



SUBSTANCE USE IN MONTANA

A summary of state level initiatives for the Department of Justice

September 2017

Enforcement | Monitoring | Treatment | Prevention | Drug Endangered

Dear Fellow Montanans

On April 19, 2017, my office launched Aid Montana: Addressing the Impact of Drugs, a comprehensive initiative to combat Montana's growing substance abuse epidemic. The multitude of efforts in our state to curb substance abuse clearly aren't enough to adequately address the problem. We need something different.

To get the discussion going on how we can develop a statewide strategic plan on addiction, I commissioned this report, which is a high-level overview of all the many ways the State of Montana is working to address substance use within its borders. While many dollars have been directed over the years toward trying to stem the tide, the systems they fund are not always well coordinated.

We are seeing an alarming increase in the number of drug offenses in the justice system, which contributes to overcrowding in our jails, courts, and prisons. We are also seeing big changes in the way we provide treatment and the evidence-based methods for treating Substance Use Disorder (SUD) that Montana has not fully adopted yet. We need to coordinate our efforts and ensure our public dollars are invested wisely to give individuals with SUD the best possible chance at long-term recovery.

As this report reflects, our situation is grim: The total number of drug offenses in Montana has increased 559% since 1980. Drug violations driven by methamphetamine use, which went down from 2005 to 2010, spiked again in 2015. That same year, 57% of all violations were for marijuana, followed by methamphetamine at 31% and other narcotics at 7%. Heroin contributes to a smaller overall share of violations, but increased an astronomical 1,557% from 2010 to 2015. Of the adult felony convictions in Montana, 40% of all convictions are for possession or distribution of drugs or felony DUI, which make up three of our top five felony conviction offenses.

The data is clear: Our state is in the midst of an epidemic. And with the Aid Montana initiative, we hope to tackle this epidemic head-on.

It is our goal to have the blueprint for a strategic plan completed before the 2019 legislative session, so we can present a roadmap to lawmakers to efficiently combat this problem. Whether it means shifting resources to find where they are most effective, or changing laws to better reflect the reality of the problem, we want policymakers to have a clear understanding of what needs to be done. We heard over and over from attendees of the Montana Healthcare Foundation's listening sessions this summer that a combination of ideas from those in the prevention, law enforcement, and treatment fields, as well as from SUD survivors, may yield the most innovative and effective results.


Fighting the effects of addictive substances should be immune from partisan politics, as I believe we each have a moral obligation to do our part. I encourage all Montanans to join me in this fight, because together, we can solve this problem. Our communities can't wait another minute longer.



Tim Fox | Montana Attorney General



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Introduction

Substance use impacts the health and well-being of individuals across the lifespan in Montana, exacting a high societal cost on our state's public and private systems. From drug endangered children in foster care to suicide rates, jail overcrowding to motor vehicle fatalities, the full impact of substance use is as hard to underestimate as it is to quantify.

To better elucidate the role of the Montana state government in combating substance use, the Montana Department of Justice commissioned a study in the summer of 2016 attempting to summarize the publicly available data and information related to state-level programs that address substance use enforcement, treatment, monitoring and prevention in Montana. The research also incorporated programs related to drug endangered children. The methodology for this project included key stakeholder interviews with more than 40 state and local officials as well as a review of relevant research and key programmatic data from public programs and initiatives. This project is a small piece of the Aid Montana initiative sponsored by Attorney General Tim Fox which seeks to address the devastating impacts of substance use in our state.

The following report summarizes the major initiatives led by the State of Montana to address the problem of substance use. Some successful local programs and statewide initiatives not operated by the State are also highlighted. The report is organized into five chapters:

- Chapter 1 – Enforcement
- Chapter 2 – Monitoring
- Chapter 3 – Treatment
- Chapter 4 – Prevention
- Chapter 5 – Drug Endangered Children

For more questions about the information contained in this report, contact Katie Loveland MPH, MSW at 406-431-9260 or lovelandk@gmail.com.



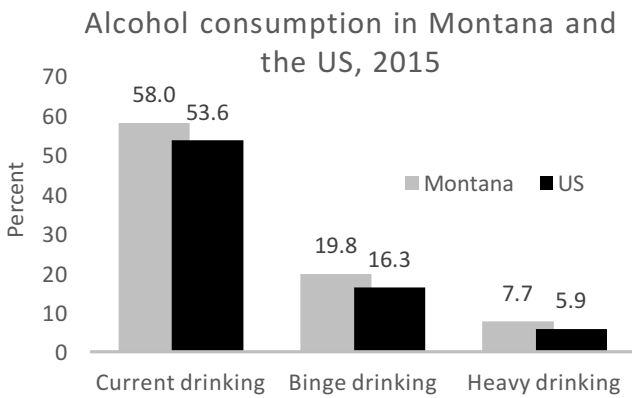
Background

One in 10 Montanans is dependent on or abusing alcohol or drugs.

Sixty-one percent of Montana high school students who drink engage in binge drinking behavior.

Alcohol Use

Substance use is a pressing concern in the state of Montana, affecting thousands of individuals and families each year. Alcohol is the most commonly used substance in our state. One in five Montana adults reports binge drinking in the last month (19.8%) compared to 16.3% of adults in the US, and 7.7% of adults in Montana are classified as “heavy drinkers,” significantly higher than the US rate of 6.2%.¹



High rates of alcohol consumption start early in Montana. Seven out of ten high school students report ever having used alcohol, significantly higher than the rate among high school students in the US. Thirty-four percent of high school students in our state report alcohol use in the past month and 20% report binge drinking during the same time period. This means that, of the high school students who are currently using alcohol, 61% are engaging in binge drinking behavior.²

Illicit Drug Use

The Centers for Disease Control estimates that there were 390 alcohol attributable deaths in Montana from 2006 to 2010, for an overall alcohol attributable death rate of 37.7 per 100,000, the highest rate in the country. Every year, more than 11,000 years of potential life are lost in Montana due to alcohol.³

Though high rates of alcohol use are the primary factor in Montana’s elevated rates of reported substance use compared to the US, illicit drug use is also a concern in our state. One in five high school students reports current marijuana use



One in four young adults in Montana used illicit drugs in the last month

(19.5%), 8% report ever using inhalants and 16% report abuse of prescription drugs in their lifetime. The concerning trends in illicit drug use continue into adulthood. According to the 2012–2013 National Survey on Drug Use and Health, almost one in four young adults in Montana reports illicit drug use in the past month, including 23% of young adults who report currently using marijuana and 9% who report non-medical use of pain relievers in the last year.⁵

Table 1. Alcohol and illicit drug use in Montana by age group, 2012–2013, National Survey on Drug Use and Health

	Age 12-17	Age 18-25	Age 26+	MT Rank out of 50 States
Illicit drug use in the past month	10.4%	24.5%	9%	10th
Marijuana use in the past month	8.7%	23.0%	8.4%	11th
Binge alcohol use in the past month	7.3%	44.7%	24.6%	12th
Nonmedical use of pain relievers in the past year	8.0%	9.4%	2.9%	30th

Dependence and Abuse

High rates of alcohol and drug use also lead to high rates of dependence on and abuse of these substances. The National Survey of Drug Use and Health estimates that 18,000 Montanans aged 18+ are dependent on or abusing illicit drugs and 66,500 Montanans are dependent on or abusing alcohol. In all, one in 10 Montanans is dependent on or abusing alcohol or drugs.⁶



Montana's suicide rate is twice that of the US. Suicides often involve substance use.

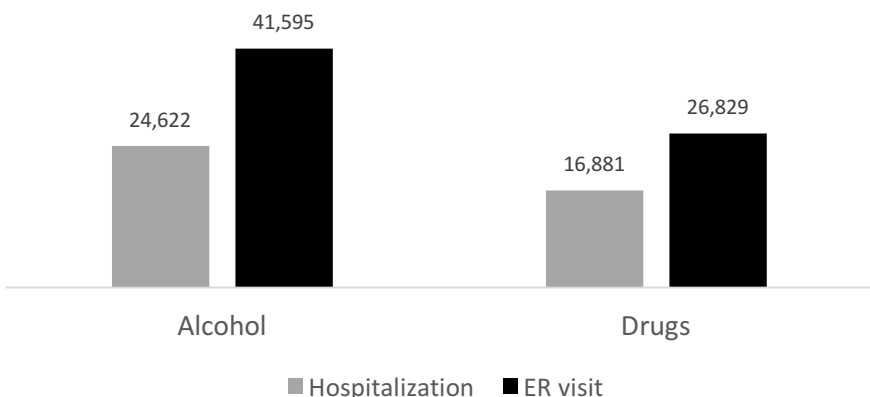
Health Consequences of Substance Use Disorders

Every year, substance use contributes to more than 20,000 hospital and emergency room (ER) visits in Montana. From 2010 to 2014, the total charges for the nearly 110,000 ER and hospital visits with a primary or secondary diagnosis of substance use totaled \$796 million, more than \$150 million annually.⁷

More than 100 people die every year due to drug overdose in Montana, with 1,334 deaths recorded in Montana between 2003 and 2014.⁸ Opioids are the most common substance associated with drug poisoning deaths, accounting for 42% of all deaths in this category in 2013-2014. Nationally, each death from opioids is estimated to cost more than \$33,000, and Montana estimates that the cost of prescription opioid deaths annually in our state is \$1.4 million.⁹

Drug and alcohol use are also key contributors to Montana's high rates of suicide. The adult suicide rate in our state is consistently twice the rate in the United States. In 2013, Montana had the highest rate of suicide of any state in the US at 23.72 per 100,000 compared to 12.6 per 100,000 for the US.¹⁰ Montana also has the second highest rate of alcohol related deaths in the US. The link between mental health, substance use and suicide is clear. In a recent study by the Suicide Mortality Review team, of the suicide victims in Montana who had substance use involvement assessed, forty-eight percent had alcohol in their system at the time of death, 21% had narcotic pain killers and 17% had marijuana. Underdiagnosis of mental health issues and high rates of alcohol and drug abuse contribute to the suicide epidemic in our state; only 40% of suicides in this study had an identified mental health diagnosis at the time of death.¹¹

Hospitalizations and ER visits for alcohol or drug use, primary or secondary diagnosis, Montana, 2010-2014



Enforcement

Department of Justice

- Division of Criminal Investigation
- Montana Highway Patrol
 - Criminal Interdiction Teams
- Montana Crime Lab
- Prosecution Services Bureau

Department of Corrections

- Montana Board of Crime Control
 - Multi-Jurisdictional Drug Task Forces

Office of the Public Defender

Judicial Branch

- District Courts
- Courts of Limited Jurisdiction
- Youth Courts

Montana Commission on Sentencing

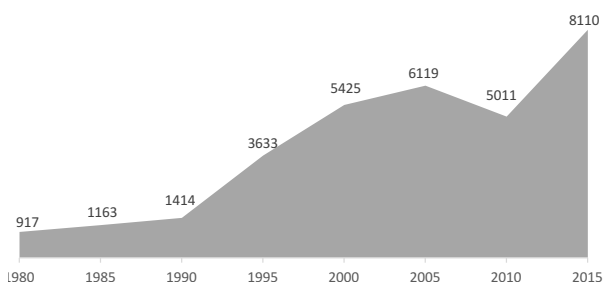
- Justice Reinvestment Project

Background

Drug offenses

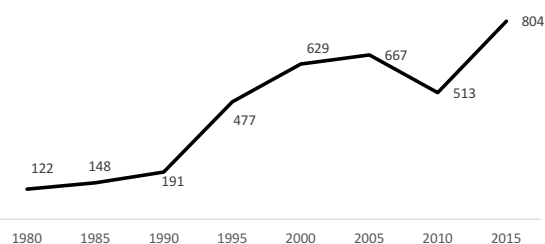
The enforcement of laws related to the substance use (possession and distribution of illicit drugs, driving while under the influence, and liquor law violations) are a substantial and growing component of the work done by Montana’s law enforcement agencies and courts.

Total annual drug offenses, Montana, 1980-2015



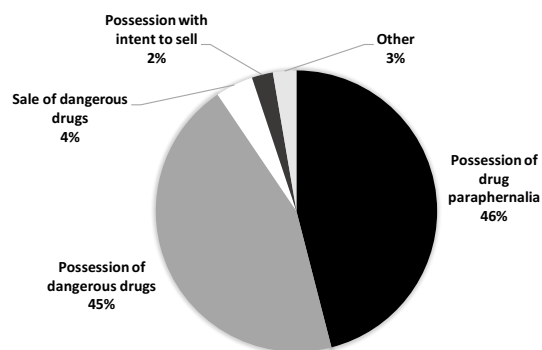
The primary driver of this work is the growing number of drug offenses (including possession of drugs and drug paraphernalia and intent to sell or distribute illicit drugs), which has exploded in recent years. Since 1980, the drug offense rate in Montana has increased 559% and the total number of offenses annually has grown from only 917 in 1980 to more than 8,000 in 2015.¹²

Drug offense rate per 100,000 population, Montana, 1980-2015



The vast majority of drug offenses in the state are for possession of drugs or drug paraphernalia, not intent to sell or distribute. In fact, 91% of all drug offenses in the state are for possession, with more than half of all possession offenses related to drug paraphernalia.¹³

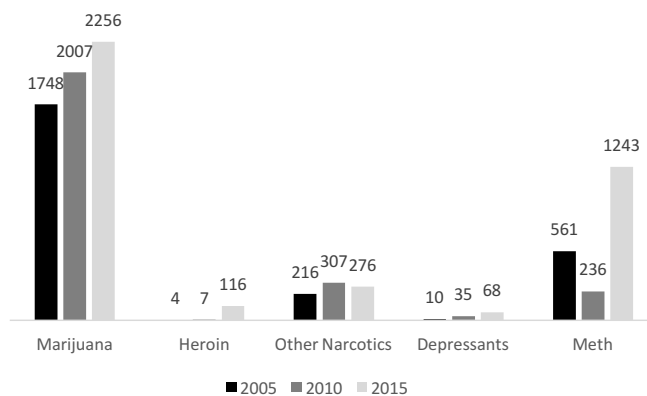
Drug offense type, Montana, 2015



What types of drugs are driving these offenses? For the drug violations where the drug type is recorded, 57% were for marijuana in 2015, followed by methamphetamine at 31% and other narcotics at 7%.

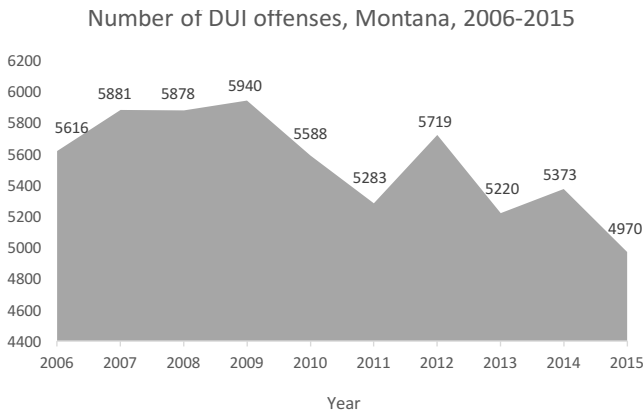
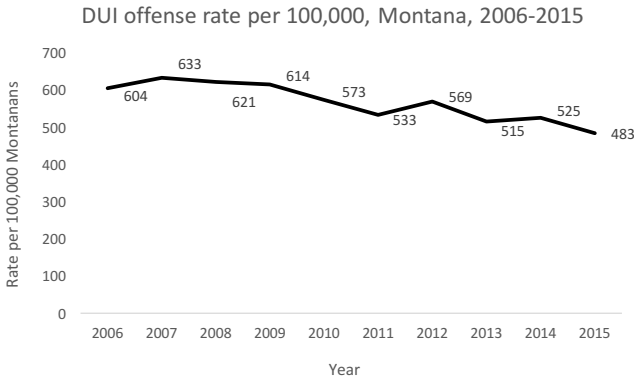
Methamphetamine violations have seen a troubling spike in the last five years, rising 427% from 2010 to 2015. Heroin violations, though still low in relative terms, have increased 1557% from 2010 to 2015.¹⁴

Number of drug violations, by type, Montana, 2005-2015



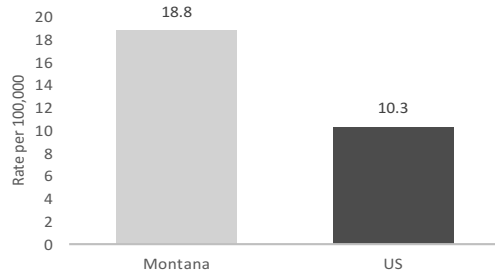
Driving Under the Influence

Offenses related to driving while under the influence of alcohol or drugs also exact a large toll on law enforcement agencies. However, the number and rates of these offenses have declined in recent years, decreasing 20% from 2006 to 2015.¹⁵ There were just under 5,000 DUI offense incidents known to Montana law enforcement agencies in Montana in 2015; more than 3,000 fewer than the number of drug offenses.

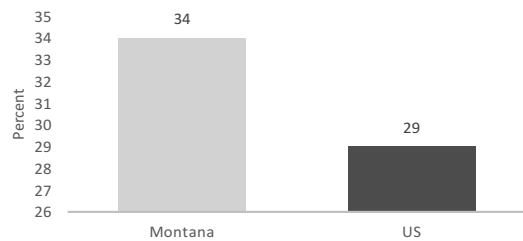


Despite declining rates of DUI offenses, Montana still has high rates of impaired driving, which contributes to our unfortunate distinction as one of the states with the highest traffic fatality rate per capita. In 2015, there were 224 traffic fatalities in the state, 34% of which were alcohol related according to the National Highway Traffic Safety Administration.¹⁶

Traffic fatality rate, Montana and the US, 2014

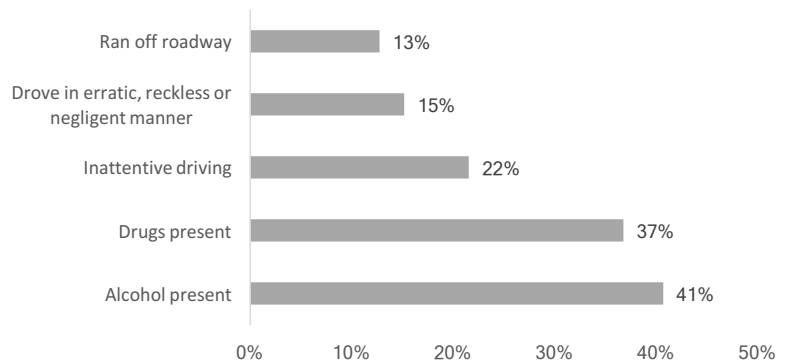


Percent of traffic fatalities that are alcohol related, Montana and the US, 2015



The Montana Highway Patrol estimates that the impact of drug and alcohol impaired driving is even more widespread than these national estimates. According to the 2015 Montana Highway Patrol Annual Report, alcohol contributed to 37% of all fatal crashes, followed closely by drugs which were present in one-third of all traffic fatality cases.¹⁷

Top 5 contributing circumstances to fatal crashes, Montana, 2015



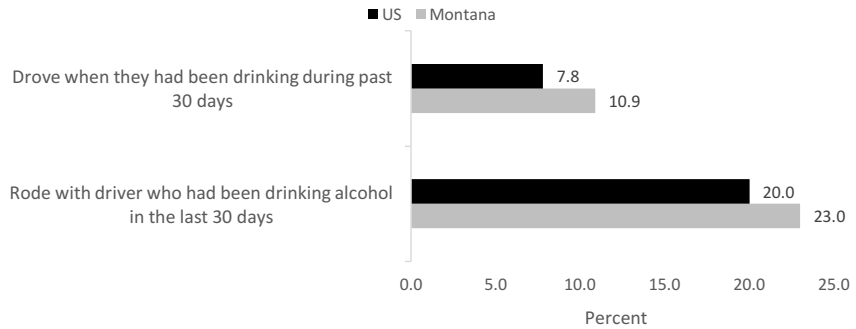
Despite the devastating effects of impaired driving, driving while under the influence is commonly reported behavior in our state. More than one in ten high school students in Montana reports driving after drinking in the last month and almost one quarter report riding with a driver who had been drinking alcohol in the past thirty days, significantly higher than the rates reported by teens in the US.¹⁸

Other substance use offenses and related crimes

In addition to drug and DUI offenses, there were 1,860 liquor law violation offenses in Montana in 2015, including 1,271 violations for the purchase or possession of an intoxicant by a minor. Unlike drug offenses, the number of liquor law violations decreased 14% between 2014 and 2015.¹⁹

However, the impact of substance use on law enforcement is not limited solely to drug, DUI and liquor law violation offenses, which together made up about 17% of the total offenses in Montana in 2014-2015. Multiple stakeholders interviewed for this project noted that substance use is a contributing factor for many other crimes in Montana, such as theft and domestic violence. For example, 24% of rape offenses in Montana involve a perpetrator who is using alcohol and 7% involve drugs or narcotics. These percentages are likely underestimates as the remaining 69% of cases include those where the use of substances is unknown.²⁰ A recent report by the American Civil Liberties Union detailing the make-up of individuals incarcerated in Montana’s jails noted that, “Sheriffs and administrators routinely estimated over 90% of the individuals held were charged with addiction-related offenses.”²¹ Crimes like theft, burglary, and criminal endangerment are all highly correlated with addiction. Clearly, substance use is a major contributor to crime in Montana and a major driver in the work of law enforcement agencies in our state.

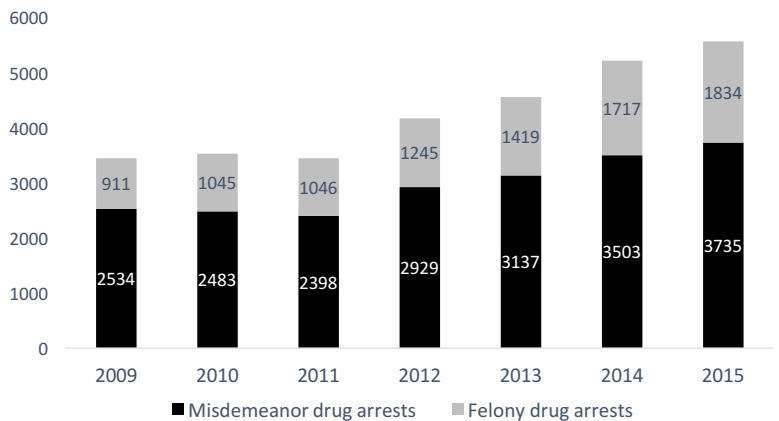
Alcohol use and driving among high school students in the US and Montana, 2015



Impacts on law enforcement

The rapid increase in drug offenses in Montana in recent years has put a substantial strain on law enforcement, jail and court resources. The increasing number of total drug offenses (recorded in the Montana Incident Based Reporting that records all incidents known to Montana law enforcement officials) has, not surprisingly, translated into a 63% increase in arrests for felony and misdemeanor drug possession in Montana since 2009.²²

Felony and misdemeanor arrests for drug offenses, Montana, 2009-2015

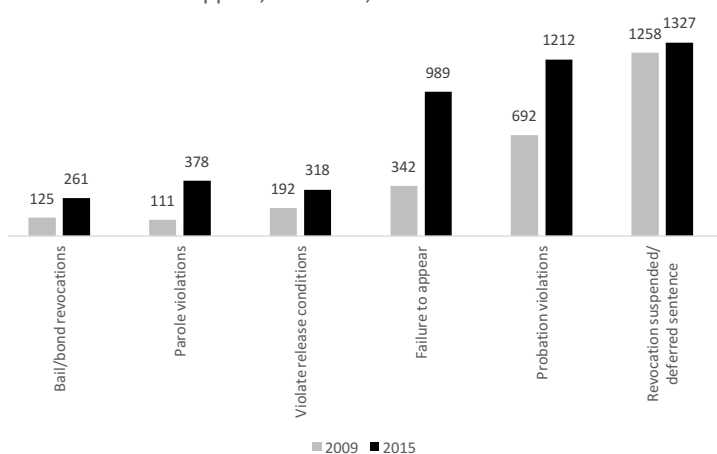


Impacts on law enforcement continued

One driver of arrests in Montana is a substantial increase in probation and parole violations, revocations and failures to appear. There has been a 109% increase in bail/bond revocation arrests, a 241% increase in parole violation arrests, and a 189% increase in failure to appear arrests from 2009 to 2015.²³ Since substance use disorder (SUD) is a chronic, relapsing disease, it is not surprising that a criminal justice system that is increasingly attempting to manage and monitor individuals with SUD is experiencing an increase in these types of offenses.

The increase in the number of drug-related arrests has not only impacted Montana's jails, but its courts as well. The number of district court case filings has increased 21% since 2009, and the Council of State Governments estimates that at least half of this increase is due to felony drug possession cases.²⁶ The increase in case filings has increased the load on the courts, causing the amount of time from case filing to disposition to increase substantially. The time between a guilty plea and a disposition in Montana increased 60 percent between FY2012 and FY2015, from 77 days to 123 days.²⁷

Arrests for probation violations, revocations, and failure to appear, Montana, 2009 and 2015

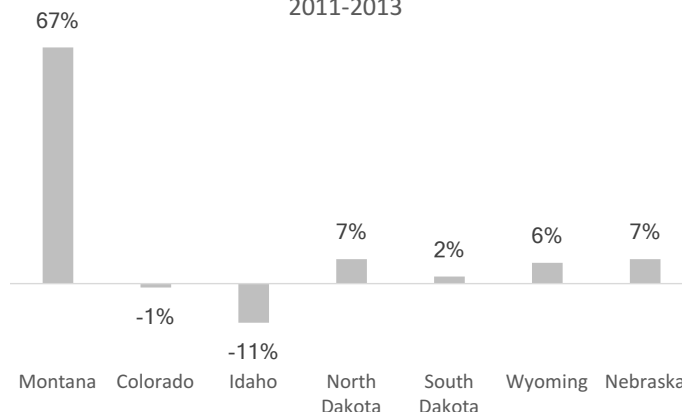


Jail incarceration rates per 100,000 in Montana and surrounding states, 2013



This increase in drug-related arrests has had a substantial impact on jail populations in the state. Montana has the highest jail incarceration rate in the region at 360 per 100,000 residents and saw a 67% increase in its jail population from 2011-2013, while surrounding states saw either decreases or only slight increases in jail populations.²⁴ According to a jail population survey conducted by the Montana Board of Crime Control in September 2015, Montana jails are operating at between 89 and 95% capacity, higher than the national rates for jail populations.²⁵

Percent change in jail population, western states, 2011-2013



The backlog of cases in Montana’s courts has exacerbated the jail overcrowding problem in the state. Montana has one of the highest jail length of stay averages in the region at 21 days.²⁸ In a recent ACLU report on Montana jails, “Detention administrators and sheriffs reported the average length of stay for felony pre-trial detainees was three to nine months. They reported it is common for homicide or multiple felony charges to result in stays over one year.”²⁹

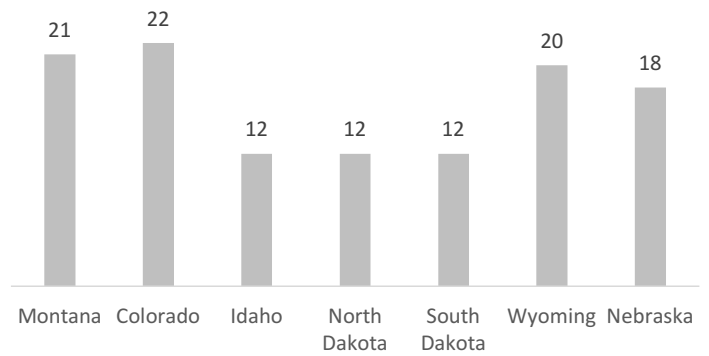
As more individuals in Montana are charged in court on drug offense related charges, the need for legal representation grows. This demand has put a strain on Montana’s Office of the Public Defender, which represents clients who cannot afford a lawyer. The total number of criminal, dependent neglect and lower court cases represented by the Montana Office of the Public Defender grew 20% from 2012–2016 ballooning to more than 34,000 cases annually.³⁰

As courts are flooded with more cases, it is not surprising that it takes more time to process them. The average case duration for criminal, dependent neglect and lower court cases represented by the Office of the Public Defender increased 43 days from 2012 to 2016.³¹ The duration of the Office of the Public Defender’s criminal cases, on average, is now more than a year and a half. Sheriffs and jail administrators in Montana point to overburdened public defenders and a slow criminal justice process as contributing to long pre-trial stays—a key factor in Montana’s jail overcrowding.³²

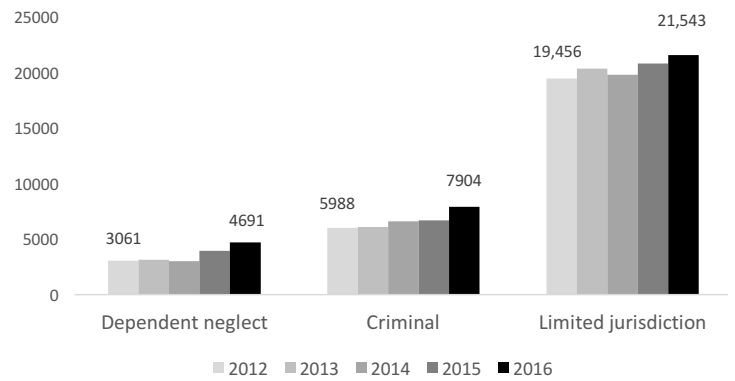


Montana has the highest jail incarceration rate of any state in the region.

