Substance Abuse Connect brings the community together to substantially reduce drug-related crime and addiction.
Published: February 12, 2020

This plan is a work in progress. It will be revisited and refined on a regular basis by the coalition Executive Committee using a continuous quality improvement approach. Plan details still under formation include: membership of Task and Work Groups, metrics, and Pilot Project parameters.

For the coalition assessment and other coalition documents visit https://www.unitedwayyellowstone.org/substance-abuse-connect

Coalition Coordinator:
Kristin Lundgren, Director of Impact United Way of Yellowstone County
klundgren@uwyellowstone.org

Consultant
Becky Bey, KLJ Engineering
becky.bey@klijeng.com
Our Story
In the fall of 2017 leaders in Yellowstone County joined forces to:

1. Form an effective, vision-driven, action-oriented substance abuse coalition, inclusive of prevention, treatment, and law enforcement.
2. Through the coalition plan and membership, position our community to secure additional resources.

This plan is the product of these dedicated leaders and was supported by funding from the Rocky Mountain High Intensity Drug Trafficking Area through the Billings Police Department.

The plan will be revisited and refined on a regular basis by the coalition Executive Committee using a continuous quality improvement approach.

Accomplishments to Date
- Executive Committee with key leaders from law enforcement, courts, education, hospitals, public health, behavioral health, non-profits, crisis services, local government.
- 216 General members from over ninety organizations.
- Consultants recruited: Project Management (Becky Bey), Assessment (Katie Loveland); Planning (Jane Smilie and Katie Loveland); Decision Support System (SciGaia, Gary Gannon); Collective Impact Governance (Deborah Halliday).
- Community Assessment Completed
- Sequential Intercept Mapping Completed
- 2020-2023 Plan completed and launched February 12
- $3,208,711 secured in grants: Montana Health Care Foundation (completed); HIDTA 1 (completed); HIDTA 2 (current – Dec 2020); Drug Free Communities (current -2025)

The Meth Tsunami
Crime
- The number of methamphetamine-related drug violations in MT increased 427% from 2010-2015.
- Violent crime has been dramatically on the rise in Yellowstone County – up 865% from 2010-2018. Law enforcement attribute this to methamphetamine, which is the number one drug being taken off the streets – 133.7 lbs seized in 2018 compared to 33.2 lbs of marijuana (the number two drug seized).

Recidivism
- The total number of positive methamphetamine tests for adults in Billings Probation and Parole grew 865% from 2010-2018.

Child Neglect
- Child neglect cases in Yellowstone County grew 149% from 2014-2018 compared to a 70% growth rate statewide. 80% of neglect cases in Yellowstone County are due to drugs, and 80% of those are due to methamphetamine.

Treatment
- Meth is the #1 illicit drug of choice for patients in treatment in Yellowstone County.

Substance Abuse Connect (SAC)
EXECUTIVE COMMITTEE

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica</td>
<td>Fehn</td>
<td>Judge</td>
<td>13th Judicial District Judge</td>
</tr>
<tr>
<td>Jan</td>
<td>Begger</td>
<td>Chief Operating Officer</td>
<td>Alternatives, Inc.</td>
</tr>
<tr>
<td>Dan</td>
<td>Brooks</td>
<td>Business Advocacy Manager</td>
<td>Billings Chamber of Commerce</td>
</tr>
<tr>
<td>Luke</td>
<td>Kobold</td>
<td>Director of Strategic Planning</td>
<td>Billings Clinic</td>
</tr>
<tr>
<td>Rich</td>
<td>St. John</td>
<td>Chief of Police</td>
<td>Billings Police Department</td>
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<tr>
<td>Brenda</td>
<td>Koch</td>
<td>K-12 Executive Director</td>
<td>Billings School District 2</td>
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<tr>
<td>TBD</td>
<td></td>
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<tr>
<td>Chris</td>
<td>Evans</td>
<td>Deputy Chief Region IV Billings</td>
<td>Montana Department of Corrections Probation &amp; Parole Division</td>
</tr>
<tr>
<td>Lenette</td>
<td>Kosovich</td>
<td>Chief Executive Officer</td>
<td>Rimrock</td>
</tr>
<tr>
<td>Heather</td>
<td>Fink</td>
<td>Director Health Provision, Public Health Services</td>
<td>RiverStone Health</td>
</tr>
<tr>
<td>Amy</td>
<td>Solomon</td>
<td>Physician, Addiction Specialist</td>
<td>RiverStone Health</td>
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<tr>
<td>Reg</td>
<td>Gibbs</td>
<td>Founder and President</td>
<td>Rocky Mountain Rehab</td>
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<tr>
<td>Roy</td>
<td>Pack</td>
<td>Director Tribal Opioid Response Grant</td>
<td>Rocky Mountain Tribal Leaders</td>
</tr>
<tr>
<td>April</td>
<td>Keppel</td>
<td>Mission &amp; Community Benefit Program Manager</td>
<td>St Vincent Healthcare</td>
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<tr>
<td>Karen</td>
<td>Sylvester</td>
<td>Prevention Specialist</td>
<td>The Mental Health Center</td>
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<tr>
<td>Kurt</td>
<td>Aime</td>
<td>US Attorney</td>
<td>U.S. Attorney’s Office for the District of Montana</td>
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<tr>
<td>Mike</td>
<td>Chavers</td>
<td>Chief Executive Officer</td>
<td>Yellowstone Boys and Girls Ranch</td>
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<tr>
<td>Scott</td>
<td>Twito</td>
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<td>Donald</td>
<td>Jones</td>
<td>County Commissioner</td>
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Consultants and Backbone Staff*

<table>
<thead>
<tr>
<th>Consultants and Backbone Staff*</th>
<th>Area of Expertise</th>
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<tbody>
<tr>
<td>Deborah</td>
<td>Haliday</td>
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<tr>
<td>Becky</td>
<td>Boy</td>
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<tr>
<td>Katie</td>
<td>Loveland</td>
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<tr>
<td>Gary</td>
<td>Gannon</td>
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<tr>
<td>Kristin</td>
<td>Lundgren</td>
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*Additional consultants to be engaged for 2020 Plan Implementation
PLAN OVERVIEW (Job Descriptions Appendix A)

Priority 1: System Capacity
Goal Increase the ability of our community to work collectively to address and prevent substance abuse
Lead: Executive Committee
Supported by Backbone
Consultant: Becky Bey, KLJ Engineering

Strategy 1
Build capacity of Substance Abuse Connect (SAC) to sustain progress

Activities
1. Formalize governance structure/secure champions (subject matter experts, work group leads, lived experience, policy/funder decision makers)
2. Establish data dashboard and feedback loops for continuous quality improvement
3. Establish effective communication tools/relationships for ongoing engagement and education of stakeholders: replication toolkit, website, media relations, newsletter
4. Ensure coalition structure/leadership provides sustainability for the work

