



Substance Abuse Connect brings the community together to substantially reduce drug-related crime and addiction.



2020 - 2023
Action
Plan

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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>



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Consultant
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Vision

Mission

Focus 2020-2023

Lowest addiction and drug related crime rates in Montana

Uniting Yellowstone County to substantially reduce drug related crime and addiction through effective prevention, treatment, and diversion

Methamphetamine

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.
3. Substantially reduce drug-related crime and addiction.

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 secured: 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
- \$1,208,741 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 81% from 2010-2017. Law enforcement attribute this to methamphetamine, which is the number one drug being taken off the streets - 129.7 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 50% growth rate state-wide. 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

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

* Prevention Task Force Co-Chair

** Diversion/Treatment Task Force Co-Chair

Consultants and Backbone Staff*				Area of Expertise
Deborah	Halliday	Principal	Halliday & Associates	Collective Impact Governance
Becky	Bey	Government Relations Specialist at KLJ	KLJ Engineering	Project Management for Executive Committee, Business Liaison
Katie	Loveland	Principal, MPH, MSW	Loveland Consulting	Assessment lead, Prevention and Evaluation Expert
Gary	Gannon	Owner	SciGaia	Data Dashboard
Kristin	Lundgren	Director of Impact	United Way of Yellowstone County	Backbone Staff for Coalition

*Additional consultants to be engaged for 2020 Plan Implementation

PLAN OVERVIEW (Job Descriptions Appendix A)

Long Term Goal

Substantially reduce drug related crime and addiction through effective prevention, treatment, and diversion

2020-2023 Focus

METHAMPHETAMINE

EXECUTIVE COMMITTEE

Local Key Leaders From:

Law Enforcement, Courts, Probation & Parole/DOC, K-12 Schools, Prevention, Behavioral Health, Health-care, Public Health, City and County Government, Lived Experience, Business, Service Providers

Consistent and Clear Communication with:

MT Departments of Health and Human Services, Corrections, Justice, Office of Public Instruction; Rocky Mountain High Intensity Drug Trafficking Area Task Force, Elected Leaders

Supported by Backbone:

United Way of Yellowstone County

Fiscal Agent, Communication, Coordination, Sustainability, Evaluation, Contractors

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

Priority 2: Diversion and Treatment ¹

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

Priority 3: Prevention ¹

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

Strategy 1

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

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

Strategy 3

Advocate for expanded and effective treatment

Strategy 4

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

Strategy 5

Increase access to help for youth (prenatal to age 26) at high risk for methamphetamine initiation (targeted/indicated strategies)

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

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

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
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



¹As 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.

THREE MONTH ORGANIZATION BY MARCH 2020

Detailed organization & capacity building for all activities

- Contractors on boarded
- Teams set, missing stakeholders on boarded
- Meeting schedules set
- Target populations identified
- Metrics established
- Briefs prepared for advocacy Issues

SIX MONTH IMPLEMENTATION BY JUNE 2020

Implementation and evaluation underway for all activities

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; DOC 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

TWELVE MONTH MEASURABLE RESULTS, SUSTAINABILITY BY DECEMBER 2020

Implementation & Evaluation Continue; Measurable Results; Sustainability Plan in Place

Priority 1: System Capacity

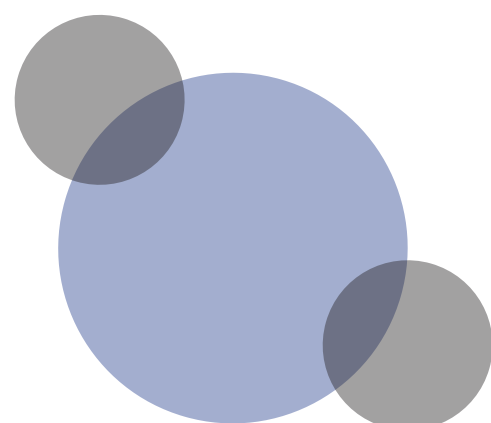
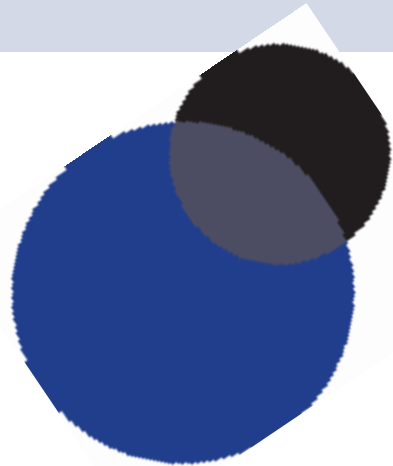
- Engaged and informed leaders
- Data driven decision making to establish 2021 detailed action plan
- Reports on pilot projects

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
- DOC 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.



