SEQUENTIAL INTERCEPT MAPPING
ASSESSING THE BEHAVIORAL HEALTH CRISIS SYSTEM IN YELLOWSTONE COUNTY
DAY ONE
JULY 16, 2019
Once addiction steals everything else, the only remaining thing to steal is our hope for renewal and wellbeing.
3 Men Charged in Montana Shooting Over Drug Deal

Three men have been charged with assault with a weapon for their alleged role in a drug deal at a residence in Shepherd.

By Associated Press, Wire Service Content June 12, 2019

BILLINGS, MONT. (AP) – Three men face charges of assault with a weapon during a confrontation over a drug deal at a residence in Shepherd.

Billings man, daughter accused of running 'dark web' drug operation from West End home

SAM WILSON swilson@billingsgazette.com Jan 8, 2019

highest suicide rate in the country.
Hope /hōp/

Noun

1.1 a feeling of expectation and desire for a certain thing to happen
heal-ing

/hēliNG/

Noun

1.1. the process of making or becoming sound or healthy again
The opposite of addiction is not sobriety. It is connection.
A project to address methamphetamine related violent crime in Yellowstone County
Healing - Connecting

• We know how to do it

• You have done it
Healing - Connecting

- Cannot do it alone
- Need power greater than ourselves
- Made a decision

4. fearless inventory
We need
Substantially Reduce Drug Related Crime and Addiction
Matter of connecting

- No excuses
- Don’t build the ladder to the Moon
- Make the world 10x better
- Figure it out as you go

- Science
- Resources
- Leadership
- Belief
Jane Smilie
Katie Loveland
Panel of Local Experts
AGENDA FOR OUR PLANNING PROCESS

TODAY
Where are we now?

SEPTEMBER 4 & 5
How will we get there?

TOMORROW
Where do we want to be?
OUR COMMITMENTS TO YOU

We will not waste your time

We will not wordsmith

You will have opportunities for meaningful input

We will be relentlessly committed to creating a plan that is useful, and operational
YOUR COMMITMENTS TO THIS PROCESS

- Stay engaged and participate
- Keep focus on behavioral health crisis
- Bring your expertise and organizational perspective
- Follow the 80% Principle
PRINCIPLES OF PARTICIPATORY DECISION MAKING

- Inclusion
- Egalitarianism
- Cooperation
- Solution Mindedness
What do we know about behavioral health concerns and the justice system in Yellowstone County?
DATA GATHERED FOR ASSESSMENT + MEETING PREP

Secondary data
Interviews
Survey
Focus Groups
Research on evidence-based practices
Substance use disorders are common in the Yellowstone County/Billings community with more than 4,000 individuals aged 12 and up dependent on or abusing illicit drugs.
9,500 dependent on or abusing alcohol

4,073 dependent on or abusing illicit drugs

Adults and teens aged 12+

Source: National Survey on Drug Use and Health, 2015-2016
Nearly one in every two Yellowstone County residents says their life has been negatively affected by substance use.

Source: PRC CHNA Survey 2016-2017
Youth with trauma histories and ready access to illicit substances in their home and social networks, are initiating substance use early in adolescence and are at increased risk for developing SUDs. These same youth are often chronically absent from school and risk academic failure and future justice system involvement.
One in three high school students personally knows an adult who has used marijuana, cocaine or other drugs in the last year.

Montana Prevention Needs Assessment, 2018, Grades 8, 10 and 12
One in five teens personally knows at least one adult who has dealt or sold drugs in the past year.

Montana Prevention Needs Assessment, 2018, Grades 8, 10 and 12
Students who had at least one of their four closest friends use LSD, cocaine, amphetamines, or other illegal drugs in the past year

13% of teens have a close friend who has used meth, cocaine or other illegal drugs in the past year

Montana Prevention Needs Assessment, 2018, Grades 8, 10 and 12
One in six teens reports that it would be easy to get illicit drugs if they wanted to.
Most teens perceive that there are risks related to using meth

Montana Prevention Needs Assessment, 2018, Grades 8, 10 and 12
Substance use disorder is a CHILDHOOD onset disease with an etiology rooted in trauma.
In one focus group with individuals in treatment in Billings, all participants except one indicated their first use was between 10-12 years old.
According to SAMHSA “trauma is an almost universal experience of people with mental and substance use disorders.”