Strategy 2
Increase capacity of crisis support and criminal justice system to effectively prevent and/or manage drug-related crisis with the intention of jail diversion and prevention of recidivism

Activities
5. Crisis Line/211 Integration
6. Mobile Crisis Response: Plan and Pilot
7. Training for Enforcement and First Responders
8. Joint task force with Continuum of Care to improve hand-off to shelter/housing
9. Explore opportunities to increase capacity of law enforcement, the jail, and drug courts to support successful interdiction and treatment of drug users
10. Start a Pilot Project: Treatment and Targeted Case Management for jail and/or probation/parole
11. Identify Probation/Parole challenges and solutions
12. Advocate for reimbursement of evidence-based methamphetamine treatment
13. Study Funding Mechanisms not accessed and address barriers
14. Advocate for DOC to allow evidence-based treatment including Medication Assisted Treatment (particularly Naltrexone)
15. Develop evidence-based guidelines for screening and managing risk of violence among methamphetamine users. Ensure these guidelines are pertinent and accessible to both criminal justice and public health efforts

Strategy 3
Advocate for expanded and effective treatment

Activities
16. Align Prevention funding through SAC Task Force and Communities That Care plan
17. Develop sustainable inventory of universal prevention strategies (including education, policies and practices)
18. Support PAX GOOD BEHAVIOR GAME (GBG) in all elementary schools; identify middle/high school programs
19. Create suite of tools to inform, educate, and connect students and adults (for example: teachers, parents, coaches, faith leaders) with resources for building protection and mitigating risk
20. Educate businesses through Wake-up Call Event and increase effective business policies and practices to support treatment and recovery

Strategy 4
Increase protective factors and decrease risk factors for all children and adults (universal & environmental strategies)

Activities
21. Identify crisis referral pathways for ages prenatal to 26 via Intercept Mapping and share resource information with appropriate stakeholders
22. Improve Referral to Treatment or other services for these populations (identified via Screening Brief Intervention and Referral to Treatment (SBIRT), or other early warning systems)
   • Pregnant mothers
   • K-12 students
   • 18-26 year olds currently misusing substances and/or aging out of foster care

Priority 2: Diversion and Treatment
Goal Divert people from drug related crime through access to effective and appropriate level of care/treatment
Lead: Diversion and Treatment Task Force
Supported by Backbone
Consultant: TBD

Strategy 1
Increase capacity of crisis support and criminal justice system to effectively prevent and/or manage drug-related crime with the intention of jail diversion and prevention of recidivism

Activities
5. Crisis Line/211 Integration
6. Mobile Crisis Response: Plan and Pilot
7. Training for Enforcement and First Responders
8. Joint task force with Continuum of Care to improve hand-off to shelter/housing
9. Explore opportunities to increase capacity of law enforcement, the jail, and drug courts to support successful interdiction and treatment of drug users
10. Start a Pilot Project: Treatment and Targeted Case Management for jail and/or probation/parole
11. Identify Probation/Parole challenges and solutions
12. Advocate for reimbursement of evidence-based methamphetamine treatment
13. Study Funding Mechanisms not accessed and address barriers
14. Advocate for DOC to allow evidence-based treatment including Medication Assisted Treatment (particularly Naltrexone)
15. Develop evidence-based guidelines for screening and managing risk of violence among methamphetamine users. Ensure these guidelines are pertinent and accessible to both criminal justice and public health efforts

Priority 3: Prevention
Goal Increase access to effective substance abuse prevention for all youth and adults and for those at high risk for methamphetamine initiation
Lead: Prevention Task Force
Supported by Backbone
Consultant: Katie Loveland

Activities
16. Align Prevention funding through SAC Task Force and Communities That Care plan
17. Develop sustainable inventory of universal prevention strategies (including education, policies and practices)
18. Support PAX GOOD BEHAVIOR GAME (GBG) in all elementary schools; identify middle/high school programs
19. Create suite of tools to inform, educate, and connect students and adults (for example: teachers, parents, coaches, faith leaders) with resources for building protection and mitigating risk
20. Educate businesses through Wake-up Call Event and increase effective business policies and practices to support treatment and recovery

*As of the 2/12/20 print date of this plan, the membership of SAC Task Forces is still in formation. It is expected that membership will grow and contract over the course of the next three years according to the sequencing of the work and evolution of opportunities and challenges.
SUMMARY OF EXPECTED RESULTS

THREE YEARS
• Yellowstone County has increased connection, funding, and program capacity to move the needle on drug-related crime and addiction
• Substance Abuse Connect leaders have access to integrated data across multiple sectors for budgeting and program decisions
• Yellowstone County citizens and professionals have clear access to resource information and referral pathways
• Increased treatment resources, including case management, is diverting people from drug-related crime and recidivism
• Increased access to effective substance abuse prevention services results in fewer youth initiating alcohol, nicotine, or other drugs early; and decreasing progression to meth initiation.

SIX MONTH IMPLEMENTATION BY JUNE 2020
Priority 1: System Capacity
• Executive Committee, Task Forces, Core Team, Contractors all meeting and working as planned
• Education/Advocacy underway
• Data dashboard prototype completed
• Funding proposals written as opportunity arises
• Q1 and Q2 Evaluation Reports to leaders and funders

Priority 2: Treatment/Diversion
• Crisis Line begins taking calls
• Mobile Crisis Response planning and pilot underway
• Shelter handoff planning underway (with Continuum of Care)
• Treatment/Targeted Case Management Pilot started
• Funding study underway
• Advocacy underway for public safety mill levy (as approved by stakeholders), drug courts; P&P challenges; insurance coverage; DO C Formulary
• Risk Assessment Tool feasibility determined

Priority 3: Prevention
• Crisis Network Mapping and Planning underway
• PAX GBG training and supply needs identified and solutions underway
• Training implemented for SD2 Personnel
• Information campaign underway
• Perinatal project underway
• Youth engaged in problem-solving
• Wake-up call event planned

THREE MONTH ORGANIZATION BY MARCH 2020
• Contractors on boarded
• Teams set, missing stakeholders on boarded
• Meeting schedules set
• Target populations identified
• Metrics established
• Briefs prepared for advocacy Issues

SIX MONTH MEASURABLE RESULTS, SUSTAINABILITY BY DECEMBER 2020
Priority 1: System Capacity
• Engaged and informed leaders
• Data driven decision making to establish 2021 detailed action plan
• Reports on pilot projects

Priority 2: Treatment/Diversion
• Crisis Line Functional with sustainability plan in place
• Mobile Crisis Plan Complete – Pilot data available
• Training begun for Enforcement and First Responders
• Plan to improve hand-off to shelter/housing completed
• Support for Public Safety Mill Levy, Jail, and Drug Courts
• Treatment and Targeted Case Management Pilot Project data available and sustainability plan in place
• Probation/Parole challenges and helpful solutions identified
• Insurance changes for evidence-based methamphetamine treatment underway or documented
• Medicaid/Crisis funding study complete with plan to access additional funds
• DO C formularies to include MAT
• Plan and resources in place to develop risk assessment tool for assessing violence potential of methamphetamine addicts