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)

P1S1	Activity 1 Formalize governance structure/Secure Champions (Team leads, subject matter experts, work group leads etc.)	Activity 2 Establish Data Dashboard and Feedback loops for continuous quality improvement	Activity 3 Establish effective communication tools/relationships for ongoing engagement and education of stakeholders: replication toolkit, website, media relations, newsletter	Activity 4 Ensure coalition structure/leadership provides sustainability for the work
3 MONTH GOAL By March	CAPACITY & PLANNING <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Executive Committee, Core Team, Task Force meetings on track Homework underway Evaluation underway 	IMPLEMENTATION <ul style="list-style-type: none"> Evaluation data dashboard is built and launched by end of June Q1, Q2 Evaluation Reports to Leaders Q1, Q2 Evaluation reports to funders 	IMPLEMENTATION <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Have pilot data to share from intervention Have sustainability plan in place 	IMPLEMENTATION / SUSTAINABILITY <ul style="list-style-type: none"> Q3, Q4 Evaluation Reports to Leaders Q3, Q4 Evaluation Reports to Funders 	IMPLEMENTATION / SUSTAINABILITY <ul style="list-style-type: none"> Same as 6 Month Toolkit updated and refreshed; updated shared 	IMPLEMENTATION SUSTAINABILITY <ul style="list-style-type: none"> Increased funding to implement coalition plans Sustainability for pilot projects
RESPONSIBLE PARTY*	Executive Committee	<ul style="list-style-type: none"> United Way SciGaia Loveland Consulting 	<ul style="list-style-type: none"> United Way Business Liaison Government Liaison 	<ul style="list-style-type: none"> 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
Strategy 2

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

P2S2	Activity 5 Crisis Line	Activity 6 Mobile Crisis Response	Activity 7 Training for Enforcement and First Responders (assessment, resource, integrated into briefings)
3 MONTH GOAL By March	CAPACITY & PLANNING <ul style="list-style-type: none"> Develop Crisis Line subcommittee to plan & implement the Yellowstone County Crisis Line Create the framework/plan for the Crisis Line. Address Leveraging existing 211 infrastructure Sustaining the line Advertising Training and hiring plan Evaluation If viable, execute agreements with Montana 211 for implementation of local crisis line for Yellowstone County utilizing 211 infrastructure 	CAPACITY & PLANNING <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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
6 MONTH GOAL By June	IMPLEMENTATION <ul style="list-style-type: none"> Hire and train Begin advertising Track calls 	PILOT & PLANNING <ul style="list-style-type: none"> Evaluation data dashboard is built and launched by end of June Q1, Q2 Evaluation Reports to Leaders Q1, Q2 Evaluation reports to funders 	PLANNING <ul style="list-style-type: none"> 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
12 MONTH GOAL By December	IMPLEMENTATION / SUSTAINABILITY <ul style="list-style-type: none"> Track Calls Sustainability Plan 	FINALIZE PLAN / REVIEW PILOT DATA <ul style="list-style-type: none"> Q3, Q4 Evaluation Reports to Leaders Q3, Q4 Evaluation Reports to Funders 	BEGIN TRAINING <ul style="list-style-type: none"> Same as 6 Month Toolkit updated and refreshed; updated shared
RESPONSIBLE PARTY*	<ul style="list-style-type: none"> United Way/211 Community Crisis Center County City of Billings 	<ul style="list-style-type: none"> Diversion/Treatment Task Force Consultant Community Crisis Center Rimrock Yellowstone County Sheriff's Office Downtown Business Association Mental Health Center Billings Police 	<ul style="list-style-type: none"> Diversion/Treatment Task Force Consultant Mental Health Center St. Vincent Healthcare Continuum of Care Yellowstone County Sheriff's Office Community Crisis Center Rimrock Billings Clinic RiverStone Health Billings Police
METRICS	Established by March 2020	Established by March 2020	Established by March 2020
FUNDING	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.	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).	HIDTA through Dec 2020; then Medicaid and/or Grant

