Needs Assessment of the Missoula County Substance Use Care System

2021

United Way of Missoula County

MISSOULA Substance Use Disorder Connect
Prevention. Treatment. Recovery.

Author information and acknowledgments

This report was written by Brandn Green & Frances Kim (JG Research and Evaluation) for the United Way of Missoula as part of a HIDTA grant and in partnership with the Missoula County Drug Task Force.

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List of acronyms

AA – Alcoholics Anonymous
AMDD – Addictive and Mental Disorders Division
ASAM – American Society of Addiction Medicine
CARF – Commission on Accreditation of Rehabilitation Facilities
CAST – Calculating an Adequate System Tool
CFSD – Child and Family Services Division
CMC – Community Medical Center
DPHHS – Department of Public Health and Human Services
DUI – Driving Under the Influence
EBPPs – Evidence-based Programs and Practices
EMS – Emergency Medical Services
FBI – Federal Bureau of Investigations
FQHC – Federally-Qualified Health Center
GAD-7 – General Anxiety Disorder-7
HIDTA – High-Intensity Drug Trafficking Area
JGRE – JG Research & Evaluation
MIP – Minor in Possession
MOUD – Medication for Opioid Use Disorder
MTIBRS – Montana Incident-based Reporting System
N-SSATS – National Survey of Substance Abuse Treatment Services
NA – Narcotics Anonymous
NSDUH – National Survey on Drug Use and Health
ONDCP – Office of National Drug Control Policy
OUD – Opioid Use Disorder
PHQ-9 – Patient Health Questionnaire-9
PNA – Prevention Needs Assessment
RCM – Recovery Center Missoula
SAMHSA – Substance Abuse and Mental Health Services Administration
SBIRT – Screening, Brief Intervention, and Referral to Treatment
SIM – Sequential Intercept Map
SUD – Substance Use Disorder
SUDC – Substance Use Disorder Connect
SUMH – Substance Use and Mental Health
WMMHC – Western Montana Mental Health Center

Background

The Office of National Drug Control and Policy (ONDCP) supports regional High-Intensity Drug Trafficking Areas (HIDTA) to improve community outcomes related to substance use and misuse. The United Way of Missoula, in collaboration with the Missoula Drug Task Force, received financial support to enact the Missoula Substance Use Disorder Connect Initiative. Substance Use Disorder Connect (SUDC) is a community-wide, collective impact approach to addressing substance use and misuse through prevention, treatment, harm reduction and recovery. The primary goals of SUDC are to 1) Improve agency coordination and collaboration through development of shared goals on the part of healthcare providers, social services, justice, and corrections, 2) Increase effective integration of evidence-based substance use prevention strategies, 3) Increase access to timely substance misuse treatment and care, 4) Strengthen the continuum of care to effectively manage substance use disorders in Missoula County, and 5) Identify existing and potential funding and resources that are designated to the goals of reducing drug-related crime and addiction in Missoula County.

This needs assessment report is intended to provide understanding about the burden of substance use in Missoula County, explore root causes of addiction, identify promotion, prevention, treatment, and recovery support capacity, and offer strategies for how SUDC can support collaborative efforts within the county to improve outcomes. The needs assessment is intended to align with the Montana Substance Use Disorder Task Force Strategic Plan and the six focus areas highlighted in the plan:

Montana Substance Use Disorder Task Force Focus Areas

Summary

The data and analysis presented in this needs assessment highlights several gaps and needs across the continuum of care for individuals with Substance Use Disorder (SUD) and their families in Missoula County. Coalitions are active and varied within the county and offer a starting point for addressing the gaps identified in this assessment. Substance Use Disorder Connect has an opportunity to work in collaboration with existing coalitions, engage additional stakeholders, and support the further development of a care system for those who use substances.