Source: Correlates of Lifetime Exposure to One or More Potentially Traumatic Events and Subsequent Posttraumatic Stress among Adults in the United States: Results from the Mental Health Surveillance Study, 2008-2012
CHILDREN IN MONTANA ARE MORE LIKELY TO HAVE THREE OR MORE ACES THAN CHILDREN IN THE US

This translates to 6300 youth with three ACEs in YC

Source: National Survey of Children’s Health, 2014
Two in five elementary school students are at-risk based on attendance.

Source: United Way
The justice system in Yellowstone County is increasingly driven by substance use related crimes, with possession and drug paraphernalia violations and DUI offenses skyrocketing in the last decade.
Percent change from 2010 to 2017 in various crime categories, Yellowstone County

- Burglary/Breaking and entering: 11%
- Simple Assault: 11%
- All crimes: 18%
- Aggravated Assault: 74%
- Violent Crimes: 81%
- Robbery: 87%
- Drug/Narcotic Violations: 93%
- Drug Equipment Violations: 121%
- Driving Under the Influence: 217%

Source: MTIBRS-Montana Board of Crime Control
The number of felony convictions in Yellowstone County for substance use related offenses has spiked in recent years.

Source: Montana Department of Corrections
Violent crime is also on the rise in Yellowstone County, driven by a rise in aggravated assault.
Number of violent crimes annually in Yellowstone County, 2013-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Homicide</th>
<th>Rape</th>
<th>Non-fatal Shootings</th>
<th>Aggravated Assault</th>
<th>Robberies</th>
<th>Violent Crime Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>163</td>
<td>114</td>
<td>201</td>
<td>672</td>
<td>672</td>
<td>672</td>
</tr>
<tr>
<td>2014</td>
<td>167</td>
<td>71</td>
<td>120</td>
<td>629</td>
<td>629</td>
<td>629</td>
</tr>
<tr>
<td>2015</td>
<td>194</td>
<td>77</td>
<td>105</td>
<td>675</td>
<td>675</td>
<td>675</td>
</tr>
<tr>
<td>2016</td>
<td>219</td>
<td>100</td>
<td>120</td>
<td>752</td>
<td>752</td>
<td>752</td>
</tr>
<tr>
<td>2017</td>
<td>230</td>
<td>105</td>
<td>120</td>
<td>520</td>
<td>520</td>
<td>520</td>
</tr>
<tr>
<td>2018</td>
<td>201</td>
<td>120</td>
<td>120</td>
<td>584</td>
<td>584</td>
<td>584</td>
</tr>
</tbody>
</table>

Source: U.S. Attorney’s Office
Percent of Index Violent Crimes with User using Narcotics/Drugs and Alcohol, Yellowstone County, 2010-2018

Narcotics/Drugs Used
Alcohol Used

Source: MTIBRS - Montana Board of Crime Control
What does the research say about the link between methamphetamine use and violence?

Acknowledgement: Linda Truitt, US Department of Justice
WHAT DO LAW ENFORCEMENT SAY?

Law enforcement officials nationwide identify methamphetamine as the drug that contributes most to violent crime.

Customs and Border Patrol have reported a steady increase in meth seizures since 2012.

Competition between wholesale drug trafficking organizations has led to lower methamphetamine prices, higher drug purity, and expanded drug-related violence concerns.

TYPES OF VIOLENCE ASSOCIATED WITH SUBSTANCE USE

- Economic-Compulsive
- Systematic
- Pharmocological

Goldstein Framework, 1985
PHARMACOLOGICAL EFFECTS OF METHAMPHETAMINE USE

- Irritability
- Paranoia
- Lack of inhibition
- Extreme distrust of others
WHAT DOES THE RESEARCH SAY?