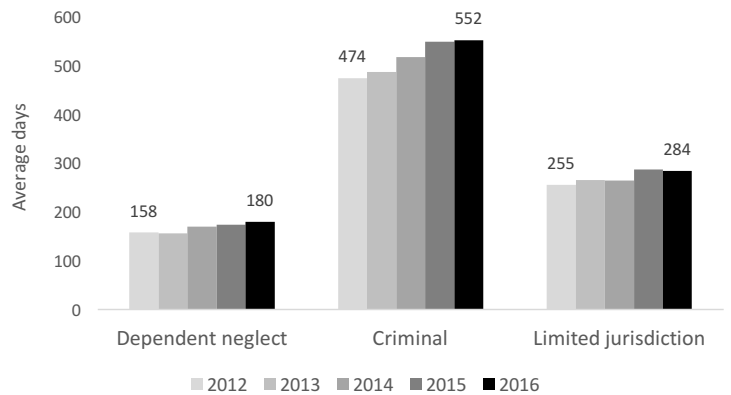
Jail average length of stay by state in days, 2013



Case count by type, Montana Office of the Public Defender, 2012-2016



Case duration by type, Montana Office of the Public Defender, 2012-2016



Felony convictions and the impact of substance use on Montana's prisons and residential treatment facilities

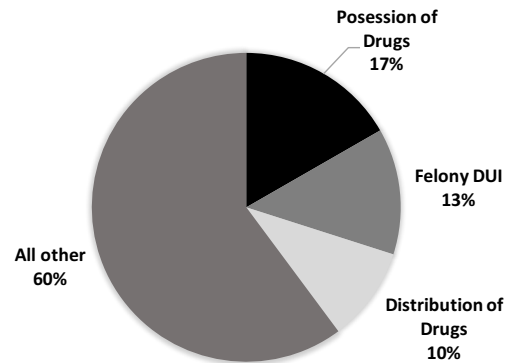
The impact of substance use is even more pronounced when looking at the actual convictions for crimes in Montana, not just those offenses known to law enforcement or arrests. According to the Montana Department of Corrections, four of the top ten felony conviction offenses for males and five of the top ten felony convictions for women are directly related to substance use. For both females and males, possession of drugs is the most common felony conviction.

Table 2. Top 10 Adult felony conviction offenses, Montana, 2012-2016

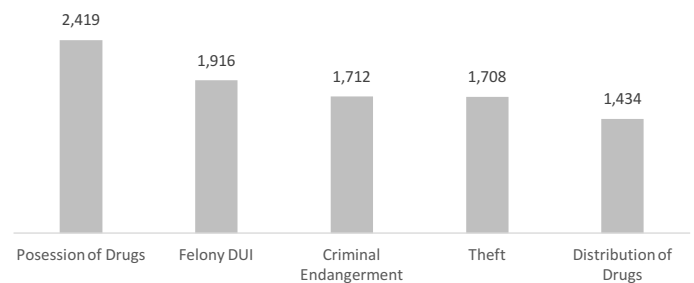
Males	Females
1. Possession of drugs	1. Possession of drugs
2. Criminal endangerment	2. Criminal endangerment
3. Felony DUI	3. Theft
4. Theft	4. Distribution of drugs
5. Burglary	5. Felony DUI
6. Distribution of drugs	6. Issuing a bad check
7. Assault with a weapon	7. Burglary
8. Partner/family member assault	8. Fraudulently obtaining drugs
9. Possession with intent to distribute	9. Forgery
10. Criminal mischief	10. Possession with intent to distribute

In all, 40% of the more than 14,000 felony conviction offenses in Montana from 2012-2016 involved drug possession, distribution, or felony DUI. More than one in six felony convictions in the state of Montana are for possession of drugs.³³ Of the convictions for substance use related crimes in Montana from 2012-2016, 58% received deferred or suspended sentences and 42% were committed to the Department of Corrections (DOC) or sentenced to prison.

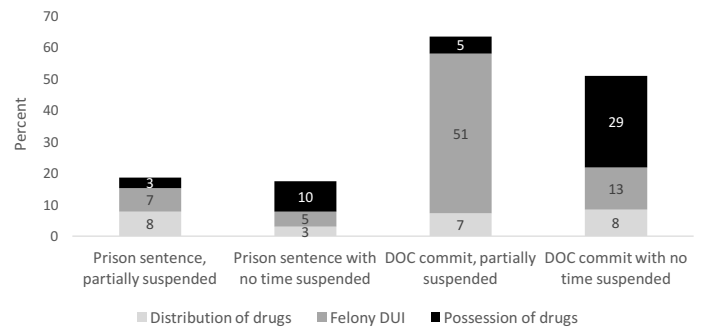
Adult felony conviction offenses, 2012-2016



Top adult conviction offenses in Montana, 2012-2016



Percent of all prison or DOC commit sentences that are substance use related, Montana, 2012-2016



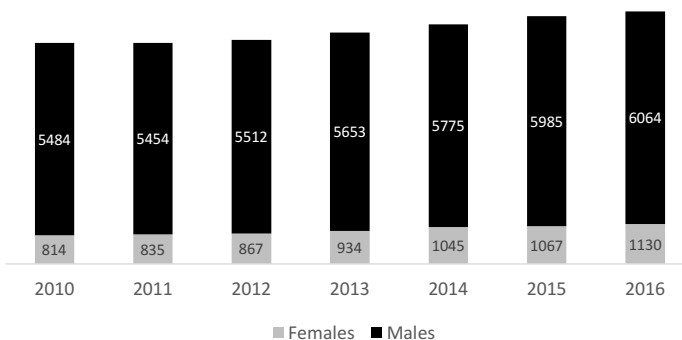
Thus, a substantial proportion of the individuals being held in prisons and other corrections facilities in Montana are there for substance use related offenses. Eighteen percent of individuals in Montana receiving a partially suspended prison sentence have convictions related to substance use along with 18% of those sentenced to prison with no time suspended. Sixty-three percent of individuals committed to the DOC with partial suspended sentences are sentenced for substance use related offenses, along with 50% of those DOC commits with sentences that are not suspended. These individuals convicted of substance use related crimes are often sentenced to lengthy periods of time under DOC supervision. The average net sentence length for substance use related offenders (not counting the length of suspended or deferred sentences) is 4.8 years. Thus, from 2012–2016 Montanans were sentenced to 12,800 unsuspended years of prison or DOC commitment for substance use related offenses.

Not surprisingly, with the uptick in substance use related arrests and convictions, the Montana prison system and DOC facilities are at or near capacity. Montana’s current prison capacity is 2,522 and the current population is 2,617 and projected to increase.³⁴ DOC residential facilities for DOC commits are also at capacity, creating a backlog in jails which themselves are already overcrowded. According to interviews conducted by the ACLU, “Detention administrators uniformly reported increases in the lengths of stay for DOC-sentenced individuals as they await transfer to a DOC facility.”³⁵

Since 2012, the female population in DOC facilities in Montana (prisons, residential or work programs or pre-release centers) has grown 30% and the male population has grown 10%. A total of 2,617 individuals were admitted to Montana DOC facilities in 2016 and only 2,421 were released.³⁷

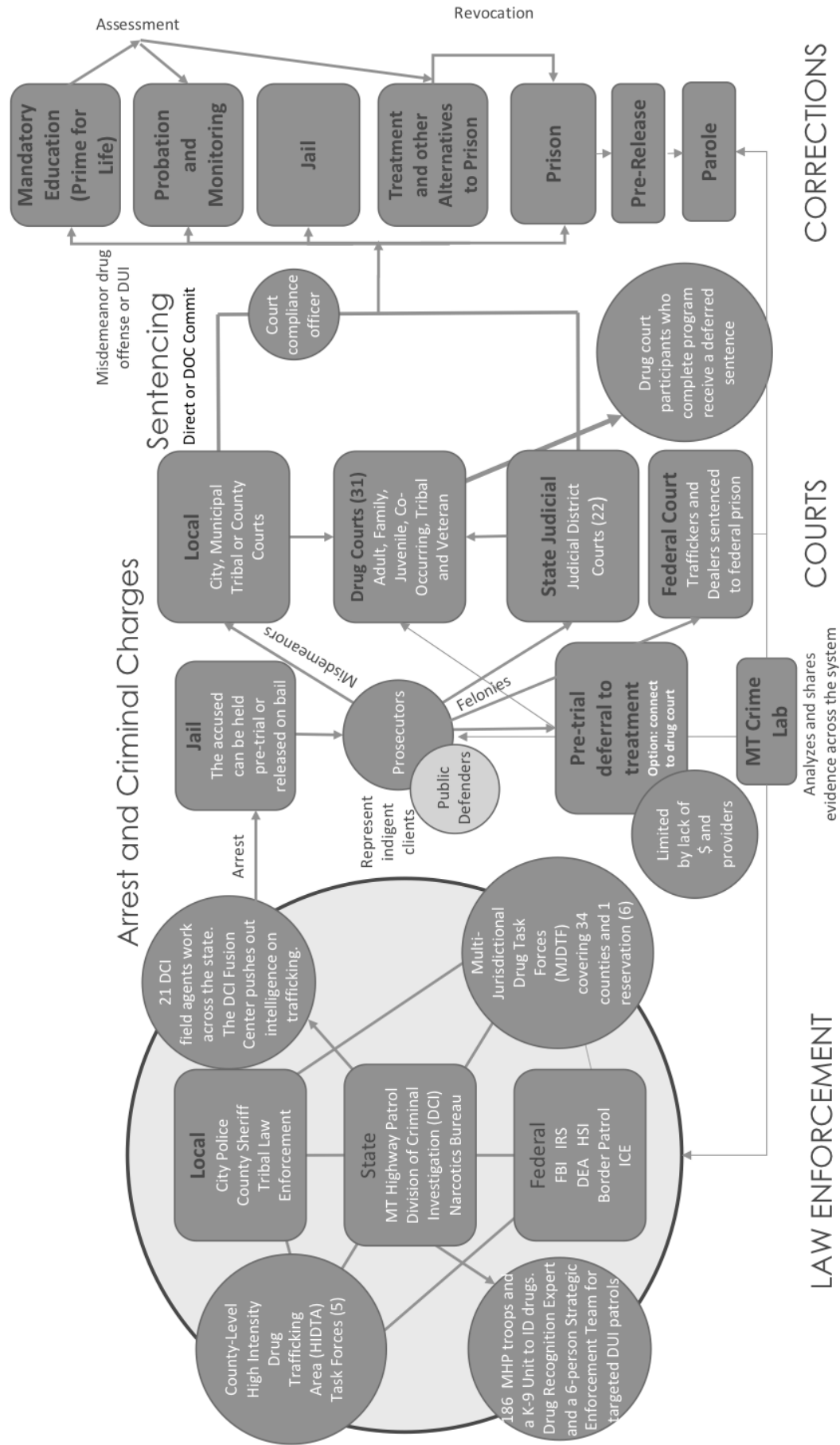
With substance use contributing to a growing percentage of the work of law enforcement in Montana, a variety of programs within the state of Montana are working to support state and federal law enforcement to effectively enforce substance use laws. The map on the following page attempts to visually represent the systems used to enforce existing substance use related laws in the state.

Montana DOC facility population by gender, 2010-2016



Montana’s current prison system and secure substance use disorder treatment facilities are at or near capacity.

Substance Use Enforcement Map



The following pages summarize the major initiatives in Montana related to substance use enforcement, focusing on those programs operating at the state level.

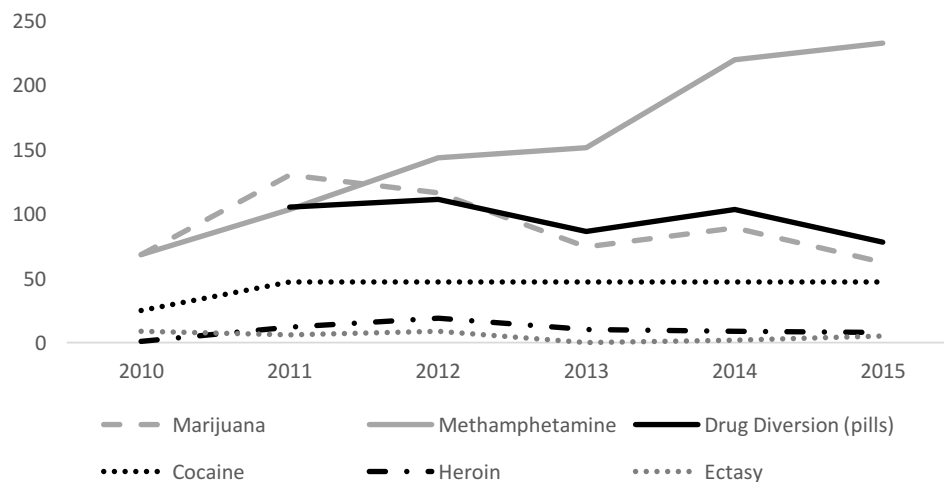
Division of Criminal Investigation

The Narcotics Bureau within the Division of Criminal Investigation (DCI) under the Department of Justice collaborates with law enforcement officials statewide to investigate high-level drug cases, focusing on convicting upper level drug traffickers who are bringing drugs into or trafficking them through our state. Agents in the bureau investigate dangerous drug violations and provide investigative assistance to city, county, state, and federal law enforcement agencies as requested. The Bureau has 21 agents in the field, including five local officers assigned to DCI Narcotics. Narcotics Bureau agents act as some of the state’s only undercover operatives, providing investigative assistance at the request of city, county, state and federal law enforcement officials. Four Narcotics Bureau agents focus specifically on prescription pill diversion. Narcotics Bureau agents participate actively on federal and state level drug task force groups. The Narcotics Bureau manages the Eastern and Southwestern Drug Task Forces in the state, including serving as the central command for these groups and conducting their administrative, fiscal and reporting duties.

Methamphetamine cases make up the majority of the investigations conducted by Narcotics Bureau agents, with 232 of the 432 cases (54%) involving meth. The number of methamphetamine cases has more than tripled since 2010. Pill diversion is the second highest driver of Narcotics Bureau investigations, comprising about one in five cases.

Following the 2017 Legislative Session, the Montana Highway Patrol received support for criminal interdiction teams to disrupt the flow of criminal activity on our highway system. To bolster this effort, DCI has assigned two agents to support the interdiction team operations. Agents will initiate investigations following seizures to try to identify the source and origin of dangerous drugs impacting Montana. The agents will also work closely with other transportation hubs such as railway and shipping services who often unknowingly serve as delivery systems into Montana.

Number of cases, by year and drug, Montana Division of Criminal Investigation, 2010-2015



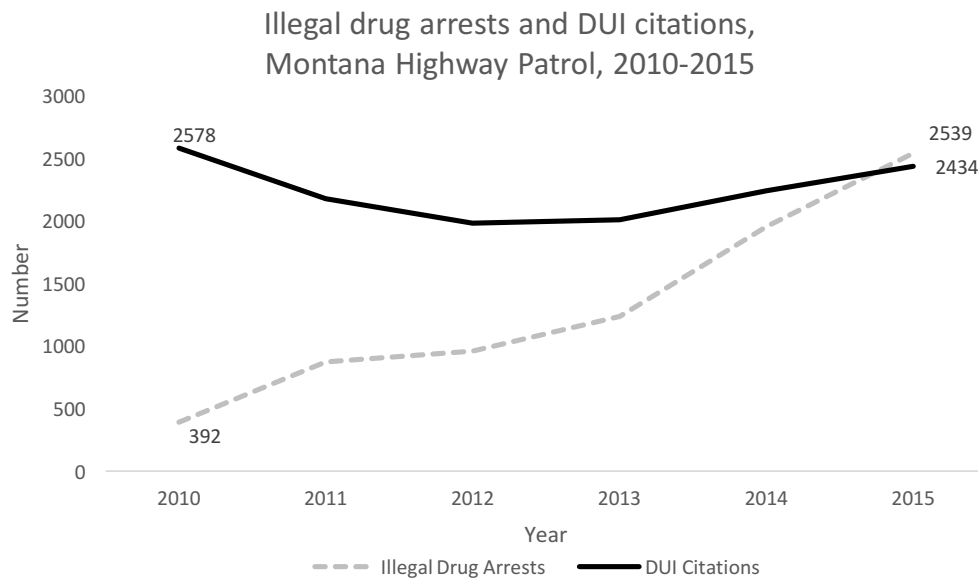
Montana Highway Patrol

The Montana Highway Patrol (MHP) is the law enforcement agency housed within the Montana Department of Justice that has statewide jurisdiction on state, city or county highways. The MHP has 186 active troopers organized into eight districts that respond to more than 22,000 crashes on Montana’s highways annually. In terms of drug enforcement, Colonel Tom Butler, head of the MHP, reports that Highway Patrol officers are currently finding more drugs than they have ever found in their agency’s history. He also notes the majority of the cases seen by the MHP are for driving while under the influence of alcohol, both because the rates of drinking and driving in Montana are high relative to national rates, but also because MHP officers carry roadside breathalyzers they can use in the field.³⁸ MHP officers cannot conduct roadside drug tests because they do not have that technology available.

To bolster their ability to detect and enforce substance use-impaired drivers and increase safety on Montana’s roads, the MHP employs a Traffic Safety Resource Officer

(TSRO), funded by a grant from the Montana Department of Transportation and the National Highway Traffic Safety Administration. The TSRO delivers around 30 trainings per year including Standard Field Sobriety Testing (SFST), Advanced Roadside Impaired Driving Enforcement (ARIDE), and Drug Recognition Expert (DRE) training. These trainings allow MHP officers and local law enforcement to more effectively and systematically identify and enforce substance use-impaired drivers. The MHP currently has 21 certified Drug Recognition Experts based around the state. In addition to providing enhanced training to officers, in 2014, the MHP implemented the use of canine narcotics units to support the agency’s drug interdiction work.

According to the MHP’s 2015 annual report, the number of illegal drug arrests by the Montana Highway Patrol has increased 547% since 2010, while the DUI citation rate has remained steady. Clearly, substance use, particularly illegal drug use and arrests, are an increasing part of the work being conducted by the Montana Highway Patrol.



The number of illegal drug arrests by the Montana Highway Patrol has increased 547% since 2010.


Criminal Interdiction Teams

The 2017 Montana legislature funded a 6-person Criminal Interdiction Team within the Montana Highway Patrol to assist with better identifying drug trafficking related crimes on Montana's roadways. The goal of the Criminal Interdiction Team is to assist with identifying and dismantling large scale drug trafficking organizations to the benefit of Montanans and our neighbor states.

Two Criminal Interdiction teams are under development. The eastern Montana team will be housed in Billings with the federal Drug Enforcement Agency and the western team will be housed with the Missoula HIDTA Drug Task Force. DCI will provide investigative services for the criminal interdiction teams and a Montana Highway Patrol K9 unit will be assigned to each component. The Criminal Interdiction teams will be tasked with disrupting the criminal drug trafficking element that uses Montana's roadways. The teams will conduct high volume traffic stops, monitoring signs of criminal activity, and will support to work of the MHP, allowing troopers to narrow their focus.

The teams will be equipped to more flexibly respond to requests for assistance from local law enforcement agencies and MHP troopers and rapidly change tactics in response to criminal intelligence. The MHP believes that narcotics traffickers are among the most prevalent criminals using the Montana highway system and that focusing teams on interdicting loads of drugs that are being shipped from the source to their destinations can lead to higher value targets and investigations that begin at a more advanced stage.

The legislative request to form these teams was the result of the MHP noting a sharp increase in the number and amount of drug arrests and seizures in recent years. Between 2012 and 2016, the MHP overall felony drug arrests increased 336%.



Criminal interdiction teams seek to better identify drug trafficking crimes on Montana's roadways.

Drug Task Forces

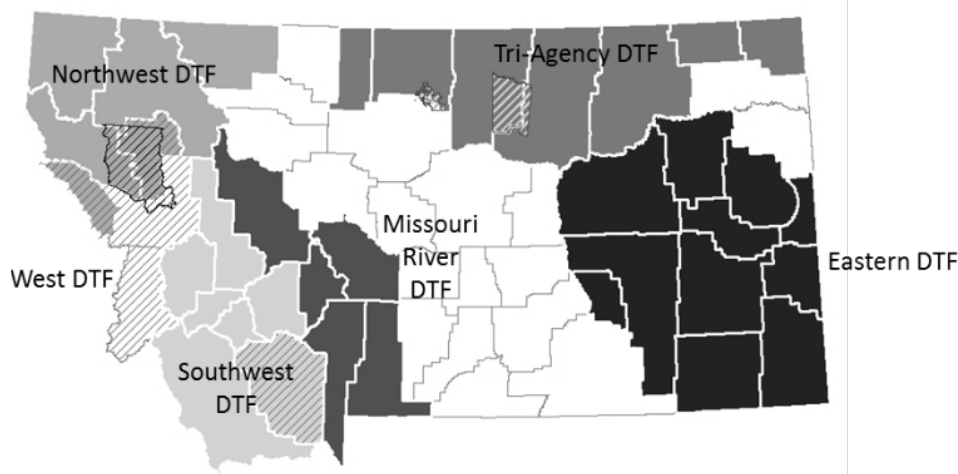
A key partner in the drug-related enforcement activities in Montana are the Drug Task Force groups that operate across the state. There are two kinds of drug task forces in Montana: Multi-Jurisdictional Drug Task Forces (MJDTF) and High Intensity Drug Trafficking Area (HIDTA) Task Force groups.

Multijurisdictional Drug Task Forces

The Montana Board of Crime Control administers the federal Justice Assistance Grant (JAG) program that funds six Multi-Jurisdictional Drug Task Force (MJDTF) groups across the state of Montana. The MJDTF's mission is to "provide a collaborative federal, state and local law enforcement effort to identify, target and address those involved in drug trafficking, manufacturing, and/or violence." The task forces utilize sophisticated long-term investigative approaches, including undercover surveillance, to disrupt and dismantle targeted drug operations.³⁹ The MJDTFs in Montana must include law enforcement

representatives from five or more counties or Indian Reservations, have annual, written inter-local agreements with participating agencies and provide letters of support from local officials within their operating areas. Local jurisdictions provide matching funds for the JAG grants to support the MJDTFs, and a local board comprised of member agencies oversees each task force. The counties participating in MJDTFs are listed in the map below. Because of the limited funding and the way that Montana has chosen to distribute these funds, 22 out of Montana's 56 counties and four of Montana's seven reservations are not included on MJDTFs.

Montana's Multijurisdictional Drug Task Forces



-
- Northwest DTF:** Counties- Lincoln, Flathead, Glacier, Sander, Lake & Mineral | Cities- Kalispell, Whitefish and Columbia
 - West Central DTF:** Counties-Missoula, Ravalli, Mineral & Lake Reservations: Flathead Flathead Agency Tribal Police, Missoula City Police, Missoula County Attorney's Office
 - Southwest DTF:** Counties- Silver Bow, Beaverhead, Deer Lodge, Granite, Jefferson, Madison and Powell Cities- Dillon; MT DOJ Division of Criminal Investigation
 - Missouri River DTF:** Counties-Lewis & Clark, Gallatin, Park, Broadwater, Madison and Meagher; Cities- Bozeman, Helena, Belgrade, Livingston and West Yellowstone
 - Tri-Agency DTF:** Counties-Hill, Blaine, Sheridan, Valley, Daniels and Liberty
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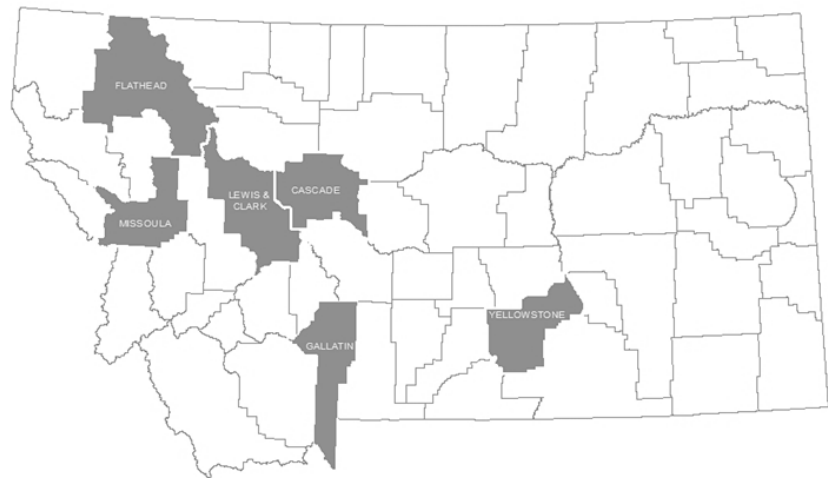
High Intensity Drug Trafficking Area Drug Task Forces

Six counties in Montana are also funded to operate a total of five High Intensity Drug Trafficking Area (HIDTA) Task Forces. The national HIDTA network is funded by the federal Office of National Drug Control Policy (ONDCP); its main mission is to disrupt and dismantle local, multi-state and international drug trafficking organizations (DTO's). The HIDTA Drug Task Force groups are federally funded at the county level in counties that have been identified as high intensity areas where drug distribution or production occurs. All of the Montana-based HIDTA groups are funded and supported out of the Rocky Mountain High Intensity Drug Trafficking Area which is headquartered in Denver, Colorado. As such, all HIDTAs budgets are controlled by counties. However, DCI does provide some state level oversight and support to these groups.