One key finding in this study is the outsized role that alcohol has in the demand for EMS and emergency department services, as well as the role it plays in the criminal justice system. In many ways, alcohol use is socially sanctioned and accepted in a manner that is not true for substances that are classified as illicit, which leads to increased prevalence of alcohol use diagnosis codes in treatment settings. Further discussion about the ways in which social norms influence how substances are perceived, and the ways in which these perceptions shape expectations of use and control are important discussions for communities to engage in, as they help to identify community-specific goals and targets related to the management of substance use in the population.

Overall, the care system in Missoula County is stable and in need of some areas of expansion. Coalitions are strong. The Surveillance and Monitoring activities being undertaken by the county are designed to offset the limitations of state and federal population surveys. Prevention activities are robust, especially those that target youth. Treatment services are insufficient to fully meet potential demand. Harm reduction approaches are present in the community and the impact of this perspective appears to be growing. Law enforcement has made concerted efforts

to improve their capacity to engage those with a behavioral health condition and is actively engaging in programs intended to divert individuals with SUD out of placement in detention facilities. As with all communities, there is work to do to ensure that substance use does not adversely impact community social systems and community well-being, but Missoula County looks to be well positioned to continue to execute this work and strengthen the care system within Missoula County.

Key findings

Fifty-four organizations that provide engagement with the substance abuse care continuum in Missoula County provided responses to the survey. In addition, data from eight substance use treatment providers was gathered via the National Survey of Substance Abuse Treatment Services (N-SSATS).

Prevalence and social determinants

- Based upon estimates derived from the National Survey on Drug Use and Health (NSDUH), there are approximately 3,000 to 4,000 active users of methamphetamines or heroin in Missoula County, and a likely need for treatment for illicit drug use, across all substances, for about 2,300 residents.
- Missoula County displays a low risk in the relationship between emergency department utilization for a behavioral health condition and the social determinants used in this assessment and risk modeling. Risk associated with HIDTA designation and the violent crime rate are social determinants that are known and align with the goals of SUDC and the objectives of United Way of Missoula County.

Prevention programming

- Across all universal prevention activity areas, the capacity assessment suggests that there may be need for additional efforts around community-based prevention and health education programming.
- Selected prevention interventions are all estimated to be below the program saturation threshold and prevention organizations in the county should consider how to expand this type of prevention programming.
- Missoula County has a robust prevention ecosystem. There are organizations working to ensure that residents of the county, both youth and adults, have the knowledge they need to understand potential harms and risks associated with substance use. The most significant gap in prevention is for health promotion and education campaigns aimed at community members in the county.

Treatment capacity

- Missoula County has the most significant gaps in the treatment elements included in this assessment in the areas of: Detoxification, Partial Day Treatment/Hospitalization, Recovery Residences, and Certified Peer Support Specialists.
- To account for the regionalization of specialized services, estimates were created for each treatment element with an increase of 10% or 25% in the population who may need each treatment service. Because of this additional population, there are more significant capacity needs in the treatment system. Across inpatient and outpatient elements, all but psychiatrists and waivered buprenorphine providers are shown to be unable to meet possible demand.
- Behavioral health treatment utilization data suggest that engagement with the treatment system, as noted by the Medicaid population, has steadily increased over the past five years for residents of the county.
- Housing supports are limited throughout all of Montana, and affordable housing is a significant challenge in Missoula County.

Harm reduction

- Harm reduction interventions in Missoula County have experienced expanded use when they are specific to the prevention of overdose from OUD. It would be valuable to explore how harm reduction can be applied to support users of other illicit drug types.

Substance use and criminal behavior

- Substance use contributes to criminal activity, both as a driver for criminal activities

such as vandalism and larceny, and as an influence in criminal activities like simple assaults.

- The proportion of offenses among youth that are directly related to substance use is high as an overall proportion of all youth offenses.
- Alcohol and drug use are a likely contributor to a broad range of the criminal activities occurring within Missoula County. Enhanced engagement with a robust continuum of care for substance use has the potential to decrease criminal activity within the county.