Priority 3: Prevention
• Schools, Block Grant, Tobacco Grant, DEA, Youth Court Services, Drug Free Communities have shared prevention plan with aligned goals (using CTC Evidence based framework)
• Additional staff secured through Strategic Prevention Framework Grant
• Youth crisis network fully mapped with work underway to increase youth crisis capacity as needed
• PAX GBG sustainability measures in place, including plans to integrate ongoing training with existing education training modalities (Montana Behavioral Initiative, PIR Days, and K-5 Teacher Training in Higher Education); funding for resupplying, and fidelity coaching or coordination
• Resources developed for middle/high school teachers and 2 hours training completed by 50% of personnel
• Information campaign implemented for parents, teachers, youth
• Perinatal pilot completed; data and sustainability in place
• Wake-up Call Event held; businesses utilize coaching to establish effective policies and practices to promote treatment and recovery in support of their bottom line.
## DETAILED 2020 ACTION PLAN

**Priority 1: SYSTEM CAPACITY**

**Strategy 1:** Build Capacity of SAC to sustain progress using model of collective impact (connect multi-sector stakeholders, work from data, align vision/activities/funding)

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<thead>
<tr>
<th>P1S1</th>
<th>Activity 1</th>
<th>Activity 2</th>
<th>Activity 3</th>
<th>Activity 4</th>
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<tbody>
<tr>
<td></td>
<td>Formalize governance structure/Secure Champions (Team leads, subject matter experts, work group leaders etc.)</td>
<td>Establish Data Dashboard and Feedback loops for continuous quality improvement</td>
<td>Establish effective communication tools/relationships for ongoing engagement and education of stakeholders: replication toolkit, website, media relations, newsletter</td>
<td>Ensure coalition structure/leadership provides sustainability for the work</td>
</tr>
</tbody>
</table>

### 3 MONTH GOAL
**By March**

**CAPACITY & PLANNING**
- Review/Re-align Executive Committee
- Identify Core Team/Additional contractors to move work forward: Government Liaison, Project Managers (co-chairs for Priority 1, Priority 2), Treatment Consultant
- Schedule meetings and prep agendas for EC, Core Team, Task Forces

Coalition Leadership recruited and structural framework in place (MOUs, Job Descriptions, Contracts etc.)

**CAPACITY & PLANNING**
- Schedule Evaluation Team meetings & plan agendas
- Finalize Metrics for Activities in conjunction with Task Forces
- Mechanisms are in place for collecting and reporting evaluation data
- Baseline Coalition Effectiveness Survey implemented
- Plan created to strengthen Coalition efficacy based on results

**CAPACITY & PLANNING**
- Prepare materials so that others can integrate SAC plan into their own strategic plan
- Q1 Electronic Newsletter sent
- Web Page Updated
- Regular updates to Chamber of Commerce and Big Sky Economic Development (Business Liaison); city, county, state, and federal government and elected officials (Government Liaison)
- Media Updates (US Attorney)
- Toolkit completed for replication of coalition practices

**CAPACITY & PLANNING**
- Share SAC plan for integration with other plans
- Educate and inform budget decision makers at the local, state, and federal levels: local businesses and public about impact of local mill levies and state legislative action on prevention, treatment, diversion, enforcement; insurance companies
- Identify backbone funding needs and potential funding sources
- Identify funding sources for coalition activities

### 6 MONTH GOAL
**By June**

**IMPLEMENTATION**
- Executive Committee, Core Team, Task Force meetings on track
- Homework underway
- Evaluation underway

**IMPLEMENTATION**
- Evaluation data dashboard is built and launched by end of June
- Q1, Q2 Evaluation Reports to Leaders
- Q1, Q2 Evaluation reports to funders

**IMPLEMENTATION**
- Continue updates from Q1
- Toolkit shared with 1) other metro areas in MT; 2) MT Healthcare Foundation and DPHHS; 3) RMHIDTA; 4) ONDCP; 5) United Way Worldwide

**IMPLEMENTATION**
- Continue education activities from Q1
- Submit grant proposals for funding
- Work with Task Force to leverage existing Crisis funding (additional PACT, 10 and 14 day stabilization for e.g.)

### 12 MONTH GOAL
**By December**

**IMPLEMENTATION / SUSTAINABILITY**
- Have pilot data to share from intervention
- Have sustainability plan in place

**IMPLEMENTATION / SUSTAINABILITY**
- Q3, Q4 Evaluation Reports to Leaders
- Q3, Q4 Evaluation Reports to Funders

**IMPLEMENTATION / SUSTAINABILITY**
- Same as 6 Month
- Toolkit updated and refreshed; updated shared

**IMPLEMENTATION SUSTAINABILITY**
- Increased funding to implement coalition plans
- Sustainability for pilot projects

### RESPONSIBLE PARTY*
- Executive Committee
- United Way
- SciGaia
- Loveland Consulting
- United Way
- Business Liaison
- Government Liaison
- Executive Committee
- Business Liaison
- Government Liaison

### METRICS
- Established by March 2020
- Established by March 2020
- Established by March 2020
- Established by March 2020

### FUNDING
- HIDTA
- HIDTA
- HIDTA
- HIDTA

*The leaders and groups responsible for SAC activities are still in formation. It is expected that this column will be finalized by the end of the first quarter of 2020 and will be dynamic in response to emerging challenges and opportunities.
### DETAILED 2020 ACTION PLAN

**Priority 2: Divert people from drug related violent crime through access to effective and appropriate level of care/treatment**

**Strategy 2:** Increase capacity of crisis support system in Yellowstone County to effectively prevent and/or manage drug-related crisis with the intention of jail diversion and prevention of recidivism