- “Evidence specifically on the association of methamphetamine and violence is accumulating, but the nature of the association and its context are not yet well understood.”

- “Naturalistic studies provide inconsistent evidence-some showing methamphetamine use correlated with violent behavior, and some showing no significant relationship”.

- Violent behavior often proceeds meth use and users often report pre-existing aggression and anger due to trauma

Brecht and Herbeck, 2013
59% perceive that their meth use resulted in violent behavior

Of those reporting violent behavior, 55% indicated they engaged in violent behavior before they began using meth

The average age of initiation of violent criminal behavior (16.7 years) was lower than the average age of methamphetamine initiation (18.1)

The majority of meth users also reported poly substance use.

In this sample, 1/3 had been sexually abused and 1/2 have been physically abused before age 15. More than half reported that their parents had drug or alcohol problem.

Brecht and Herbeck, 2013
80% reported experiencing violence in their lifetimes: 67% had violence perpetrated against them, and 57% had perpetrated violence.

29% attributed their violent behaviors to meth and said they would not have been violent had they not been using meth but 59% described pre-existing ‘anger issues’ that were ‘enhanced’ by meth.

Most participants described perpetrating violence when they were ‘coming down’ off of meth (i.e. withdrawing).

Hamilton and Goeders 2010
PREDICTORS OF VIOLENCE AMONG METH USERS

- Male gender
- Younger age
- Involved in meth sales
- Using more than one type of drug
- Greater addiction severity
- Those reporting paranoia
- Use of alcohol to intoxication
- Early history of physical abuse
- Early arrests

Brecht and Herbeck, 2013
CAVEATS

- More research needed
- Correlation versus causation
- Relationship not well understood
Many of the substance use-related crimes in Yellowstone County are linked to methamphetamine use. The state laboratory has detected methamphetamine in hundreds of crimes in the last decade and methamphetamine is the most common drug seized by law enforcement officials in the community.
Type of cases with a positive methamphetamine screen in by the Montana State Lab, Yellowstone County, 2010-2018

- Homicide: 22
- Suicides/Attempts: 21
- Traffic Fatalities: 19
- DUls: 358

Source: Montana State Lab, Montana DOJ
Average detected methamphetamine concentration (mg/L), by case type, Yellowstone County, 2010-2018

Source: Montana State Lab, Montana DOJ
DRUG SEIZURES - METH IS THE MOST COMMON DRUG SEIZED BY THE DRUG TASK FORCE
Eastern Montana HIDTA Drug Taskforce, 2018

Source: Billings Police Department 2018 Annual Report
Federal charges through Project Safe Neighborhoods since, April 2018

- Semi-automatic weapons seized: 57
- Firearms seized: 212
- Meth seized (lbs): 245

Source: US Attorney’s Office, Billings
Methamphetamine users report that the drug is easy to obtain in Yellowstone County and that the potency and availability of the drug is driving addiction. They also report a correlation between methamphetamine use and violence, though some report that the drug simply aggravates and exacerbates underlying anger in a highly traumatized population.
Focus Groups: Why meth?

• Very easy to obtain and cheap to buy (and sell to maintain your habit)
• Meth use happens in family systems and social networks that are hard to break free from
• To cope with trauma
• To self-medicate for mental health concerns, including ADHD
• As a party drug used to heighten social experiences
• After seeing methamphetamine use normalized in their family and social networks, and not seeing severe or immediate consequences for those using
• To stay awake and get things done
• To lose weight
• To pass drug tests for employers (because it is known to clear your system more quickly than other drugs like marijuana)
Focus Groups: Why meth and violent crime?