Structure of this report

The report presents the results of the needs assessment that used the CAST 2.0 tool and process to summarize and analyze the capacity of the substance use disorder treatment system in Missoula County. The goal of the needs assessment is to provide a point-in-time inventory of the organizations and activities, programs, or services with each of the six focal areas identified in the State Strategic Plan for Missoula County.

CAST 2.0 is a software tool that applies social determinants of behavioral health and social disparities in behavioral health outcomes to provide insight into the chronic social conditions that may be contributing to behavioral health outcomes in a community. In addition, CAST 2.0 produces estimates of program saturation in a local substance use care system across the continuum of care.

For this project, CAST 2.0 was used to:

- Assess the presence of chronic social and community conditions that contribute to an increased risk of hospitalization for substance use
- Identify potential gaps and potential redundancies in the substance abuse care system
- Generate estimates of program saturation or need that can help to inform community or organizational planning efforts

CAST 2.0 is designed to assist with short and long-term planning for improving the behavioral health of communities. Program saturation, estimated with CAST 2.0 algorithms, should be interpreted as a guide for decision-making, not a rigid boundary for program activity levels. CAST is predicated on the assumption that resources are finite, and that decisions need to be made about how financial and human capital are allocated within a given community. It is important to note that CAST estimates are based upon data that was provided by community organizations and not all organizations that responded to the survey provided detailed program activity information. To account for this data gap, each program saturation estimate is presented with the proportion of organizations that were included in the estimate, compared to the total number of organizations that reported activities within a given intervention area.

Each of the six focal areas from the State Plan are used to organize the presentation of the needs assessment findings. In addition to the findings, there are five appendices that provide background content relevant to understanding the methods for the report as well as key characteristics of the organizational context of the assessment. Appendix A includes a list of the organizations that were contacted for primary data collection and identifies those organizations that provided survey responses. Appendix B includes methodological details about the needs assessment, CAST 2.0, and data sources. Primary data was collected directly from Missoula-serving organizations to provide detail and context on program activities and capacity. When possible, CAST 2.0 is used to quantify the capacity of a given intervention for addressing the estimated need in the county. Appendix C provides definitions for each intervention included in this assessment, as well as details about how inpatient program capacity was estimated. Appendix D presents the Sequential Intercept Map (SIM) developed during a prior project in the county. The SIM map informed the inventory of organizations that were included in the survey. Appendix E provides an overview of the organizational structure of the Substance Use Coalition.

Partnerships

Partnerships support the efficient allocation of responsibilities and resources, as well as ensure that emerging topics of concern can be identified and addressed as needed within the county. The State Plan focuses on a few key areas for action, including cross-sector collaboration and engaging diverse partners. For this assessment, these key areas for action are operationalized through an inventory of active coalitions and a focus on the efforts of SUDC to support these active partnerships.

Coalitions

Effective coalitions have demonstrated the ability to meaningfully improve outcomes within communities.[1] In part due to these findings, there is a risk of coalition proliferation, which can create inefficiencies for organizations and staff who find themselves attending different meetings, with the same people, to discuss the same social problems in lieu of having time and space to enact the interventions intended to address the social problem.[2] One driver of coalition proliferation is requirements from funding sources which generate new coalitions, in the context of communities that have adequate coalition capacity.

Determining the capacity for coalitions is very difficult, as the nature of coalition activities in addressing social problems is often diffuse and comes about over time. At the time of this assessment, eight coalitions that have a specific focus on addressing substance use in the county were identified as outlined in Table 1.

Table 1. Inventory of active coalitions in Missoula County working to address adverse substance use - 2021

Organization	Target population
Missoula Substance Use Disorder Connect	Youth/Adult
Strategic Alliance for Improved Behavioral Health	Youth/Adult
Justice Alliance for Behavioral Health	Youth/Adult
Missoula Prescription Drug Task Force (health department)	Youth/Adult
Missoula County DUI Task Force (Drive Safe Missoula)	Youth/Adult
Neonatal Abstinence Syndrome Work Group	Adult
Frenchtown Community Coalition	Youth/Adult
Reaching Home, City of Missoula	Youth/Adult
Missoula Drug Task Force (law enforcement)	Youth/Adult

Surveillance and monitoring of substance misuse in Missoula County

Surveillance and monitoring of substance use and misuse in communities is accomplished through a variety of federal, state, and local data collection efforts. In this section, we provide an overview of prevalence estimates based on federal and state data collection, as well as provide context on current efforts to bolster county-level surveillance and monitoring of prevalence, incidence, and service utilization.