<table>
<thead>
<tr>
<th>P2S2</th>
<th>Activity 5</th>
<th>Activity 6</th>
<th>Activity 7</th>
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</thead>
<tbody>
<tr>
<td><strong>3 MONTH GOAL</strong></td>
<td><strong>Capacity &amp; Planning</strong>&lt;br&gt;1. Develop Crisis Line subcommittee to plan &amp; implement the Yellowstone County Crisis Line&lt;br&gt;2. Create the framework/plan for the Crisis Line. Address&lt;br&gt;3. Leveraging existing 211 infrastructure&lt;br&gt;4. Sustaining the line&lt;br&gt;5. Advertising&lt;br&gt;6. Training and hiring plan&lt;br&gt;7. Evaluation</td>
<td><strong>Capacity &amp; Planning</strong>&lt;br&gt;1. Schedule Evaluation Team meetings &amp; plan agendas&lt;br&gt;2. Finalize Metrics for Activities in conjunction with Task Forces&lt;br&gt;3. Mechanisms are in place for collecting and reporting evaluation data&lt;br&gt;4. Baseline Coalition Effectiveness Survey implemented&lt;br&gt;5. Plan created to strengthen Coalition efficacy based on results</td>
<td><strong>Capacity &amp; Planning</strong>&lt;br&gt;1. Prepare materials so that others can integrate SAC plan into their own strategic plan&lt;br&gt;2. Q1 Electronic Newsletter sent&lt;br&gt;3. Web Page Updated&lt;br&gt;4. Regular updates to Chamber of Commerce and Big Sky Economic Development (Business Liaison) city, county, state, and federal government and elected officials (Government Liaison)&lt;br&gt;5. Media Updates (US Attorney)&lt;br&gt;6. Toolkit completed for replication of coalition practices</td>
</tr>
<tr>
<td><strong>By March</strong></td>
<td><strong>Implementation</strong>&lt;br&gt;1. Hire and train&lt;br&gt;2. Begin advertising&lt;br&gt;3. Track calls</td>
<td><strong>Pilot &amp; Planning</strong>&lt;br&gt;1. Evaluation data dashboard is built and launched by end of June&lt;br&gt;2. Q1, Q2 Evaluation Reports to Leaders&lt;br&gt;3. Q1, Q2 Evaluation Reports to funders</td>
<td><strong>Planning</strong>&lt;br&gt;1. Continue updates from Q1&lt;br&gt;2. Toolkit shared with 1) other metro areas in MT; 2) MT Healthcare Foundation and DPHHS; 3) RMHIDTA; 4) ONDCP; 5) United Way Worldwide</td>
</tr>
<tr>
<td><strong>6 MONTH GOAL</strong></td>
<td><strong>Implementation / Sustainability</strong>&lt;br&gt;1. Track Calls&lt;br&gt;2. Sustainability Plan</td>
<td><strong>Finalize Plan / Review Pilot Data</strong>&lt;br&gt;1. Q3, Q4 Evaluation Reports to Leaders&lt;br&gt;2. Q3, Q4 Evaluation Reports to Funders</td>
<td><strong>Begin Training</strong>&lt;br&gt;1. Same as 6 Month&lt;br&gt;2. Toolkit updated and refreshed; updated shared</td>
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<tr>
<td><strong>By June</strong></td>
<td><strong>Responsibility Party</strong>&lt;br&gt;1. United Way/211&lt;br&gt;2. Community Crisis Center&lt;br&gt;3. County&lt;br&gt;4. City of Billings</td>
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<tr>
<td><strong>Metrics</strong>&lt;br&gt;Established by March 2020</td>
<td><strong>Established by March 2020</strong></td>
<td><strong>Established by March 2020</strong></td>
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<tr>
<td><strong>Funding</strong>&lt;br&gt;Combination County Matching Grant and HIDTA through Dec 2020. County Matching Grant continues through June 2021. Additional funds will be needed over time as the Crisis Line becomes more widely known and if the County Matching Grant goes away.</td>
<td>Combination County Matching Grant and HIDTA through Dec 2020. County Matching Grant continues through June 2021. Additional funds will be needed over time to scale up Mobile Crisis Response for the community. Work with MT DPHHS on sustainable funding for Mobile Crisis Response (through Medicaid and/or other Crisis funding mechanisms).</td>
<td>HIDTA through Dec 2020; then Medicaid and/or Grant</td>
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</table>

*The leaders and groups responsible for SAC activities are still in formation. It is expected that this column will be finalized by the end of the first quarter of 2020 and will be dynamic in response to emerging challenges and opportunities.*
## DETAILED 2020 ACTION PLAN

**Priority 2: Divert people from drug related violent crime through access to effective and appropriate level of care/treatment**

**Strategy 2: Increase capacity of crisis support system in Yellowstone County to effectively prevent and/or manage drug-related crisis with the intention of jail diversion and prevention of recidivism**

<table>
<thead>
<tr>
<th>Activity 8</th>
<th>Activity 9</th>
<th>Activity 10</th>
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<tbody>
<tr>
<td><strong>Joint task force with Continuum of Care to improve hand-off from law enforcement, courts, corrections, treatment (includes lengthening crisis hold capacity to 10 or 14 day instead of current ineffective 24 hour stay)</strong></td>
<td><strong>Explore opportunities to increase capacity of law enforcement, the jail, and drug courts to support successful interdiction and treatment of drug users</strong></td>
<td><strong>Increase Treatment and Targeted Case Management for jail and/or probation/parole (LEAD Rimrock, Jail, P&amp;P)</strong></td>
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### P2S2

<table>
<thead>
<tr>
<th>3 MONTH GOAL</th>
<th>6 MONTH GOAL</th>
<th>12 MONTH GOAL</th>
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<tbody>
<tr>
<td><strong>CAPACITY &amp; PLANNING</strong></td>
<td><strong>CAPACITY &amp; PLANNING</strong></td>
<td><strong>FINALIZE PLAN / RESOURCES</strong></td>
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<tr>
<td>• Secure consultant</td>
<td>• Consultant finalizes report</td>
<td>• Implement priority actions determined by SAC and CoC</td>
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<tr>
<td>• Research current status of shelter and housing options, including “handoff pathways”</td>
<td>• Joint meeting of SAC and Continuum of Care (CoC) to review report and determine priority actions</td>
<td>• Prepare pathway/handoff information for Law Enforcement Training</td>
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<tr>
<td>• Research 10 and 14 day crisis stabilization funding mechanisms and protocols</td>
<td>• Establish coalition goals and actions relative to current opportunities</td>
<td>• Enter relevant resources in 211</td>
</tr>
<tr>
<td>• Provide input and information to the City of Billings relevant to public safety funding</td>
<td>• Educate coalition about law enforcement, jail, and drug court capacity needs</td>
<td>• Plan completed to address Wet Housing needs and longer crisis stabilization</td>
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<tr>
<td>• Educate coalition about law enforcement, jail, and drug court capacity needs</td>
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<td><strong>FINALIZE PLAN / REVIEW PILOT DATA</strong></td>
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<tr>
<td><strong>PILOT</strong></td>
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<td>• Examine evaluation data continually and make adjustments</td>
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<td>• Hire/contract with providers/contractors/peers as needed to implement program</td>
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<td>• Secure ongoing funding</td>
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<td>• Establish protocols</td>
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<td><strong>RESPONSIBLE PARTY</strong></td>
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<tr>
<td>• Begin implementation</td>
<td>• Executive Committee</td>
<td>• Diversion/Treatment Task Force Consultant</td>
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<td>• Mental Health Center</td>
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<td>• Yellowstone County Sheriff’s Office</td>
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<tr>
<td><strong>METRICS</strong></td>
<td>Established by March 2020</td>
<td>Established by March 2020</td>
</tr>
<tr>
<td><strong>FUNDING</strong></td>
<td>None required at this time -- articulate needs in education materials (sicaid and/or other Crisis funding mechanisms).</td>
<td>HIDTA through Dec 2020</td>
</tr>
</tbody>
</table>