- Meth is a stimulant that exacerbates already angry behavior. “I was never a violent person, but when I used meth I experienced and perpetuated violence”
- The meth feels a lot stronger than it used to be and you don’t know what’s going to happen when you use it. There’s serious delusion about your confidence when on the drug. It gives you a huge false sense of confidence. You don’t understand consequences and think you are invincible.
- Property crime and stealing to afford methamphetamine (or trading stolen goods directly)
- Greater purity creates dependence more quickly and escalates violence
- People who are using meth aren’t sleeping, are paranoid, are agitated, they’re not eating, and all of their relationships are gone
- Violence and use may escalate when individuals start using intravenously
Women using methamphetamine, particularly those of child-bearing age, are over-represented in the drug treatment courts, Department of Corrections treatment facilities, and in probation and parole.
Individuals on probation and parole who are white and female are more likely to have positive meth tests.
Primary drug of choice, Alpha House, 2014-2018

- Methamphetamine
- Alcohol
- Marijuana
- Heroin
- Opiates
The rise in substance use related crimes, and the relapse and recidivism that accompanies these, has stressed the courts, jails, public defenders, probation and parole and child welfare systems.
In a review of 6 months of Billings Police Department, the recidivism rate for drug offenses was 11.5%.
SUD cases are overloading Montana’s justice system

**PRISONS**
At capacity-female population has grown 30% since 2012

**JAILS**
67% increase in MT's jail population from 2011-2013

**COURTS**
District court case filings have increased 21% since 2009

**PUBLIC DEFENDER CASES**
Criminal case duration has increased to 1.5 years

Source: Substance Use in Montana, DOJ Report
Billings Probation and Parole monitors almost 2500 offenders
The number of positive meth tests among probation and parole participants in Yellowstone County has increased 865% since 2010.
The Office of Public Defender in Region 9 (Billings) has seen growth in criminal and neglect cases from 2014-2018.

Source: Montana Office of the Public Defender
Child welfare concerns are of particular concern, with 80% of cases indicating substance use, and the majority of those cases indicating parental methamphetamine use. Yellowstone County has seen a precipitous rise in child welfare cases in recent years at rates outpacing those seen in Montana as a whole. Children are often impacted adversely by their exposure to parental substance behaviors and by being separated from their families, and the adverse impacts could contribute to future substance use disorders and trauma.
THE MAJORITY OF CHILD AND FAMILY SERVICES PLACEMENTS HAVE SUD INDICATED

Substance use not indicated

Substance indicated

Source: Yellowstone County Attorney’s Office
THE MOST COMMON SUBSTANCE INDICATED IN DEPENDENT NEGLECT CASES IN YELLOWSTONE COUNTY IS METHAMPHETAMINE

Illicit substances indicated in Yellowstone County Attorneys Dependent Neglect Drug-Related Cases, 2018, Percent

Source: Yellowstone County Attorney’s Office
Dependent Neglect District Court Filings are up sharply

329% increase from 2009-2018

Dependent Neglect Cases filed by the Yellowstone County Attorney's Office, 2009-2018

Source: Yellowstone County Attorney’s Office
The growth in cases (particularly for neglect cases) has been larger than the state as a whole.

Percent change in number of OPD cases 2014-2018

Source: Montana Office of the Public Defender
One in four OPD Neglect Cases are in Billings Region 9

Source: Montana Office of the Public Defender
What does the research say about the link between methamphetamine use and child welfare involvement?
Parents reporting abuse of methamphetamine whose children are in the child welfare system are more likely to be:

- White
- Female
- Have less education
- Be unemployed
- Not be in a committed relationship

Children of meth abusing parents are more likely to be placed into out of home care.