DETAILED 2020 ACTION PLAN

Priority 2 Strategy 2 (continued)

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

P2S2	Activity 8 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)	Activity 9 Explore opportunities to increase capacity of law enforcement, the jail, and drug courts to support successful interdiction and treatment of drug users	Activity 10 Increase Treatment and Targeted Case Management for jail and/or probation/parole (LEAD Rimrock, Jail, P&P)
3 MONTH GOAL By March	CAPACITY & PLANNING • Secure consultant • Research current status of shelter and housing options, including "handoff pathways" • Research 10 and 14 day crisis stabilization funding mechanisms and protocols	• Provide input and information to the City of Billings relevant to public safety funding • Educate coalition about law enforcement, jail, and drug court capacity needs	CAPACITY & PLANNING • Identify target population • Determine services to be provided • Develop evaluation • Assess provider needs • Identify funding sources
6 MONTH GOAL By June	CAPACITY & PLANNING • Consultant finalizes report • Joint meeting of SAC and Continuum of Care (CoC) to review report and determine priority actions	• Establish coalition goals and actions relative to current opportunities • Educate decision-makers and public about impact of capacity issues on addiction and drug-related crime	PILOT • Hire/contract with providers/contractors/peers as needed to implement program • Establish protocols • Begin implementation
12 MONTH GOAL By December	FINALIZE PLAN/RESOURCES • Implement priority actions determined by SAC and CoC • Prepare pathway/handoff information for Law Enforcement Training • Enter relevant resources in 211 • Plan completed to address Wet Housing needs and longer crisis stabilization	• TBD	FINALIZE PLAN / REVIEW PILOT DATA • Examine evaluation data continually and make adjustments • Secure ongoing funding
RESPONSIBLE PARTY*	<ul style="list-style-type: none"> • Diversion/Treatment Task Force Consultant • Mental Health Center • Billings Clinic • RiverStone Health • Billings Police <ul style="list-style-type: none"> • Community Crisis Center • Rimrock • St. Vincent Healthcare • Continuum of Care • Yellowstone County Sheriff's Office 	• Executive Committee	<ul style="list-style-type: none"> • Rimrock • Yellowstone County Sheriff's Office • Probation & Parole
METRICS	Established by March 2020	Established by March 2020	Established by March 2020
FUNDING	HIDTA through Dec 2020 and Montana Healthcare Foundation	None required at this time -- articulate needs in education materials/aid and/or other Crisis funding mechanisms).	HIDTA through Dec 2020