The purpose of the HIDTA program is to reduce drug trafficking and production by:

- Facilitating cooperation among federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- Enhancing law enforcement intelligence to promote sharing among federal, state, local, and tribal law enforcement agencies;
- Providing reliable law enforcement intelligence to law enforcement agencies to facilitate the design of effective enforcement strategies and operations; and Supporting coordinated law enforcement strategies that make the most of available resources to reduce the supply of illegal drugs in designated areas of the United States and in the nation as a whole.⁴⁰

Montana High Intensity Drug Trafficking Areas



Montana HIDTAs

Russell Country DTF in Cascade County

Eastern Montana DTF in Yellowstone County

Missoula County DTF in Missoula County

Northwest DTF in Flathead County

Central Montana DTF in Lewis and Clark County and Gallatin County

Montana Board of Crime Control

The Montana Board of Crime Control (MBCC) is the criminal justice planning agency in the state of Montana and the designated State Administering Agency for criminal justice grants to local law enforcement agencies in Montana. The MBCC administers federal criminal justice block grants and victims' services grants, and has the ability to apply for discretionary grants that are in line with the strategic directions they have selected for the criminal justice system in Montana. The MBCC has its own Executive Director and Board of Directors appointed by the Governor.

In terms of substance use, the MBCC coordinates a number of key initiatives.

Montana Incident Based Reporting System (MTIBRS)

The Montana Incident Based Reporting System is an online database that compiles all of the incidents and arrests known to Montana law enforcement in a searchable format, including demographic information on victims and offenders, the types of criminal offense recorded for each incident and property data for property crimes. The information can be sorted geographically and includes data from 2005 to the present. The current MTIBRS system does not include information about what occurs after individuals are arrested. Thus, information on criminal charges, convictions, and sentencing are not currently available through MTIBRS. The MBCC is working on updating its system to include more comprehensive statistics, tracking individuals from the incident level through conviction, sentencing and probation or parole. This new system is expected to go live in 2018. Despite its limitations, MTIBRS is an important source of data on substance use in Montana's criminal justice system.

MBCC Strategic Planning

The MBCC convened stakeholders in January 2016 to develop a strategic plan for the MBCC. Overwhelmingly, the issue of addiction was identified as a key area of concern, particularly the need for prevention and early intervention for substance use disorders in the state. As a result of the strategic planning process, the MBCC is revisiting its use of the federal JAG block grant that has historically been used to fund Multi-Jurisdictional Drug Task Force groups in Montana and is considering diversifying this funding to address the pervasive drug culture in Montana and implement evidence-based prevention activities. MBCC Director Deb Matteucci emphasized the need for more strategic planning and coordinated work to address the problem of substance use in Montana: "At the present, there is almost no planning. Where do we, as a state, want to go? How do we link things together? It is harder to plug gaps if there isn't a larger picture."

The MBCC's strategic plan overwhelmingly identified addiction as a key area of concern in Montana's justice system.

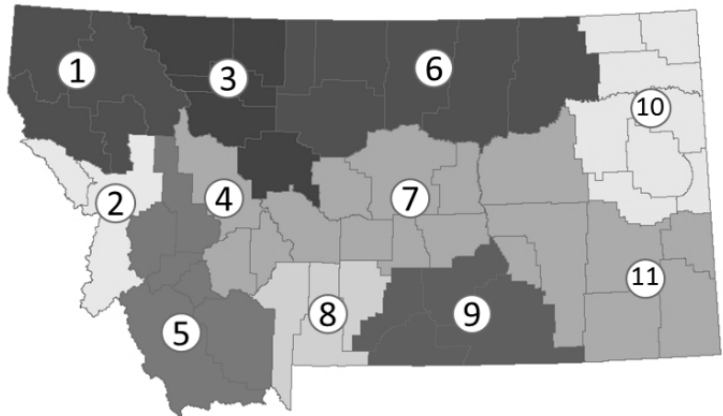
Montana Office of the Public Defender

The Montana Office of the Public Defender’s (OPD) mission is to provide “effective assistance of counsel to indigent persons accused of crime and other persons in civil cases who are entitled by law to the assistance of counsel at public expense.”⁴¹ The 114 staff attorneys and 252 contract lawyers working for the OPD⁴² are thus tasked with representing criminal and civil defendants who meet financial eligibility requirements and cannot afford a lawyer in all 207 of Montana Judicial District Courts and Courts of Limited Jurisdiction.

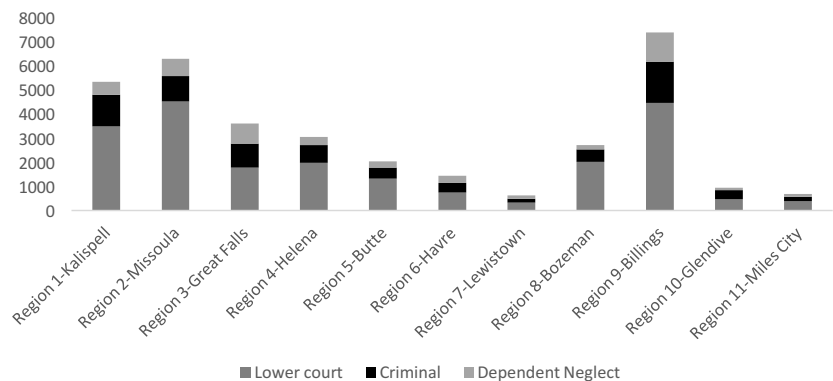
The Montana OPD is administratively structured into 11 regional offices. More than half of the OPD’s criminal, dependent neglect and lower court cases are adjudicated in Regions 9 (Billings) 1 (Kalispell) and 2 (Missoula). In recent years, the number of cases represented by the OPD has increased, driven in part by the increase in court filings in both the lower and judicial district courts related to drug possession and DUIs, as well as a dramatic increase (53% from 2012–2016) in dependent neglect cases, many of which are related to substance use.⁴³ The OPD worked more than 34,000 lower court, dependent neglect and criminal cases in FY 2016.⁴⁴

Bill Hooks, the former chief Public Defender in Montana, describes the increasing substance use related workload this way. “What we are challenged with as public defenders is an ever-increasing number of cases. And legally, we have no ability to turn down cases if a client is eligible financially. My position is, if we can’t reject cases—we need to do a lot more to prevent them from ever coming into the system, keep them there as short as possible, and do what we can to help them not come back into the system.” One way that the OPD will seek to better assist clients with substance use concerns is through the implementation of a holistic defense pilot project. Under House Bill 89, passed during the 2017 legislature, the OPD will develop a holistic defense pilot project in four locations across the state, starting in the fall of 2017. One aspect of the pilot project will be to proactively address chemical dependency and mental health issues for OPD clients in addition to providing needed legal support.

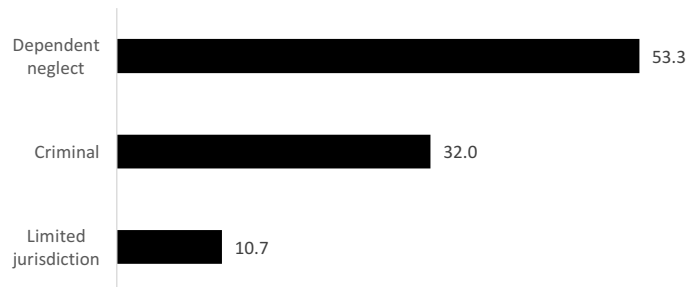
Office of the Public Defender Regional Offices



Lower court, criminal district court and dependent neglect cases by region, Montana Office of the Public Defender, 2016



Percent increase in case count by case type, 2012-2016, Montana Office of the Public Defender



Montana Judicial Branch

The Montana Judicial Branch includes:

- The Supreme Court, consisting of a Chief Justice and six associate justices
- 56 District Courts administratively structured into 22 districts served by 46 District Court Judges who process all felony, probate, and civil cases.
- Courts of Limited Jurisdiction, including 62 Justice Courts, 84 City Courts and six Municipal Courts. In 2011, there were 112 Limited Jurisdiction Court judges in Montana.

The Court Administrator is the chief administrative staff person for the judiciary, executing the day-to-day administrative operations of the Supreme Court along with her staff. The Court Administrator answers to all seven justices of the Supreme Court, and handles some administrative matters concerning District Courts and Courts of Limited Jurisdiction.

Montana Judicial Districts

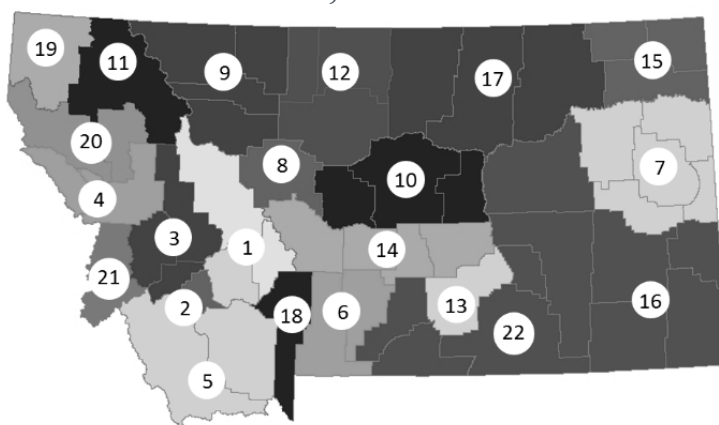
In terms of substance use, all felony drug possession and DUI cases (4th DUI and after) are processed through the Judicial District Court; misdemeanor DUI and drug possession cases are processed through the Courts of Limited Jurisdiction. As stated previously, there was a 29% increase in District Court case filings from 2011–2014 in Montana and the Council of State Governments estimates

that “almost half of that increase appears to be driven by increases in felony drug possession filings.” Both the Courts of Limited Jurisdiction and the Judicial District Courts have seen increases in caseloads in recent years.

Beth McLaughlin, the Court Administrator for Montana, describes how the increase in felony substance use cases has particularly affected the Judicial District Courts. “In Montana, we have 46 district court judges and 53,000 filings annually in the district courts. The district courts handle divorces, child abuse and neglect, and civil cases. Criminal justice cases only represent 20% of case filings, but, unlike the civil cases, the criminal cases must be processed on mandated timelines. When you have so many drug filings, it slows down everything from the civil side. The criminal caseload is just too high.”

To address substance use cases, the Judicial Branch supports Drug treatment courts embedded in Judicial District Courts and Courts of Limited Jurisdiction across Montana. For more information on Drug treatment courts, see the Treatment chapter of this report.

Montana Judicial Districts

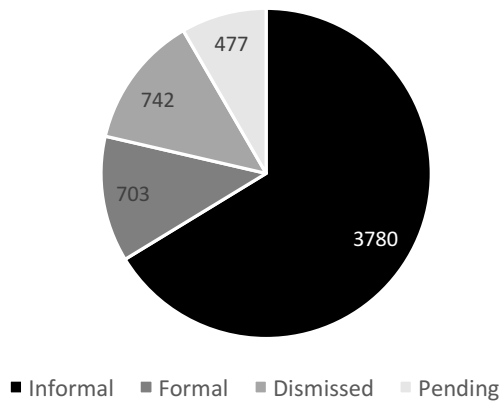


Youth Courts

The Judicial Branch also oversees Montana’s Youth Courts which are housed within the 22 Judicial District Courts. Unlike the adult system, in the Montana Youth Courts, probation officers are employed by the judicial districts, and youth entering the system interact first with the juvenile probation officers who can resolve their offenses informally without any charges being filed. In 2016, 3,711 youth were referred 5,702 times to juvenile probation officers across the state. Seventy-two percent of cases were resolved through the informal ticket process, 14% of cases were dismissed and 13% of cases were forwarded to youth court judge through county attorneys.⁴⁶

Substance use is a common concern seen in the Youth Courts. However, it is important to note that most judicial district Youth Courts do not process Minor in Possession (MIP) alcohol offenses, which are the most common substance use related offense in youth. MIP offenses are instead processed through courts of limited jurisdiction, except in the case of a few smaller district courts that maintain an MOU with the local courts of jurisdiction to handle MIPs. In addition, in some cases, a youth receiving an MIP processed through a court of limited jurisdiction can receive a contempt citation and be referred to the juvenile probation officer in a Youth Court. Most MIP cases, however, simply result in community service and/or a fine.

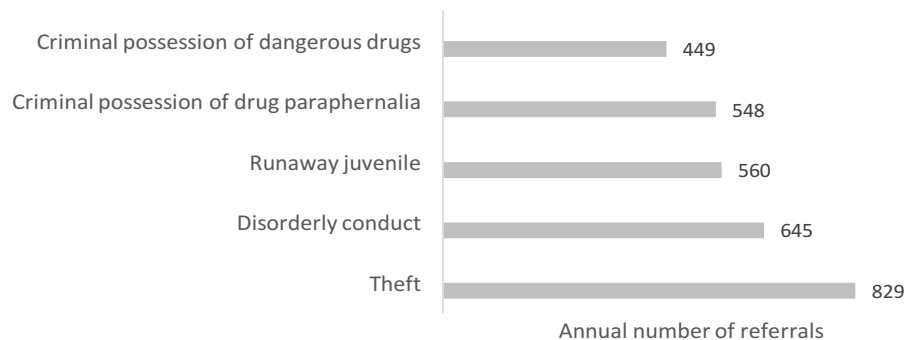
Type of disposition used, Youth Court, 2016



Despite not processing MIP cases, the 4th and 5th most common offenses referred to juvenile probation are criminal possession of drug paraphernalia and criminal possession of dangerous drugs. Youth referred to juvenile probation for non-drug related offenses may also have a substance use concern that can be addressed by Youth Court. In two judicial districts and on the Crow Reservation, youth have access to juvenile Drug treatment courts that can facilitate access to chemical dependency treatment and monitoring. The youth treatment court on the Crow Reservation is not overseen by the Judicial Branch. For more information on these courts, see the drug treatment court section of this report.

Unlike the adult system, the number of youth court cases has declined in recent years. Almost 1,500 fewer youth were referred to the Youth Courts in 2016 compared to 2010.

Most frequent offenses referred to juvenile probation, Montana, 2016

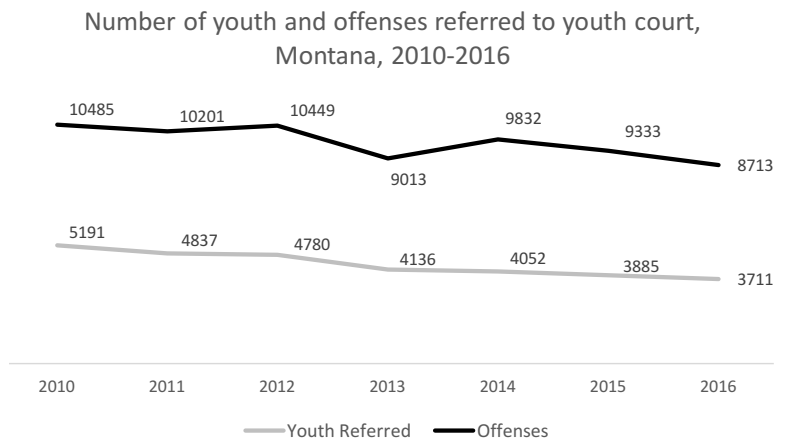


Youth Courts continued

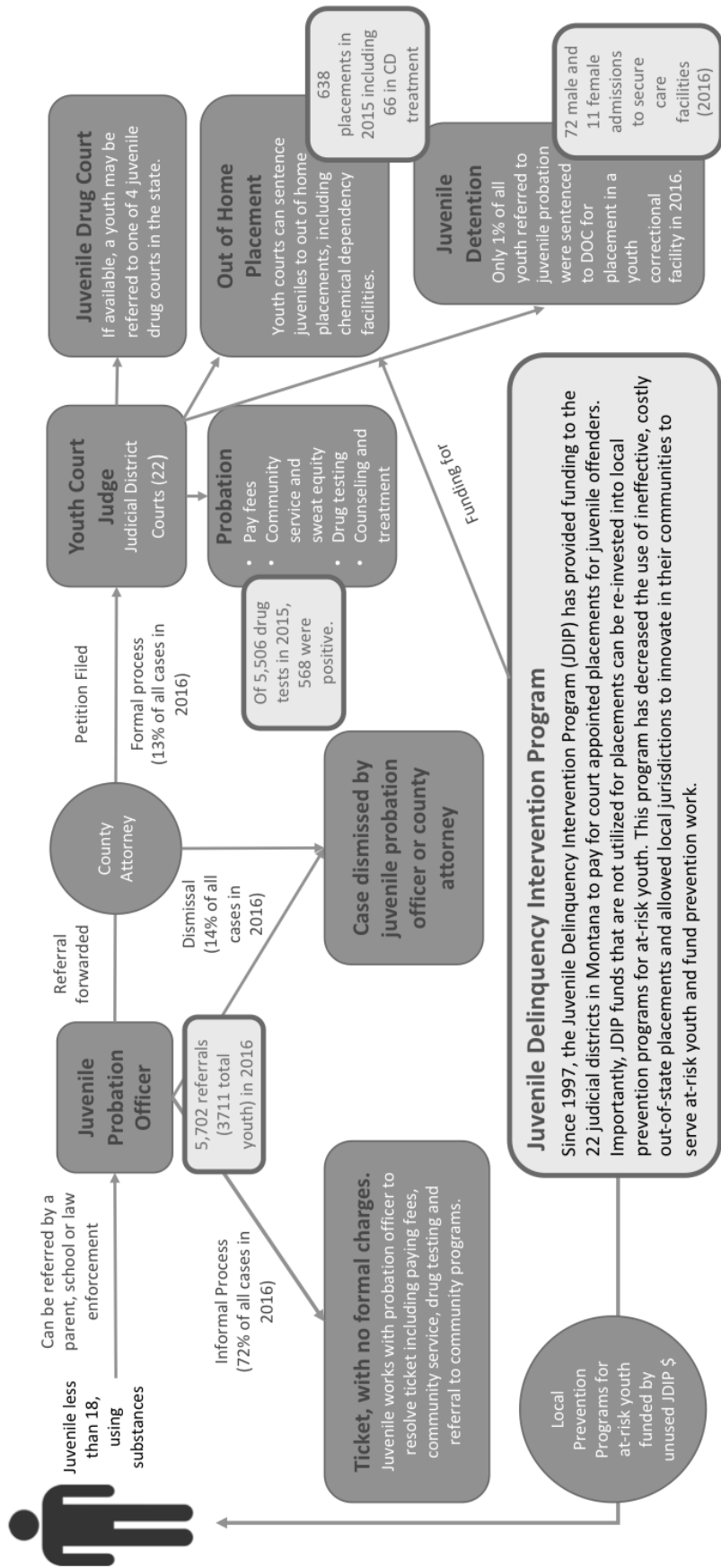
The Youth Courts in Montana are unique in the justice system in that they provide funding directly to communities to work on prevention activities to support youth from ever entering the justice system. Since 1997, the Juvenile Delinquency Intervention Program (JDIP) administered by the Judicial Branch has provided funding to the 22 judicial districts in Montana to pay for court appointed placements for juvenile offenders. Importantly, JDIP funds that are not utilized for placements are allocated to State Special Revenue for reinvestment into local prevention programs for at-risk youth. Every year, the chief juvenile probation officer in each district submits a Prevention Incentives Fund (PIF) plan to the Youth Court's Cost Containment Panel. Some of the dollars are utilized for pure prevention programming, such as working with at-risk youth in shelter-care facilities or after school programs. Often, these youth are not even involved in the justice system, but are supported to achieve educational goals, address substance use and family risk factors and meet other goals that decrease their risk of justice system involvement over the long term. Other PIF funds are used to support the youth who are on juvenile probation to receive the help they need in their own communities. This program incentivizes communities to consider local placement options and decreased the use of costly out-of-state placements while allowing local jurisdictions to innovate in their communities to serve at-risk youth and fund prevention work. Importantly, JDIP funds are one of the only state level sources of funding available in Montana to fund substance use prevention activities. Beth McLaughlin says of the JDIP Program, "This is a 20 year old program and it has been amazingly successful."

The Youth Courts have also been active in training the juvenile probation officers and others across the state to actively address trauma, mental health and substance use in the population they serve. Many probation officers statewide are now trained in Mental Health First Aid⁴⁷ and the Youth Courts have partnered with the non-profit ChildWise⁴⁸ to provide training on trauma informed practice to their staff. According to the Tom Billteen, the Youth Court Services Bureau Chief, "We have made a real effort to bring a trauma informed lens to the youth court system and it has made a positive impact on our probation officer's ability to support the youth in our system."

Because of all the preventative and community based investments in the Youth Courts, costly secure care residential placements are now so rarely used that only 1% of youth in the Montana Youth Courts are sent to the Department of Corrections. There were only 72 males and 11 females admitted to juvenile secure facilities in the state in 2016. Because releases from juvenile secure facilities are outpacing admissions, DOC is repurposing some of the space for young adult offenders in need of supportive programming and education. The two youth correctional facilities in the state (Riverside Youth Correctional Facility in Boulder and Pinehills Youth Correctional Facility in Miles City) are now piloting groups for young men and women adult offenders for continuing education, life skills training, mental health treatment, trauma and recovery and chemical dependency treatment.



Youth Courts Map



Source: Montana Judicial Branch: Montana Youth Court At-A-Glance, January 2015 through December 2015, https://courts.mt.gov/portals/113/tcourtyth_court/docs/2015reportcard.pdf

Montana State Crime Lab

The Forensic Science Division of the Montana DOJ is home to the Montana State Crime Lab. Located in Missoula, the Montana State Crime Lab is the only forensic laboratory in Montana. The Crime Lab has a Drug Identification Section that employs eight chemists to perform drug testing and a Toxicology Section with ten employees who work to identify drugs in the presence of biological samples such as blood and urine. The Toxicology Section may test samples from DUI cases, drug-related rape cases, or suspected drug overdose deaths.

In the past three years, the Drug Identification Section has added three new chemists (almost doubling the capacity of the section) because of the influx in drug-related cases. The section tested 3,360 samples in 2016, up from only 2,015 in 2013, a 67% increase in three years. Also in response to the increased demand for drug testing, the Crime Lab has recently set up a drug identification laboratory in Billings.

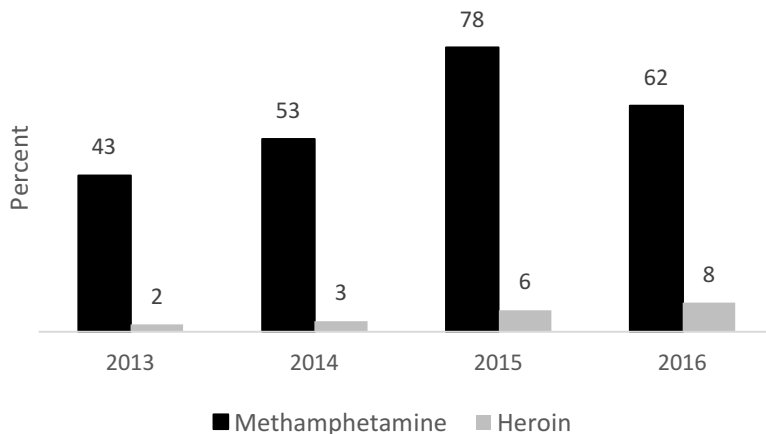
The Toxicology Section, which tests biological samples, conducted just less than 6,000 toxicology tests in 2016, up from fewer than 4,000 in 2010. Of those tests, over half were DUI cases and roughly 10% were requests for urinalysis to detect the presence of drugs.⁴⁹ According to Scott Larson, Administrator of the Montana Crime Lab, the most common illegal drug detected in samples tested by the Montana Crime Lab is methamphetamine (more than 650 positive toxicology tests in 2016 for methampheta-

mine). In addition, the identification of synthetic opiates has been increasing in recent years.⁵⁰

The Montana Crime Lab has struggled to expand its testing capacity and technology to meet the growing and complex demand for drug testing. Montanans are increasingly exposed to synthetic drugs such as fentanyl, a deadly drug that can be cut into heroin. These synthetic drugs are harder to test for, but they are also more lethal. To improve drug screening and turnaround times, the Montana Crime Lab supports the work of the MHP and other local law enforcement officers to certify Drug Recognition Experts (DRE) who are trained to systematically assess individuals suspected of drug use in the field and then provide the Crime Lab with specific information about what drugs are likely to be involved to guide testing efforts.

The problem of polysubstance use and the growing number of DUI and drug cases have caused the State Crime Lab to implement policies to expedite and reduce the cost of testing. Thus, biological samples in DUI cases are only tested for drugs if the test is requested and the blood alcohol level of the sample is below the legal limit of 0.10. The Drug Identification Section also has a policy to not test for the presence of THC (marijuana) unless there are more than 60 grams of marijuana present at the time of the arrest.

Percent of samples containing methamphetamine and heroin, Montana State Crime Lab, 2013-2016



Montana Department of Corrections

The Montana Department of Corrections (DOC) works to enhance public safety, support the victims of crime, promote positive change in offender behavior, and reintegrate offenders into the community. The DOC operates Montana's prison, contracts for pre-release facilities and employs the adult probation and parole officers for felony offenders in the state. The DOC also oversees contracted residential chemical dependency treatment facilities for offenders with SUD and provides SUD services at Riverside, Pine Hills and other secure facilities for DOC committed offenders. In all, the total population of Montanans in facilities operated or contracted by the DOC in June 2016 was 7,061. The rate of admissions to DOC facilities in the state is currently outpacing releases, with 2,617 admissions and 2,421 releases in 2016. As stated previously, about 40% of the offenders processed through the DOC are there for offenses related to substance use. Of the top five crimes for which individuals in Montana are sentenced to prison or otherwise committed to the DOC, three are related to substance use. Possession of drugs and felony DUI are the top two adult conviction offenses in the state, and distribution of drugs is number five.⁵¹

A unique feature of Montana's corrections systems is that it is the only system in the US where, according to state statute, individuals can go to prison or a secure SUD treatment facility either by being sentenced directly by a judge or after being sentenced as a "DOC commit". Seventy-seven percent of the felony convictions from 2012-2016 in Montana where the sentence was not deferred or suspended were sentenced as DOC commits, versus direct sentencing to prison. After commitment, the DOC has discretion to assess offenders and place them in pre-release centers, probation or prison. Thus, Montana's DOC has greater discretion in placement than almost any other department in the country.

Assessment of DOC commits

If indicated by a risk assessment or prior history, DOC commits and individuals sentenced to prison receive chemical dependency assessments, which are conducted in a variety of settings. The Montana State Prison and the Women's Prison provide evaluation and assessments for incoming prisoners that include chemical dependency. Male DOC commits can receive assessments through the Missoula Assessment and Sanction Center (MASC) program; women can be assessed at the Passages Assessment, Sanction and Revocation Center in Billings. Individuals whose assessment indicates a need for chemical dependency treatment may be diverted to a community-based treatment program or placed in residential treatment facility operated or contracted by the DOC instead of prison. Alternatively, the offender may be placed in prison, pre-release, or probation and connected to chemical dependency treatment services within those systems. About 77% of the individuals entering MASC are diverted from prison to community-based programs.⁵² Some individuals are assessed in jail settings before being placed in a DOC facility. Victim impact statements, past treatment history, criminal background and other data are used along with the assessments to determine the best placement for DOC committed individuals.

Montana Prisons

Montana has five adult prisons: the Montana Women's Prison in Billings, the Montana State Prison in Deer Lodge, the contracted Crossroads Correctional Center in Shelby, and two regional prisons in Glendive and Great Falls. The current prison capacity in Montana is 2,522 and the facilities are operating at or near capacity. The average cost of a prison stay in Montana is \$80,798 for males and \$57,780 for females.⁵³ As stated in the background section, about 18% of all of the individuals sentenced to prison in Montana are there for one of three substance use-related offenses: distribution of drugs, possession of drugs, or felony DUI. Each prison varies slightly, but all provide chemical dependency treatment and services to inmates in some form.