Carlson et al 2010
Long lasting “high”
Binge/crash cycles
Increased use in women
Extended period required to stabilize in treatment

Carlson et al 2010 and Sheridan 2014
CHILDREN IN THE CHILD WELFARE SYSTEM FROM METH ABUSING HOMES EXPERIENCE

- Higher rates of Personal and school related maladjustment
- Higher rates of PTSD and trauma symptomology
- Lower adaptive and social skills

Sheridan 2014
CONCLUSION

More research needed

SUD in general is a risk factor for child welfare involvement

Some indication that meth use creates greater risk for abuse and neglect than other substances
Substance use impacts the health of individuals in our community.
Drug overdose is the 10th leading cause of death in Yellowstone County

Cirrhosis / Liver Disease is the 12 leading cause of death

Source: Montana Vital Statistics
Yellowstone County Residents are more likely to be hospitalized or visit the ER for drug use than other Montanans.
Our community is served by a number of effective treatment providers, both inside and outside the justice system, but they do not have the capacity or funding to meet the volume or severity of treatment needs. Individuals with lived experience with SUD believe we need more robust, community-based treatment opportunities, especially for mothers with young children.
10,800
Need but are not receiving treatment for substance use

3,500
Need but are not receiving treatment for illicit drug use

Source: Estimate based on National Survey on Drug Use and Health, 2015-2016
Rimrock admitted 1337 individuals in 2018

734 people completed their programs with staff approval in 2018
DRUGS OF CHOICE FOR RIMROCK CLIENTS

- Alcohol
- Methamphetamine
- Marijuana
- Heroin

Source: Rimrock 2018 Annual Report
Rimrock patients who complete treatment...
Are far less likely to have been arrested in the last 12 months

Source: Rimrock 2018 Annual Report
Are more likely to be living independently

Source: Rimrock 2018 Annual Report
Are more likely to be fully employed

Source: Rimrock 2018 Annual Report
Focus Groups: Suggestions for Improving Treatment

• Need long enough treatment for meth to clear your mind and begin to engage.
• Repeated support for community-based treatment and long term support to maintain sobriety
  • “In the in-patient environment, I didn’t learn how to deal with my triggers.”
  • “I need to learn how to live and be sober”
• Need to shorten wait times to enter treatment:
  • “During the wait for treatment, either jail or death are the only options”
New and innovative models are emerging to reduce barriers to treatment including integrating behavioral health into primary care models and development of an array of drug treatment courts that provide necessary wrap-around and support services for individuals with SUDs in the justice system.
RiverStone Health Substance Use Services 2018

- Alcohol related disorders: 2578 visits, 470 patients
- Other substance related disorders (excluding tobacco): 1766 visits, 545 patients
- Substance use screening with SBIRT: 6394 visits, 3115 patients

- Number of visits by diagnosis, regardless of primacy (2018)
- Number of patients with diagnosis (2018)
Billings Clinic patient visits with substance use code identified, 2016-2018

Billings Clinic had over 12,000 visits for SUD in 2018, a 130% increase from 2016
St. Vincent patient visits with substance use code identified, 2016-2018

St. Vincent’s had more than 3400 visits for SUD in 2018, a 28% increase from 2016
Unique patient visits by substance and age, Billings Clinic, 2018

- **Cannabis**
- **Methamphetamine**
- **Opioid**
- **Alcohol**
Billings has the most diverse array of Drug Treatment Courts in the state

Number of participants, Yellowstone County Drug Treatment Courts, January 2019
Since 2006, 1217 individuals have entered and 550 have graduated from drug courts in Yellowstone County.
41 babies have been born drug-free to moms who are drug treatment court in Yellowstone County since 2006.

- Drug free: 91%
- Drug affected: 9%

*For 16 births, the outcome was not known.
Drug court graduates are much more likely to have independent or permanent housing upon discharge.
Full time employment more than doubled among drug court graduates
238 Drug Court participants have received their driver’s license.
Focus Groups: Drug Courts

• Drug Courts have realized that addiction is a chronic relapsing brain disease; many of the judges here want their offenders to help build a roadmap to success.
• After awhile I realized that everyone, including the judges, were there to help and to support me; it took a long time for me to trust authority and the justice system because they’ve been on the other side of the law for so long, but the drug courts helped to build that trust.
• Sanctions being appropriate is really key to success. In drug court, if we have a failed UA, we are asked, “How can we better support you and get you additional treatment?”
Why are we here?
CRISIS SYSTEMS IN CRISIS

