

Montana Substance Use Disorder Task Force Strategic Plan

2024-2028



Introduction

Substance use is an ongoing concern in the state of Montana, affecting individuals and families across the lifespan. This plan, the third iteration of its kind in our state, outlines strategic actions that partners in Montana should take to collectively address the issue of substance use from a public health perspective.

Since 2020, there were 165 deaths and 1,000 emergency department visits each year due to unintentional drug overdoses in Montana.¹⁻³ 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.

Since 2017, 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. With tens of thousands of individuals in our state impacted by this issue, we must continue to work collectively to implement cutting edge and collaborative strategies 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. The Task force has expanded its focus to include other SUD related issues including alcohol, methamphetamine use and poly substance use as well as co-occurring substance use and mental health disorders. The framework covered through the six focus areas described above is relevant for all substance use related disorders in our state. If you have questions about this plan, contact the Department of Public Health and Human Services (DPHHS) Injury Prevention Program at their website.

Overdose Data to Action in States Initiative

<https://dphhs.mt.gov/opioid/>

Letter of Support

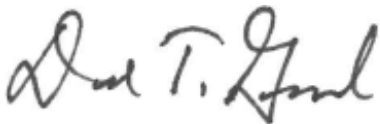
Substance use disorders (SUDs) continue to profoundly affect Montana, with approximately 1 in 5 adult residents grappling with these challenges. The repercussions extend deeply into our families and communities. Drug overdoses are the fourth leading cause of injury-related deaths in Montana, accounting for 1,501 deaths between 2014 and 2023. This amounts to an average of 150 drug overdose deaths per year. Drug overdose deaths have a greater impact on certain populations in Montana, particularly American Indians. Montana American Indians had a drug overdose death rate over three times higher than the state rate from 2019-2023.

Our state's coordinated efforts to combat the substance use epidemic have been instrumental in safeguarding the lives of our citizens. Since 2017, under the guidance of our strategic task force and state strategic plan, we have established robust partnerships among local, tribal, and state health and justice entities. We have enhanced systems to assist affected individuals in accessing treatment and maintaining recovery, expanded surveillance, and improved data collection to ensure real-time crisis monitoring and prompt public health responses. Additionally, we have increased access to drug treatment courts and evidence-based care while promoting harm reduction and appropriate justice system diversion. Close to 200,000 kits of naloxone, the lifesaving opioid overdose reversal medication, were dispensed between 2020-2023. A statewide overdose spike response system has been implemented to alert local Emergency Medical Services, law enforcement, and public health departments of overdose surges in their counties, and new legislation was enacted to mandate use of the Montana Prescription Drug Registry and limit first time opioid prescriptions.

The Montana Substance Use Disorder Task Force, comprising nearly 300 individuals representing more than 100 organizations, continues to support and adapt this strategic plan, now in its third iteration. This diverse task force includes medical professionals, law enforcement, public health and education officials, state agencies, and non-profit workers, all united in combating substance misuse and abuse in Montana.

With the ongoing efforts of the Montana Substance Use Disorder Task Force, I am confident that we will continue to make significant progress in reducing the impact of overdoses in our great state.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan T. Lund". The signature is fluid and cursive, with the first name "Dan" and last name "Lund" clearly distinguishable.

Public Health and Community Affairs Director
Montana Department of Public Health and Human Services

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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) Task Force with funding from the Centers for Disease Control and Prevention's (CDC) Data Driven Prevention Initiative in the fall of 2016. The task force, which meets four times per year, has engaged more than 400 individuals representing 150 organizations statewide. The Montana SUD Task Force published its first strategic plan for addressing substance use in our state in 2017. The plan was updated in 2020 and again now in 2024.

Under the 2020-2023 SUD Strategic Plan, Montana implemented numerous strategies to establish and/or improve systems for preventing, treating, and tracking SUDs statewide. Under this plan, the opioid prescribing rate declined from 89 opioid prescriptions in 2017 per 100 Montanans to 79 opioid prescriptions per 100 Montanans in 2019.⁴ More people were also able to access SUD treatment services – for example, the number of traditional Medicaid participants receiving outpatient SUD services increased from 1,396 in 2018 to 2,393 in 2023, with similar trends for residential treatment and Medicaid Expansion participants.⁵ Naloxone distribution has also increased from 1,283 units distributed in 2018 to 87,043 units distributed in 2023.⁶ Despite these successes, Montana still has work to do, as Montana's opioid overdose death rate has recently increased from 8.4 deaths per 100,000 in 2020 to 10.7 deaths per 100,000 in 2022.^{1,3}

In the fall of 2023, Montana received five years of funding through a cooperative agreement with the CDC's Overdose Data to Action in States (OD2A-S) initiative implement activities to reduce overdose deaths in Montana. OD2A-S is intended to enhance the ability of state health departments to track and prevent nonfatal and fatal overdoses while identifying emerging drug threats.