Federal and state data surveillance

Prevalence: We can understand the burden of substance use in Missoula County by analyzing the prevalence of misuse. When we count the number of people who misuse substances at a particular moment, that is called prevalence. We are not looking at number of new cases for a specified timeframe – that is called incidence. There are limits to the reliability of prevalence estimates for SUD at the county-level (ASPE, 2019). The two most significant sources for population-level measures of prevalence are the National Survey on Drug Use and Health (NSDUH) and the Prevention Needs Assessment Survey (PNA).

NSDUH prevalence estimates

NSDUH is intended to create state and national estimates of substance use behavior. It is not designed to produce county-specific prevalence estimates. However, with these limitations of NSDUH in mind, it can be used to produce general estimates of the prevalence of SUD within Missoula County. We do so by applying the state-level percentages from NSDUH to the Missoula County population, as demonstrated in Table 2 and Table 3. For these estimates, the total population of those age 18-65 = 77,391 and the total population of those age 12-17 = 10,101.

Table 2. NSDUH-based prevalence estimates for Montana applied to Missoula County population (Age 18-65)

Outcome	Montana prevalence estimates - 2018-2019	Estimated prevalence in Missoula County (# of adults)
Past Month Alcohol Use	61.92%	47,920
Past Month Binge Alcohol Use	29.42%	22,752
Past Month Illicit Drug Use	16.77%	12,978
Past Month Illicit Drug Use Other than Marijuana	3.79%	2,933
Past year Heroin Use	.39%	3,018
Perception of Great Risk from Trying Heroin Once or Twice	84.25%	65,202
Past Year Methamphetamine Use	1.53%	1,184
Past Year Misuse of Pain Relievers	4.41%	3,413

Table 3. NSDUH-based prevalence estimates for Montana applied to Missoula County youth population (Age 12-17)

Outcome	Montana prevalence estimates - 2018-2019	Estimated prevalence in Missoula (# of youth)
Past Month Alcohol Use	11.64%	1175
Past Month Binge Alcohol Use	5.99%	605
Past Month Illicit Drug Use	11.58%	1170
Past Month Illicit Drug Use Other than Marijuana	3.02%	305
Past year Heroin Use	.04%	4
Perception of Great Risk from Trying Heroin Once or Twice	60.74%	6135
Past Year Methamphetamine Use	.32%	32
Past Year Misuse of Pain Relievers	2.69%	272

Estimates for the substances of focus for this study place the population of users of heroin within the past year within Missoula County at approximately 3,000 adults and methamphetamine use at approximately 1,200 adults.

Use among youth is lower, with estimates of fewer than 10 youth using heroin in the past year and fewer than fifty using methamphetamines in the past year. These totals suggest, as a general estimate, that there are between 3,000-4,000 active users of the two illicit substances that are the target of prevention efforts associated with the core of SUDC in Missoula County – opioids and methamphetamines. Alcohol is the most widely utilized substance among both youth and adults in the county, a finding that is not a surprise. The proportion of the adult population that engages in binge drinking within a given month suggests that interventions aimed at reducing alcohol consumption may have a positive impact on both the care system and social service network in the county.

NSDUH estimates of treatment need

As part of the NSDUH survey, interviewees are asked about whether or not they have received treatment for a SUD over the past year. These responses are then cross-tabulated against those who reported substance use behaviors that would qualify as a diagnosable substance use disorder and weighted to produce state-level estimates of those who needed treatment but did not receive it in the past year.