* 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
Strategy 3

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

P2S3	Activity 11 Identify Probation/Parole challenges and solutions	Activity 12 Advocate with insurance for reimbursement of evidence-based methamphetamine treatment	Activity 13 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	Activity 14 Advocate for Corrections formularies to include evidence based treatment including MAT (particularly Naltrexone)	Activity 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
3 MONTH GOAL By March	<ul style="list-style-type: none"> Identify impacts on YC (including crime and methamphetamine use) from increasing # parolees, conditional releases, probationers, pretrial releases, and changed revocation guidelines. Set up meetings with appropriate stakeholders 	<ul style="list-style-type: none"> Document SAC concerns/solutions Designated coalition members/providers will identify key insurance representatives to target (BCBS, CIGNA, Allegiance etc.) 	<ul style="list-style-type: none"> Exploratory meeting with DPHHS and Behavioral Health Service Providers 	<ul style="list-style-type: none"> Research and fully understand DOC's policies and practices Attend March DOC meeting 	<ul style="list-style-type: none"> Determine feasibility of this activity If feasible: Identify research team and identify research funding
6 MONTH GOAL By June	EDUCATE <ul style="list-style-type: none"> Educate and inform key leaders and community of findings. Work with DOC, the Parole Board and other stakeholders to formulate solutions. 	<ul style="list-style-type: none"> Meet with insurance companies 	<ul style="list-style-type: none"> Document SAC Concerns/Solutions Follow-up actions to exploratory meeting 	<ul style="list-style-type: none"> Find/Coordinate and understand current formularies for DOC, federal regulations/formularies and provider guidelines as these often conflict 	IF FEASIBLE <ul style="list-style-type: none"> Identify research parameters and methodology
12 MONTH GOAL By December	EDUCATE & EVALUATE <ul style="list-style-type: none"> Continue to educate key stakeholders and work on changes 	<ul style="list-style-type: none"> Follow up 	<ul style="list-style-type: none"> Coaching and changes to local practices and policies as necessary MAYBE <ul style="list-style-type: none"> Additional PACT teams in place Longer crisis stabilizations stays available (10 or 14 day) Additional insurance billing enabled 	<ul style="list-style-type: none"> Create a continuity of care in/out of jail that includes the ability to prescribe needed medications inside and outside the jail system 	IF FEASIBLE <ul style="list-style-type: none"> Funding secured for tool development
RESPONSIBLE PARTY*	<ul style="list-style-type: none"> Diversion/Treatment Task Force Consultant U.S. Attorney County Attorney Billings Police Yellowstone County Sheriff's Office Yellowstone County Laurel Police City of Laurel Probation and Parole/DOC Alternatives Inc. City of Billings 	<ul style="list-style-type: none"> Diversion/Treatment Task Force Consultant Rimrock Billings Clinic St. Vincent Healthcare RiverStone Health Urban Clinic Mental Health Center 	<ul style="list-style-type: none"> Diversion/Treatment Task Force Consultant Rimrock Mental Health Center Community Crisis Center Urban Clinic RiverStone Billings Clinic St. Vincent Healthcare 	<ul style="list-style-type: none"> Billings Clinic RiverStone Health Urban Clinic Probation & Parole/DOC Correctional Health Partners to be identified by YCSO Rimrock Mental Health Center 	FEASIBILITY DETERMINATION: <ul style="list-style-type: none"> Billings Clinic U.S. Attorney
METRICS	Established by March 2020	Established by March 2020	Established by March 2020	Established by March 2020	Established by March 2020
FUNDING	HIDTA through Dec 2020	HIDTA through Dec 2020	HIDTA through Dec 2020	None required at this time	Research team and funding required

DETAILED 2020 ACTION PLAN

Priority 3
Strategy 4

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)

P3S4	Activity 16 Align Prevention funding through SAC Task Force and Communities That Care (CTC) Framework	Activity 17 Develop sustainable inventory of universal prevention strategies (including education, policies and practices); Make accessible to public and key prevention decision makers
3 MONTH GOAL By March	<ul style="list-style-type: none"> Populate Prevention Task Force (PTF) with stakeholders responsible for prevention funding streams and programs. Engage youth in PTF via ReACT and Youth Volunteer Corps. Familiarize PTF and Youth with assessment data from SAC and Drug Free Communities. Write Strategic Prevention Framework (SPF) grant to provide leadership and resources for the PTF 	<ul style="list-style-type: none"> Inventory evidence based prevention programs, strategies, policies in Yellowstone County and Yellowstone County Schools
6 MONTH GOAL By June	<ul style="list-style-type: none"> Secure PTF and youth input for plan PTF Stakeholders, including youth, officially adopt goals, strategies for plan using CTC Framework (required for DFC Grant). 	<ul style="list-style-type: none"> Translate resource inventory to accessible tools for decision makers and public (211, Web Portal, Crisis Line)
12 MONTH GOAL By December	<ul style="list-style-type: none"> Prevention Plan shared with boards and key decision makers Meeting with DPHHS to align efforts Prevention Plan is guiding funding proposals and integrated into Prevention Task Force member plans 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 Increased funding for actual prevention programming due to consolidation of Prevention Leadership around PTF 	<ul style="list-style-type: none"> List of resources "less than 2 clicks away"
RESPONSIBLE PARTY*	<ul style="list-style-type: none"> Mental Health Center RiverStone Billings Schools Youth Court Services United Way 	<ul style="list-style-type: none"> Mental Health Center RiverStone Billings Schools Youth Court Services United Way
METRICS	Established by March 2020	Established by March 2020
FUNDING	Drug Free Communities, Block Grant, HIDTA	Drug Free Communities, Block Grant, HIDTA