The funding emphasizes surveillance strategies and the promotion of evidence-based and evidence-informed interventions to address the use of opioids and stimulants as well as poly-substance use. Key areas of focus for the OD2A-S funding include:

- Morbidity and mortality surveillance and surveillance infrastructure
- Clinician and health system engagement and Health Information Technology and Prescription Drug Monitoring Program (PDMP) enhancement
- Public safety partnerships and interventions
- Harm reduction
- Community-based linkage to care

Utilizing this funding, DPHHS worked with task force partners to update strategies addressing substance use in our state. Through a number of participatory sessions in late 2023 and early 2024, SUD Task Force members prioritized the strategies that are included in this version of the plan. Working together, we will continue to reduce the negative health impacts of opioids and other drugs in our state.

Key Accomplishments

Under the first two Substance Use Disorder strategic plans from 2017-2023, Montana partners made strides in reducing the overall burden of drug-related morbidity and mortality in the state. Major accomplishments under the second plan include:

▼ Partnerships

- The SUD Task Force engaged over 250 partners from organizations and agencies across the state.
- Established an Opioid Response Strategy (ORS) team in Montana to help public health and public safety agencies across the state better recognize and address overdoses and support communities with developing plans to respond to overdose spikes.

▼ Surveillance and Monitoring

- The number of providers registered with the Montana Prescription Drug Registry (MPDR) grew to nearly 10,000, the number of monthly searches grew to about 135,000 per month, and Montana passed [legislation](#) mandating the use of the MPDR.
- Established a statewide spike response procedure in conjunction with the Overdose Response Strategy team
- One hundred nineteen law enforcement agencies now submit data to OD Map, a tool aggregating important data on overdoses events.
- Developed an [Injury and Overdose Indicators Dashboard](#) to improve access to overdose data.

▼ Prevention

- New [legislation](#) now limits first time opioid prescriptions and requires identification for opioid prescription pick up.
- Twenty three Prevention Specialists certified since 2020 through the Montana Prevention Certification Board.
- From 2019-2023, \$535,000 awarded to local communities to address overdose prevention.

▼ Treatment and Recovery

- Between 2021-2023, the Montana Primary Care Association engaged 732 medical professionals in training for initiating Medication for Opioid Use Disorder (MOUD) treatment for people who use drugs.
- Bolstered by Medicaid expansion funding and new federal and foundation grants, providers across the state began implementing evidence-based integrated behavioral healthcare and opioid use disorder treatment programs. This resulted in over 4,500 Medicaid participants receiving Medicaid in 2023.
- Increased the number of Certified Behavioral Health Peer Support Specialists from 56 in 2019 to 178 in 2024.

▼ Harm Reduction

- The number of naloxone master trainers grew from 530 to 651.
- Over 192,000 kits of naloxone, the life saving opioid overdose reversal medication, were dispensed between 2020-2023.

▼ Enforcement and Corrections

- The number of active drug courts increased from 37 to 46 between 2017 and 2024
- The Department of Corrections offered Medication Assisted Treatment/MOUD in three secure care correctional facilities. Contracted facilities also began to offer these services.

Substance Use in Montana

An estimated 191,000 Montanans have a substance use disorder⁷

Methamphetamine

54% of all drug violations are for meth.⁸

218% increase in meth seizures from 2013-2021.⁸

Marijuana

21% of high school students report marijuana use in the last month.⁹

51% of Montana youth perceive smoking marijuana regularly as risky.¹⁰

243K Estimated number of Montanans aged 12+ using marijuana in the last year.⁷

Alcohol

107K Montanans aged 18+ have a current alcohol use disorder.⁷

3 in 10 high school students report alcohol use in the last month.⁹

28% of Montana adults report binge drinking in the last year.⁷

34% of all traffic fatalities in Montana are attributable to alcohol impaired driving.¹¹

661 alcohol related deaths annually.^{1,3}

Other Illicit Drugs

34K Montanans used illicit drugs other than marijuana in the last year.⁷

495 heroin/opioid seizures in Montana in 2021, up from 100 in 2013.⁴

4% of young adults aged 18-25 report using cocaine in the last year.⁷

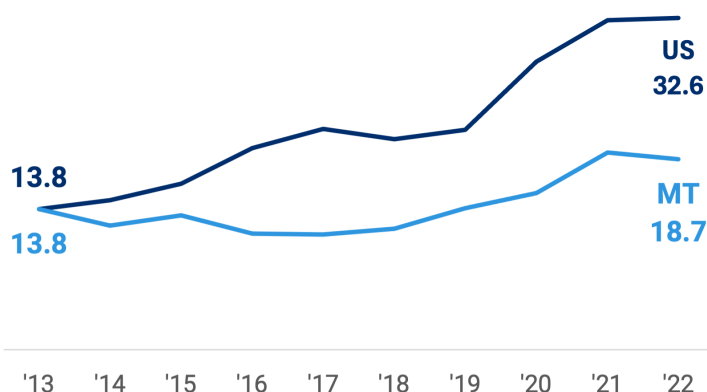
72% of Montanans with a Substance Use Disorder are not receiving treatment.⁷