Montana Department of Corrections continued

Pre-Release Centers

As individuals are stepping down from prison to parole, they are often sent to one of seven pre-release centers contracted by the DOC. The seven pre-release facilities contracted by the DOC in Montana listed below.

Table 3. Montana pre-release centers

Name	City	Capacity
Pre-Release Center	Butte	120 males and 50 females
Pre-Release Center	Bozeman	34 men
Pre-Release Center	Billings	165 men
Pre-Release Program	Billings	74 women
Pre-Release Center	Great Falls	165 men and 34 women
Pre-Release Center	Missoula	90 men and 20 women
Pre-Release Center	Helena	105 men

In all, the pre-release facilities in Montana have a capacity of 873 men and women and serve up to 1,600 offenders annually. In terms of contracts, the FY 2016 budget for pre-release centers was \$20.7 million.⁵⁴ Approximately five percent of the entire offender population in Montana is in pre-release centers. Since the passage of the Medicaid HELP Act (also known as Medicaid expansion) in Montana, adults in pre-release centers who are able to leave the centers for work and other activities are able to enroll in Medicaid (if they meet income eligibility requirements) and receive community-based substance use treatment services reimbursed through Medicaid if they are available.

Montana Commission on Sentencing: Justice Reinvestment

In 2015, the Montana Legislature established the Commission on Sentencing, a bipartisan, interbranch committee, to study the growing problem of prison and jail overcrowding in the state’s criminal justice system. The 15-member commission included state lawmakers, judiciary members, corrections officials, county and defense attorneys, and local law enforcement officers. The Commission met six times between September 2015 and October 2016 to review analyses and discuss policy options to address prison and jail overcrowding in Montana and develop bi-partisan, evidence-based policy solutions.⁵⁵ The Commission was chaired by Senator Cynthia Wolken (D) of Missoula and Senator Kristin Hansen (R) of Havre.

The work of the commission was supported by the Council

of State Governments (CSG) Justice Center, a nationwide organization whose mission is to provide “practical, nonpartisan, research-driven strategies and tools to increase public safety and strengthen communities.”⁵⁶ CSG was engaged to provide technical assistance to develop a data-driven justice reinvestment approach in Montana at the request of Governor Steve Bullock, Chief Justice Mike McGrath, Attorney General Tim Fox, and other legislative and executive branch leaders.

The analysis conducted by the CSG Justice Center identified substance use as a growing contributor to justice system activity in Montana and one of the drivers of increased recidivism rates and jail and prison overcrowding.⁵⁷ To address the issue of substance use and justice

Commission on Sentencing bills passed during the 2017 Legislative Session

Bill Number	Purpose	Effect on offenders with SUD
Senate Bill 59	<ul style="list-style-type: none"> • Requires the Montana Board of Crime Control to develop a prosecution diversion grant program to support the development of local diversion programs • Codifies the Montana Incentive and Intervention Grid (MIIG) outlining specific incentives and interventions that should be utilized by DOC to respond systematically to a variety of offender behaviors, including drug and alcohol use and treatment program participation • Requires the DOC Quality Assurance Unit to measure program effectiveness and adherence to evidence-based standards • Creates a Criminal Justice Oversight Council to monitor the effects of the criminal justice reform package with the assistance of CSG 	<ul style="list-style-type: none"> • Local jurisdictions which receive funding may develop programs that divert offenders with SUD to treatment • DOC-supervised offenders with SUD who relapse or do not comply with treatment will be provided with a series of stepwise interventions that offer access to treatment and monitoring as a first-line response instead of revocation • DOC may increase its monitoring of contracted treatment programs to ensure use of evidence-based standards • Data will be collected and analyzed on the effects of these bills

Commission on Sentencing bills passed during the 2017 Legislative Session, continued

Bill Number	Purpose	Effect on offenders with SUD
Senate Bill 60	<ul style="list-style-type: none"> • Creates a 30-day limit for pre-sentence investigation (PSI) reports and funds a pre-sentence investigation unit within the Division of Probation and Parole to dedicate resources to generate PSIs • Funds a pre-sentence investigation unit within the Division of Probation and Parole to dedicate resources to generate PSIs • Requires DOC to validate its risk and needs assessment tool 	Individuals will receive a timely PSI using a validated risk and need assessment score to identify offenders who are well suited for drug court, treatment and/or other diversion programs
Senate Bill 62	Creates certification for behavioral health peer support specialists by the Board of Behavioral Health	Treatment, recovery and justice system programs like Drug Courts can use paid peer support specialists working under a licensed clinician, into their services and behavioral health workforce.
Senate Bill 63	<ul style="list-style-type: none"> • Requires that DOC use the MIIG and exhaust and document violation responses before revoking a deferred or suspended sentence • Limits imprisonment for probation compliance violations to nine months once the appropriate violation responses under DOC's incentives and interventions grid have been exhausted • Defines a compliance violation, ensuring that the violation of the conditions of supervision is not a new criminal offense • Allows DOC hearings officers to impose up to 30-day sanctions, or recommend up to 90 days of electronic monitoring, day reporting, or placement in a community corrections facility for probation compliance violations without resorting to a petition to the court • Requires probation and parole officers to recommend conditional discharge for probationers who are compliant with supervision conditions after specific amounts of time 	<ul style="list-style-type: none"> • Offenders with SUD violations will be provided treatment, monitoring and other progressive, step-wise interventions before their sentences are revoked or suspended • Offenders with SUD who relapse will be less likely to be charged with a new criminal offense • Offenders with SUD who successfully complete treatment and remain drug and alcohol free may be rewarded with reduced periods of probation and parole
Senate Bill 64	<ul style="list-style-type: none"> • Establishes a full-time, five-member parole board to increase opportunities for training and skill development that will enable the board to make more informed and efficient parole decisions • Requires the Board of Pardons and Parole to use a structured grid for decision making to increase consistency, transparency and predictability for victims • Allows DOC hearings officers to impose up to 30-day sanctions, or recommend up to 90 days of electronic monitoring, day reporting, or placement in a community corrections facility for parole compliance violations without resorting to a petition to the parole board • Limits imprisonment for parole compliance violations to nine months once the violation responses under DOC's incentives and interventions grid have been exhausted 	Offenders with SUD being considered for parole will be treated with consistency

Commission on Sentencing bills passed during the 2017 Legislative Session, continued

Bill Number	Purpose	Effect on offenders with SUD
Senate Bill 65	<ul style="list-style-type: none"> • Creates a supportive housing grant program in the Montana Board of Crime Control • Allows DOC to provide housing vouchers for up to three months for those in need being released from prison 	Offenders with SUD being released from prison will be more likely to have supportive housing, which should aid in their continued recovery and connection to needed services
Senate Joint Resolution 3	Designates an interim committee to explore how Montana could increase access to tribal resources for tribal members who are involved in the state’s criminal justice system	Because tribal members are more likely to be incarcerated, this committee will help the Legislature to better understand issues that effect this population, including SUDs.
House Bill 133	<ul style="list-style-type: none"> • Provides a lesser penalty for sharing drugs versus selling drugs • Removes jail time for first time possession of minor amounts of marijuana • Mandatory minimum sentence for possession of marijuana with the intent to distribute removed and cap reduced from 20 years to five years. • Mandatory minimum for a conviction of criminal production or manufacture of dangerous drugs removed • Allows judges to sentence offenders to evidence-based treatment and treatment-based supervision. Allows inmates to be released to chemical dependency programs, not just pre-release programs. • Allows judges the option of sentencing felony DUI offenders to placement in a drug treatment court program. 	<ul style="list-style-type: none"> • Individuals who are sharing, not selling, drugs will not be prosecuted as dealers • Fewer low-level drug offenders will sit in Montana’s overcrowded jails • Mandatory minimum sentences, which take away judicial discretion and have been shown to contribute to prison and jail overcrowding, are now eliminated for some drug offenses • More individuals charged with substance use-related crimes may be sentenced to treatment and treatment-based supervision. • Some felony DUI offenders may receive community-based treatment and monitoring in drug treatment court instead of placement at the DOC residential treatment WATCH program.

In response to these new laws, the DOC, the Judicial Branch and the MTBCC have already begun revising their policies and practices and developing new grant programs with the allocated funding. By adopting and fully implementing these policies, the CSG Justice Center estimates that the State of Montana will avert \$69 million in spending on contract beds and supervision staff by 2023. Montana should be able to reinvest those savings in strategies designed to reduce recidivism and increase public safety.

Other substance use related bills from 2017

The 2017 Montana Legislature passed a number of other laws that were not part of the Justice Reinvestment package which will affect individuals with SUD.

Other SUD related bills passed in the 2017 Legislative Session

Bill Number	Purpose	Effect on offenders with SUD
House Bill 278	Amends MCA 46-18-201 to allow judges deferring a sentence to send offenders directly to chemical treatment programs so long as they have approval of the program and confirmation by the DOC that space is available.	Offenders with an SUD may now be sent directly to DOC chemical treatment programs instead of first being committed to the DOC for assessment.
House Bill 89	Establishes a “holistic defense” pilot project in four locations within the Montana Office of the Public Defender which will address chemical dependency and mental health issues for indigent clients.	Low income clients with substance use issues will be able to access support for treatment while they receive legal defense through the Office of the Public Defender in four pilot locations.
House Bill 95	Removes geographic limitations on the number of state-approved substance use treatment providers in Montana	Access to treatment may increase as providers will no longer be prohibited from opening a treatment facility or practice in an area where there is already a state-approved provider.
House Bill 333	Increases access to Naloxone, a drug that reverses opioid overdose, and bars prosecution of anyone who prescribes and uses the drug on a person overdosing on heroin and other opioids.	Provides more ready access for first responders and family members to Naloxone to reduce opioid overdose deaths
Senate Bill 228	Exempts non-profits and public health departments which provide needle exchange services from drug paraphernalia laws	Increases access to harm reduction programs for injection drug users
House Joint Resolution 6	Creates an interim study on the effects of methamphetamine and opioid use on state and local services	The Legislature will be more informed on the impacts of substance use in Montana

Monitoring

Department of Corrections

- Probation and Parole
- Enhanced Supervision Program

Department of Justice

- 24/7 Sobriety Program
- Other monitoring methods including Ignition Interlock Devices

Background

In the United States, the majority of individuals convicted of crimes are sentenced to monitoring in the community. Community monitoring traditionally occurs in two ways:

- Probation where adult offenders are placed into community supervision by a probation agency, generally in lieu of incarceration
- Parole where criminal offenders are conditionally released from prison to serve the remaining portion of their sentence in the community, usually by a parole board.⁶⁰

In the US, there are approximately 4.7 million individuals on probation or parole nationwide compared to the 2.1 million who are incarcerated at the local, state or federal level.⁶¹

Individuals on probation and parole are often monitored for substance use. There are a number of monitoring tools available to probation and parole officers including:

- Urinalysis for drugs (either random or scheduled)

- Breathalyzer tests for alcohol (either random or scheduled)
- Secure Continuous Alcohol Monitoring (SCRAM) devices that track alcohol use and
- Ignition interlock units on vehicles to deter driving while under the influence

Montana statute does require or allow monitoring for a variety of substance use offenses including:

- Required monthly monitoring for one year after second and third DUI offenders complete the treatment phase of the required Assessment, Course and Treatment (ACT) program
- Required random or routine drug and alcohol testing as a condition of probation for all felony DUI offenders⁶²
- Sentencing is allowed to include the use of Ignition Interlock Devices (for first DUI or subsequent), the 24/7 Sobriety Program (after second DUI)⁶³ or the use of drug courts if available.

The majority of individuals in the US who are convicted of crimes have an SUD and are sentenced to monitoring in the community.

Evidence for effectiveness


The National Institute of Drug Abuse (NIDA) recommends monitoring through the criminal justice system, with an appropriate amount of sanctions and rewards, as a key component to successfully rehabilitating offenders with SUD and supporting their ongoing recovery. Key monitoring components recommended as evidenced-based by the NIDA include:

- **Careful monitoring to determine if SUD offenders relapse, through urinalysis or other objective methods.** “Testing provides a basis for assessing and providing feedback on the participant’s treatment progress. It also provides opportunities to intervene to change unconstructive behavior—determining rewards and sanctions to facilitate change, and modifying treatment plans according to progress.”
- **Balancing rewards and sanctions to encourage pro-social behavior and treatment participation.** NIDA emphasizes, “When providing correctional supervision of individuals participating in drug abuse treatment, it is important to reinforce positive behavior. Nonmonetary “social reinforcers,” such as recognition for progress or sincere effort, can be effective, as can graduated sanctions that are consistent, predictable, and clear responses to noncompliant behavior. Generally, less punitive responses are

used for early and less serious noncompliance, with increasingly severe sanctions issuing from continued problem behavior. Rewards and sanctions are most likely to have the desired effect when they are perceived as fair and when they swiftly follow the targeted behavior.”⁶⁴

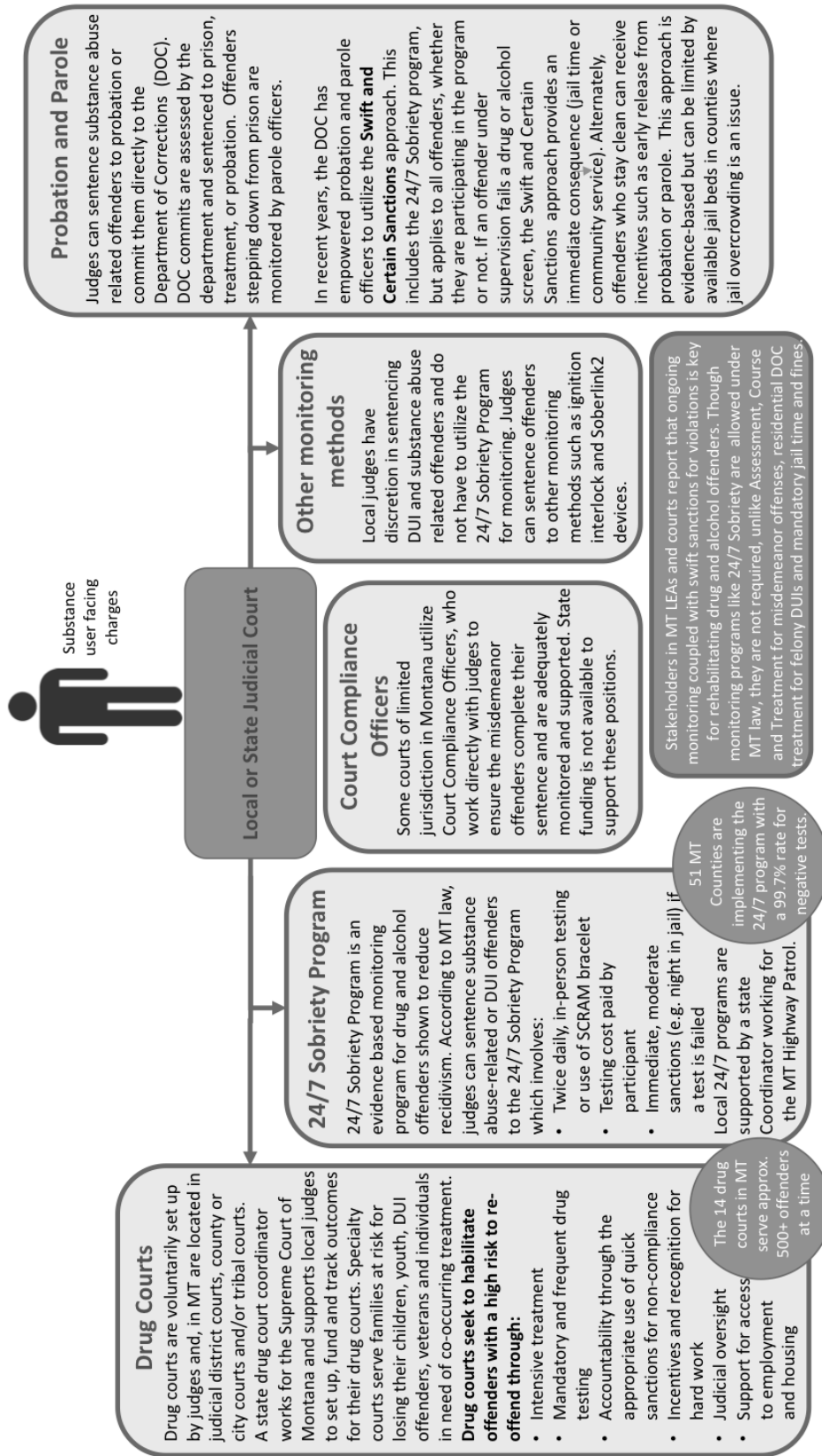
In addition to monitoring, NIDA also notes that probation and parole officers can play a role in facilitating access to treatment for those offenders with SUD. NIDA recommends incorporating treatment planning for drug abusing offenders with correctional supervision requirements coordinated with their treatment providers. They note, “Treatment providers should collaborate with criminal justice staff to evaluate each individual’s treatment plan and ensure that it meets correctional supervision requirements, as well as that person’s changing needs.”

With the majority of the offender population in Montana being monitored in community-based settings and with Montana law allowing for a range of monitoring options, the state has invested in a number of programs to track, reward, and sanction substance use offenders involved in the justice system.



Careful monitoring of offenders, balancing positive rewards with swift and certain sanctions and facilitating access to treatment are all effective practices for monitoring offenders who have an SUD.

Substance Use Disorder Monitoring Map



The following pages summarize the major initiatives in Montana related to substance monitoring, focusing on those programs operating at the state level.

Probation and Parole

Approximately 9,703 individuals are on probation or parole in Montana, supervised by one of the 170 probation and parole officers employed by the DOC. The average cost of an adult probation or parole period in Montana is \$5,292 and the cost per day is approximately \$4. Individuals on probation or parole comprise 56% of the entire DOC offender population, meaning that the majority of the felony offender population in Montana is being monitored in the community by probation or parole officers.

To prepare to work with offenders with SUD, probation and parole officers receive training on chemical dependency as part of their orientation academy. Individuals on probation are often monitored to ensure compliance with the conditions of their supervision. Monitoring methods include ongoing drug and alcohol testing, the 24/7 Sobriety Program, SCRAM bracelets or other methods. Probation and parole officers also seek to facilitate an offenders' access to treatment. According to Megan Coy, Program and Facilities Bureau Chief at the DOC, probation and parole officers at the local level are often well connected with community-based chemical dependency treatment providers and may have access to contracted services for chemical dependency and mental health.

In recent years, the DOC has instituted a new approach to probation and parole that has been piloted nationally, called "Swift and Certain Sanctions". According to Mike Batista, the former Director of the DOC, the Swift and Certain Sanctions approach empowers probation and parole officers to impose sanctions on offenders if they fail drug or alcohol screening tests. Like the 24/7 Sobriety Program, if an offender tests positive for drugs or alcohol,

the probation or parole officer can immediately sanction them with jail time or community service. Alternatively, offenders who remain sober or meet other conditions can be rewarded with reduced probation or parole sentences.

In the 2017 Legislature, a number of bills passed that codified the steps for sanctioning and incentivizing individuals on probation and parole. The tool Montana will use to implement progressive, step-wise sanctions is called the Montana Incentive and Intervention Grid (MIIG). This document outlines specific incentives and interventions that should be utilized by DOC to respond systematically to a variety of offender behaviors, including drug and alcohol use and treatment program participation. The MIIG requires that mental health and substance use treatment be offered as a first line of intervention for individuals on probation or parole who violate their terms and have an SUD.

Though the DOC has been training its probation and parole officers on this approach, the system breaks down if there are no jail beds or treatment providers available for sanctions, which is the case in many communities. Despite the challenges, former Director Batista still feels like this is a promising approach to monitoring clients with substance use concerns. "It's important that our sanctions immediately impact their behavior and that we incentivize offenders to stay clean."

Enhanced Supervision Program

For offenders who are struggling to maintain the terms of their supervision, the DOC has a program called Enhanced Supervision Program (ESP) that provides additional monitoring for 30 to 90 days to individuals on probation or parole. Specialized supervision programs like ESP cost more than traditional probation and parole at \$22 per day versus \$4. This program provides enhanced oversight to those individuals in need of drug and alcohol monitoring. The ESP program is provided through contracts with pre-release centers that facilitate drug and alcohol testing and may also offer electronic monitoring for alcohol use.

Individuals on the ESP program receive, at minimum, one of the following:

- Weekly one-on-one meetings with a case manager per week;
- Daily offender check-ins with facility staff;
- Daily breathalyzer testing;
- Weekly random urinalysis

Contracted pre-release centers may also require of ESP participants:

- Develop a weekly itinerary verified by the facility staff
- Additional random urinalysis;
- Participate in cognitive behavioral-based groups;
- Utilization of job development services;
- Participate in or referral to chemical dependency assessment, treatment, or aftercare where available; and
- 24-hour Secure, Continuous, Remote, Alcohol Monitoring (SCRAM) where available⁶⁵

The total capacity for ESP in Montana is 96. Only 1% of the offender population in Montana (about 104 individuals) are receiving ESP.

Enhanced supervision costs \$22 per day compared to traditional probation which costs \$4 and prison which is \$117.

24/7 Sobriety Program

The 24/7 Sobriety Program is based on a national model for monitoring substance use-involved offenders that encourages total abstinence from alcohol, supported by twice daily in-person Preliminary Breath Testing (PBT) for alcohol use or the use of a transdermal alcohol monitoring bracelet called a Secure Continuous Remote Alcohol Monitoring (SCRAM) unit. In-person participants must present for morning and evening PBT testing. If a participant fails an initial test, he or she waits 20 minutes to take another PBT test. If the second test also indicates the presence of alcohol, the participant faces an immediate, measured sanction (e.g. a night in jail). Participants on the twice-a-day testing regimen are required to pay \$2 per test (\$4 per day). The fee is split to cover the cost of the data management system, performing the testing process, entering test results and managing participants.

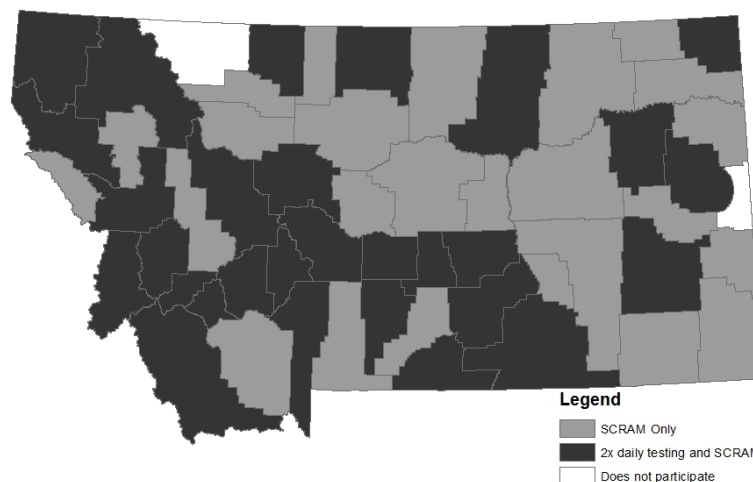
For participants monitored through transdermal testing, counties most often contract with a third-party provider to install, remove and bill for the use of the SCRAM unit. Providers charge a standard fee of around \$10 per day. None of the SCRAM fees go to the Sheriff's office which is still responsible for enforcing sanctions for non-compliant participants.

In Montana, the 24/7 Sobriety Program began with a pilot in Lewis and Clark County in 2010 and expanded to 22 counties in May 2011 after the passage of House Bill 106, which allowed, but did not require, the 24/7 Program to be used in sentencing. The program is currently operating in 54 of Montana's 56 counties. Each program is set up by county sheriff's departments and administered locally. Judges can sentence offenders to the program as part of their terms of probation. Twenty-nine of the 50 counties in Montana use twice-daily in-person alcohol testing for program participant monitoring, with SCRAM transdermal alcohol monitoring bracelets available for hardship cases. Hardship cases are defined as those where presenting for in-person testing is unduly burdensome. The remaining 25 counties utilize SCRAM transdermal alcohol monitoring bracelets exclusively. Illegal drug users may be sentenced to additional monitoring using drug patches or urinalysis. The average number of days participants remain in the 24/7 program in Montana is 160. The program is used for both misdemeanor and felony offenders in Montana.

The 24/7 Sobriety Program is supported at the state level by the Montana Highway Patrol (MHP) which employs a full-time 24/7 Sobriety Program coordinator. This position is funded through a federal grant from the National Highway Traffic Safety Administration. The 24/7 Sobriety Program state coordinator travels across Montana providing training and support to locally operated programs. 24/7 Sobriety participants are tracked at the state level through an online data management system called Intoxitrack, which is managed by the MHP.

Between 2010 and 2014, the 2,500 alcohol-involved offenders in Montana's 24/7 Sobriety Program had 275,000 days without a detected drinking event. And although two-thirds of participants violated at least once during their participation period, 99.6% of the 575,000 completed tests were clean, and 96% of all scheduled tests were taken and passed. According to an analysis by the RAND Corporation in 2014, participation in the 24/7 Program likely reduces the probability of DUI re-arrest in Montana on the order of 45 to 70%.⁶⁶

24/7 Sobriety Programs in Montana



Blaine County Compliance Officer and SCRAM Bracelets

At the local level, some Courts of Limited Jurisdiction employ or contract with local parole officers, while others utilize court compliance officers to monitor misdemeanor offenders and can greatly assist with connecting substance use offenders to community-based treatment. Court compliance officers are employed by the courts themselves and the officers work closely with judges to ensure that offenders successfully complete all of their pretrial conditions and sentencing requirements.

One Court of Limited Jurisdiction that has successfully integrated the use of a court compliance officer for monitoring is the Blaine County Justice Court, which consists of the local Blaine County Court and the Chinook City Court. The court is presided over by the Honorable Perry Miller. The court employs one court compliance officer who works closely with Judge Miller and with the offenders sentenced through his court.

Judge Miller describes the use of his court compliance officer for substance use offenders this way: “My court compliance officer works closely with anyone I sentence to ACT (SUD Assessment, Course and Treatment) or the 24/7 program. The offenders are required to regularly check in with the compliance officer and she makes them toe the mark. She does random and scheduled urinalysis to make sure they are staying clean and monitored. If they want to go to treatment, she will point them in the right direction or support them to get assessed. Most importantly, she is there to listen to them. And her relationship with the offenders is separate from me. If someone violates a term of their sentencing, she may or may not tell me depending on their situation. She has a lot of discretion to do what is best for these offenders and help them succeed.”

Judge Miller reports that drug and alcohol offenses are up sharply in his court, but touts the use of SCRAM units to monitor offenders. “Our 20 SCRAM units have saved Blaine County \$1.8 million in jail costs and 45,000 days of jail mandates. Having the ability to monitor offenders in the community with the SCRAM units has brought down recidivism rates because they know they are being held accountable.” Judge Perry also touts his monitoring efforts as far more cost effective than incarceration. “Our SCRAM bracelets costs \$4.30 per day. Incarceration costs \$60-\$70 per day. This is much cheaper.” Judge Miller also finds the use of the SCRAM units helpful in cases of child endangerment involving substances. “The Division of Child and Family Services and District Court uses our SCRAM and urinalysis program with my court compliance officer so that they know parents are staying clean and the kids can be left in the home. We have kept kids in the home, and have even had people ask to wear the SCRAM device for more days to aid in their sobriety.”