*The leaders and groups responsible for SAC activities are still in formation. It is expected that this column will be finalized by the end of the first quarter of 2020 and will be dynamic in response to emerging challenges and opportunities.*

---

**Priority 3: Increase capacity of criminal justice system to address drug related violent crime**

**Strategy 3: Increase capacity of criminal justice system to address drug related violent crime**

<table>
<thead>
<tr>
<th>Activity 11</th>
<th>Activity 12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Develop and implement a plan to address drug related violent crime</strong></td>
<td><strong>Increase capacity of criminal justice system to address drug related violent crime</strong></td>
</tr>
</tbody>
</table>

### P3S3

<table>
<thead>
<tr>
<th>3 MONTH GOAL</th>
<th>6 MONTH GOAL</th>
<th>12 MONTH GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAPACITY &amp; PLANNING</strong></td>
<td><strong>CAPACITY &amp; PLANNING</strong></td>
<td><strong>FINALIZE PLAN / RESOURCES</strong></td>
</tr>
<tr>
<td>• Secure consultant</td>
<td>• Consultant finalizes report</td>
<td>• Implement priority actions determined by SAC and CoC</td>
</tr>
<tr>
<td>• Research current status of shelter and housing options, including “handoff pathways”</td>
<td>• Joint meeting of SAC and Continuum of Care (CoC) to review report and determine priority actions</td>
<td>• Prepare pathway/handoff information for Law Enforcement Training</td>
</tr>
<tr>
<td>• Research 10 and 14 day crisis stabilization funding mechanisms and protocols</td>
<td>• Establish coalition goals and actions relative to current opportunities</td>
<td>• Enter relevant resources in 211</td>
</tr>
<tr>
<td>• Provide input and information to the City of Billings relevant to public safety funding</td>
<td>• Educate coalition about law enforcement, jail, and drug court capacity needs</td>
<td>• Plan completed to address Wet Housing needs and longer crisis stabilization</td>
</tr>
<tr>
<td>• Educate coalition about law enforcement, jail, and drug court capacity needs</td>
<td></td>
<td><strong>FINALIZE PLAN / REVIEW PILOT DATA</strong></td>
</tr>
<tr>
<td><strong>PILOT</strong></td>
<td></td>
<td>• Examine evaluation data continually and make adjustments</td>
</tr>
<tr>
<td>• Hire/contract with providers/contractors/peers as needed to implement program</td>
<td></td>
<td>• Secure ongoing funding</td>
</tr>
<tr>
<td>• Establish protocols</td>
<td></td>
<td><strong>RESPONSIBLE PARTY</strong></td>
</tr>
<tr>
<td>• Begin implementation</td>
<td>• Executive Committee</td>
<td>• Diversion/Treatment Task Force Consultant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mental Health Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Billings Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• RiverStone Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Billings Police</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community Crisis Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Rimrock</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• St. Vincent Healthcare</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Continuum of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Yellowstone County Sheriff’s Office</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>FUNDING</strong></td>
</tr>
</tbody>
</table>
### Detailed 2020 Action Plan

#### Priority 2: Divert people from drug related violent crime through access to effective and appropriate level of care/treatment

#### Strategy 3: Advocate for Expanded and Effective Treatment

<table>
<thead>
<tr>
<th>P2S3</th>
<th>Activity 11</th>
<th>Activity 12</th>
<th>Activity 13</th>
<th>Activity 14</th>
<th>Activity 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>JIdentify Probation/Parole challenges and solutions</td>
<td>Advocate with insurance for reimbursement of evidence-based methamphetamine treatment</td>
<td>Study Insurance/Medicaid and Crisis Funding in this community to identify underutilization or no usage of codes, grants, or other funding sources that could lead to improved reimbursement</td>
<td>Advocate for Corrections formularies to include evidence-based treatment including MAT (particularly Naltrexone)</td>
<td>Develop evidence-based guidelines for screening and managing risk of violence among methamphetamine users. Ensure these guidelines are pertinent and accessible to both criminal justice and public health efforts</td>
<td></td>
</tr>
</tbody>
</table>

#### 3 MONTH GOAL By March

- **Educate and inform key leaders and community of findings**
  - Work with DOC, the Parole Board and other stakeholders to formulate solutions.

- **Document SAC concerns/solutions**
  - Designated coalition members/providers will identify key insurance representatives to target (BCBS, CIGNA, Allegiance etc.)

- **Follow up actions to exploratory meeting**

- **Coaching and changes to local practices and policies as necessary**
  - Additional PACT teams in place
  - Longer crisis stabilizations stays available (10 or 14 day)
  - Additional insurance billing enabled

- **Create a continuity of care in/out of jail that includes the ability to prescribe needed medications inside and outside the jail system**

- **Funding secured for tool development**

- **Feasibility Determination:**
  - Billings Clinic
  - U.S. Attorney

#### METRICS

- Established by March 2020

#### FUNDING

- HIDTA through Dec 2020

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1. The leaders and groups responsible for SAC activities are still in formation. It is expected that this column will be finalized by the end of the first quarter of 2020 and will be dynamic in response to emerging challenges and opportunities.
Priority 3: Increase access to effective substance abuse prevention for all youth and adults and for those at high risk for methamphetamine initiation and crime in these groups: children prenatally to age 5; K-12 students; adults

Strategy 4: Increase protective factors and decrease risk factors for all children and adults (universal & environmental strategies)