Opioid Use in Montana

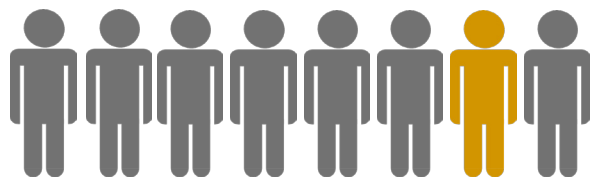
Opioid use is the primary driver of drug overdose deaths in Montana. Fifty-six percent of all drug overdose deaths are attributable to opioids.¹⁰ Montana has made progress in recent years addressing prescription opioid misuse and abuse and reducing overdose deaths. Still, much more can be done to ensure 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 seen a drastic increase in the prevalence of fentanyl found in samples submitted for testing. There was a 24 percent increase in fentanyl samples from 2022-2023 and an approximate 3600% increase since 2020.

The drug poisoning death rate in Montana remains lower than that in the US.¹⁰

**Montana has
79 opioid
prescriptions
for every 100
residents.¹¹**



Montana's opioid overdose death rate has increased from 8.4 deaths per 100,000 in 2020 to 10.7 deaths per 100,000 in 2022.^{1,3}



**One in eight high school
students has misused
prescription drugs.⁵**

***Between 2013-2022,
668 Montanans died
from opioid overdose.¹⁰***

Strategic Plan Overview

Overall Goal

Reduce drug related morbidity and mortality for all Montanans

Focus Areas

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

Overall Metrics

Reduce deaths due to unintentional drug overdose in Montana

- ▼ 186 deaths annually for a rate of 17.4 deaths per 100K Montanans (age-adjusted 2022)^{1,3}

Reduce unintentional drug overdose-related hospitalizations and Emergency Department (ED) visits in Montana

- ▼ 907 ED visits annually for a rate of 85.9 per 100K Montanans (age-adjusted 2023)²⁻³
- ▼ 253 hospitalizations annually for a rate of 21.6 per 100,000 Montanans (age-adjusted 2023)²⁻³

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 Task Force

Target | 4 meetings per year

Key Area for Action



1.1 Cross-sector collaboration

Strategies and Leads



1.1.1 Support cross-sector collaboration between substance use stakeholders statewide

- Montana Substance Use Disorders Task Force **Lead** | OD2A-S
- Montana Alliance of Prevention **Lead** | Youth Connections



1.1.2 Strengthen partnerships between system leaders

- Maintain regular meetings of the DPHHS State Epidemiological Outcomes Workgroup **Lead** | BHDD/State Epidemiological Outcomes Workgroup (SEOW)
- Conduct quarterly meetings between BHDD and PHSD to coordinate SUD initiatives **Lead** | OD2A-S



1.1.3 Foster relationships between health and justice system partners

- Overdose Response Strategy (ORS) **Lead** | Department of Justice Drug Intelligence Officer & the CDC Foundation's Public Health Analyst
- Support justice system partners in opioid education and naloxone distribution **Lead** | Regional Opioid Education and Naloxone Distribution Programs (OENDP)
- DOJ/CDC Foundation/ODMAP **Lead** | ORS

Key Area for Action



1.2 Engage diverse partners

Strategies and Leads



1.2.1 Coordinate with local and tribal efforts to address SUDs

- **Leads |** Local behavioral health, crisis and prevention coalitions, Montana Alliance of Prevention-Youth Connections, Opioid Education and Naloxone Distribution Programs (OENDP), local and tribal health departments, Rocky Mountain Tribal Leaders Council, Montana-Wyoming Native American Recovery Professionals Association, ORS



1.2.2 Learn from individuals with lived experience

- Develop a Community Engagement strategy in partnership with the State Health Improvement Plan
Lead | A Healthier Montana Network
- Schedule a speakers panel with individuals with lived experience at least once per year at the SUD Task Force **Lead |** OD2A-S



1.2.3 Better support and advocate for children and families impacted by substance use

Leads | Montana Early Childhood Network and Montana Home Visiting Coalition, Healthy Mothers Healthy Babies, Meadowlark Initiative, Preschool Development Birth to Five grant, Child Protective Services, Neonatal Absinence Syndrome Consortium led by OneHealth