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DETAILED 2020 ACTION PLAN

Priority 3 Strategy 4 (continued)

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)

P3S4	Activity 18 Support PAX GOOD BEHAVIOR GAME (GBG) in all elementary schools; identify middle/high school programs	Activity 19 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	Activity 20 Wake-up Call Event for Businesses
3 MONTH GOAL By March	<ul style="list-style-type: none"> 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 	<p>PLAN THE FOLLOWING:</p> <ul style="list-style-type: none"> 2 hours of teacher education Repository for parent information and help Information campaigns targeting parents Information campaign for student athletes & parents 	<ul style="list-style-type: none"> Form Committee Plan Logistics and Program Sponsorship plan
6 MONTH GOAL By June	<ul style="list-style-type: none"> Implement PAX GBG training Identify middle/high school evidence-based strategies like PAX GBG to include as long term goal in prevention plan. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Secure location Secure funding Save the Dates Invites
12 MONTH GOAL By December	<ul style="list-style-type: none"> Resupply consumables in PAX GBG Kits Evaluate Sustainability Plan for PAX GBG in place 	<ul style="list-style-type: none"> Parent information repository being advertised Information campaigns completed and data available 	<ul style="list-style-type: none"> Wake-up Event completed Evaluation data available
RESPONSIBLE PARTY*	<ul style="list-style-type: none"> Mental Health Center RiverStone Billings Schools 	<ul style="list-style-type: none"> Mental Health Center RiverStone Billings Schools United Way 	<ul style="list-style-type: none"> Business Liaison Big Sky Economic Development Billings Chamber of Commerce Downtown Business Association
METRICS	Established by March 2020	Established by March 2020	Established by March 2020
FUNDING	Drug Free Communities, Block Grant, HIDTA , Opioid Mini-Grant from DPHHS	Drug Free Communities, Block Grant, HIDTA, Suicide Prevention, Tobacco Prevention	HIDTA, Opioid Prevention Grant Rocky Mountain Tribal Leaders, Businesses

* 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 3
Strategy 5

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)

P3S4	Activity 21 Identify crisis referral pathways for ages prenatal-26 via Intercept Mapping and share resource information with appropriate stakeholders		Activity 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)
3 MONTH GOAL By March	<ul style="list-style-type: none"> Youth Crisis Partners recruited to PTF Youth Crisis Intercept mapping facilitated with SAMHSA TA Youth Crisis priorities and goals integrated into PTF plan Youth in target population included in mapping and prioritization (where feasible) 		<ul style="list-style-type: none"> Pregnant mothers K-12 students 18-26 year olds currently misusing substances and/or aging out of foster care CAPACITY & PLANNING <i>Pregnant Mothers</i> <ul style="list-style-type: none"> 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. <i>K-12 Students & Age 18-26</i> <ul style="list-style-type: none"> Focus on Intercept mapping (Activity 21)
6 MONTH GOAL By June	<ul style="list-style-type: none"> 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, Youth Probation, Nonprofits) Gaps identified and goals set to address in PTF plan 		IMPLEMENTATION <i>Pregnant Mothers</i> <ul style="list-style-type: none"> Finalize plan for HIDTA pilot project Begin implementation of plan Work on sustainability with Medicaid and other pay sources <i>K-12 Students & Age 18-26</i> <ul style="list-style-type: none"> Focus on Intercept mapping follow up (Activity 21)
12 MONTH GOAL By December	<ul style="list-style-type: none"> Youth Crisis grant submitted to fund early interventions for youth based on PTF plan. 		IMPLEMENTATION SUSTAINABILITY <i>Pregnant Mothers</i> <ul style="list-style-type: none"> Have pilot data to share from intervention Have sustainability plan in place <i>K-12 Students & Age 18-26</i> <ul style="list-style-type: none"> TBD
RESPONSIBLE PARTY*	<ul style="list-style-type: none"> Mental Health Center RiverStone Billings Clinic St. Vincent Healthcare Urban Clinic Billings Schools Youth Court Services 	<ul style="list-style-type: none"> United Way Tumbleweed Youth Services Center Rimrock Student Resource Officers Best Beginnings 	Prevention Task Force <ul style="list-style-type: none"> Pregnant Mother pilot project group led by RiverStone, St. Vincent Healthcare Prevention Task Force <ul style="list-style-type: none"> K-12 work group led by Mental Health Center, RiverStone, Schools 18-26 work group led by Tumbleweed
METRICS	Established by March 2020		
FUNDING	HIDTA, Drug Free Communities, Block Grant, Youth Court Services		