Judge Miller believes that having monitoring and accountability clearly laid out for offenders, facilitated by the court compliance officer, is key to helping rehabilitate substance use offenders. “The court compliance officer can bring compassion into the process and help with setting parameters. She provides accountability. I believe that people who make bad choices want to be accountable. But to be accountable, they have to be monitored. These folks want to be responsible for their issues—but there needs to be consequences.”

Other monitoring methods

Montana law (MCA 61-5-208) requires driver's licenses be suspended for individuals convicted of any DUI, including DUIs related to marijuana use (convictions under MCA 61-8-401, 61-8-406, 61-8-465 or 61-8-411). The law specifies time tables for suspension (six months for the first offense, one year for the second and third offenses) and requires completion of chemical dependency assessment, course and treatment for repeat offenders before their license can be reinstated.

For individuals convicted of felony DUI offenses, MCA 61-5-208, specifies that these individuals "may not operate a motor vehicle unless:

- (i) operation is authorized by the person's probation officer; or
- (ii) a motor vehicle operated by the person is equipped with an ignition interlock device."⁶⁷

The Motor Vehicle Division of the Montana Department of Justice lists five private companies that are approved ignition interlock device vendors in Montana.⁶⁸

A 2004 systematic review of studies on ignition interlock devices found that the interlock program was effective while the device was installed in the vehicle, reducing the relative risk of recidivism. However, the studies reviewed did not provide evidence for any effectiveness of the interlock program continuing once the device was removed.⁶⁹ The cost of ignition interlock devices may be prohibitive for some offenders. The devices cost between \$70-150 to install and about \$60-80 per month for monitoring and calibration.⁷⁰

Montana leaves sentencing to the use of ignition interlock devices up to the discretion of local and district judges. If Montana did require all individuals convicted of a DUI to drive only ignition interlock vehicles for at least one month after their conviction, then Montana would be designated as an "ignition interlock state" and be eligible for approximately \$165,000 in federal National Highway Traffic Safety Administration 405d funds.⁷¹

Research suggests that ignition interlock devices are effective in preventing drunk driving while they are installed, but the effect does not last after the devices are removed.

Treatment

Department of Corrections

- Contracted Residential Treatment Facilities

Judicial Branch

- Drug treatment Court

Department of Public Health and Human Services

- Chemical Dependency Bureau
 - Assessment Course and Treatment (ACT)
 - State Targeted Rese to the Opioid Epidemic Grant
 - Support for State Approved Providers
 - Support for peer support and recovery
- Quality Assurance Bureau
- Medicaid
- Montana Chemical Dependency Center

Montana Board of Crime Control

- Jail based treatment grant


Background

An estimated one in ten Montana adults is dependent upon or abusing substances. However, only 15,900 individuals in Montana received any form of SUD treatment between 2012–2015. Thus, 90% of the individuals with a SUD in Montana are not receiving treatment annually.⁷²

The reasons why individuals in need of SUD treatment in Montana are not receiving it are complex. Many individuals do not acknowledge that they have an SUD or have yet to seek treatment for their condition. However, there is a documented shortage of SUD treatment providers in our state that exacerbates the problem of treatment access. Based on national estimates, approximately 10,000 individuals are likely to seek SUD treatment annually in Montana, but current state approved providers only have the capacity to serve approximately 6,100 individuals, leaving almost 4,000 SUD sufferers annually unable to access the treatment they seek.⁷³ In 2017, Montana Legislature HB 95 was signed into law, eliminating legal restrictions to the number of state approved SUD treatment providers in local areas, holding promise for improving access to SUD treatment in the state. However, to fill the gap in treatment, many more licensed providers will need to be trained and hired. Montana DPHHS estimates that 146 LACs would be needed to cover the additional treatment demand currently in our state.⁷⁴ In fact, 18 of Montana's 56 counties do not currently have a Licensed Addiction Counselor.

Access to SUD treatment is particularly limited at the highest levels of care. According to the National Survey of Substance Use Treatment Services, Montana has the second highest utilization rate for inpatient and residential SUD treatment beds in the country, at well over 100 percent occupancy at any time.⁷⁵ Thus, individuals in need of intensive, in-patient SUD treatment will likely be unable to locate an open bed in the state and may face long waiting periods to access care. Access to the most evidence-based form of treatment for opioid and alcohol abuse, Medication Assisted Treatment (MAT), is also limited in Montana. The state's highest acuity provider, the Montana Chemical Dependency Center in Butte, does not offer MAT to patients and only 8.2% of all Montanans receiving SUD treatment are receiving MAT compared to 27.2% nationally. The low rate of MAT utilization is, in part, due to a lack of prescribers in the state. Only 16 physicians in Montana are currently certified to prescribe buprenorphine, a key MAT drug used to treat opioid use disorder.⁷⁶

Most Montanans' first entry point into SUD treatment is through the criminal justice system. According to Montana law,⁷⁷ all individuals who are convicted of Driving Under the Influence (DUI) or drug possession must receive a chemical dependency assessment and recommendation for treatment as part of the ACT program (Assessment, Course and Treatment). In 2015, 3,931 individuals received a chemical dependency evaluation through a state approved provider as part of this legal requirement. From 2012–2015, more than 3,300 individuals in Montana's criminal justice system who received a second or subsequent DUI received inpatient, intensive outpatient or outpatient SUD treatment after court-ordered chemical dependency evaluation. Thus, more than 800 individuals annually are receiving SUD treatment through the ACT program. With only 5,806 treatment admissions among 3,347 clients for community-based treatment providers in 2015, it is clear that at least a quarter of the individuals receiving SUD treatment in the state are being referred through the criminal justice system, though the number is likely substantially higher.⁷⁸ Individuals in the criminal justice system who are not released back into the community for treatment and monitoring often still need SUD treatment. As is outlined below, the Montana Department of Corrections is increasingly offering SUD treatment inside of their residential facilities, pre-release centers, and prisons. A 2007 report found that more than half of the inmates in the Montana State Prison were in SUD treatment or on a waitlist for these services.⁷⁹



**90% of individuals
with a SUD in
Montana are not
receiving treatment.**

Evidence for Effectiveness

In 2016, the US Surgeon General released the “Facing Addiction in America” report detailing the latest evidence for treating SUDs. The report notes that a range of evidence-based SUD treatments have emerged in the past few decades that can be tailored to the unique needs of individuals. Evidence-based treatment practices outlined in the report include:

- Screening for substance misuse in primary care, psychiatric, urgent, and emergency care settings, including the use of Screening and Brief Intervention and Referral to Treatment (S-BIRT) for alcohol use disorder in adults.
- Behavioral interventions provided through a continuum of evidence-based treatment services (from outpatient counseling to inpatient and residential treatment) delivered in individual, group and family settings.
- Individualized treatment over an appropriate time period and at the appropriate intensity, based on a validated assessment of disease severity.
- Medication Assisted Treatment (MAT), which can

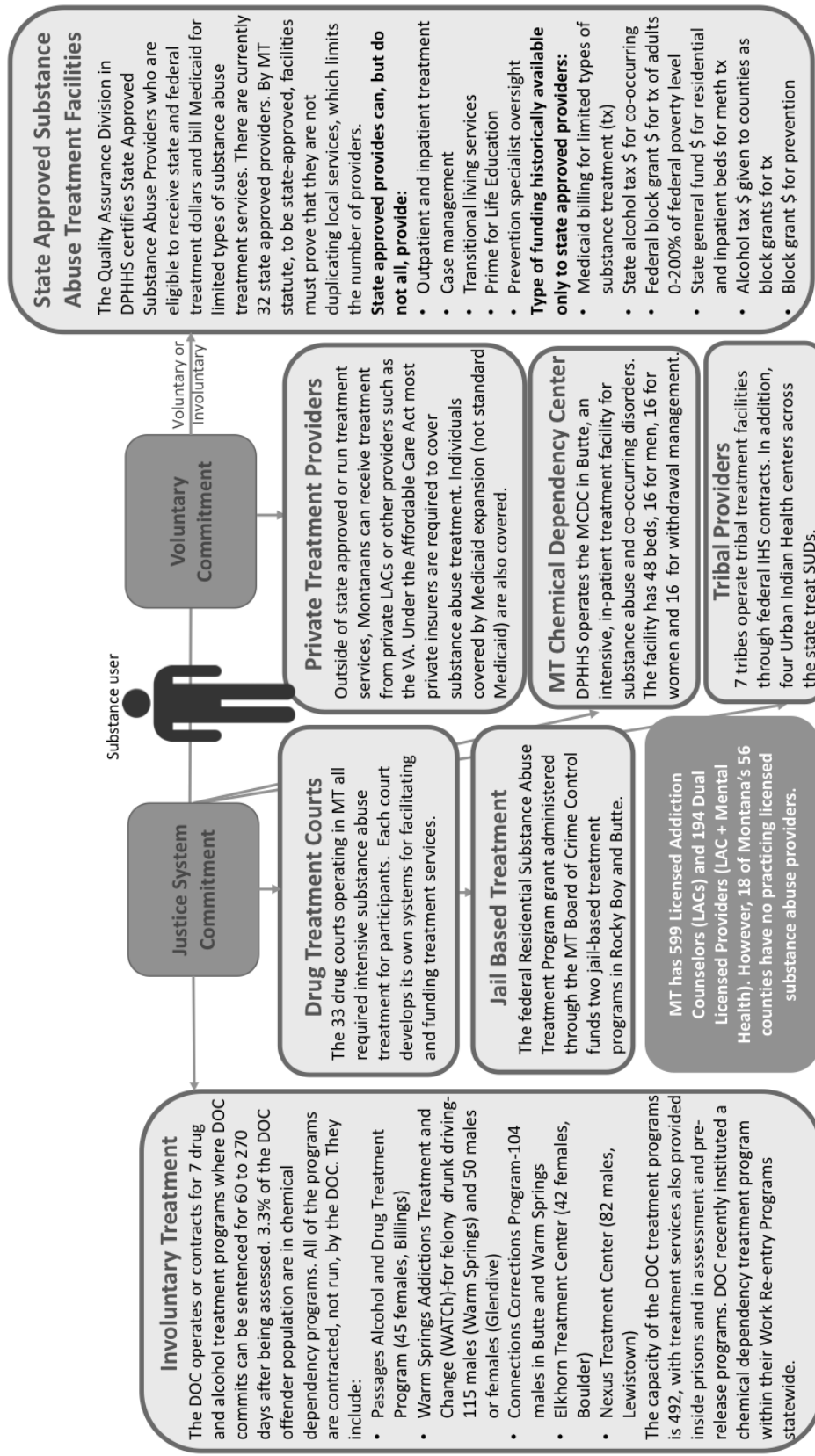
be used to treat individuals addicted to alcohol and opioids, in combination with behavioral interventions and wraparound supports.

- Recovery and support services such as mutual aid groups like Alcoholics Anonymous, peer supports, recovery coaches and housing have proven effective for those individuals stepping down from treatment, helping prevent relapse, and maintenance of sobriety.

The Surgeon General’s report emphatically states, “Treatment is effective. As with other chronic, relapsing medical conditions, treatment can manage the symptoms of substance use disorder and prevent relapse. Rates of relapse following treatment for substance use disorders are comparable to those of other chronic illnesses such as diabetes, asthma, and hypertension.”⁸⁰

Like other chronic, relapsing medical conditions, treatment can effectively manage the symptoms of SUD.

Substance Use Disorder Treatment Map



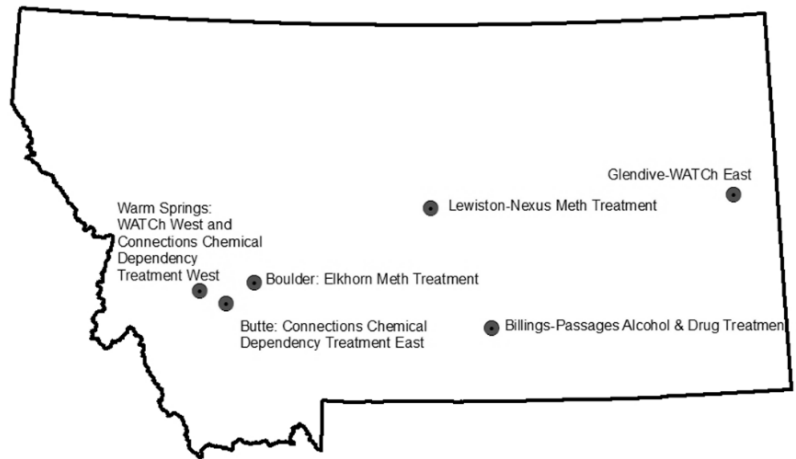
The following pages summarize the major systems in Montana related to substance use treatment, focusing on those initiatives operating at the state level.

Contracted DOC Treatment Facilities

The DOC currently contracts with seven chemical dependency treatment programs across the state: Passages Alcohol and Drug Treatment in Billings, Nexus Methamphetamine Treatment Program in Lewistown, Elkhorn (Methamphetamine Treatment) in Boulder, Connections Chemical Dependency Treatment (East in Butte and West in Warm Springs), and the Warm Springs Addiction Treatment and Change (WATCH)-West in Warm Springs and East in Glendive. The WATCH programs are focused on treating felony DUI offenders. The DOC treatment facilities have the capacity for just under 440 offenders total and are operating above capacity with an average daily population of 498. Just under 6,060 individuals were discharged from these programs from 2012–2016.⁸¹

DOC commits can be sentenced for 60 to 270 days after being assessed at one of these facilities. Approximately 3% of the DOC offender population are in chemical de-

Contracted DOC Residential Treatment Facilities



pendency programs. All of the programs are contracted, not run, by the DOC.

The capacity of each program and demographic served are outlined in the table below.

Table 4. DOC contracted SUD residential treatment facilities in Montana

Name	City	Capacity & Population	Average Cost
Passages Alcohol and Drug Treatment Program	Billings	45 females	\$5,515
Warm Springs Addictions Treatment and Change (WATCH)	Warm Springs	115 Males convicted of felony DUI	\$14,405
Warm Springs Addictions Treatment and Change (WATCH)	Glendive	50 Males and Females convicted of felony DUI	\$18,247
Connections Corrections Program	Butte and Warm Springs	104 Males	\$4,867
Elkhorn Treatment Center	Boulder	Methamphetamine, 42 females	\$28,594
Nexus Treatment Center	Lewistown	84 males, Methamphetamine	\$26,857

DOC treatment services are also provided inside prisons and in assessment and pre-release programs. In terms of budget, the FY 2016 cost of treatment program contracts was \$21.8 million.⁸² Currently, DOC residential treatment programs are not required to be licensed under the State approval process through DPHHS. The Montana Commission on Sentencing recommended that DOC substance use facilities “adopt evidence-based standards and require state-issued licenses for treatment facilities serving people in the criminal justice system.”⁸³

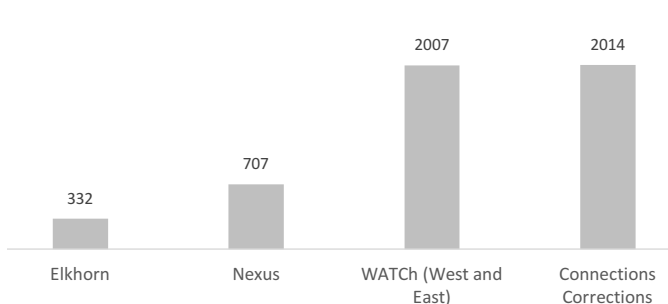
The DOC is also working to facilitate linkages to treatment for individuals with SUD on probation and parole. As with pre-release centers, adults on probation and parole in Montana who meet eligibility requirements can enroll in Medicaid and, if appropriate, receive community-based chemical dependency treatment. DOC repre-

sentatives interviewed for this project noted that the biggest need the DOC sees in Montana in terms of addressing substance use in the offender population is increasing access to community-based treatment for those being monitored outside of DOC custody.⁸⁴

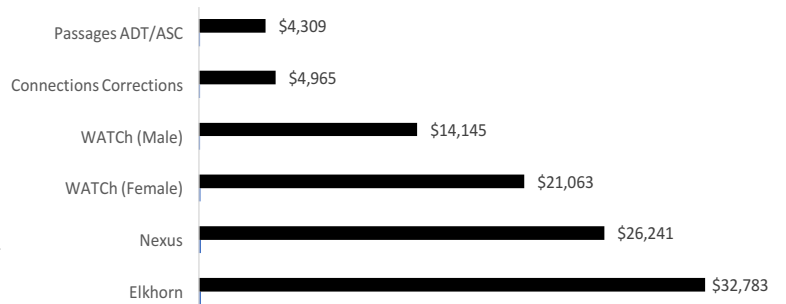
“The majority of our offenders are in the community and they need the treatment there. It’s one thing to be sober in a prison; it’s another thing to have the skills to maintain sobriety long-term in the community. Our offender population also needs access to inpatient treatment prior to felony conviction. Addressing addiction issues early is key,”

-Adrienne Cotton, Government Relations Director for the Montana DOC.

Total discharges from DOC contracted residential treatment facilities, 2012-2016



Cost of average stay in DOC contracted residential treatment facilities, 2016



The majority of the DOC offenders are being monitored in the community and need community-based treatment.

Drug treatment courts

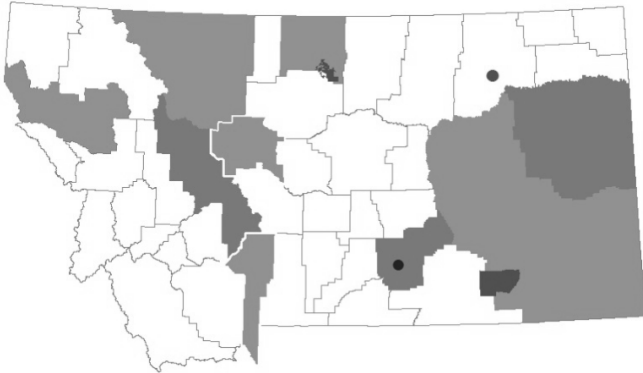
According to the National Institute of Justice, Drug treatment courts are specialized court docket programs that target criminal defendants and offenders, juvenile offenders, and parents with pending child welfare cases who have alcohol and other drug dependency problems.⁸⁵ Drug courts traditionally focus on offenders at high risk to re-offend based on a history of SUD. Drug treatment courts in Montana are developed to “reduce recidivism and substance use among participants and to successfully rehabilitate them through substance use disorder treatment, mandatory and frequent drug testing, use of appropriate sanctions, incentives, and therapeutic responses and continuous judicial oversight.”⁸⁶ There are an estimated 3,000 drug courts operating in the US. Currently, 33 drug courts are operating in the state of Montana.

The Montana Judicial Branch supports judicial district courts and courts of limited jurisdiction across the state that seek to create local Drug treatment courts. The Judicial Branch employs a full-time statewide drug court coordinator who assists local courts with this work. The Office of the Court Administrator provides ongoing state funding for Judicial District Courts and some municipal Drug Courts after they apply for and receive start-up funding from the federal Bureau of Justice Assistance grants. The Judicial Branch’s statewide drug court coordinator provides support for local courts to write and submit the federal grants. These three-year grants provide approximately \$350,000 of funding over three years to fund the startup of a drug treatment court. After this three-year period, the Montana Judicial Branch uses a formula based on the size of the jurisdiction and the court case load to

request state general fund dollars for ongoing funding for the established Drug Treatment Court. Currently 20 of the 33 existing drug courts in Montana receive state general fund operating dollars from the Office of the Court Administrator and four are operating using federal dollars. Most of the state funded drug courts are judicial district courts. Only one drug court within a Court of Limited Jurisdiction, the Billings Adult Misdemeanor Drug Court, receives state funding from the Office of the Court Administrator.

The Statewide drug court coordinator supports drug courts in Montana as they seek to adhere to national treatment court standards and collects evaluation and outcome data from all non-tribal drug courts. In response to a 2015 legislative audit, the Judicial Branch took additional steps to ensure that Montana’s Drug treatment courts follow best practice guidelines including supporting Drug treatment courts to follow state statute requiring collection of fees and documentation of indigency, encouraging the establishment of contracts or memorandums of understanding between each drug court and its treatment program, using a peer review process to monitor the use of evidence-based practices statewide every three years, developing an orientation manual for drug court coordinators, and establishing a Montana Drug Court Management Information Committee and a Drug Treatment Court Advisory Committee, by order of the Montana Supreme Court.⁸⁷

Adults drug treatment courts



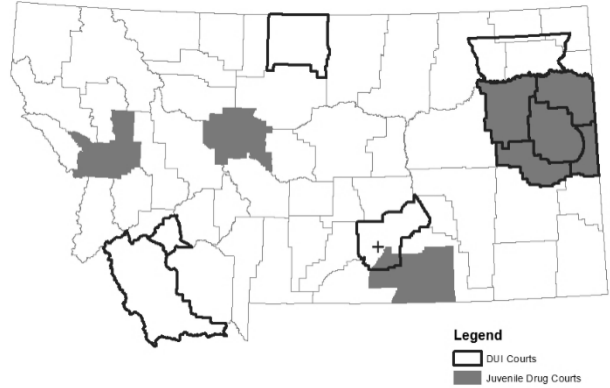
Judicial District Adult Treatment Courts

1st Judicial District (Lewis & Clark & Broadwater Counties), 7th Judicial District (Dawson, McCone, Prairie, Richland & Wibaux), 8th Judicial District (Cascade), 9th Judicial District (Glacier, Toole, Teton & Pondera), and 13th Judicial District (Yellowstone), 16th Judicial District (Custer County) 18th Judicial District (Gallatin County Treatment Court), 20th Judicial District (Sanders & Lake Counties)

Adult Treatment Courts in Courts of Limited Jurisdiction

Billings Misdemeanor Court (Municipal), Glasgow Adult Treatment Court (Municipal), Hill County Adult Treatment Court (County), Chippewa-Cree Adult Drug Court (Rocky Boy’s Reservation-Tribal), Northern Cheyenne Adult Drug Court (Northern Cheyenne Reservation-Tribal)

DUI and juvenile drug treatment courts



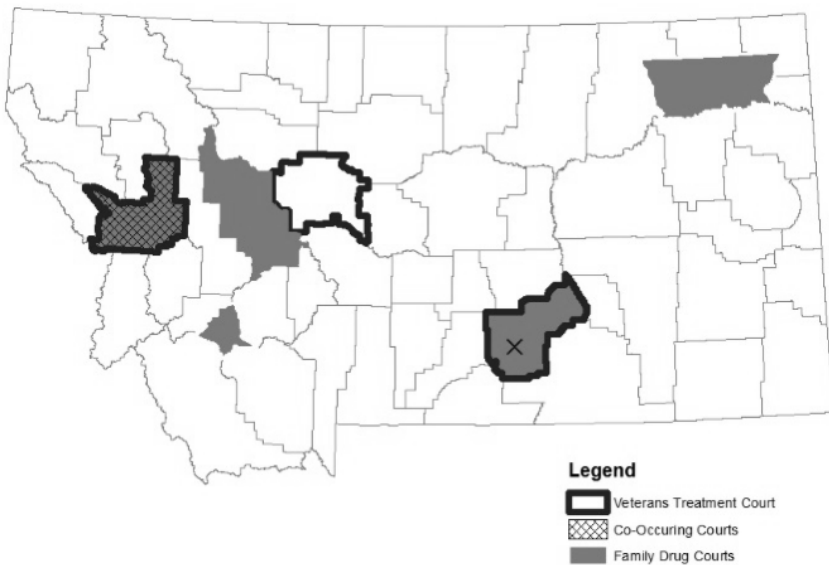
Juvenile Drug Courts

4th Judicial District (Missoula County), 7th Judicial District (Dawson, McCone, Prairie, Richland and Wibaux Counties-will shut down in fall 2017), 8th Judicial District (Cascade County), Crow Reservation

DUI Courts

7th Judicial District (Dawson, McCone, Prairie, Richland & Wibaux Counties), Yellowstone County Impaired Driving Court, Beaverhead County DUI Court, Butte-Silver Bow County DUI Court, Hill County DUI Court, Fort Peck Assiniboine & Sioux DUI Court (Fort Peck Reservation), Billings Municipal DUI Court, Hill County

Veterans, co-occurring and family drug treatment courts



Veterans Courts (3)

4th Judicial District (Missoula County), 13th Judicial District (Yellowstone County), 8th Judicial District (Cascade County)

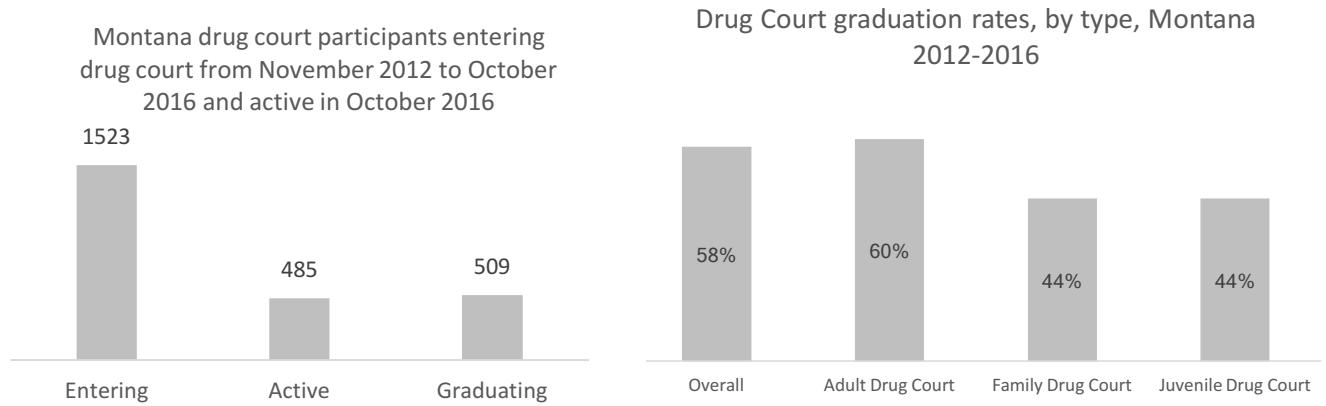
Co-Occurring Courts (2)

Missoula County and Billings Municipal

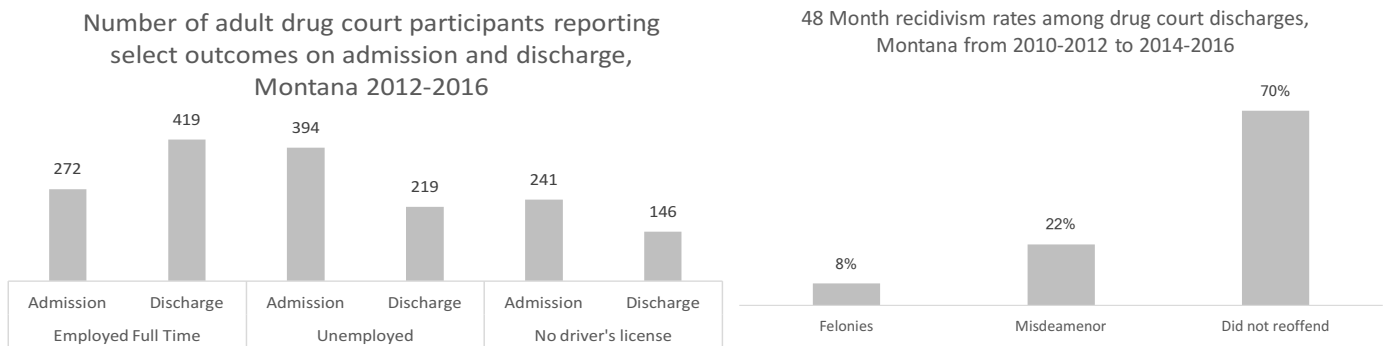
Family Drug Courts (4)

13th Judicial District (Yellowstone County), 2nd Judicial District (Butte Silver-Bow County), 4th Judicial District (Missoula County), 1st Judicial District (Lewis and Clark County), Fort Peck Reservation

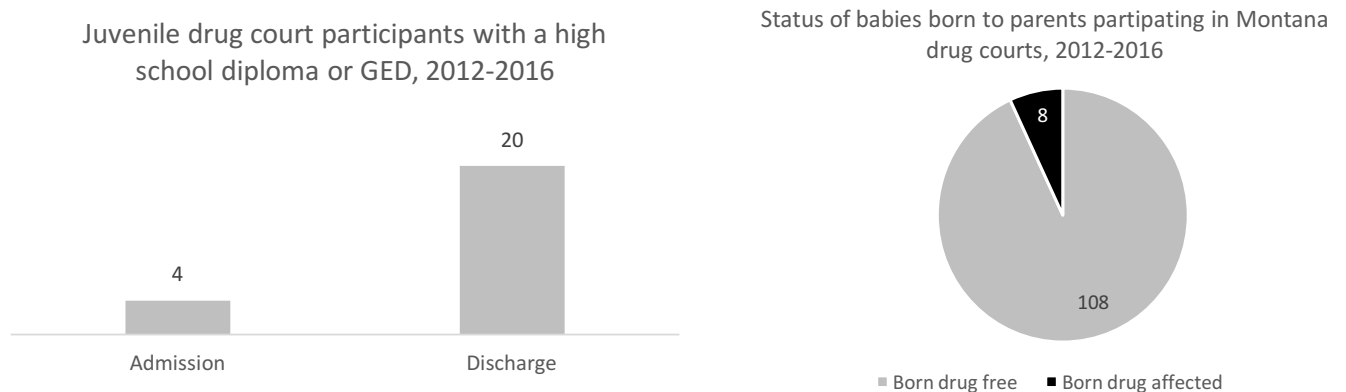
The Montana Judicial Branch’s January 2017 report “Montana Drug Courts: An updated snapshot of success and hope” summarizes the outcomes from 1,523 participants in Montana drug courts over a 48 month period from November 2012–October 2016. Of the more than 1,500 individuals entering drug courts during the study period, 509 graduated, with 480 individuals active in drug court in October 2016. The drug court graduation rate is highest among adult drug court participants.