There are an estimated 2,306 individuals in Missoula County over the age of 18 who display illicit substance use behaviors that would qualify them for needing treatment but did not receive it, as based upon the SAMHSA definition of treatment need. Approximately 7,500 individuals are estimated to need treatment for substance use, with the difference being due to those who need but did not receive treatment for alcohol use. These totals are demonstrated in Table 4.

Table 4. NSDUH-based estimates of past year substance use disorder treatment for Montana applied to Missoula County adult population (Age 18-65)

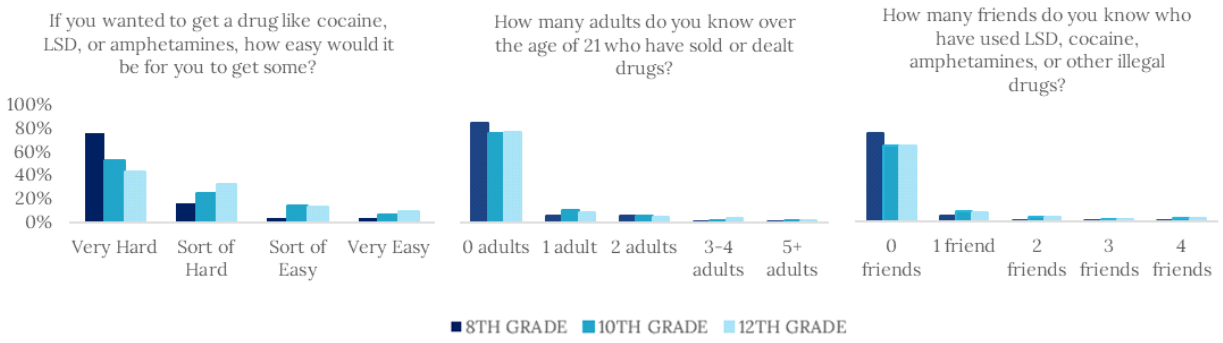
Outcome	Montana prevalence estimates - 2018-2019	Estimated prevalence in Missoula (# of adults)
Needing But Not Receiving Treatment for Illicit Drug Use	2.98%	2,306
Needing But Not Receiving Treatment for Substance Use*	9.59%	7,422

**Needing but not receiving treatment for substance use includes estimates of treatment need for both illicit substances and legal substances (i.e., alcohol).*

2020 Montana Prevention Needs Assessment Survey

The Prevention Needs Assessment Survey is a biannual survey administered by Montana Department of Public Health and Human Services that has been administered to youth primarily in grades 8, 10, and 12 since 1998. The survey is administered in a school classroom, by the class teacher, in each Montana school that chooses to participate in the program. The survey is designed to assist in understanding impressions that youth have about substance use and the questions selected for inclusion in Figure 1 provide insight about youth access to drugs, specifically methamphetamines.

Figure 1. Indicators of access to illicit drugs among 8th, 10th and 12th grade students in Missoula County – 2020



Roughly 30% of the 10th and 12th grade population reports that it would be very easy or sort of easy to access illicit drugs, which is a much larger proportion of the youth population than those who report knowing a friend or adult who use illicit substances. When compared to the NSDUH prevalence estimates for use of illicit substances by youth, these figures suggest that ease of access has not led to comparable levels of use.

County surveillance initiatives

There are multiple efforts in Missoula County aimed at improving local surveillance about, and engagement with, individuals whose substance use generates increased engagement with social services and the medical care system. The FUSE project is a collaborative effort at linking individuals who are heavy utilizers of community services, and are unstably housed, with stable housing. FUSE is based on the Housing First model of care, which is an evidence-based approach to addressing social conditions (i.e., housing instability) as the foundation of supporting individual community members.

The Emergency Department Information Exchange (EDIE) was an ongoing effort to share information among hospitals about individuals who were being seen in the ED. This platform has shifted to Collective Medical, and efforts are underway to expand use of the instrument. Collective is intended to help identify clients who are need of support for addressing social determinants of health, as well as identifying frequent utilizers across multiple agencies.