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 a few 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 drawn 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:

It is vitally important that a backbone is viewed as neutral by the stakeholders on the executive committee and in the wider community. They are a facilitative support team who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.

Backbones do not set the agenda for the group, do not drive all the solutions, do not receive all the funding, cannot be self-appointed rather than selected by the community, and is not "business as usual" in terms of staffing, time, and resources.

There is no one model of backbone support. We have identified five potential models, although this is not necessarily an exhaustive list:

- **Funder-Based:** One funder initiates a collective impact strategy as planner, financier, and convener
- **New Nonprofit:** New entity is created, often by private funding, to serve as backbone
- **Existing Nonprofit:** Established nonprofit takes the lead in coordinating strategy
- **Government:** Government entity, either at local or state level, drives the effort

Shared Across Multiple Organizations: Numerous organizations take ownership of the wins

APPENDIX B: PAX GOOD BEHAVIOR GAME (GBG) OVERVIEW

PAX GBG is scalable as a universal, public health strategy to prevent mental, emotional, psychiatric disorders, substance abuse, and even suicide.

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.

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 (deterring poverty, and reducing risk factors of poor health in adulthood).

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 \$63 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:

- 1088 fewer young people will need special education services
- 704 more boys will likely graduate from High School
- 845 boys will likely enter a college or university
- 1,123 more girls will likely graduate from High School
- **123 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
- 448 fewer young people will like develop serious alcohol addictions
- 614 fewer young people will likely contemplate suicide
- 832 fewer young men will likely attempt suicide

APPENDIX C: Youth Data

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.

Source: Yellowstone County Prevention Needs Assessment, 2018		Grade			Average
		8th	10th	12th	
Past 30-day use	Any alcohol	13 %	39 %	54 %	35 %
	Binge drinking	5 %	25 %	34 %	21 %
	Cigarette Use	3 %	11 %	15 %	10 %
	Chew	2 %	8 %	16 %	9 %
	Electronic Vape	15 %	39 %	49 %	34 %
	Marijuana	2 %	14 %	20 %	12 %
	Prescription drugs (pain meds without prescription)	0 %	4 %	2 %	2 %
Perception of risk (Moderate or great risk)	Take 1 or 2 drinks of an alcoholic beverage nearly every day	65%	58%	59%	61%
	Have 5 or more drinks once or twice a week	74%	72%	72%	73%
	Smoke one or more packs of cigarettes per day	88%	87%	88%	87%
	Use smokeless tobacco	79%	75%	80%	78%
	Smoke marijuana once or twice a week	70%	50%	40%	53%
	Use prescription drugs that are not prescribed to them	88%	91%	92%	90%
Perception of parental disapproval (wrong or very wrong)	Have 1 or 2 drinks of an alcoholic beverage nearly every day	95%	91%	87%	91%
	Smoke tobacco	99%	96%	89%	95%
	Use smokeless tobacco	97%	94%	90%	94%
	Smoke marijuana	96%	88%	84%	89%
	Use prescription drugs that are not prescribed to them	97%	98%	98%	98%
Perception of peer disapproval (wrong or very wrong)	Have 1 or 2 drinks of an alcoholic beverage nearly every day	86%	54%	48%	63%
	Smoke tobacco	91%	73%	53%	72%
	Smoke marijuana	84%	58%	45%	62%
	Use prescription drugs not prescribed to them	91%	86%	85%	88%
Have best friends who:	Tried beer, wine or hard liquor	39%	73%	79%	64%
	Smoked cigarettes	14%	31%	45%	30%
	Used marijuana	13%	57%	54%	41%

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.