<table>
<thead>
<tr>
<th>P3S4</th>
<th>Activity 16</th>
<th>Activity 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Align Prevention funding through SAC Task Force and Communities That Care (CTC) Framework</td>
<td>Develop sustainable inventory of universal prevention strategies (including education, policies and practices); Make accessible to public and key prevention decision makers</td>
<td></td>
</tr>
<tr>
<td>3 MONTH GOAL</td>
<td>By March</td>
<td>By March</td>
</tr>
<tr>
<td>• Populate Prevention Task Force (PTF) with stakeholders responsible for prevention funding streams and programs.</td>
<td>• Inventory evidence based prevention programs, strategies, policies in Yellowstone County and Yellowstone County Schools</td>
<td></td>
</tr>
<tr>
<td>• Engage youth in PTF via ReACT and Youth Volunteer Corps.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Familiarize PTF and Youth with assessment data from SAC and Drug Free Communities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Write Strategic Prevention Framework (SPF) grant to provide leadership and resources for the PTF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 MONTH GOAL</td>
<td>By June</td>
<td>By June</td>
</tr>
<tr>
<td>• Secure PTF and youth input for plan</td>
<td>• Translate resource inventory to accessible tools for decision makers and public (211, Web Portal, Crisis Line)</td>
<td></td>
</tr>
<tr>
<td>• PTF Stakeholders, including youth, officially adopt goals, strategies for plan using CTC Framework (required for DFC Grant).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 MONTH GOAL</td>
<td>By December</td>
<td>By December</td>
</tr>
<tr>
<td>• Prevention Plan shared with boards and key decision makers</td>
<td>• List of resources “less than 2 clicks away”</td>
<td></td>
</tr>
<tr>
<td>• Meeting with DPHHS to align efforts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prevention Plan is guiding funding proposals and integrated into Prevention Task Force member plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Funding secured from SPF grant for 1 FTE Director of Prevention to coordinate PTF, 1 FTE Epidemiologist to coordinate data metrics for SAC, and 1 FTE Prevention Liaison for Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increased funding for actual prevention programming due to consolidation of Prevention Leadership around PTF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESPONSIBLE PARTY*</td>
<td>Mental Health Center</td>
<td>Mental Health Center</td>
</tr>
<tr>
<td></td>
<td>RiverStone</td>
<td>RiverStone</td>
</tr>
<tr>
<td></td>
<td>Billings Schools</td>
<td>Billings Schools</td>
</tr>
<tr>
<td></td>
<td>Youth Court Services</td>
<td>Youth Court Services</td>
</tr>
<tr>
<td></td>
<td>United Way</td>
<td>United Way</td>
</tr>
<tr>
<td>METRICS</td>
<td>Established by March 2020</td>
<td>Established by March 2020</td>
</tr>
<tr>
<td>FUNDING</td>
<td>Drug Free Communities, Block Grant, HIDTA</td>
<td>Drug Free Communities, Block Grant, HIDTA</td>
</tr>
</tbody>
</table>

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## DETAILED 2020 ACTION PLAN

**Priority 3: Increase access to effective substance abuse prevention for all youth and adults and for those at high risk for methamphetamine initiation and crime in these groups: children prenatally to age 5; K-12 students; adults**

**Strategy 4: Increase protective factors and decrease risk factors for all children and adults (universal & environmental strategies)**

<table>
<thead>
<tr>
<th>P3S4</th>
<th>Activity 18</th>
<th>Activity 19</th>
<th>Activity 20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support PAX GOOD BEHAVIOR GAME (GBG) in all elementary schools; identify middle/high school programs</strong></td>
<td><strong>Create suite of tools to inform, educate, and connect students and adults (for example: teachers, parents, coaches, faith leaders) to resources for building protection and mitigating risk</strong></td>
<td><strong>Wake-up Call Event for Businesses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3 MONTH GOAL</strong>  <strong>By March</strong></td>
<td>• Plan PAX GBG training for incomplete cohorts for grades K-5 across Yellowstone County  • Recruit county schools not yet using PAX GBG  • Create plan for resupplying consumables in PAX GBG Kits</td>
<td><strong>PLAN THE FOLLOWING:</strong>  • 2 hours of teacher education  • Repository for parent information and help  • Information campaigns targeting parents  • Information campaign for student athletes &amp; parents</td>
<td>Form Committee  Plan Logistics and Program  Sponsorship plan</td>
</tr>
<tr>
<td><strong>6 MONTH GOAL</strong>  <strong>By June</strong></td>
<td>• Implement PAX GBG training  • Identify middle/high school evidence-based strategies like PAX GBG to include as long term goal in prevention plan.</td>
<td>• 50% of middle school teachers in SD2 have 2 hours training  • Plan for parent information repository in motion  • Parent Information campaign design in motion  • Student Athlete information campaign in motion</td>
<td>Secure location  Secure funding  Save the Dates  Invites</td>
</tr>
<tr>
<td><strong>12 MONTH GOAL</strong>  <strong>By December</strong></td>
<td>• Resupply consumables in PAX GBG Kits  • Evaluate  • Sustainability Plan for PAX GBG in place</td>
<td>• Parent information repository being advertised  • Information campaigns completed and data available</td>
<td>Wake-up Event completed  Evaluation data available</td>
</tr>
<tr>
<td><strong>RESPONSIBLE PARTY</strong>  *</td>
<td>• Mental Health Center  • RiverStone  • Billings Schools</td>
<td>• Mental Health Center  • RiverStone  • Billings Schools  • United Way</td>
<td>• Business Liaison  • Big Sky Economic Development  • Billings Chamber of Commerce  • Downtown Business Association</td>
</tr>
<tr>
<td><strong>METRICS</strong></td>
<td>Established by March 2020</td>
<td>Established by March 2020</td>
<td>Established by March 2020</td>
</tr>
<tr>
<td><strong>FUNDING</strong></td>
<td>Drug Free Communities, Block Grant, HIDTA, Opioid Mini-Grant from DPHHS</td>
<td>Drug Free Communities, Block Grant, HIDTA, Suicide Prevention, Tobacco Prevention</td>
<td>HIDTA, Opioid Prevention Grant Rocky Mountain Tribal Leaders, Businesses</td>
</tr>
</tbody>
</table>

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**DETAILED 2020 ACTION PLAN**

**Priority 3: Increase access to effective substance abuse prevention for all youth and adults and for those at high risk for methamphetamine initiation and crime in these groups: children prenatally to age 5; K-12 students; adults**

**Strategy 4: Increase protective factors and decrease risk factors for all children and adults (universal & environmental strategies)**

<table>
<thead>
<tr>
<th>P3S4</th>
<th>Activity 21</th>
<th>Activity 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify crisis referral pathways for ages prenatal-26 via Intercept Mapping and share resource information with appropriate stakeholders</td>
<td>Improve Referral to Treatment or other services for these populations (identified via Screening Brief Intervention and Referral to Treatment (SBIRT), or other early warning systems)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 MONTH GOAL</th>
<th>By March</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M1</td>
<td>• Youth Crisis Partners recruited to PTF</td>
</tr>
<tr>
<td></td>
<td>• Youth Crisis Intercept mapping facilitated with SAMHSA TA</td>
</tr>
<tr>
<td></td>
<td>• Youth Crisis priorities and goals integrated into PTF plan</td>
</tr>
<tr>
<td></td>
<td>• Youth in target population included in mapping and prioritization (where feasible)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 MONTH GOAL</th>
<th>By June</th>
</tr>
</thead>
<tbody>
<tr>
<td>6M1</td>
<td>• Translate resource inventory to accessible referral pathways for the public via 211/Crisis Line, and systems that interact with youth in crisis (for example: schools, Student Resource Officers, Nonprofits)</td>
</tr>
<tr>
<td></td>
<td>• Gaps identified and goals set to address in PTF plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 MONTH GOAL</th>
<th>By December</th>
</tr>
</thead>
<tbody>
<tr>
<td>12M1</td>
<td>• Youth Crisis grant submitted to fund early interventions for youth based on PTF plan.</td>
</tr>
</tbody>
</table>

**CAPACITY & PLANNING**

**Pregnant Mothers**
- Populate joint work group for pilot project funded by HIDTA
- Learn about state-wide efforts (Project Meadowlark and others)
- Engage with Montana Healthcare Foundation experts
- Begin planning to enhance intervention for mothers who screen positive for substance misuse in a prenatal visit or at labor and delivery.