Surveillance and Monitoring

Focus Area Two

Metrics



Decrease rate of opioid prescriptions

Baseline | 78.9 opioid prescriptions (excluding buprenorphine) per 100 Montanans (2019)⁴

Baseline | Mean daily MME: 41.7 (2019)⁴



Increase the annual number of publicly-available substance use surveillance reports and dashboards produced or maintained by partners

Baseline | 9 reports, 1 dashboard (2023, EMSTS only)

Key Area for Action



2.1 Data sharing

Strategies and Leads



2.1.1 Establish new data sharing agreements with internal and external partners

Lead | OD2A-S

- Develop data sharing agreement with Rocky Mountain Tribal Leaders Council Epidemiology Center **Lead** | OD2A-S



2.1.2 Maintain and strengthen existing data sharing

- Continue agreements with Department of Corrections/Local Law Enforcement and Detention Facilities, Overdose Detection Mapping Application Program (ODMAP), Montana Prescription Drug Registry (MPDR), Medicaid **Lead** | OD2A-S



2.1.3 Provide technical assistance for data collection and evaluation for local SUD projects

Leads | OD2A-S, BHDD/SEOW

Key Area for Action



2.2 Analysis and Communication

Strategies & Leads



2.2.1 Analyze datasets for trends in drug use, overdose and area of focus

- Behavioral Risk Factor Surveillance System (BRFSS)
- Montana Prevention Needs Assessment (MPNA)
- Youth Risk Behavior Survey (YRBS)
- State Unintentional Overdose Reporting System (SUDORS)
- Montana Prescription Drug Registry
- Vital statistics, Hospital Discharge, Emergency Department visits
- Naloxone use tracking—ImageTrend and Law Enforcement
- Millenium Health drug testing
- EMS Biospatial data
- ODMAP
- Rocky Mountain Poison Drug Center (RMPDC)
- National College Health Assessment (NCHA)
- Pregnancy Risk Assessment Monitoring System (PRAMS)

Lead | OD2A-S

2.2.2 Publish surveillance reports and maintain dashboards with relevant substance use data



- Maintain and update Injury and Overdose Indicators Dashboard
- Create and update EMS Dashboard
- Publish at least two SUD related surveillance reports annually, with focus on opioids, marijuana, and alcohol
- Work with Office of Public Instruction and BHDD to develop reports on SUD use in youth
- Share Department of Revenue reports on cannabis in Montana

Lead | OD2A-S, BHDD/SEOW

2.2.3 Reduce time to detecting and communicating overdose spikes to the public

- ODMAP, Montana Health Alert Network, Local law enforcement **Lead |** OD2A-S & ORS
- Develop and implement local Overdose Spike Response plans **Lead |** ORS



Key Area for Action



2.3 Monitoring

Strategies and Leads



2.3.1 Analyze MPDR and usage data and regularly share with partners

- One presentation with MPDR data and updates annually at the SUD Task Force and at the Rocky Mountain Tribal Leaders Council Health Subcommittee or other tribal partners
- One report published annually with summary of de-identified MPDR data, including buprenorphine data
- **Lead** | OD2A-S with data from Board of Pharmacy



2.3.2 Support robust utilization of the MPDR data to improve prescribing practices

- Provide education and training to providers about the new MPDR functionality and how to utilize it to track and improve care
Leads | OD2A-S, Department of Justice, Montana Medical Association, Montana Pharmacy Association, Montana Prescription Drug Registry, Montana Board of Pharmacy
- Support implementation and education on mandated MPDR use and law restricting length of first opioid prescription
Leads | OD2A-S, Department of Justice, Montana Medical Association, Montana Pharmacy Association
- Support integration of the new MPDR into Electronic Health Record (EHR) and pharmacy operating systems **Leads** | Board of Pharmacy, OD2A-S