- Triage Call Desks
  - Police
  - 9-1-1
- Co-Responders
  - Crisis Intervention Teams
- Courts
- Homeless Services
  - Homeless Outreach Teams
  - Crisis Hotline
- EMS/Fire
  - Non-emergency Transportation
- Behavioral Health Unit
- Jails & Prisons
- Health system
  - Mobile Crisis
- Social Services
  - Peer Support
- Community

Health Management Associates
THE FUTURE: INTEGRATED BEHAVIORAL HEALTH CRISIS SYSTEMS

Governance Structure

- Prevention
  - Early Intervention
  - Crisis Call
  - Crisis Response
  - Post-Crisis Support

- Funding
- Evaluation
- Community
- Cross-sector Convenings

- Data Sharing
- Accountability
- Policy
- Stakeholder agreements

Health Management Associates
WHAT ARE OUR GOALS?

Reduce

• Avoidable crises

Minimize

• Utilization of high cost/ineffective responses (ambulance, ER, inpatient services, jail, prison)

Maximize

• Appropriate assessment and diversion as early as possible
SEQUENTIAL
INTERCEPT
MAPPING
WHAT IS SEQUENTIAL INTERCEPT MAPPING? (SIM)

- Participatory community process used to more effectively plan for diversion, treatment, management and reentry of people with substance use and/or mental health issues involved in the criminal justice system.
Why SIM?

- The justice system is the defacto behavioral health crisis system in the US
- Individuals with mental health and/or substance use disorders are overrepresented in the justice system
WHAT DOES THE SIM DO?

- Brings together diverse community partners
- To look ACROSS systems
- Identifies “intercept points” within the crisis and justice system for people with behavioral health concerns
- Helps to identify possible diversion points that could be better utilized
- Helps to identify where systems don’t connect
WHAT IS THE GOAL OF THE SIM PROCESS?

- Develop a justice system model that does not criminalize mental health or substance use disorders, but effectively diverts individuals whose criminal history is secondary to these health issues, to effective treatment and recovery services.
What is the goal of the SIM process?

- Ideally, individuals with behavioral health issues should be represented in the justice system at the same rates as individuals without mental health and/or substance use issues.
What's our challenge?

PROGRAM RICH
SYSTEM POOR
What’s our approach?

INCREASED ALIGNMENT
COMMUNITY CAPACITY
COLLECTIVE IMPACT
Complex problems are systems problems and community problems. They require systems and community solutions.
Elephant in the Room
“Unsequential” Model

- Community Supervision
- Initial Hearings
- Prison
- Jail
- Reentry
- Courts
- Mental Health
- Substance Abuse
- Community
- Arrest

Dan Abreu
Sequential Intercept Model

Intercept 0
Community Services
- Crisis Lines
- Crisis Care Continuum
- Local Law Enforcement
- Arrest

Intercept 1
Law Enforcement
- 911

Intercept 2
Initial Detention/
Initial Court Hearings
- First Court Appearance
- Dispositional Court
- Jail
- Specialty Court

Intercept 3
Jails/Courts
- Prison Reentry
- Jail Reentry
- Parole

Intercept 4
Reentry
- Violation

Intercept 5
Community Corrections
- Probation

Intercept -1
Community-Based Prevention Services for Youth; Treatment Services for Youth and Adults; and other Supports, Services and Systems that Interact with Parents
INTERCEPT - I (SUB ZERO)

Intercept -1
Community-Based **Prevention Services** for Youth
Community-Based **Treatment Services** for Youth and Adults
Other **Supports, Services and Systems** that Interact with Parents
INTERCEPTS

Intercept 1
Law Enforcement

911

Local Law Enforcement

Intercept 2
Initial Detention/Initial Court Hearings

Initial Detention

First Court Appearance
Pre-meeting survey: In which of the following disciplines or sectors do you work? (n=41)