**K-12 Students & Age 18-26**
- Focus on Intercept mapping (Activity 21)

**IMPLEMENTATION**

**Pregnant Mothers**
- Finalize plan for HIDTA pilot project
- Begin implementation of plan
- Work on sustainability with Medicaid and other pay sources

**K-12 Students & Age 18-26**
- Focus on Intercept mapping follow up (Activity 21)

**IMPLEMENTATION SUSTAINABILITY**

**Pregnant Mothers**
- Have pilot data to share from intervention
- Have sustainability plan in place

**K-12 Students & Age 18-26**
- TBD

**RESPONSIBLE PARTY**

**Pregnant Mothers**
- Mental Health Center
- RiverStone
- Billings Clinic
- St. Vincent Healthcare
- Urban Clinic
- Billings Schools
- Youth Court Services

**K-12 Students & Age 18-26**
- United Way
- Tumbleweed
- Youth Services Center
- Rimrock
- Student Resource Officers
- Best Beginnings

**METRICS**
- Established by March 2020

**FUNDING**
- HIDTA, Drug Free Communities, Block Grant, Youth Court Services

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APPENDIX A: Job Descriptions

EXECUTIVE COMMITTEE

Collaborative action almost always begins with the establishment of an oversight group. In this case an executive committee. The key responsibilities of the Executive Committee are to:

- Provide long term strategic direction to the initiative
- Oversee the work of the backbone
- Determine staff and resource needs to ensure sustainability, in coordination with the Executive Team
- Monitoring progress against common agenda goals and indicators to ensure continued advancement and to uncover any obstacles
- Review data and use it to inform changes in stakeholder engagement, working group composition, or strategies
- Provide guidance to working groups’ efforts
- Champion the effort broadly in the community

The composition of the Executive Committee is vital to the success of the initiative, as they will set the initiative’s strategic direction. There are key characteristics to look for when selecting Executive Committee members:

- **Decision Makers:** Members should be at the CEO/President Level and able to drive systems change relevant to effort
- **Representative:** Geographic coverage of effort (counties and sub-regional steering committees) as well as sector
- **Influential Champions:** Command respect of broader set of stakeholders (and perceived so). Can bring stakeholders to the table and keep them there. Can champion the strategy with the broader community
- **Content Expertise/Practitioners:** Familiar with subject matter to contribute substantively
- **Passion and Urgency:** Passionate about issue and feel real urgency for the need to change
- **Focused on the Greater Interest:** Represent needs of their own organizations but able to think and act in the greater interest of the community
- **Commitment:** Willing and able to commit time and energy to attend meetings and get work done
- **Lived Experience:** Residents or community members with lived experience on the issue being addressed by the initiative

The highest functioning Executive Committees tend to have two co-chairs, each from a different agency/organization; meet at least quarterly (often monthly at first); have diverse, cross-sectoral membership and rotational leadership; coordinate activity with working groups and other coalitions via the backbone leadership and working group chairs; communicate regularly within the Executive Committee based on agreed upon schedule and methods; and report processes, findings, and concerns to stakeholders.

TASK FORCE

Once the strategic action framework is agreed upon, different working groups are formed around each of its primary leverage points or strategies. In the case of SAC, there are two overarching Task Forces responsible for strategic priorities. The Task Forces may form subcommittees and will assign homework to complete the work of the Task Force. The key responsibilities of the task forces are:

**Identify effective strategies to support achievement of goals:**
- Collect research on effective evidence-informed strategies
- Use data to inform identification of strategies
- Suggest refinement of indicators based on strategy development (as needed)
- Identify funding sources and local agencies to support strategies

**Community engagement:**
- Convene relevant stakeholder dialogues and other forms of community engagement
- Coordinate communications messages and strategy with other working groups

**Implementation:**
- Coordinate activities among working group member agencies and others in the community to implement strategies
- Dedicate time to tactics of planning events, identifying volunteers, and other tasks

The highest functioning working groups tend to have at least two co-chairs, each from a different agency; meet at least monthly, sometimes more often at first; have diverse, cross-sectoral membership and rotational leadership; coordinate activity with other working groups via the backbone leadership and other working group chairs; communicate regularly within working groups based on agreed upon schedule and methods; and report processes, findings and concerns to the steering committee.
BACKBONE SUPPORT

Backbone support is provided by an independent funded staff and dedicated to the collective impact initiative. Backbones provide ongoing support in the following six areas:

Guide Vision and Strategy:
• Build a common understanding of the problem that needs to be addressed
• Provide strategic guidance to develop a common agenda; serve as a thought leader / standard bearer for the initiative

Support Aligned Activities:
• Ensure mutually reinforcing activities take place, i.e., coordinate and facilitate partners’ continuous communication and collaboration
• Convene partners and key external stakeholders
• Catalyze or incubate new initiatives or collaborations
• Provide technical assistance to build management and administrative capacity (e.g., coaching and mentoring, providing training and fundraising support)
• Create paths for, and recruit, new partners so they become involved
• Seek out opportunities for alignment with other efforts

Establish Shared Measurement Practices:
• Collect, analyze, interpret, and report data
• Catalyze or develop shared measurement systems
• Provide technical assistance for building partners’ data capacity

Build Public Will:
• Build public will, consensus and commitment
• Frame the problem to create a sense of urgency and articulate a call to action
• Support community member engagement activities
• Produce and manage communications (e.g., news releases, reports)

Advance Policy:
• Advocate for an aligned policy agenda

Mobilize Resources:
• Advance Policy:
• Build Public Will:
• Establish Shared Measurement Practices:
• Support Aligned Activities:
• Guide Vision and Strategy:
• Mobilize Resources:

APPENDIX B: PAX GOOD BEHAVIOR GAME (GBG) OVERVIEW

PAX GBG has been adopted by the State of Montana as a key prevention strategy, and many schools in Yellowstone County have adopted PAX GBG, including School District 2. Initial funding for PAX GBG training and supplies was provided by a large one-time state grant. Sustaining this program through staff and funding transitions is critical.

The target population for PAX GBG is elementary students in kindergarten through fifth grade, and it is implemented by schools. This is a critical time to intervene because this period of life sets the stage for children to succeed or not in middle and high school.