Adults participating in drug court increased their rates of employment and were much more likely to have a driver’s license upon discharge compared to admission to drug court. Adults who graduate drug court have lower rates of 48 month recidivism.



Of the 116 babies born to parents participating in Montana drug courts from 2012–2016, 93% were born drug free. The number of juveniles with a high school equivalent diploma increased more than five times from admission to discharge from drug court.



State approved substance use providers

The Quality Assurance Division and the Chemical Dependency Bureau in DPHHS work together to certify state approved substance use providers who are eligible to receive state and federal treatment dollars and bill Medicaid for approved substance use treatment services. There are currently 32 state approved providers. In 2017, House Bill 95 was passed, removing from state statute a requirement that state-approved facilities prove that they are not duplicating local services, which had previously limited the number of providers.

State approved providers can, but do not all, provide:

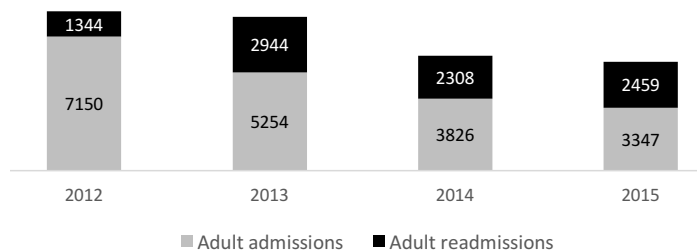
- Chemical dependency assessments (including those conducted as part of the Assessment, Course and Treatment requirements for DUI and drug possession offenders)
- Prevention specialist oversight
- Outpatient and inpatient treatment
- Case management
- Transitional living services
- Prime for Life Education (as part of the Assessment, Course and Treatment requirements for DUI and drug possession offenders)

There are a number of funding sources for SUD treatment that have historically been available only to state approved providers:

- Medicaid billing for approved substance treatment codes
- State alcohol tax dollars to treat co-occurring mental illnesses and SUD
- Federal block grant dollars for treatment of adults living at 0-200% of the federal poverty level
- State general fund dollars for residential and inpatient beds for treatment of methamphetamine
- Alcohol tax dollars given to counties as block grants for prevention and treatment
- Block grant dollars for prevention

Despite sharply increasing rates of drug possession charges in Montana’s courts in recent years, the number of adult admissions to state approved treatment facilities in Montana decreased 31% from 2012 to 2015 to a total of 5,806 in 2015. Increasingly, many adult admissions are actually re-admissions among individuals who have previously received treatment. More than 42% of admissions to state approved providers from 2012-2015 were among clients being re-admitted after a previous admission. Thus, a total of only 3,347 adults in Montana received treatment from state approved providers in 2015. As stated above, an estimated 10,067 adults will seek treatment for SUD in Montana annually, so the current capacity of the state approved providers will not meet this demand. Thus, the passage of House Bill 95 was essential to scale up the number of providers at the community-based level to meet the treatment needs in our state’s population.

Total adult client admissions and readmissions to state approved treatment facilities in Montana, 2012-2015



Assessment, Course and Treatment (ACT)

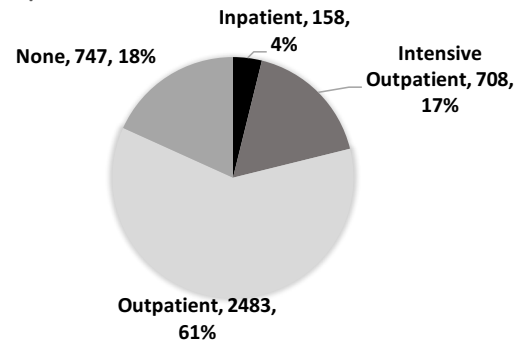
According to Montana statute,⁸⁸ misdemeanor drug offenders and all DUI offenders must be court ordered to participate in a program known as ACT (Assessment, Course and Treatment).

Mandatory assessments are conducted by Licensed Addiction Counselors (LACs) at state approved substance use treatment programs. The assessments seek to determine the nature and extent of the offender’s substance use dependency and need for treatment. Pursuant to legal clarification provided by DPHHS, state approved chemical dependency providers can bill Medicaid for chemical dependency assessments for ACT offenders.

The second step in the ACT model is “Course.” The course that DPHHS has selected to fulfill the statutory requirements for the ACT program is PRIME For Life®. Prime for Life is a 12-hour course designed to “change drinking and drug use behaviors by changing beliefs, attitudes, risk perceptions, motivations, and the knowledge of how to reduce their risk of alcohol and drug-related problems throughout their lives,” developed by the Prevention Research Institute. The Montana Chemical Dependency Bureau in DPHHS facilitates twice each year training for state approved providers through the Prevention Resource Institute for Prime for Life instructors. The course is given more than 5,000 times annually in Montana. State approved providers charge participants between \$250 and \$425 for the course and, according to Montana statute, offenders must pay for this cost out of pocket.

The treatment phase of the ACT program is mandatory on second and third offenses, and may be ordered for a first-time offender if he or she is found to be chemically dependent by an LAC. According to Montana statute, treatment is to be provided at a level appropriate to the chemical dependency needs noted in the assessment. If the offender fails to attend the education course or treatment program, the counselor notifies the court and the county attorney. Offenders who fail to comply with ACT requirements may be deemed non-compliant and subject to court action.⁹⁰

Treatment type for ACT enrollees with at least one previous DUI between 2012-2015

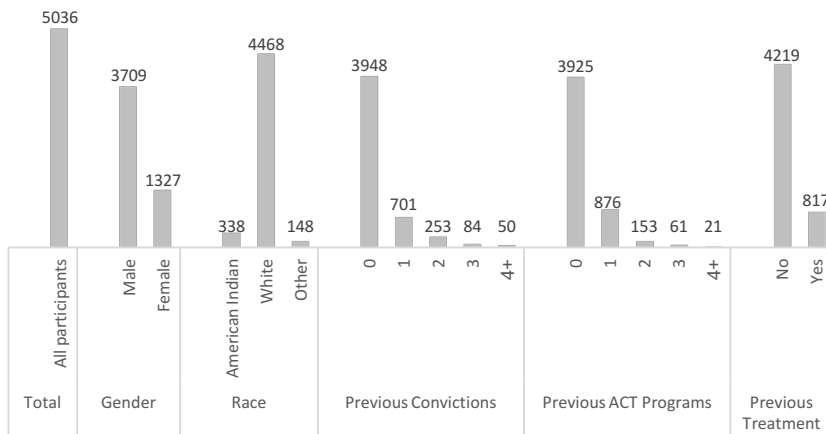


Between 2012 and 2015, 4,096 individuals with at least one previous DUI conviction enrolled in the ACT program. Of those individuals, 4% received inpatient treatment, 17% received intensive outpatient treatment, 61% received outpatient treatment and 18% received no treatment.

With the expansion of Medicaid (discussed below), state approved providers can now bill Medicaid for treatment provided to offenders sentenced to ACT who meet eligibility guidelines.

Expanding access to and funding for community-based treatment for substance use related offenders was a priority mentioned by many stakeholders interviewed for this report. The Montana Commission on Sentencing recommended that Montana seek to expand access to funding for justice system involved persons in community-based supervision, stating that Montana should, “fund access to behavioral health treatment and programs for people on community supervision.”⁹¹

Prime For Life participant data, 2015, Montana DPHHS



Medicaid Reimbursement through the HELP Act

A significant change in recent years in terms of access to SUD treatment in Montana is the passage of Medicaid expansion in Montana, known as the Health and Livelihood Economic Partnership (HELP) Act. Under the HELP Act, Montana covers mental health and SUD services under a plan referred to as the “Alternative Benefit Plan”. Alternative Benefits Plans are required by federal law to offer parity between SUD and mental health reimbursement and traditional medical benefits. Administratively, the Montana Medicaid Program has also chosen to expand SUD coverage to previously eligible adults. This is significant because the majority of SUD treatment in Montana had previously been paid for through federal block grant and state general fund or alcohol tax dollars, not through the Medicaid program. Because of expansion, adults living at up to 138% of the Federal Poverty Level who enroll in Medicaid now have access to:

- Non-hospital inpatient treatment for SUD
- Day treatment for SUD
- Outpatient SUD services
- Inpatient detoxification services

The cost savings to the State of Montana when SUD treatment is covered by Medicaid is substantial. The Montana Healthcare Foundation report on SUD treatment in Montana in March 2017 puts it this way: “With Medicaid expansion, Montana is able to tap into a new funding stream for SUD services that is largely composed of federal dollars from the enhanced match provided for expansion adults. Given that many of the services for this newly covered Medicaid population were previously financed with State alcohol tax or general fund dollars... these savings can be used in any number of ways... including reinvestment in SUD services and patients that are not Medicaid eligible.”⁹²

In 2016 alone, when Medicaid expansion was available for only six months, enrollees accessed \$1.7 million of federal SUD treatment, a direct cost savings to the state of Montana.⁹³ The Medicaid HELP Act will sunset in 2019 without legislative re-authorization.

**The HELP Act provided a new
stream of funding for SUD
treatment in the state of Montana.**



Montana Chemical Dependency Center

SUD treatment is classified along a continuum of care from low to high intensity. The levels of care are defined according to the American Society of Addiction Medicine (ASAM) Levels of Care and range from 0.5 (early intervention) to 4 (Medically managed intensive inpatient services). The highest intensity SUD treatment services available in Montana are available at the Montana Chemical Dependency Center (MCDC) in Butte, a state operated inpatient residential treatment center. MCDC is actually three separate treatment homes that follow ASAM criteria for a 3.5 and 3.7 level of treatment. As such, MCDC provides intensive in-patient treatment and withdrawal management for SUD and treatment for co-occurring mental health disease.

The MCDC facility includes 48 beds, including 16 treatment beds for men, 16 treatment beds for women, and 16 beds for withdrawal management. The facility is staffed by an interdisciplinary team of physicians, nurses, treatment technicians, addiction counselors, mental health therapists, case managers, and administrative staff.

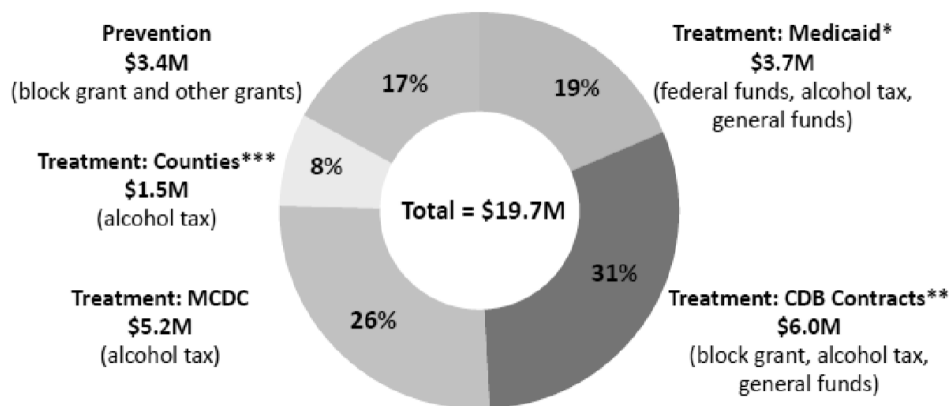
Historically, the MCDC was funded entirely by state alcohol tax dollars in the amount of approximately \$5.2 million annually. These high intensity services, funded directly with state dollars, consumed a large chunk of the funding available for SUD treatment in the state. In 2016, 26% of all of the treatment funds used in Montana for treatment were spent on operating the MCDC facility.

With the passage of Medicaid expansion, the State of Montana is looking to utilize Medicaid billing to fund treatment at the MCDC, resulting in substantial savings to the State. According to a report by the Montana Healthcare Foundation, “In each of SFYs 2018 and 2019, Governor Bullock’s budget proposes to capture nearly \$3 million in State savings from an increase in Medicaid funding for SUD inpatient treatment at the State-run MCDC, which has historically been funded with alcohol tax dollars... Specifically, the Governor proposed to replace nearly \$3 million in alcohol tax dollars supporting services at MCDC with an equivalent amount of Medicaid funding. In turn, the alcohol tax dollars would replace general fund dollars used for non-Medicaid covered residential SUD treatment and for SUD treatment at the Montana State Hospital. The bottom line is nearly \$3 million in State savings.”⁹⁴

In recent years, MCDC has worked to increase its total admissions and reduce the lengths of stay in treatment, as appropriate, to serve more individuals with SUD in Montana. Prior to SFY 2016, MCDC had about 600 admissions annually and an average stay of 35 to 45 days; as of SFY 2016, it had more than 700 admissions with an average stay of 24 days.⁹⁵

Montana’s Public Spending on SUD Treatment and Prevention in SFY 2016

12



Source: Manatt analysis of data provided by DPHHS.

Notes: MCDC is Montana Chemical Dependency Center.

*Includes 6 months pre-expansion (Standard Medicaid only) and 6 months post-expansion (TPA and Standard). Reflects services on the SUD fee schedule for Medicaid and excludes, for example, acute hospital inpatient detox.

**Excludes approximately \$2M in leftover SUD contract funds that were not drawn down by the end of SFY 2016. A portion was shifted to SUD contract payments in the first quarter of SFY 2017 and the remainder was used for other SUD-related purposes.

***Amount may increase when remaining SFY 2016 revenues are known and a final payment is made in November.

Graph from *Medicaid’s Growing Role for SUD Services in Montana*. Manatt. March 2017. Funded by the Montana Healthcare Foundation.

Jail based treatment

There have been a number of efforts to incorporate SUD treatment into Montana’s jails, as a high proportion of the jail population is in need of chemical dependency treatment. However, funding is a challenge, as individuals being held in jails (78% of whom have not been convicted of a crime and are being held pre-trial) are not eligible for Medicaid.

In recent years, the Montana Board of Crime Control has received a federal Residential Substance Abuse Treatment (RSAT) program award. The award allowed MBCC to fund the Butte Silver Bow Health Department and the Chippewa Cree White Sky Hope Center to provide treatment services in their local jail facilities to offenders charged with alcohol or other drug-related crimes. The Butte/Silver Bow Family Drug Court RSAT Program (BSB) created a jail-based program to reduce the number of adults who are chemically dependent, particularly those who have children, thereby reducing overall crime and creating a safer developmental environment for children. The 2016 application indicated that 95% of inmates in the Butte silver Bow Detention Center in 2014 were chemically dependent and that 75% of those chemically dependent inmates had a co-occurring mental illness.

BSB developed a comprehensive, community-based program using a multi-disciplinary team designed to serve the unique needs of the chemically dependent detention center population. Treatment was provided on-site at the BSB County Detention Center with a contracted LAC. In all, 190 inmates have been provided services in the past four and one-half years.

RSAT funds were also used to support a jail-based treatment program through the Chippewa Cree Tribe (CCT) White Sky Hope Center (WSHC). The CCT reports that 70% of all arrests in 2015 on the reservation were substance use related. The 12-month program funded by this grant is overseen by the Rocky Boy Health Board of the Rocky Boy Indian Reservation. The Health Board employs a contracted LAC to serve as the Jail Based Treatment program coordinator to implement the program and create and maintain community-based aftercare services. The program provides a continuum of service that creates a progression from secured detention to unsecured correction options.⁹⁶

Local Success Story

Recovery Coach Outreach in Gallatin County

One successful peer support model piloted in Montana is the Recovery Coach Outreach Program in Gallatin County, which is operated by the Montana Peer Network. The project uses trained peers to provide outreach and recovery support to individuals struggling with behavioral health issues. The peers work primarily with law enforcement, but also receive referrals from other organizations. Once connected with an individual, the program engages them in recovery work, focusing on one dimension of wellness each visit. The dimensions of wellness and their use with peer support is supported

by SAMHSA. Peers in this program work with their referrals for as long as the individual desires. The program has successfully diverted individuals from the emergency department, crisis center and jail, and saved Gallatin County an estimated \$270,000 in crisis dollars in 2016. The return on investment was calculated at \$4 saved for every \$1 invested. The program is funded by Gallatin County with county matching grant funds for crisis and jail diversion services from the State.”⁹⁷

Increasing access to Medication Assisted Treatment: The State Targeted Response to the Opioid Epidemic Grant

One limitation of Montana’s current SUD treatment system is lack of access to Medication Assisted Treatment (MAT). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), MAT involves “the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for many people struggling with addiction, MAT can help sustain recovery.”⁹⁸ Numerous studies indicate that comprehensive MAT, using medications such as buprenorphine, methadone and naltrexone, are effective in treating opioid addiction and alcohol dependence, in many cases doubling the rate of success in treatment.⁹⁹

Despite strong evidence for effectiveness, Montanans receive MAT at lower rates than the US as a whole. Only 8.2% of Montanans in outpatient SUD treatment receive MAT compared to 27.2% nationally. One form of MAT, methadone, has only been available in Montana since 2009 and Montana only has 16 physicians with a buprenorphine waiver, one of the lowest rates of buprenorphine treatment capacity in the country.¹⁰⁰ In fact, MCDC, the DPHHS run inpatient facility offering the highest level of ASAM care in Montana, does not currently provide MAT to patients.

To address this gap in evidence-based care, DPHHS recently applied for and received a grant entitled the Montana Opioid State Targeted Response (STR) Project from SAMHSA. The grant will seek to develop a “comprehensive continuum of services for opioid use disorder prevention and treatment in Montana, grounded in evidence-based practice and adapted to the unique needs of our rural state in order to reduce the rate of opioid use disorder (OUD) and opioid related deaths.” The project will focus on the following populations: American Indians, pregnant women, veterans and individuals involved in the criminal justice system, all of whom suffer from disproportionately high rates of substance use disorder, including OUD. The grant will pilot six hub and spoke model sites for OUD treatment statewide, with providers at hubs agreeing to implement MAT and peer support and recovery services in their facilities while contracting with at least two smaller spoke sites to implement these services with the assistance of the MAT providers at the Hub sites in Year Two of the project period. DPHHS will also work to increase the number of Montana providers trained in opioid prescribing guidelines, peer support and recovery services and the use of MAT.

Montana intends to serve 2,215 clients with MAT treatment at 18 hub and spoke sites by the end of the project period in 2019, with 90% of these individuals (1,993 total) receiving peer support and recovery services.

Peer support and recovery services

According to SAMHSA, peer support services are those services delivered by individuals who have common life experiences with the people they are serving. Individuals who have substance use disorders and are now in recovery have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. Research has shown that peer support facilitates recovery and reduces health care costs.¹⁰¹

Trained peers and paraprofessionals are a behavioral health workforce utilized successfully in substance use treatment and recovery in other rural areas, and Montana has piloted a number of peer support and recovery projects related to jail diversion and connecting individuals to treatment.

While limited reimbursement for peers working in substance use treatment and recovery has historically not been available for peers in Montana, Senate Bill 62, passed by the 2017 Montana Legislature, will change that. The bill provides for credentialing of peers beginning in October 2017, and is a first step toward allowing Medicaid billing for peer services.¹⁰² Starting in 2017, DPHHS is allowing state approved substance use treatment providers to fund peer services by billing the Substance Abuse Prevention and Treatment Block Grant. As stated above, the Opioid STR grant, to be implemented in 2017, will also develop hub and spoke sites for opioid use disorder treatment across the state that incorporate the use of peer supports.

The increased use of peers and paraprofessionals could improve capacity to provide behavioral health services, including crisis response and diversion services in the state and the region.¹⁰³

Substance Use Disorder Treatment for American Indians

78,000 Montanans are American Indian, and 60% of this population lives on one of the state's seven reservations. American Indians are disproportionately impacted by substance use and face a disparity in life expectancy of over two decades compared to all Montanans. Most tribes in Montana operate their own substance use treatment facilities through federal contracts with Indian Health Service. Three of the seven tribal treatment programs are state approved substance use treatment providers. A list of the tribally operated treatment programs in Montana and the types of chemical dependency services they offer is below.

Tribally operated SUD providers	Operator	Location	Service provided	State approved
Rocky Boy Clinic	Chippewa Cree Tribe	Box Elder	Outpatient, residential long term, sober living	Yes
Crystal Creek Lodge Treatment Center	Blackfeet Tribe	Browning	Outpatient, residential long term, residential short term	Yes
Fort Belknap Chemical Dependency Center	Fort Belknap Indian Community	Harlem	Outpatient, partial hospitalization	Yes
Crow Nation Wellness Center	Crow Tribe	Crow Agency	Outpatient	No
Northern Cheyenne Nation Recovery Center	Northern	Lame Deer	Outpatient (Level 1 and 2)	No
Spotted Bull Recovery Resource Center	Fort Peck Tribes	Poplar	Outpatient	No
CSKT Tribal Health Centers-Behavioral Health Program	Confederated Salish-Kootenai Tribes	Elmo, Polson, Ronan, St. Ignatius	Outpatient, Medication Assisted Treatment (MAT)	No

In addition to the substance use treatment programs operated by tribes, a number of Urban Indian Health Centers also provide behavioral health services to clients living outside of reservation communities across the state. Almost all of these Urban Indian Health Centers are Federally Qualified Health Center look-alikes and receive funding both from IHS and third-party payors. The following Urban Indian Health Centers currently operate substance use treatment programs in Montana.

Urban Indian Health Clinics with SUD treatment	Location	Service provided	State approved
Helena Indian Alliance	Helena	Outpatient, Co-occurring, MAT	Yes
Missoula Urban Indian Health Center	Missoula	Outpatient and intensive outpatient	Yes
Indian Family Health Clinic	Great Falls	Early intervention & outpatient services	Yes
Northern American Indian Alliance	Butte	Outpatient	No

The Billings Area IHS is currently seeking a contractor to operate the Urban Indian Health Center in Billings. When this contract is awarded, the program will be required to offer chemical dependency services in Billings, which has the largest urban Indian population in the state.

Tribal leaders face many challenges meeting treatment needs in their communities. According to interviews with Native leaders about substance use in 2012, many expressed concerns about the “large distances from and lack of easy access to mental health and chemical dependency treatment services/professionals; the lack of adequate transportation and poor to non-existent cell phone coverage. Faced with this reality, prevention and treatment professionals are required to be not only passionate, creative and innovative but also able to identify and integrate existing community resources and treatment modalities to meet their client needs.”¹⁰⁴ The Montana Commission on Sentencing recognized the challenges faced by Tribal communities and recommended that Montana explore increasing access to tribal resources for Native Americans who are in the state criminal justice system.¹⁰⁵

Treatment for Veterans

Veterans comprise almost 10% of Montana's population (99,034 total), the highest per capita in the nation.¹⁰⁶ Most veterans in the state of Montana are under the age of 55.¹⁰⁷ Over twenty-one thousand veterans in Montana receive disability compensation (22%) and 50,178 are enrolled in the Veteran's Administration (VA) health system (50%). The VA operates 15 clinics across Montana including 11 primary care clinics, 1 healthcare center, 2 telehealth clinics and 1 VA hospital with an attached ambulatory care clinic. At any of these 15 clinics, veterans can receive a SUD assessment from a licensed substance use treatment provider, either in person or via telemedicine, to determine the level of treatment they require. Once assessed, veterans are referred to a range of residential and outpatient treatment options within the VA system as appropriate.

At Fort Harrison in Helena, the VA operates a 12-bed residential SUD treatment unit. Veterans can also be sent to residential units in Sheridan, Wyoming or Hot Springs, South Dakota as well as to a variety of specialized SUD treatment facilities across the country (e.g. facilities specializing in co-occurring personality disorders). Those in need of less intensive treatment can access outpatient SUD services which the VA operates in Helena, Missoula and Great Falls. All VA treatment services are built around a collaborative treatment planning model and use a team approach to care that takes into consideration the unique needs of each veteran, including co-occurring mental health concerns and histories of trauma. Medication Assisted Treatment is also available through the VA system.

The VA system is unique in that, in addition to treatment, it provides housing and employment support for veterans, which can prove vital to long-term recovery. The VA in Montana has contracts with shelters across the state to house veterans in crisis, as well as partnerships with HUD, local housing authorities and various non-profit organizations to provide veterans with transitional and short-term housing as well as housing vouchers. Employment support is also available through the VA, with employment workshops and resource fairs provided for veterans to help support them in finding stable employment, a key to maintaining housing and sustaining recovery. For veterans who are involved in the Justice System being released from protective custody, the VA employs two justice outreach workers who begin working with veterans three to six months prior to their release from prison or other DOC facilities to ensure that they are connected with necessary VA services and housing support as they re-enter the community. These justice system outreach workers also work with veterans involved in Drug treatment courts to help them access needed resources.

Montana has three veteran's Drug treatment courts, housed within the Judicial District Courts in Missoula, Billings and Great Falls. A fourth veteran's drug treatment court is under development in Bozeman. These courts provide support for veterans involved in the justice system for crimes secondary to addiction. Veteran's Drug treatment courts are unique in that they connect veterans to treatment and supportive services such as housing through the VA, but also connect each participant with a mentor in their community who is also a veteran. These mentoring relationships can prove vital in supporting individuals with SUD as they work through past trauma and work toward sustained recovery.

