6
Jefferson	4	2	2	6
Madison	1	0	0	1
Silver Bow	4	8	7	9

3. **Challenge 3:** What about mental health and its interface with substance use?
   - **a.** Data from the National Institute on Drug Abuse (NIDA) indicates that among the 20.3 million adults with substance use disorders, 37.9% also had mental illnesses.



SUCCESS EXAMPLES:

1. Prevention: Anti-stigma campaign (Better Lives Montana)



"**Help is available**. Substance use is not a moral or personal failure. It is a chronic medical condition for which there is treatment and support. The same goes with depression or any sort of mental health challenge – there is treatment and support.

"No shame, No stigma: You and your baby are precious!"

2. Treatment: Simulation Trainings with SIM Montana

Unintentional drug overdose has become a leading cause of death among pregnant and postpartum women. SIM trainings take first responders, nurses, ER personnel and physicians through recognition of opioid overdose, resuscitation, naloxone administration, stabilization and networking for patient to receive appropriate level of maternal and mental health care.

3. Recovery: Women Resource and Family Center

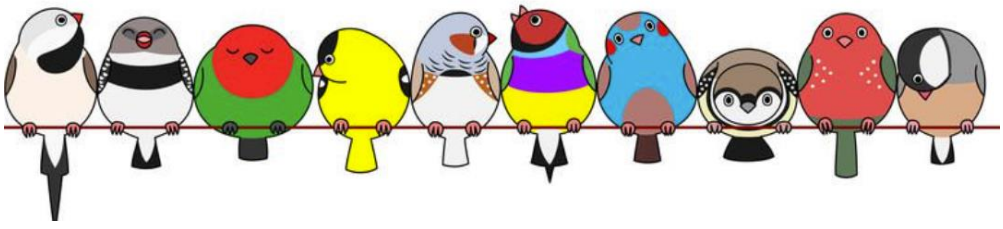
Established a center for peer support for women in recovery. Operated through CCCS and peer support leader Kayla Olsen. Provides resources and contacts for social support, maternal health care. Outreach provided by Kayla to Dillon, Anaconda as well.

ENGAGING FAITH-BASED COMMUNITIES:

"I have been pastoring for 40 years and I have never heard of ACE's." I now know I have to deal with my own ACE's."	*Sought through prayer and meditation to improve our conscious contact with God as we understood Him. AA*	*"At the schools in my rural town, 40% of kids are in a single parent family. There is a lot of poverty here."*

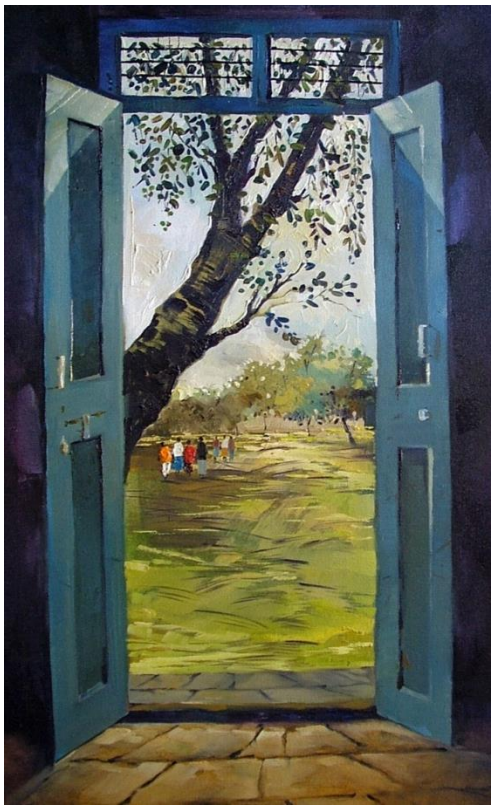
1. "God, religion, and spirituality have been shown to be key factors in the prevention and treatment of substance abuse and in continuing recovery." (Columbia University's National Center on Addiction and Substance Abuse.)
2. In our coalition, those with lived experience of addiction universally felt that God and a faith community were essential to their ongoing recovery. (Not only traditional religions).
3. Many times, those facing addiction, trauma, despair, and loss first turn to faith and community leaders. *(1 in 4 people who seek mental health seek out a faith leader or faith community BEFORE other professionals.)*
4. Rural Montana is generally considered a mental health desert. Can faith leaders/pastoral ministers offer SBIRT and have referral networks to counselors?
5. One axis of the constellation of factors that lead to mental illness and/or substance use is existential "when someone's world view is devoid of purpose and hope."
6. Becoming our own worst mirrors (self-stigma and self-deconstruction) is an inevitable corollary of depression and/or substance use.
7. Authentic, holistic, affirming spirituality can help move a person from "shame and blame" to some level of forgiveness and reconciliation.
8. Mental health challenges are not a sin, not God's punishment, not of poor faith (Tony Cloud Communications LLC).
9. Faith communities as an antidote to loneliness
10. Faith communities as a means of improving mental health literacy.

ENGAGE ALL STAKEHOLDERS – EVEN THE ONE'S THAT YOU DON'T LIKE THEY OR DON'T LIKE YOU!



An Open Door

"*The Role of Faith/Health Partnerships in Enhancing Mental Health and Substance Use Prevention and Care in Rural Communities.*"



- "The study found that God, religion, and spirituality were key factors for many in the prevention and treatment of their substance abuse and in continuing recovery." (Columbia University's National Center on Addiction and Substance Abuse (CASA).

- "The purpose of the meeting was to develop core competencies that would enable clergy and other pastoral ministers to break through the wall of silence, and to encourage faith communities to become actively involved in the effort to reduce alcoholism and drug dependence and mitigate their impact on families and children."

- "The clergy and other pastoral ministers have unique, unparalleled opportunities to address problems of alcohol and drug dependence and their impact on the individual, affected family members and friends, and the community at large."

- "Clergy should be expected to know basic facts about alcohol and drug dependence and have a solid understanding of how these problems affect the individual, family members, and their faith community. Clergy and pastoral ministers also should be cognizant of available resources for treatment and recovery both within the congregation and the larger community; they should be able to connect people with needed services and treatment resources."