- Non-profit: 25%
- Behavioral Health: 11%
- Child Protective Services: 7%
- Business: 7%
- Education: 5%
- Faith Community: 5%
- Youth Prevention: 5%
- Corrections: 5%
- Courts: 5%
- Recovery Services: 3%
- Other: 2%
- Elected Official: 2%
- Housing: 2%
- Healthcare: 2%
- Law Enforcement: 12%
- Child Protective Services: 7%
- Behavioral Health: 11%
- Business: 7%
- Non-profit: 25%
PRE-MEETING SURVEY: CONTINUUM OF SYSTEMS RANKED FROM CONSIDERED MOST EFFECTIVE TO MOST IN NEED OF IMPROVEMENT (N=41)

Most in need of improvement:
- Youth prevention
- Youth Treatment
- Adult Treatment, Community-based services (Intercept -1)
- Jails, Courts (3)
- Crisis (0)
- Law Enforcement (1)
- Initial Detention, Courts (2)
- Reentry (4)
- Corrections (5)

Most effective:
IF YOU COULD CHANGE ONE COMMUNITY SERVICE, STRENGTHEN ONE SYSTEM COMPONENT OR IMPROVE ONE POINT OF COORDINATION – TO REDUCE SUD...

1. • Treatment
2. • Prevention
3. • Community-based services, supports
4. • Recovery support
5. • Courts, enforcement and jails
6. • Collaboration
TREATMENT

Additional services, easier access

• Longer-term services
• Options for youth treatment
• Family treatment settings to keep families intact
• Services targeted toward young adults/parents

Increased MAT availability

Simultaneous treatment for co-occurring mental illness and SUD

Earlier intervention/treatment of root causes

More integrated and trauma-informed approaches
Prevention programs and services in multiple venues

- Early childhood settings
- Schools
- Churches
- Home-visiting programs

Increased focus on building resiliency and social/emotional skills

Increased focus on trauma-informed approaches
COMMUNITY-BASED SUPPORTS

- Services for children who live in homes where use is normalized
- Increased CPS cooperation and involvement in SUD-related issues
- Supported employment
- Safe, accessible housing
- Increased focus on trauma-informed approaches
RECOVERY SUPPORT

Peer-to-peer support

Safe secure sober housing

Increased opportunities for social connection
COURTS, ENFORCEMENT, AND JAILS

- More drug courts
- Pre-sentencing programming and supervision for low-level, low-risk offenders
- More jail space for repeat offenders
- Target dealers
- Collaboration – increase among community agencies and organizations
IF YOU COULD CHANGE ONE COMMUNITY SERVICE, STRENGTHEN ONE SYSTEM COMPONENT OR IMPROVE ONE POINT OF COORDINATION – TO REDUCE METH-RELATED VIOLENCE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Courts, enforcement, jails</td>
</tr>
<tr>
<td>2</td>
<td>• Treatment</td>
</tr>
<tr>
<td>3</td>
<td>• Prevention</td>
</tr>
<tr>
<td>4</td>
<td>• Community-based services, supports…</td>
</tr>
<tr>
<td>5</td>
<td>• Other</td>
</tr>
</tbody>
</table>
COURTS, ENFORCEMENT, AND JAILS

Increased resources for law enforcement and jails
  • at all levels
  • to deal with trafficking

Decrease supply/availability

Data-driven policing with increased capacity to respond to crime trends

Harsher sentencing guidelines
TREATMENT

Forced MAT when deemed necessary/appropriate

Longer mandated treatment
Prevent initiation of alcohol use – educate about link with meth use

Prevention programs for those at risk for using meth, becoming violent – not necessarily youth
Questions?
Individual Experience Maps
Where did the system support the person?
Where did the system fail them?
What are the opportunities to improve?
Mapping service available at each intercept
Strengths, Weaknesses, Opportunities and Threats at each intercept
Next steps and plan for tomorrow