Prevention

Focus Area Three

Metrics



Decrease youth substance use⁵

Baseline, for Montana high school students

Lifetime pain prescription misuse: 13.5% (2023)⁹

Alcohol use, past 30 days: 29 percent(2023)⁹

Marijuana use, past 30 days: 21 percent (2023)⁹

Electronic vapor product use, past 30 days: 30 percent (2023)⁹



Increase number of certified prevention specialists in Montana

20 Prevention Specialists statewide (2024)¹³

Key Area for Action



3.1 Local prevention infrastructure

Strategies and Leads

- 
3.1.1 Promote certification process for Local Prevention Specialists
 - Provide opportunities for ongoing certification and continuing education for prevention specialists
Lead | Youth Connections certification board, BHDD
- 
3.1.2 Support local prevention coalitions to implement evidence-based prevention frameworks and strategies
 - Provide robust and ongoing technical assistance to all coalitions **Lead** | Youth Connections
 - Support culturally relevant prevention work in tribal communities **Lead** | Youth Connections
 - Communities that Care **Lead** | Montana Healthcare Foundation, BHDD
 - Drug Free Communities Grants **Lead** | Local prevention coalitions
 - Substance Use Prevention, Treatment and Recovery Services Block Grant **Lead** | BHDD
 - Partnership for Success Grant **Lead** | BHDD
 - Train local partners on opioid misuse education and safe disposal **Lead** | OENDPs
 - Evidence-Based Workgroup **Lead** | Youth Connections
 - Support training on and the development of materials for culturally relevant prevention strategies
Lead | OD2-A
 -
- 
3.1.3 Secure additional funding that can be tailored to the unique needs of communities and can support the prevention specialist workforce long-term
 - **Leads** | Montana Alliance of Prevention, HEART Fund, Marijuana Tax, Opioid Resettlement Funds, HB 872 Future Generations Investment, Rocky Mountain Tribal Leaders Council
 - Ensure that there is adequate tribal consultation in identification of unique needs for tribal communities and the types of funding needed **Leads** | Office of American Indian Health, DPHHS
- 
3.1.4 Enhance capacity of tribal communities to design and implement culturally appropriate prevention activities
 - Offer robust and ongoing tribal technical assistance **Lead** | Youth Connections
 - **Leads** | Indian Health Service, Tribal Health Departments, Medicaid Tribal Health Improvement Program, Tribal Opioid Response Grants and Strategic Planning
- 
3.1.5 Develop strategies and funding to implement early intervention strategies for at-risk youth
 - **Leads** | OPI, BHDD and Youth Connections

Key Area for Action



3.2 Awareness and stigma reduction

Strategies and Leads



3.2.1 Educate providers on evidence-based prescribing practices

Trainings using telehealth or online platforms

- Know Your Dose **Lead |** Montana Medical Association
- Project Echo **Lead |** Billings Clinic
- A Primary Care Approach to Treating SUD Webinar Series **Lead |** MPCA

In-person trainings

- Montana Pain Conference **Lead |** MPCA
- Training health care providers (AI training program)
Lead | Western Montana Area Health Education Center
- Addiction Medicine Network **Lead |** MPCA
- Perinatal Mental Health Conference **Lead |** HMHB
- Provide training on utilizing the Montana Prescription Drug Registry
Lead | Montana Board of Pharmacy



3.2.2 Educate communities and promote stigma reduction initiatives

- Statewide Stigma and Education Campaign **Lead |** BHDD-SOR Grant funded
- Stigma and Education Campaign (Asher) **Lead |** OD2A-S
- Marijuana Prevention Campaign **Lead |** BHDD
- Parenting Montana Website **Lead |** BHDD, MSU Bozeman
- Initiatives such as the Look Closer Campaign that focus on reducing stigma for seeking treatment for pregnant women and mothers **Lead |** HMHB

Key Area for Action



3.3 Adverse Childhood Experiences (ACEs) and resiliency

Strategies and Leads



3.3.1 Align prevention efforts and initiatives across the lifespan of a child from prenatal to early adulthood

- Assess current systems
- Develop strategic plan to align and track work to strengthen systems
- Support and effectively train the early childhood workforce
- Convene cross-sector partnership groups
 - ◊ Montana Home Visiting Coalition
 - ◊ Maternal Health Task force
 - ◊ Perinatal mental health partners and local coalitions
- Support the work of local coalitions focused on early childhood and resiliency
- Expand evidence-based and universal home visiting programs
- **Lead |** Early Childhood and Family Service Division (ECFSD) Preschool Development Birth to Five grant, HMHB



3.3.2 Integrate evidenced-based practices related to childhood experiences, trauma informed practices and resiliency into early childhood systems

- Evidence-based workgroup **Lead |** BHDD, Youth Connections
- ACEs training **Lead |** Elevate Montana
- Evidence-based training model **Lead |** HMHB
- Increase the number of positive childhood experiences-linking systems of care
Lead | HMHB, Preschool Development Birth to Five grant
- Regularly publish data on Healthy Outcomes from Positive Experiences (HOPE) measures, ACEs and Positive Childhood Experiences **Lead |** DPHHS and HMHB
- Utilize lens of historical trauma in tribal communities
Lead | Office of American Indian Health, Rocky Mountain Tribal Leaders Council, and HMHB
- Train early childhood educators and medical providers
Lead | DPHHS ECFSD, Head Start, HMHB
- Utilize strengthening families and four building blocks of Protective and Compensatory Experiences in work with youth, families, school and communities
Lead | HMHB, Montana Early Childhood Coalitions, ECFSD