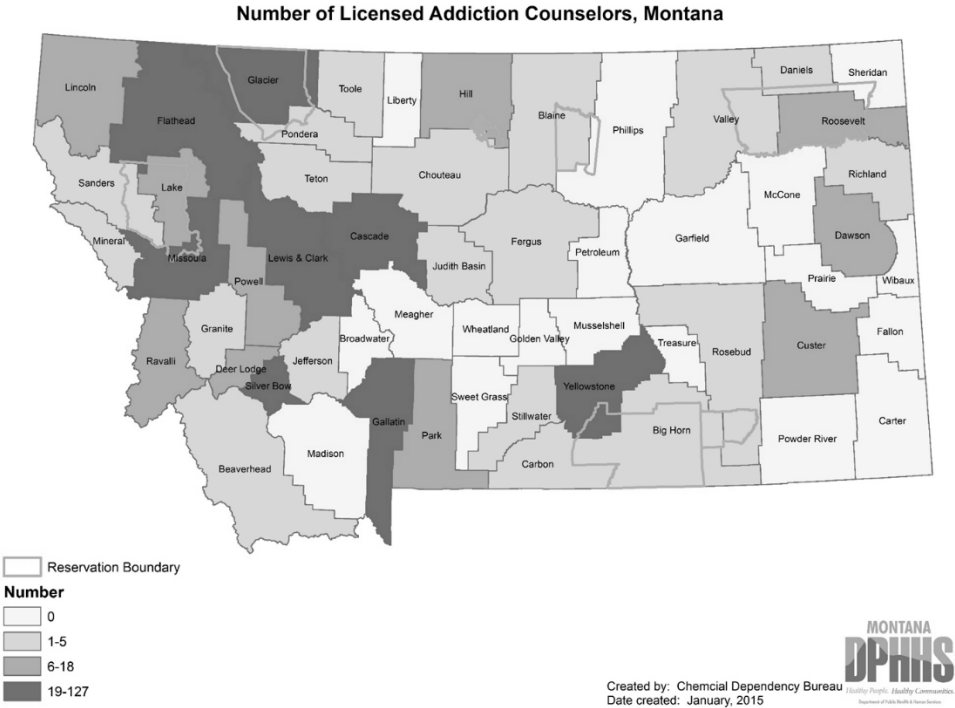
Private providers and the SUD Workforce

Outside of state approved or administered treatment services, Montanans can receive treatment from private LACs who operate their own practices and bill third party payers. Under the Affordable Care Act, most private insurers are required to cover substance use treatment for individuals who purchase private insurance or are covered by Medicaid expansion.

However, even with enhanced billing ability and a growing need for SUD treatment, Montana continues to have a workforce shortage of treatment providers.

Montana has 599 Licensed Addiction Counselors (LACs) and 194 Dual Licensed Providers (LAC + Mental Health). However, 18 of Montana’s 56 counties have no practicing licensed substance use providers.¹⁰⁸

A recent assessment by DPHHS’s Chemical Dependency Bureau estimated that Montana would need 146 additional LACs to meet the annual unmet demand for SUD treatment and serve the estimated 3,964 Montanans who will seek services but will be unable to access care due to because of our current treatment capacity.¹⁰⁹



DOC and DPHHS collaborative project for offenders re-entering communities

Many key informants interviewed for this report noted that, although Montana has a range of substance use treatment resources, these resources often exist in silos and are not well coordinated. The lack of linkages can be especially pronounced for offenders re-entering Montana communities after they are released from DOC custody. As noted earlier in this report, the majority of offenders in DOC facilities have an SUD and are in need of continued medical and support services to aid in their continued recovery and re-entry into society.

To better coordinate substance use treatment and medical care for reentering offenders, DOC and DPHHS have recently partnered to streamline the Medicaid enrollment process for these individuals. Federal law prohibits individuals in State custody from enrolling in the Medicaid program or receiving reimbursement for medical or treatment services in residential custody. However, under the HELP Act, most prisoners being released from DOC custody are eligible to receive Medicaid once they even partially re-enter the community in a pre-release program or are released on parole. In order to receive Medicaid, these offenders were historically required to visit an Office of Public Assistance Office after their release, fill out a Medicaid application and wait until they were approved – which took about 20 days. During this time, these individuals often needed chemical dependency counseling, mental health care and other medical assistance. Without

these services, some individuals were at high risk for reoffending.

To better streamline this process and support these individuals in their recovery, DOC and DPHHS have partnered to make Medicaid enrollment a standard part of the discharge process from DOC custody. The application process is facilitated by DOC staff and coordinated through a central office in DPHHS. As soon as the offender is released from custody, DPHHS “flips the switch” and the individual can receive needed healthcare services, including substance use treatment, from Day 1 of their release. DPHHS is now hoping to work with the jail systems in Montana to develop a similar program. Since many of the individuals in these systems are low income and in need of substance use treatment, facilitating their access to Medicaid coverage is both fiscally responsible (adults covered through Medicaid expansion have 90% of their care covered by the federal government) and holds promise to reduce recidivism and criminal behavior that is secondary to addiction as individuals overcome the financial barrier to accessing the treatment they need.

Prevention

Interagency Coordinating Council

Department of Public Health and Human Services

- Director's Officer-Prevention Resource Center
- Chemical Dependency Bureau
 - Prevention specialists
 - Alcohol compliance checks
 - Project for Success Grant
- Medicaid
 - Medicaid Pharmacy Case Management Program
- Injury Prevention Program
 - Prescription Drug Overdose Prevention Grant

Department of Justice

- Resolve Montana
- Know your dose

Office of Public Instruction

- Title IV

Department of Transportation

- Vision Zero
- DUI Task Forces

Department of Labor and Industry

- Board of Pharmacy-Prescription Drug Registry

Background

The earlier individuals initiate drug and alcohol use, the more likely they are to develop an addiction. Adolescents who use alcohol before age 15 are four times more likely to become addicted to alcohol later in life than those who abstain until they are 15 or older.¹¹⁰ Of those who use illicit drugs before age 13, 70% develop an SUD in the next seven years compared to only 27% of those who begin using after age 17.¹¹¹ Thus, most SUD prevention efforts focus on teens and young adults. In Montana, 19.6% of teens report they drank alcohol before age 13 and 8% report trying marijuana before age 13.¹¹²

Despite high rates of alcohol and drug use reported in Montana, including among young adolescents, the overall prevalence of drug and alcohol use among teens has trended downward over the last 10 years. Teens in Montana in 2015 were significantly less likely than those in 2005 to report initiation or current use of alcohol and marijuana as well as lifetime use of cocaine, inhalants, heroin, any injection drugs, methamphetamines, and steroids as well as misuse of prescription drugs (compared to 2011). Thus, significant progress has been made, both in Montana and nationally, in the area of substance use prevention among teens. Despite these gains, Montana’s adolescent substance use rates, particularly in relationship to alcohol, remain elevated compared to those in the US. More work needs to be done to prevent this age group from initiating the use of substances of all kinds.

Evidence for Effectiveness

Effective prevention efforts focus on supporting or bolstering protective factors in youth that, when present, have been shown to reduce the likelihood of substance use. Known protective factors include:

- Strong and positive family ties and social connections
- Emotional health
- Self-efficacy (a feeling of control over one’s successes and failures)¹¹³

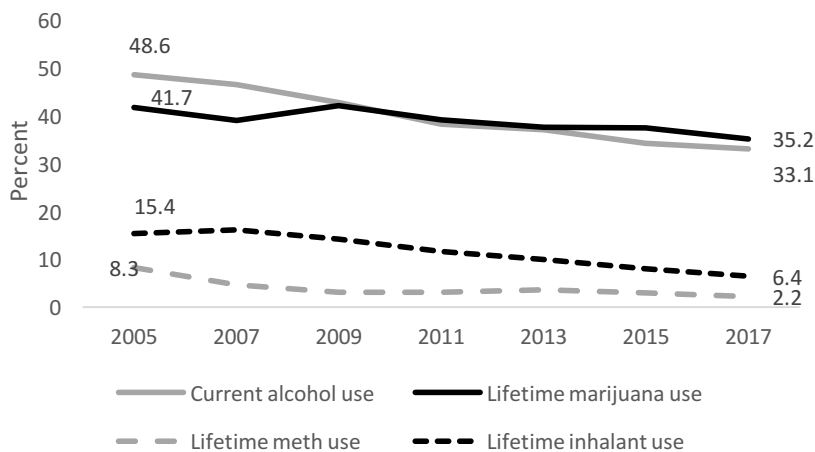
A number of environmental level and policy changes have also proven effective at preventing substance use. According to the US Surgeon General, evidence-based policies to prevent substance use include:

- Raising alcohol prices through leveraging alcohol taxes
- Limiting where, when and to whom alcohol can be sold
- Increasing enforcement of existing alcohol-related laws¹¹⁴

Montana currently leverages virtually no State general fund or alcohol tax dollars to support prevention efforts, other than for monitoring alcohol vendor compliance. Beer in Montana is taxed at \$0.14 per gallon (#39 of 50 states), compared to states like Georgia, Tennessee, and Alabama which have taxes exceeding \$1.00 per gallon.¹¹⁵

Montana has a number of efforts across State agencies aimed at both primary and secondary prevention of substance use.

Alcohol and drug use trends, Montana high school students, 2005-2017



The following pages summarize the major initiatives in Montana related to substance use treatment, focusing on programs operating at the state level.

Prevention Resource Center

The Prevention Resource Center, in the Office of the Director of DPHHS, works to raise public awareness about public health issues, including substance use, and how to prevent them statewide. A key function of the Prevention Resource Center is to coordinate the Interagency Coordinating Council (ICC), established in 1993. By Montana statute, the ICC Interagency includes the Attorney General, the Superintendent of Public Instruction, representation from private and non-profit prevention programs, the Montana Children's Trust Fund board, agency directors from DPHHS, the Montana Board of Crime Control, the Department of Labor and Industry, and the Department of Transportation, among others.¹¹⁶

The duties of the ICC include:

- Creating a comprehensive and coordinated prevention program delivery system
- Developing interagency prevention programs and services that address the problems of at-risk children and families
- Studying financing options for prevention programs and services
- Ensuring that a balanced and comprehensive range of prevention services is available to children and families with specific or multi-agency needs
- Assisting in the development of cooperative partnerships among state agencies and community-based public and private providers of prevention programs;
- Developing, maintaining, and implementing benchmarks for State prevention programs¹¹⁷

A current priority identified by the ICC is youth alcohol, tobacco and drug use. However, this group does not have any direct State funding to implement prevention programs to address this or other priority areas. Instead, the ICC must work to coordinate efforts and leverage funds from participating agencies.

The ICC also organizes a number of key work groups who are tasked with researching and providing guidance on key aspects of prevention efforts in the state. These groups include:

State Epidemiology Outcomes Workgroup

The State Epidemiology Outcomes Workgroup (SEOW) drives data-informed decision making on what the SUD problems in Montana are and where resources should be directed, setting the foundation for SUD-related programs to measure outcomes. The SEOW is a required element for most SAMHSA funded prevention grants.

Evidence-Based Work Group

The ICC also convenes an Evidence-Based Work group to assist prevention specialists and coalitions with identifying research and evidence based practices that are grounded in prevention science. These practices, if implemented with fidelity and cultural relevancy, can achieve measurable outcomes and move the needle on curbing and addressing substance misuse and abuse. The work group is currently working on setting criteria and guidelines for local prevention specialists and coalitions to help them develop a prevention strategy that meets evidence based standards.

Alcohol Policy Work Group

The ICC is also convening an alcohol policy work group that is reviewing the APIS Taxonomy of Alcohol Policies across all 50 states to determine gaps and opportunities in Montana's alcohol policies that we should consider addressing. There are a range of evidence-based alcohol policies, including those that address youth access, impaired driving, binge drinking, taxation and licensing, that the work group is considering in light of current Montana law. The group includes representation from DPHHS, MDT, OPI, and the Department of Revenue, and is developing a brief that will be shared publicly with their policy recommendations.

These evidence based work groups are essential to drive appropriate use of limited prevention resources in Montana. Often, community members or even policy makers come up with a "good idea" but may not have consulted evidence based registries and peer reviewed journals to determine if the strategy is effective. Nor may they understand the implementation science or evaluation methodology needed to ensure that the strategy can be successful in Montana.¹¹⁸

In addition to coordinating the ICC, the PRC serves as a warehouse for evidence based prevention information for Montana. To this end, the PRC has developed the Parent Powered website in 2010. The Parent Power website seeks to push out evidence-based information to parents about prevention priorities, including drug and alcohol use. The website encourages parents to discuss alcohol and drug use with their children to change social norms about the acceptance of drinking and drug use among Montana's adolescent population. For more information, visit www.parentpower.mt.gov

Local Prevention Specialists

States that receive the federal Substance Abuse, Prevention and Treatment block grant are required to spend at least 20% of the total block grant on prevention. In Montana, this amount is approximately \$1.37 million annually. The money is subcontracted through Boyd Andrews Community Services to 11 state approved substance use treatment providers who employ 23 prevention specialists. These specialists are tasked with coordinating prevention activities in all of Montana’s 56 counties. A number of prevention specialists are also funded (either partially or fully) through the federal Partnership for Success Grant (see next page). In all, a total of 38 prevention specialists currently work in the state. The specialists conduct activities within SAMHSA’s Strategic Prevention Framework.

Prevention professionals seek to promote behavioral health in the regions they serve. Their role is to help communities change their behaviors, guide organizations in adopting and implementing effective programs and practices and organize all local resources and/or services for the promotion of healthy choices.

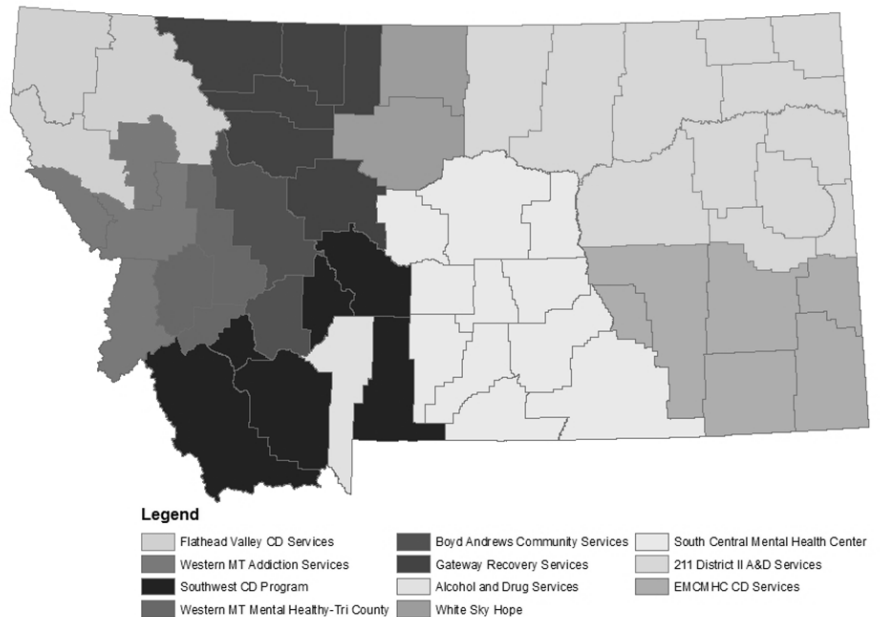
Prevention specialists are tasked with:

- Stakeholder and resource mapping
- Coalition building
- Using data to guide community-wide prevention planning
- Matching community needs with suitable evidence-based interventions
- Planning the introduction to implementation
- Monitoring of preventative interventions plans
- Reporting grant activities and record keeping

A limited number of state approved treatment providers (four currently) use block grant dollars to conduct secondary prevention /early intervention in schools.

This model for coordinating prevention work has many drawbacks. A primary drawback is that prevention specialists are tied to SUD treatment providers, not public health entities. In addition, the specialists are tasked with coordinating activities in large regions without strong contractual guidance from DPHHS about which evidence-based prevention practices to implement and with limited budgets to implement the interventions they do select. The Chemical Dependency Bureau is working to change the contract language and potentially the model for funding prevention specialists in the state in the coming years.

Prevention specialist regions, 2017



Partnership for Success Grant

In addition to Substance Abuse Prevention and Treatment block grant dollars, Montana receives the federal Partnership for Success Grant from SAMHSA which provides additional funding to 22 identified high-needs counties and reservations statewide. A total of 23 prevention specialists are funded statewide through the Partnership for Success Grant. The goal of the Partnership for Success Grant is to implement, expand or enhance environmental prevention strategies to build a solid foundation at both the state and community levels for delivering sustainable, effective environmental substance use prevention services. Grant activities are designed to address three priorities:

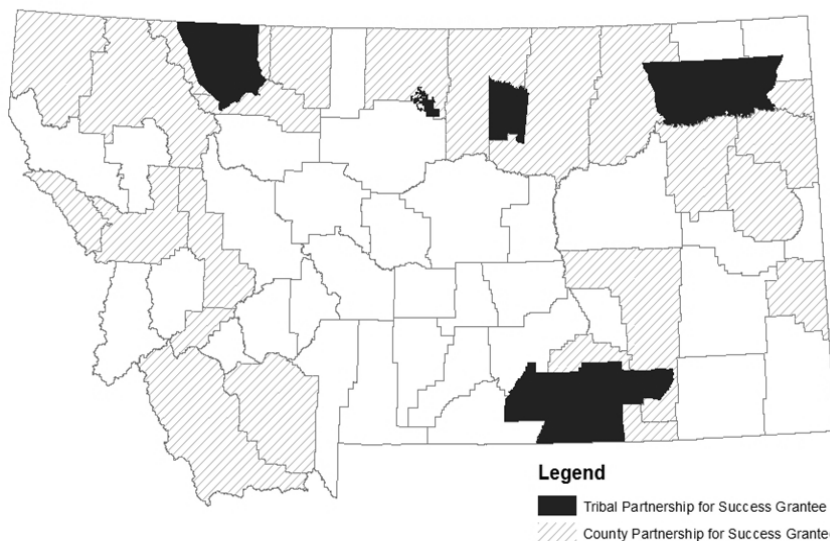
1. Decrease statewide substance use among youth ages 12–20
2. Decrease the misuse/abuse of prescription drugs among youth ages 12–25
3. Mitigate the related consequences for both alcohol and prescription drug misuse/abuse

Partnership for Success grantees work in the following areas: 1) Information dissemination, 2) Prevention education, 3) Alternative activities, 4) Community-based processes, and 5) Environmental Approaches.

The priority communities, which include six of the seven reservations in Montana, each receive around \$56,000 per year for five years to conduct activities within SAMHSA’s Strategic Prevention Framework coordinated by the prevention specialists in their area. Communities select priority risk and protective factors to target in their work.

In addition, the Chemical Dependency Bureau uses Partnership for Success funds to contract with the organization Havre HELP which coordinates a statewide underage drinking prevention campaign targeted at parents. The “Let’s Face It – Parents Unite to Prevent Underage Drinking” initiative includes a website and a Facebook interactive segment. For more information visit www.letsfaceitmt.com.

Partnership for Success grantees



Alcohol Compliance Checks

The Chemical Dependency Bureau in DPHHS supports statewide alcohol compliance checks for local alcohol and liquor vendors. The Chemical Dependency Bureau sponsors two programs: Alcohol Reward & Reminder, an educational program, and the Alcohol Sales Compliance Inspection Program, which is an enforcement program.

Alcohol Reward and Reminder is an educational survey program. It is conducted by 21- or 22- year old Montana residents. The program surveys alcohol outlets to determine if they are checking the IDs of any person who could reasonably be younger than 35 years of age. If a server or seller, under program criteria, does not check for an ID, they are given a “reminder” card that includes information on Montana’s laws. If they ID and refuse to sell alcohol based on the failure to provide an ID, the surveyors present the clerk with a “reward” card, entering them into a quarterly drawing for a \$100 gift card. This educational program using of-age surveyors means that no sellers break the law. Statistics for this program are reported as aggregate data with warnings that the data is reliant on judgment calls of the surveyors.

The Alcohol Sales Compliance Inspection Program is conducted by law enforcement officers working with confidential informants who are 18 to 20 years of age and tested to ensure that they look their age. Confidential Informants, working with undercover law enforcement officers, attempt to purchase alcohol from servers and sellers. Servers and sellers who refuse to sell to the volunteers receive notification of their excellent performance by the State within a few weeks. Servers and Sellers who illegally allow the volunteers to purchase alcohol are cited by law enforcement and must appear in court, pay fines, face possible jail time, and be liable to their own company discipline procedures, including possible termination. The Montana Department of Revenue Liquor Control Division is notified of these citations.

From March 2015 to February 2016, 169 outlets in six counties were inspected and 134 were compliant (79%).¹¹⁹ Compliance checks are an important part of Montana’s commitment to decrease the sales and instances of alcohol being sold or served to underage persons.¹²⁰

Vision Zero: Zero Fatalities, Zero Serious Injuries

In 2014, the Montana Department of Transportation (MDT) kicked off Vision Zero, which is a multi-pronged initiative with the goal of eliminating deaths and injuries on Montana Highways. Vision Zero has four focus areas: Education, Enforcement, Engineering and Emergency Medical Response. In coordination with Vision Zero, Montana's Comprehensive Highway Safety Plan (CHSP) supports a collaborative approach to eliminate deaths and serious injuries. The CHSP incorporates three emphasis areas: Occupant Protection, Impaired Driving and Roadway Departure.

Montana has a federal designation as a "high-range state" with an impaired driving fatality rate (fatalities per 100 million vehicle miles travelled) of 0.60 or higher based on three years of Fatality Analysis Reporting System (FARS) data.¹²¹ MDT implements a variety of countermeasures in efforts to eliminate impaired driving on Montana roadways.

MDT's State Highway Safety Section produces an annual Highway Safety Plan, which encompasses a variety of measures with the purpose of eliminating impaired driving. Through funding from the National Highway Traffic Safety Administration (NHTSA), MDT provides resources for a variety of programs at the state and local level.

Some examples of programs include:

- Public education campaigns year round
- Local approaches through Buckle Up Montana, DUI Task Forces, the Safe On All Roads (SOAR) programs, and teen traffic safety educational programming

- High visibility enforcement of Montana traffic safety laws through local Selective Traffic Enforcement Programs (STEP), a Safety Enforcement Traffic Team (SETT), and mini-grants for special events
- Increased high visibility enforcement during the busiest travel times such as Memorial Day, Fourth of July and Labor Day
- Funding for the statewide 24/7 Program coordinator position through the Montana Highway Patrol
- Funding the Traffic Safety Resource Officer who provides training for Standard Field Sobriety Testing (SFST), Advanced Roadside Impaired Driving Enforcement (ARIDE) and the Drug Recognition Expert Program
- Law Enforcement Liaisons throughout the state

In addition to funding highway traffic safety programs, MDT distributes funding for a variety of other measures that aim to reduce roadway fatalities and serious injuries. Examples include:

- Emergency medical response to vehicle crashes with proper EMS vehicles, training and medical equipment through the Emergency Medical Services Grant Program.¹²²
- Engineering of Montana roadways to ensure that Montana's thousands of miles of state roads and highways are built and maintained with safety as the first concern.



VISION ZERO
zero deaths · zero serious injuries

Drug Free Communities-Community Coalitions

In addition to funding HIDTAs, the federal Office of National Drug Control Policy provides funding to local communities across the US to develop Drug-Free Community (DFC) Coalitions. The goals of the federal DFC program include:

- Establishing and strengthening collaboration among communities, nonprofit agencies, and Federal, state, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance use among youth
- Reducing substance use among youth and, over time, reducing substance abuse among adults by addressing factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse

DFC coalitions are funded for 5 years and can apply for an additional 5 years of continuation funding. Each coalition receives an annual budget of \$125,000 with a required in-kind match. Funds are granted directly to communities and do not pass through a state agency. Currently, 698 communities across the US have funded DFC coalitions. Four of these communities are in Montana. All Montana DFC coalitions are continuation grantees. The existing DFC coalitions in Montana are:

- ButteCares
- The Frenchtown Community Coalition
- Lincoln County Unite for Youth
- The Substance Abuse Prevention Alliance in Cascade County

Previously, many of Montana's large counties and some smaller regionalized county areas have been DFC recipients.

DFC defines a coalition as, "A community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy and drug-free community." All of these coalitions work under SAMHSA's Strategic Prevention Framework which is also utilized by the Partnership for Success grant and by the state's local Prevention Specialists. DFCs seek to utilize seven strategies for community change including: 1) Providing information 2) Enhancing skills 3) Providing support 4) Enhancing access/reducing barriers 5) Changing consequences 6) Physical Design and 7) Modifying/Changing Policies.

Community-based prevention utilizing high functioning DFC coalitions is effective. A recent national evaluation of DFC grantees found that, among middle and high school students in DFC communities, there were significant reductions in past 30-day use of alcohol, marijuana, tobacco and prescription drugs compared to when the coalitions were initiated. In some cases, such as alcohol and marijuana use in middle school in communities with long term coalitions, the average drop in youth use was more than 35%.¹²³ The current DFC grantees in Montana report similar declines in youth substance use in their communities that they attribute to the collaborative work of their coalitions.

Resolve Montana

The Montana Attorney General’s Office of Consumer Protection supports a prescription drug abuse prevention program whose media component is branded “Resolve Montana”. The purpose of the program is to “promote awareness among providers and the public about opioid misuse use and abuse.” This effort is funded from a \$1.5 million settlement with the drug manufacturer Jansen Pharmaceuticals. The funding started in September 2014 and will sunset in 2017.

Resolve Montana has developed a website, www.resolvemontana.org, for Montana consumers. It has also produced a statewide PSA campaign that includes TV, radio, billboards and social media through an advertising agency contract. The Resolve Montana website features professionally produced videos in which Montanans tell their personal stories of the devastating effects of opioid abuse. It also offers resources like parental conversation starters and unused prescription drop box locations statewide.

In addition to the website, Resolve Montana partnered with the federal Drug Enforcement Administration (DEA) and the US Attorney’s office to develop a juried art exhibit

about substance use called “Bitter Pill”. The exhibit now travels the state. The Office of Consumer Protection has also partnered closely with the Montana Medical Association to develop the Know Your Dose website (see below).

Resolve Montana has also provided funding to local communities to install prescription drop boxes and purchase incinerators so unused prescriptions can be safely disposed of and destroyed. The Office of Consumer Protection has also worked with partners to coordinate drug take back events in local communities across the state. There are now 51 permanent prescription drug drop box locations across Montana, primarily at police departments, but also at some local pharmacies. Incinerators will be installed in Billings, Butte, and Great Falls as a result of this initiative. Since 2010, Montanans have turned in several tons of unwanted prescriptions at drop box locations and drug take back events.¹²⁴



Know Your Dose

In 2015, the Montana Department of Justice partnered with the Montana Medical Association and Blue Cross Blue Shield of Montana to develop the “Know Your Dose” website, designed to build awareness of the public health crisis facing Montana and to offer a one-stop resource for health care providers, patients dealing with chronic non-cancer pain, and the general public.

The Know Your Dose website is intended to improve doctor-patient communication on the efficacy and proper use of medications, help those currently abusing prescription medications get the treatment they need, and

encourage Montana’s communities to actively combat prescription drug addiction. For more information visit www.knowyourdosemt.com.

Health care providers, patients, and the public are encouraged to utilize this one-stop resource center and get information about: Patient education, treatment protocols, pain management resources, treatment resources, medication storage and disposal tips, statistics, and helpful resources.