In addition to local efforts to improve data collection, data sharing, and monitoring of use patterns across organizational settings, state-level efforts toward data integration to improve population health are taking place in the form of Big Sky Connect, CONNECT, and the Montana Program for Automating and Transforming Healthcare. Each of these efforts has potential for improving access to information about individuals who use medical and social services within the county. Over time, analysis of these data has the potential to identify inefficiencies and gaps in the care system.

Surveillance and monitoring section conclusion

The focus of the United Way of Missoula County SUDC Initiative, funded by HIDTA, is on supporting improved coordination of organizations that are working to improve community outcomes associated with substance use, with a primary concentration on methamphetamines and heroin. Population-level prevalence estimates, as well as measures associated with treatment utilization among a subset of all treatment providers in the county, demonstrate that alcohol is the substance of greatest impact on the care system in the county. An estimated 8-10% of students report they could easily access illicit drugs other than marijuana, a population that is likely to be highly correlated with the estimated 3.8% of the adult population who report use of illicit drugs other than marijuana in the past year.

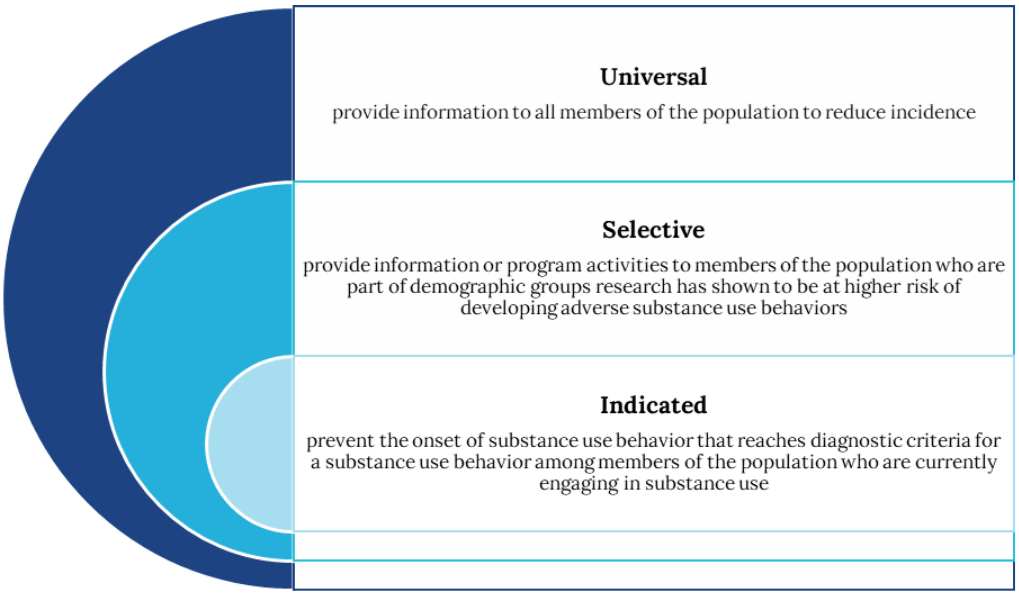
Based upon estimates derived from NSDUH, there are approximately 3,000 to 4,000 active users of methamphetamines or heroin in Missoula County, and a likely need for treatment for illicit drug use, across all substances, for about 2,300 residents. It is most likely that of these 2,300 individuals in need of treatment, only a fraction will pursue services, as national estimates of service utilization are often less than 10% of those in need of substance use treatment.[3] Using this benchmark, there are approximately 230 individuals in Missoula County who need treatment for illicit drug use, have not received it in the past year, and would likely utilize the service. One challenge in all communities is in determining how best to identify this population and engage them in services. For the 2,000 active users who are unlikely to pursue formal treatment, harm reduction interventions can ensure that substance use does not have a ripple effect on social service providers and supports active drug users in preventing the development of medical conditions.