Because of the multiple replications, the Washington State Institute for Public Policy developed a formula to estimate monetary benefits of PAX GBG. This formula, combined with the longitudinal data from trials allow communities to estimate the impact PAX GBG will have on students when they reach their twenties. For example, if 10,000 students receive well-implemented PAX GBG for two years, major benefits happen including 65% reduction in lifetime risk of hard drug use.

The published return on investment of PAX GBG is $1 invested returns $83 in long-term reduced educational, medical, and social costs. If 12,651 first grade students across Montana are in PAX classrooms for 1-2 years it can be anticipated:

- 614 fewer young people will likely contemplate suicide
- 1,216 fewer young people will develop serious drug addictions
- 1,123 more girls will likely graduate from High School
- 1088 fewer young people will commit and be convicted of serious violent crimes
- 1,216 fewer young people will develop serious drug addictions
- 832 fewer young people will likely become regular smokers
- 116 fewer young people will develop emotional, psychiatric disorders, substance abuse, and even suicide
- 704 more boys will likely graduate from High School
- 845 boys will likely enter a college or university
- 1088 fewer young people will need special education services
- 845 boys will likely enter a college or university
- 1,216 fewer young people will develop serious drug addictions
- 654 fewer young people will likely contemplate suicide
- 832 fewer young people will likely become regular smokers
- 116 fewer young people will develop emotional, psychiatric disorders, substance abuse, and even suicide
- 704 more boys will likely graduate from High School
- 845 boys will likely enter a college or university
- 1088 fewer young people will need special education services
- 845 boys will likely enter a college or university
- 1,216 fewer young people will develop serious drug addictions
- 654 fewer young people will likely contemplate suicide
- 832 fewer young people will likely become regular smokers
- 116 fewer young people will develop emotional, psychiatric disorders, substance abuse, and even suicide

PAX GBG is proven to lower suicide and substance abuse rates while increasing graduation rates and productive teaching time. It empowers teachers with strategies that work to address disciplinary distractions. The skills transfer to students and mitigate the effects of Adverse Childhood Experiences, to provide a route of educational success (detering poverty, and reducing risk factors of poor health in adulthood).
Very few middle or high school youth in Yellowstone County (2.5%) have ever used methamphetamine. Research shows that methamphetamine initiation typically happens between the ages of 18 and 26. Typically these individuals started using alcohol, tobacco, and marijuana between the ages of 10 and 14 and were already a poly-substance user when they first tried meth. Often they first initiate meth at a party when already drunk or high. To prevent methamphetamine initiation our community must address initiation of alcohol, tobacco, and/or marijuana misuse in middle and high school.

The table below outlines data from the 2018 Montana Prevention Needs Assessment related to alcohol, tobacco, marijuana, and prescription drugs for 8th, 10th, and 12th graders in Yellowstone County. The Drug Free Communities Grant, awarded to Substance Abuse Connect in November 2019, requires that the coalition address these data points. Prevention research is clear that evidence based strategies to decreasing risk factors and increasing protective factors from birth to grade 12 is key to the prevention of methamphetamine initiation and addiction in adulthood.

### APPENDIX C: Youth Data

<table>
<thead>
<tr>
<th>Source: Yellowstone County Prevention Needs Assessment, 2018</th>
<th>Grade</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 30-day use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any alcohol</td>
<td>13%</td>
<td>39%</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>5%</td>
<td>26%</td>
</tr>
<tr>
<td>Cigarette Use</td>
<td>3%</td>
<td>11%</td>
</tr>
<tr>
<td>Chew</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Electronic Vape</td>
<td>15%</td>
<td>30%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>2%</td>
<td>14%</td>
</tr>
<tr>
<td>Prescription drugs (pain meds without prescription)</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Perception of risk (Moderate or great risk)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take 1 or 2 drinks of an alcoholic beverage nearly every day</td>
<td>65%</td>
<td>58%</td>
</tr>
<tr>
<td>Have 5 or more drinks once or twice a week</td>
<td>74%</td>
<td>72%</td>
</tr>
<tr>
<td>Smoke one or more packs of cigarettes per day</td>
<td>88%</td>
<td>87%</td>
</tr>
<tr>
<td>Use smokeless tobacco</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>Smoke marijuana once or twice a week</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Use prescription drugs that are not prescribed to them</td>
<td>88%</td>
<td>92%</td>
</tr>
<tr>
<td>Perception of parental disapproval (wrong or very wrong)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have 1 or 2 drinks of an alcoholic beverage nearly every day</td>
<td>95%</td>
<td>92%</td>
</tr>
<tr>
<td>Smoke tobacco</td>
<td>99%</td>
<td>96%</td>
</tr>
<tr>
<td>Use smokeless tobacco</td>
<td>97%</td>
<td>94%</td>
</tr>
<tr>
<td>Smoke marijuana</td>
<td>96%</td>
<td>88%</td>
</tr>
<tr>
<td>Use prescription drugs that are not prescribed to them</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>Perception of peer disapproval (wrong or very wrong)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have 1 or 2 drinks of an alcoholic beverage nearly every day</td>
<td>86%</td>
<td>54%</td>
</tr>
<tr>
<td>Smoke tobacco</td>
<td>91%</td>
<td>73%</td>
</tr>
<tr>
<td>Smoke marijuana</td>
<td>84%</td>
<td>58%</td>
</tr>
<tr>
<td>Use prescription drugs not prescribed to them</td>
<td>91%</td>
<td>86%</td>
</tr>
<tr>
<td>Have best friends who:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried beer, wine or hard liquor</td>
<td>33%</td>
<td>73%</td>
</tr>
<tr>
<td>Smoked cigarettes</td>
<td>14%</td>
<td>31%</td>
</tr>
<tr>
<td>Used marijuana</td>
<td>13%</td>
<td>57%</td>
</tr>
</tbody>
</table>

### According to this PNA Data:

- Substance use increases substantially from 8th to 10th grades and 10th to 12th.
- This increase correlates with a decrease in perceptions of risk as well as parental and peer disapproval.
- Perception of risk for marijuana dropped from 70% to 40% and perception of peer disapproval dropping from 84% to 45% while 30-day use increased from 2% to 20%.
- Alcohol showed a similar trend with 30-day use increasing from 13% to 54% while perception of risk started higher in 8th grade (65%) and decreased to 59% by 12th grade.
- The number of peers engaged in drug use increased greatly also with over half (54%) of 12 graders reporting at least 1 of their 4 closest friends used marijuana in the past year.

### METH INITIATION

One of the strongest risk factors for methamphetamine initiation is family normalization of substance misuse.

- One in three (37%) of Yellowstone County students report that they personally know an adult who has used marijuana, cocaine or other drugs in the last year.
- One in five (20%) know an adult who has dealt or sold drugs in the past year.
- Thirty seven percent of students report that someone in their family has severe alcohol or drug problem.