Prescription Drug Registry

Passed into law in 2011,¹²⁵ the Montana Prescription Drug Registry (MPDR) is an online, voluntary system that can be used by prescribers, pharmacists and law enforcement to track controlled substance prescriptions and identify potential misuse and diversion of controlled substances.

The MPDR's online service offers prescribers and their delegates, as well as pharmacists, the ability to search their patient's medical history for controlled substance prescriptions. Health care providers can use the MPDR to optimize the quality of care they provide to their patients, thereby increasing the level of patient safety when controlled substances are part of their treatment plan. The information in the MPDR can assist providers in deterring the diversion of controlled substances for illegal use. In addition, prescribers can review all prescriptions that were dispensed under their DEA number, enabling them to identify any fraudulent use of their DEA registration.

The following Montana-licensed health care providers are authorized to access the online MPDR service by registering to view the prescription history of patients who are under their care or who have been referred to them for care: Physicians, Dentists, Naturopathic Physicians, Optometrists, Pharmacists, Physician Assistants, Podiatrists and APRNs with a prescriptive authority endorsement. Any individual can request a copy of their own prescription history from the MPDR. Authorized representati-

ves of Medicare, Medicaid, Tribal Health, Indian Health Services and Veterans Affairs may also access the online MPDR service. Law enforcement officers may subpoena information related to an active investigation. The use of the MPDR is voluntary, but adoption among providers is growing.

The MPDR's initial startup costs and enhancements were funded through a series of grants awarded by a federal DOJ grant through the MBCC. Additional funding for routine operating expenses comes from a \$30 annual fee which is paid by health care professionals who are authorized to prescribe or dispense controlled substances.¹²⁶ Collection of the MPDR annual fee is integrated into the license renewal process.¹²⁷

The Montana Board of Pharmacy is responsible for the operation and maintenance of the MPDR.¹²⁸ The Board of Pharmacy is administratively attached to the Department of Labor and Industry. For more information, visit pharmacy.mt.gov and click on the Drug Registry tab.

Medicaid Pharmacy Case Management

The Medicaid Pharmacy Case Management Program contracts with Mountain Pacific Quality Health to ensure that Medicaid clients are not receiving inappropriate amounts of prescription opioids through the Medicaid program that could be abused or diverted. Through the Medicaid Pharmacy Case Management Program, Medicaid prescription claims are subject to drug utilization review and individuals who are receiving multiple opioid prescriptions from multiple providers are flagged.

In the Medicaid system, these flagged cases are then reviewed and those deemed to be receiving an inappropriate amount of prescription opioids are listed as "drug not covered" in the Medicaid system. Mountain Pacific Quality Health then works to ensure that these individuals become "locked in" to only one prescriber and

one pharmacy for opioid prescriptions paid for through the Medicaid program. If these individuals try to go to another pharmacy or provider, the system will refuse payment for the claim. There are currently over 300 Montanans in the Pharmacy Case Management Program, and they remain on the program as long as they are insured through Medicaid.

Prescribers who are found to be over-prescribing opioids can also be "locked out" of the Medicaid system, meaning that Medicaid will no longer pay for opioid prescriptions written by the prescriber.

Prescription Drug Overdose Prevention Grant

Since 2000, there have been more than 700 deaths from opioid overdose in the state of Montana. Despite the potentially addictive and lethal effects of opioids, there are 82 painkiller prescriptions for every 100 people in the state annually. To address this epidemic, DPHHS's Injury Prevention Program is developing a statewide opioid strategic plan. The plan is being developed through the Montana Opioid Strategic Planning Task Force, a multi-sector stakeholder group that is funded by a three-year, \$900,000 grant from the Centers for Disease Control and Prevention called the Data-Driven Prevention Initiative. The taskforce is considering strategies related to the prevention, treatment, monitoring, and enforcement of opioid use in the state. The full strategic plan is

scheduled for release in the fall of 2017. Grant dollars will also be utilized to increase Montana's surveillance capacity related to opioid use and develop a statewide needs assessment.

The Montana Opioid Strategic Planning Task Force includes a diverse group of stakeholders, including law enforcement, public health professionals, medical personnel, and prescribers. Issues to be considered in the plan will include training medical providers on the new CDC Guidelines for Prescribing Opioids for Chronic Pain" expanding access to naloxone, and encouraging prescribers to utilize the Montana Prescription Drug Registry.

Substance Use Prevention and Education in Schools

The Office of Public Instruction (OPI) includes substance use prevention in its health standards and shares resources with schools through its Health Enhancement and Safety Division. From 1994 to 2008, OPI received federal Safe and Drug Free School money to address substance use at the local level, but for the last nine years since this program ended, there have been no federal or state general fund dollars available to fund substance use prevention efforts in schools other than for tobacco use.

For the 2017-2018 school year, OPI will again receive federal dollars that may be used to fund substance use

prevention work in schools. The federal Every Student Succeeds Act (ESSA) will provide Montana with \$1.9 million of Title IV Part A funding for the 2017-2018 school year. Ninety-five percent of this funding will be granted to local school districts that can use it to support technology, well-rounded education, or safe and healthy schools. Thus, schools may use the funding for substance use prevention, but may also choose to spend it on other local priorities that fall within the funding framework.

Drug Endangered Children

Department of Public Health and Human Services

- Child and Families Service Division

Department of Justice

- Children's Justice Bureau
- Children's Protection Unit
- Child and Family Ombudsman

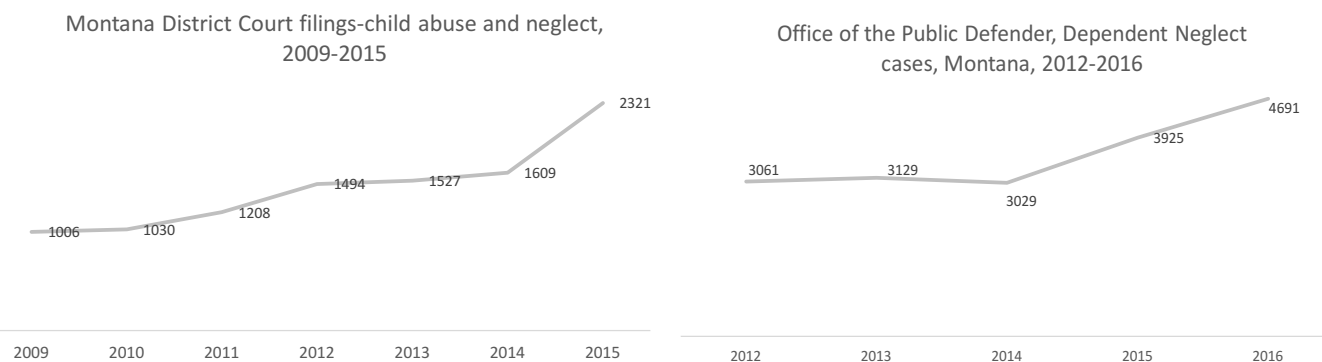
Judicial Branch

- Pre-conference Hearing Pilot Project
- Court Diversion Pilot Project

State Agencies Involved

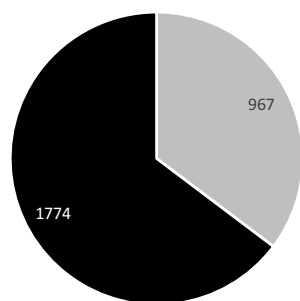
Background

In recent years, Montana has experienced a concerning trend in the number of child abuse and neglect cases. There was a 130% increase in child abuse and neglect district court case filings from 2009 to 2015 and a 53% increase in Dependent Neglect cases in the Office of the Public Defender from 2012-2016.



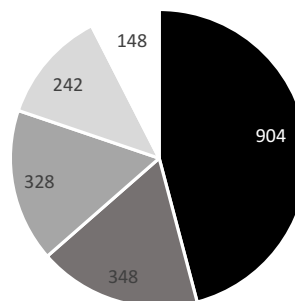
Unfortunately, this trend is strongly tied to substance use. Sixty-five percent of all out-of-home placements with the Child and Family Services Division within DPHHS have parental substance use indicated. The most common substances involved in these placements are methamphetamine (46%); alcohol (18%); marijuana (17%); and prescription drugs (12%).¹²⁹

Out-of-home placements with and without parental substance use indicated, Montana, April 2016



■ Placements with parental drug use indicated
 ■ Placements with parental drug use not indicated

Substances indicated in out-of-home placements, Montana, April 2016



■ Methamphetamine ■ Alcohol ■ Marijuana ■ Prescription Drugs ■ Unknown

The state of Montana operates a number of key programs that seek to address the growing issue of drug endangered children in our state.

The following pages attempt to summarize the major initiatives in Montana related to supporting drug endangered children, focusing on those programs operating at the state level.

Child and Family Services Division

The Child and Family Services Division (CFSD) within DPHHS exists to protect children who have been or are at substantial risk of abuse, neglect or abandonment. CFSD provides state and federally mandated protective services to children who are abused, neglected, or abandoned. This includes receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families stay together or reunite, and finding placements in foster, kinship, guardianship or adoptive homes.¹³⁰

The CFSD maintains a number of core services including:

- A 24 hour toll-free child abuse hotline staffed with centralized intake specialists who assess the level of risk and forward reports of suspected child abuse, neglect, or abandonment to social workers in county offices for investigation. In FY 2016, there were 35,226 calls to the hotline.
- 37 County CFSD offices that employ social workers who investigate reports, support families to resolve problems that interfere with their children's safety and facilitate access to in-home services such as home management skill training, parenting education classes, modeling skills for parents, and supervised visitations. In FY 2016, CFSD initiated 9,154 child abuse and neglect investigations.

CFSD investigations or assessments can result in a determination that the child/children are in immediate danger and in need of an out-of-home safety plan. A judicial district court judge must approve any out-of-home placement plan. Placement usually involves kinship care (placing the child with a non-custodial birth parent or extended family member) or foster care (placing the child with a licensed foster family that provides a substitute

home for children placed away from the parents or guardians, including group homes, shelter care or residential facilities). In all, a total of 2,130 children entered out-of-home care through CFSD in FY 2016. In FY 2016, 90% of the children in the CFSD system were in a family-like setting, including kinship or in-home foster care, while the remaining 10% were in some type of group or therapeutic care.

Ideally, the CFSD tries to help improve parents' abilities to care for their children so that children who have been removed from their homes can return as soon as possible. Reunification services include family group decision-making meetings, counseling, parenting education classes, in-home services, mentoring, respite care, supervised visits, and transportation.

If a court determines that a child cannot be returned to birth or legal parents, a permanency team reviews the child's circumstances and selects the best option for long term placement including:

- A long-term kinship placement
- Adoption if parental rights are terminated
- Guardianship (a legal relationship that can only be established or dissolved by a court)

A total of 1570 children were discharged from CFSD in 2016. 62% of those children remained with family or other relatives. 282 of the children in FY 2016 who achieved a permanency placement were adopted.

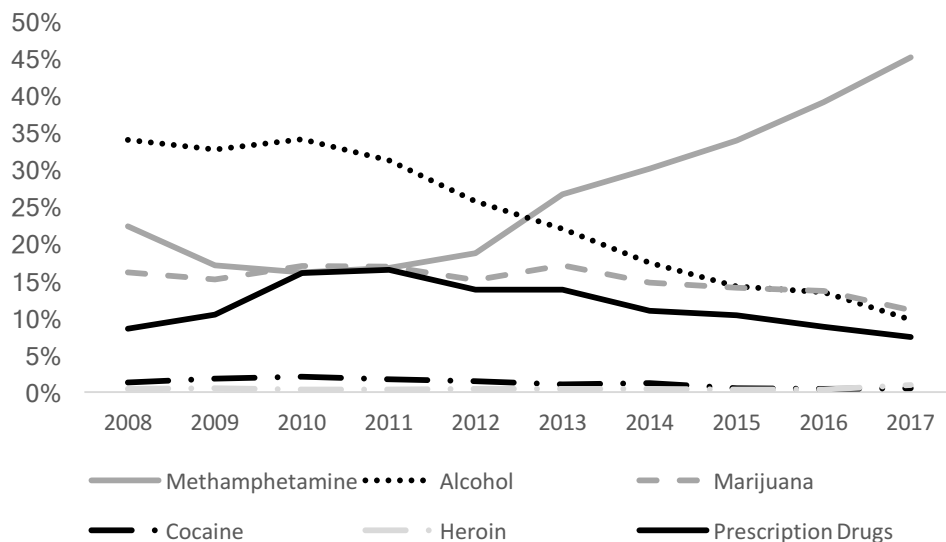
Drug Endangered Children in CFSD

Substance use-related neglect is an important driver of hotline calls and investigations in Montana. 93% of the 4,354 substantiated CFSD cases in FY 2016 were neglect/deprivation cases and, according to Maurita Johnson the Administrator of the CFSD, “the largest family stressor in neglect cases is parental substance abuse.” The CFS is working to strengthen their practice model and service array for children in homes with substance using parents. They are developing comprehensive wrap-around services that include substance use treatment for parents and services focused on alleviating stress and trauma. The division is currently working with the Addictive and Mental Disorders Division to develop an early assessment and engagement protocol for parents with SUD. They are also supportive of utilizing Drug treatment courts to facilitate treatment for parents and guardians who need it.

Currently, more than 60% of all open placements in CFSD have a parental substance use indicated. In recent years, methamphetamine indicated placements have grown rapidly, making up more than 45% of all open placements in CFSD, compared to only 10% of alcohol, 11% for marijuana and 7% for prescription drugs.¹³¹

One challenge with reunification in the case of drug endangered children is that SUD treatment and entry into recovery is a process that can take many months or even years to complete. SUD is a chronic disease that often involves multiple cycles of relapse and recovery as a normal part of the course of the illness. Federal law, however, requires that after 15 months, children in the custody of CFSD must have a permanent placement. In many cases, this does not allow enough time for a parent successfully complete treatment, enter recovery and return to a stable living situation in order to be reunited with his or her child.

Drug Type Indicated as a Percent of All Open CFSD Placements, Montana 2008-2017



Children’s Justice Bureau

The Children’s Justice Bureau is located in the Division of Criminal Investigation within the Montana DOJ and is an agency-wide initiative dedicated to improving how Montana responds to child victims, developing state-of-the-art approaches by keeping up with the newest research, and, most importantly, helping child victims recover and move on with their lives.

One initiative within the Children’s Justice Bureau is the Drug Endangered Children Program. Created in 2007, the Children’s Justice Bureau and Drug Endangered Children Program support the development of Children’s Advocacy Centers (CACs) across Montana that work with children involved in abuse and neglect cases.

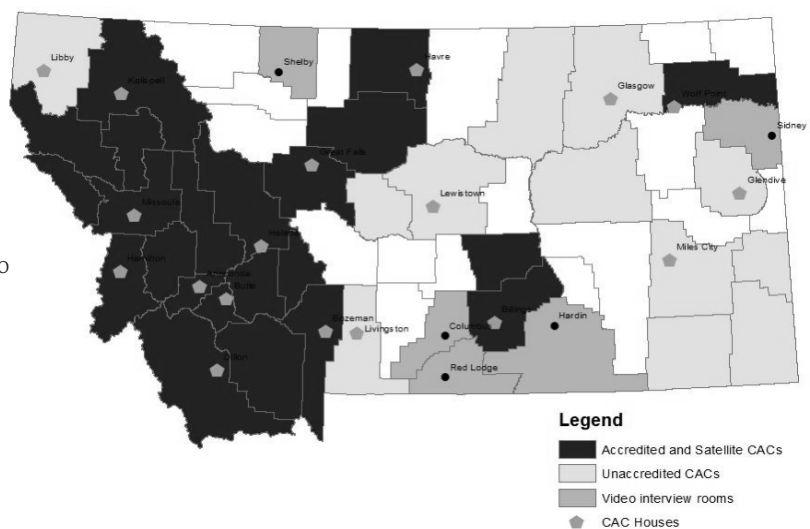
The National Children’s Alliance defines a CAC this way: *When police or child protective services believe a child is being abused, the child is brought to the CAC—a safe, child-focused environment—by a caregiver or other “safe” adult. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask in a way that does not re-traumatize the child. Then, a team that includes medical professionals, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals makes decisions together about how to help the child based on the interview. CACs offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services. This is called the multidisciplinary team (MDT) response and is a core part of the work of CACs.*

The Children’s Justice Bureau works closely with the Children’s Alliance of Montana, a non-profit organization, to provide support and assistance to the MDTs at local CACs. In 2007 when the Children’s Justice Bureau was created, there was only one CAC in Montana. Now, with the support and technical assistance of the Children’s Justice Bureau and the Montana Children’s Alliance, there are 10 nationally accredited CACs in the state that serve 22 counties. In addition, there are 4 additional CACs that are working toward accreditation and five video interview rooms statewide that utilize the CAC model. In all, 25 multidisciplinary teams in Montana are currently in operation, following the CAC model. In 2016, CACs in Montana conducted 1,656 forensic interviews and 685 medical evaluations. A total of 1,771 children were served.

According to Dana Toole, the Bureau Chief for the Children’s Justice Bureau, CACs in Montana often serve drug endangered children, though drug endangerment can be harder to assess and prove than other types of child abuse and neglect. Toole notes that in homes with drug endangerment, the children often present with profound neglect. When parents have an SUD, the basic needs of their children may not be met and/or the children may be exposed to inappropriate and unsafe adults. However, neglect is one of the most difficult types of abuse to investigate and substantiate and, unless it rises to the level of endangerment, neglect is the purview of the CFSD, not law enforcement. However, if law enforcement enters a home with children and finds evidence of drug use, they prioritize the safety of the children and immediately remove them from the home. In many cases, these children are taken to an existing CAC where they receive support from the MDT.

Because of the challenges of assessing drug endangerment and neglect in children, Toole believes that it is vital for Montana to support the ongoing work of CACs in Montana. These organizations provide professional, evidence-based, support to children in the midst of an investigation. For at-risk children in Montana, the CAC provides the best model for supporting kids while obtaining needed investigatory information during a crisis.

Child Advocacy Centers in Montana



Child Protection Unit

The Child Protection Unit of the Montana Department of Justice’s Prosecution Service Bureau assists county attorneys throughout the state with the prosecution of Dependent Neglect cases filed pursuant to MCA Title 41.¹³³ Statewide, four Child Protection Unit attorneys provide technical assistance and support at the request of local county attorneys by assuming prosecution of complex, sensitive and/or conflict Dependent Neglect cases and providing training and pleading templates. The four CPU attorneys are regionally based and carry an individual caseload of approximately 65 active cases, though the caseload numbers are climbing with the increase in Dependent Neglect cases statewide.

On the whole, Dependent Neglect cases often involve parental substance use. According to Title 41, child abuse or neglect includes exposing a child to dangerous drugs, the distribution of drugs or manufacture of drugs, or the operation of a lab. According to Karen P. Kane, attorney with the

Child Protection Unit, “An estimated 90% of DN cases have a parent – one or both – that has a substance use or chemical dependency problem. I think this has a lot to do with methamphetamine. Parental meth use places children in very high– risk situations that compromises their safety.”

Kane reports that one of the most effective resources for families involved in Dependent Neglect cases are family treatment courts. These courts provide enhanced supervision and treatment to parents at risk of losing their parental rights due to chemical dependency issues. Only three judicial district courts (Yellowstone County – 13th Judicial District; Butte Silver–Bow County – 2nd Judicial District; and Missoula County – 4th Judicial District) and the Fort Peck Reservation operate family treatment courts. “We need more funding for family treatment courts and more access for parents who are struggling but fear penal repercussions. Children are such an important resource in this state.”

Court Diversion Pilot Project

In 2015 and 2017, the Montana Legislature passed legislation to support the development of a Child Abuse and Court Diversion Pilot Project to reduce the number of child abuse and neglect cases in the court system and resolve existing cases more satisfactorily.

The 2015 Legislation allowed for parents and guardians whose children had been removed on an emergency basis to voluntarily work with DPHHS for up to six months to safely return their children home. If the process was successful, the parties at the designated district court pilots would avoid court involvement. This project provided a way for parents, guardians, and CPS workers to focus on the important tasks needed for children to safely return home for six-months without having to focus unnecessarily on court appearances, preparation, and resources.

However, limitations in the 2015 law, including the requirement that there be an emergency removal of the children and a signed agreement to participate in the Diversion Project within two days of the emergency removal, created a serious impediment to cases being referred into the Diversion Project.

In 2017, the Montana Legislature updated that law, making it more accessible for families. Importantly, the new law

made the Diversion Project available to parents and guardians who voluntarily agree to place their children outside their home through a 30 day Voluntary Protective Services Agreement (VPSA), which can be put in place without the requirement to file a District Court case. The revised 2017 law allows the Diversion Project to go into effect immediately follow a VPSA. Emergency removal is still allowed, but no longer required for the Diversion Project. If parents are complying with their VPSA but need more than 30 days to successfully reunite with their children, they can continue working with DPHHS under the Diversion Project for up to a total of 180 days without District Court involvement. The 2017 legislation also allows families to participate in the Diversion Project following a VPSA even when the children remain in the home, allowing for the District Courts to not become involved if families are successfully reunited with their children and working toward long term stability.

The changes the 2017 state Legislature made to the Diversion Project will allow more children and families to benefit from a voluntary plan designed to return children safely home and/or to keep them at home without having to focus time and unnecessary resources on the Court system. By making the Diversion Project more accessible, it is hoped that more families and CPS workers will use it, benefiting all of the parties involved.¹³⁴

Pre-hearing Conference Pilot Project

To address the growing number of child abuse and neglect cases in Montana’s judicial district courts, the Court Assessment Program within the Office of the Court Administrator in the Judicial Branch is piloting a pre-conference hearing project in 6 judicial court districts starting in 2017. A pre-hearing conference convenes all of the involved parties in an abuse and neglect case before the first court hearing, including CFSD, the Child Protection Specialists, attorneys, CASA volunteers, foster families, family members and the involved children, where appropriate. Pre-conference hearings will be conducted by a neutral facilitator who ensures that all parties can speak openly and honestly. Judges do not participate in these hearings.

The pre-hearing conference can assist families that are facing charges secondary to parental substance use. At a pre-hearing conference, the need for SUD treatment can be identified and parents can be connected to treatment resources quickly in hopes of promoting re-unification between the parent and child. Based on the treatment needs and timeline, an agreement related to the best placement and visitation plan for the children involved can be discussed at the conference.

The goals for this pilot project are:

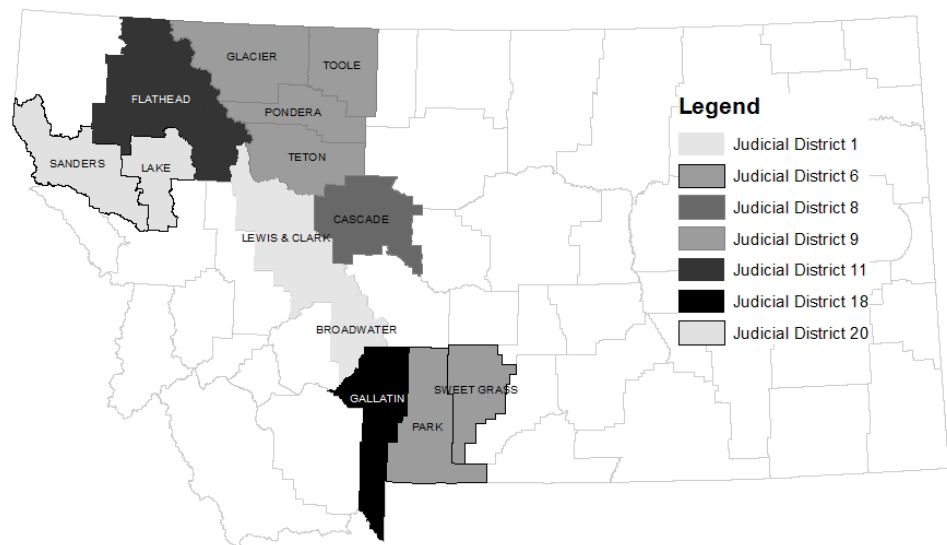
1. Increased rate of family reunification
2. Decreased number of days to effective resolution (the date on which the case is resolved in some manner)
3. Increased buy-in from the parties by providing a safe and neutral environment
4. Decreased judicial workload

The Court Assessment Program will track and analyze data to determine if these goals are being met.

The pre-hearing conference pilot programs are being implemented in the following judicial districts:

- 1st Judicial District–Lewis and Clark County
- 6th Judicial District–Park and Sweetgrass Counties
- 8th Judicial District–Cascade County
- 9th Judicial District–Glacier, Pondera, Teton, and Toole Counties
- 11th Judicial District–Flathead County
- 18th Judicial District–Gallatin County

Pre-conference hearing pilot project judicial districts



Local Success Story

Emma's House in Hamilton, MT

Emma's House and other Children's Advocacy Centers around the state help children who have been victimized by crime or abuse, including those endangered by adult substance use and abuse. Children exposed to drugs are frequently also neglected and abused and need special care to recover their health.

Last year, over 1,700 Montana children victimized by crime or abuse were served by a nationally accredited children's advocacy center, or a trained multidisciplinary team in their community, compared to over 1,200 children served in 2014. The Centers and teams all receive training and technical support from the Montana Department of Justice's Children's Justice Bureau. Through these programs, children receive forensic interviews, mental health and medical care, and victim advocacy for their families.

The team at Emma's House is dedicated to improving the response to crimes against children in Ravalli County. Eleven years ago, Director Valerie Widmer assembled the first multi-disciplinary team in the county, followed by opening Emma's House Children's Advocacy Center in 2006.

Child abuse and crimes against children are crimes of secrecy. They exist in the shadows, out of sight. Places like Emma's House are shining a light on these crimes and helping community members talk about how to keep children safe, and how to bring perpetrators to justice.

Spotlight on Linkages

Child and Family Ombudsman

The Office of the Child and Family Ombudsman, housed within the Department of Justice, was implemented in 2013 as required by legislation. The Chief Ombudsman is appointed by the Attorney General. The Office of the Child and Family Ombudsman responds to requests to protect the rights of children and families by improving case outcomes and strengthening Montana's child welfare system. To support the mission, OCFO follows the following principles, which are consistent with the standards of the United States Ombudsman Association:

- The Office is independent of the Montana Department of Public Health and Human Services (DPHHS).
- The Office is impartial. OCFO treats citizens equitably and works collaboratively with all parties to improve services for the children of Montana.
- OCFO provides a credible review process to each citizen contacting the Ombudsmen.

Conclusion

The information contained in this report provides a snapshot of the many important initiatives being implemented in the State of Montana to address substance use. It is clear that more work can be done to coordinate these efforts, fill gaps in services, discontinue ineffective programs, and collect data on which programs are working and why.

This report should serve as the starting point for discussions with legislators and other policymakers on the development of a comprehensive, statewide strategic plan to combat substance use. The Department of Justice will be sharing this report with interim committees, associations, non-profits, healthcare providers, law enforcement, educators and others, urging stakeholders to come to the table with their ideas.

This collaborative approach to addressing substance use is a huge undertaking, but it is worth our time and full attention. The fiscal costs to state government are enormous. The impact on the state's economy is significant. The negative effect on our quality of life is immeasurable. As we move toward thoughtful, evidence-based solutions, we will save lives and help individuals and communities across Montana. We look forward to working with interested parties in the months and years ahead.

To stay involved with the Aid Montana Initiative visit dojmt.gov/aid-montana or follow us on Facebook @aidmt



Tim Fox | Montana Attorney General

**This document is a starting point
for discussions on the development
of a statewide strategy to address
substance use.**



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