Key Area for Action



3.3 ACES and resiliency continued

Strategies and Leads



3.3.3 Implement evidence-based prevention and mental health programs in early childhood and school settings

- Develop system to train and support Infant and Early Childhood Mental Health Consultation in early childhood systems statewide **Lead |** DPHHS ECFSD, Mountain Pacific Quality Health
- Develop a train-the-trainer model for zero to three infant-toddler mental health for Montana Behavioral Health Professionals **Lead |** DPHHS ECFSD
- Implement the PAX Good Behavior Game and other evidence based prevention curricula in early childhood settings and schools **Lead |** OPI, Preschool Development Birth to Five grant, BHDD
- Expand implementation of the “Handle with Care” program statewide to support trauma impacted youth **Lead |** DPHHS ECFSD working with law enforcement, social workers and other stakeholders



3.3.4 Expand bi-directional referral networks for children and families experiencing trauma and behavioral health concerns

- Support use of the Connect referral system in early childhood settings **Lead |** DPHHS
- Expand referral networks and partnerships for the Meadowlark Initiative to increase access to SUD treatment for pregnant mothers **Lead |** Montana Healthcare Foundation
- Engage family medical providers in identifying where outreach/education support is needed **Lead |** Preschool Development Birth to Five grant
- Continue to promote and maintain early childhood online resource guide to link families and providers to support across Montana **Lead |** HMHB

Treatment and Recovery

Focus Area Four

Metrics



Increase number of individuals with SUD receiving treatment in Federally Qualified Health Center facilities

Baseline | 1,875 individuals (2022)¹⁴



Increase number of individuals on Medicaid receiving SUD treatment

Baseline | Traditional Medicaid: 2,393 outpatient/490 residential
Medicaid Expansion: 6,379 outpatient/1,906 residential (2023)⁵



Increase number of individuals on Medicaid receiving MOUD

Baseline | 4,584 (2023)¹⁵



Increase number of 988 calls in Montana annually

Baseline | 6,015 (2023)¹⁶



Increase number of certified Recovery Residence beds in Montana

Baseline | 120 (Recovery Residence Alliance of Montana only, 2023)¹⁷

Key Area for Action



4.1 Linkage to care

Strategies and Leads



4.1.1 Support and raise awareness of 988 and other crisis lines

- **Lead** | BHDD, 988 call centers, local crisis coalitions, MTHCF, Rocky Mountain Tribal Leaders Council, prevention specialists



4.1.2 Increase the use of 211, DPHHS resource engine and Angel Initiative for self-referral

- **Lead** | Local United Way affiliates, Local Advisory Councils



4.1.3 Increase the use of navigators to link PWUD to harm reduction and treatment services

- **Lead** | OD2A-S, BHDD, OENDPs

Key Area for Action



4.2 Access to care

Strategies and Leads



4.2.1 Advocate for insurance coverage across the SUD continuum of care

- Advocate for continued Medicaid Expansion coverage for adults in the 2025 Montana legislature
- Support Medicaid waivers to cover the continuum of SUD care including care in jails, tenancy support, mobile crisis response and receiving, peer support codes for additional provider types, and home visiting
- Encourage private payers and Medicaid to cover the full continuum of care and alternative pain treatments
- Advocate for adequate Medicaid and third-party reimbursement to make SUD treatment service sustainable for providers

Leads | Medicaid, Montana Hospital Association, patient advocacy groups



4.2.2 Enhance provider coverage statewide

- Support training, certification and retention of dual licensed and MOUD providers, especially in rural communities
- Encourage provision of care through telehealth, especially in rural and frontier communities

Leads | BHDD, Montana Area Health Education Center, DPHHS



4.2.3 Increase the use of universal assessments for SUDs

- Train providers on use of Screening, Brief Intervention and Referral to Treatment (S-BIRT)

Leads | MTHCF, MPCA



4.2.4 Bolster the number of clinics offering Integrated Behavioral Health services and peer support

Leads | MTHCF, MPCA, Behavioral Health Alliance of Montana



4.2.5 Increase access to evidenced-based care

- Support and train Montana providers to offer evidence-based SUD treatment including MOUD, Contingency Management, the Matrix Model, partial abstinence and low barrier care, including via telehealth when appropriate

Leads | MPCA, BHDD



4.2.6 Increase the number of full service Opioid Treatment Programs (OTPs)

- Support the Montana Chemical Dependency Center to shift to a 4.2.5 level provider **Lead** | BHDD
- Expand access to methadone through OTPs across Montana, including implementing new federal OTP rules **Leads** | BHDD, local providers, OENDPs

4.2.7 Expand access to family centered and culturally appropriate treatment

- Support initiatives for pregnant women and parents who use drugs
Leads | Meadowlark Initiative, local providers, HMHB
- Support implementation of the Safe Harbor Policy for pregnant women seeking treatment
- Provide training on perinatal mood disorders and additional post-partum mental health care resources **Lead** | HMHB
- Champion and provide training on culturally appropriate care, with a focus on better serving Native Americans **Leads** | Montana Consortium for Urban Indian Health, Urban Indian Clinics, Indian Health Services, Tribal Health Departments, ECFSD, HMHB
- Develop certification for doulas and indigenous doulas in Montana and secure Medicaid reimbursement for their services **Leads** | ECFSD MOMS Program and HMHB

Key Area for Action

4.3 Access to recovery and support services

Strategies and Leads

4.3.1 Develop warm hand-off referral pathways to recovery community organizations statewide

Lead | Care coordinators, Probation and Parole, Recovery Community Organizations, OENDPs, EDs

4.3.2 Increase the number of certified peer support specialists serving in Montana, with a focus on coverage in rural and frontier communities

Lead | Montana's Peer Network, Rocky Mountain Tribal Leaders Council Tribal Opioid Response (TOR) Project, BHDD

4.3.3 Expand the workforce and increase funding, support and training for effective care coordination and case management with SUD across the continuum of care

Lead | DPHHS, private payers, Montana Medicaid, OENDPs

4.3.4 Expand number of certified Recovery Residences and beds in Montana

- Ensure that recovery residences allow clients to access and utilize MOUD

Lead | Recovery Residences Alliance of Montana, SOR

4.3.5 Increase access to recovery support services that are free, family-friendly events and fitness activities

Lead | Recovery Community Organizations such as The Sober Life in Great Falls, and The Phoenix in Billings, city councils and governments, Early Childhood Coalitions, HMHB

Harm Reduction

Focus Area Five

Metrics



Increase number of safe syringe programs

Baseline | 6 (2024)¹⁸⁻¹⁹ **Target** | 10



Increase the number of naloxone units distributed annually

Baseline | 87,043 (2023, SOR only)⁶

Key Area for Action



5.1 Naloxone

Strategies and Leads



5.1.1 Support six regional Opioid Education and Naloxone Distribution Programs to coordinate with local jurisdictions to provide effective naloxone training and distribution

- Increase training and distribution of naloxone locally
- Raise awareness of over-the-counter Naloxone availability at pharmacies and through the state standing order and reimbursement through Medicaid
- Support placement of naloxone vending machines and establishment of Naloxone leave behind programs with first responders
- Support media and public awareness campaigns promoting naloxone use

Leads | BHDD, the EMS and Trauma Section (DPHHS), OENDPs



5.1.2 Create low barrier and accessible access to naloxone for PWUD, their friends and loved ones

- Support OENDP coordinators to support work locally
- Encourage patient education and distribution of naloxone to patients being prescribed opioids and to PWUD and their associates
- Train Community Care Teams to initiate naloxone on scene
- Develop a naloxone saturation policy **Leads** | BHDD/SOR

Leads | OENDP Coordinators, MTPHI, BHDD/SOR



5.1.3 Encourage initiation of MOUD in patients who receive naloxone

- Develop MOUD bridge protocols with EDs

Leads | Montana Medical Association, Medicaid, Mountain Pacific Quality Health, MPCA

Key Area for Action



5.2 Communicable disease prevention and harm reduction

Strategies and Leads



5.2.1 Increase funding for and awareness of safe syringe and fentanyl test strip distribution programs, capitalizing on the recent de-criminalization of paraphernalia in Montana

- Support statewide mail order safe syringe, fentanyl test strip and naloxone programs
- Expand number of safe syringe and fentanyl test strip distribution programs in Montana, especially for high risk groups

Leads | DPHHS HIV/STD Section, Open Aid Alliance, BHDD/SOR, Rocky Mountain Tribal Leaders Council Tribal Opioid Response



5.2.2 Increase HIV, Syphilis, and Hepatitis C testing and treatment for PWUD

- Embed HIV, Hepatitis C and STD testing into safe syringe programs and with naloxone distribution

Lead | DPHHS HIV/STD Section

Key Area for Action



5.3 Low threshold/barrier care and recovery support

Strategies and Leads



5.3.1 Educate providers on low threshold and partial abstinence care for PWUD

Lead | MPCA



5.3.2 Increase number of drop-in centers that provide low threshold supports for PWUD, with linkages to care

Lead | BHDD



5.3.3 Support the development of low barrier shelters for PWUD, including those re-entering communities from inpatient and correctional facilities

Lead | Montana Continuum of Care Coalition, local housing organizations



5.3.4 Support local Coordinated Entry System for linkage to housing resources

Lead | Housing and Urban Development, Montana Continuum of Care Coalition, MTHCF



5.3.5 Develop Housing First programs to house individuals with SUD

- Increase number of tenancy support specialists assisting clients on Medicaid to find housing
- Lead** | MTHCF, local housing grantees and partners, local providers

Enforcement and Corrections

Focus Area Six

Metrics



Increase number of treatment courts statewide

Baseline | 46 (2024)²⁰



Decrease number of drug overdoses among Montanans in custody

Baseline | 33 (Montana Women's Prison and Montana State Prison, 2023)²¹



Increase number of justice system facilities that offer MOUD

Baseline | 3 (2024)²¹



Increase percent of confirmed inmates in jail jurisdictions that initiate and continue MOUD

Baseline | Initiated MAT: 13.2 percent - Continued MAT: 29.7 percent (2019)²²

Key Area for Action



6.1 Reduce supply

Strategies & Leads



6.1.1 Support local Drug Task Forces

Lead | Federal High Intensity Drug Task Force Area funding, DOJ Division of Criminal Investigation

- Use ODMAP to develop and implement spike response plans



6.1.2 Enhance use and reach of Criminal Interdiction Teams

Lead | Montana DOJ



6.1.3 Train and employ additional Drug Recognition Experts

Lead | Montana Highway Patrol, local law enforcement agencies, Rocky Mountain High Intensity Drug Task Forces, DUI Task Forces



6.1.4 Support the work of the Pill Diversion Agents

Lead | DOJ Division of Criminal Investigation

Key Area for Action



6.2 Crisis response and diversion

Strategies and Leads



6.2.1 Support state initiatives and local crisis coalitions to plan for, design and implement the Crisis Now model in Montana

- Someone to call: 988 and other crisis lines
- Someone to respond: Mobile Crisis Response Teams
- Somewhere to go: Crisis receiving and stabilization facilities

Lead | MTHCF, MTPHI, Crisis Diversion Grants (BHDD)



6.2.2 Support development of systems that appropriately divert individuals with SUD away from the justice system and into treatment

- Crisis Now model
- Crisis Intervention Team and other behavioral health crisis training for law enforcement and first responders
- Community agreements between law enforcement, SUD providers and crisis response
- System navigation and follow up using peer support specialists and case managers
- Training and workforce support for crisis workforce, including peer support specialists and mental health professionals

Leads | Local crisis coalitions working with law enforcement and first responders, MTHCF, Montana Public Health Institute, Crisis Diversion Grant

Key Area for Action



6.3 Embedding treatment in the justice system

Strategies and Leads



6.3.1 Provide ongoing training to justice system partners on evidence-based assessment, treatment and recovery supports for PWUD, as well the role and use of naloxone and other harm reduction measures

- Workforce training and development for behavioral health professionals working in corrections

Lead | DOC, Healing and Ending Addiction Through Recovery and Treatment (HEART) Grant, OENDP



6.3.2 Increase access to and diversity of behavioral health courts statewide

Lead | Montana Judicial Branch



6.3.3 Increase access to behavioral health evaluations and treatment (including MOUD) in jails, correctional facilities and community corrections

- Assess use of behavioral health assessments and treatment in jail facilities
- Provide funding and support, including Medicaid reimbursement, for jail services

Lead | HEART Jail Grant, Montana Board of Crime Control grants, Crisis Coalitions, Department of Corrections, Probation and Parole, Montana Medicaid



6.3.4 Develop effective re-entry and MOUD Bridge programs for individuals released from corrections or jail facilities, including linkage to recovery supports

Lead | Residential Substance Abuse Treatment grant and HEART waivers

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Acronyms

AI/AN	American Indian/Alaska Native
BHDD	Behavioral Health and Developmental Disabilities Division (DPHHS)
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
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)
EHR	Electronic Health Record
DPHHS	Department of Public Health and Human Services
EMS	Emergency Medical Services
HEART	Healing and Ending Addiction through Recovery and Treatment
HMHB	Healthy Mothers Healthy Babies
HOPE	Healthy Outcomes from Positive Experiences
IHS	Indian Health Service
LAC	Licensed Addiction Counselor
MAT	Medication Assisted Treatment
MCDC	Montana Chemical Dependency Center (DPHHS)
MMA	Montana Medical Association
MOUD	Medication for Opioid Use Disorder
MPCA	Montana Primary Care Association
MPDR	Montana Prescription Drug Registry
MTHCF	Montana Healthcare Foundation
OD2A-S	Overdose to Action in States Initiative
ODMAP	Overdose Detection Mapping Application Program
OTP	Opioid Treatment Program
ORS	Overdose Response Strategy
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
TOR	Tribal Opioid Response Grant
SEOW	State Epidemiological Outcomes Workgroup
SUD	Substance Use Disorder
YRBS	Youth Risk Behavior Survey

Montana Substance Use Disorders Task Force

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