Prevention

Prevention programs aim to limit adverse utilization and provide educational information to the community about the risks associated with substance use. Within this assessment, prevention is understood as a broad range of activities undertaken within Missoula County.

First, we report on the prevalence of social determinants of behavioral health in the county. Awareness about social determinants can support understanding about social conditions and characteristics that put individuals at risk of adverse outcomes from substance use. For this assessment, the risk is of emergency department utilization due to substance use and is based upon a methodology developed by the primary author of the report. Full methodological details about the risk modeling are provided in Appendix B.

Second, we report on prevention programming intended to reach all potential users of substances. Prevention programs are broken down into three main categories: Universal, Selected, and Indicated.



Social determinants of behavioral health in Missoula County

Identification of the social determinants of behavioral health in the population of Missoula County residents accomplishes two interrelated goals. First, an understanding of the characteristics and need patterns of the population can help to inform the composition of the continuum of care for Missoula County. Second, identification of social determinants of behavioral health can inform long-term strategies for addressing root causes of misuse of substances, and ultimately decrease the role that substance use has in criminal activity within the county.

In this assessment, we review 12 social determinants that have demonstrated a relationship with an increased likelihood for emergency department utilization due to substance use. The original analysis and development of the social determinants risk modeling was completed by staff of JG Research and Evaluation and can be viewed in the risk modeling report on the JGRE website. In summary, across the 12 social determinants, Missoula County is compared to all counties in the United States to demonstrate which characteristics are distinctive to Missoula County.

The Risk Score uses a social determinants of behavioral health framework and operationalizes this framework at the regional level by calculating the risk contribution of the region's social determinants of health and health disparities to the likelihood that the region's hospitalization rate for SUDs will be above the national median hospitalization rate for SUDs. CAST uses a color-coding mechanism to provide a visual benchmark to users about a county's or region's general risk level as compared to other counties across the United States for hospitalization due to SUDs. There three risk levels by color code include:

a. **Low risk** (green) – The aggregated and calculated risk score for a community is equal to or lower than the national median for hospitalization due to drug/alcohol diagnosis.

b. **Medium risk** (yellow) – The aggregated and calculated risk score for a community is between 0-25% above that of the national median for hospitalization due to drug/alcohol diagnosis.

c. **High risk** (red) – The aggregated and calculated risk score for a community is more than 25% above that of the national median for hospitalization due to drug/alcohol diagnosis.

In Table 5, the social determinants of behavioral health are provided for Missoula County. These are a list of determinants where reliable data was available at the county-level for all counties in the United States. In the risk modeling used to develop this inventory of determinants, the outcome of interest was hospitalization due to substance use. Therefore, these are risk factors at the community-level for a higher likelihood of greater demand on the emergency department for substance use related causes, as compared to all counties in the country.

Table 5. Social determinants of behavioral health applied to Missoula County

Risk factor	Missoula	Risk contribution
% of adult population that is male	50%	Low
% of adult population that is non-white	8%	Low
% of the population that lives in a rural area	22%	Low
% of population over 25 without a high school degree	4%	Low
% of population with college degree	43%	High
% of population that is widowed or divorced	11%	Low
% of population that is a Veteran	8%	Low
% of households with income below $35,000	32%	Low
% of population that is uninsured	7%	Low
Association rate per 100,000 people	187	Low
Region designated as a HIDTA	Yes	High
Violent crime rate per 100,000	345	High

Missoula County has low risk from most of the social determinants used in this assessment and risk modeling. The proportion of the population with a college degree risk is related to increased alcohol consumption patterns among those with college degrees that could lead to utilization of the emergency department. Risk associated with HIDTA designation and the violent crime rate are social determinants that are known and align with the goals of SUDC and the objectives of United Way of Missoula County.

It is important to note, the social determinant risk factors identified in this model are for increased use of the emergency department due to substance use and are not a comprehensive list of

social determinants that may increase risk for the development of a substance use disorder. The research literature on social determinants of the development of a substance use disorder is complex, as it is difficult to disentangle cause and effect. For example, a person may be experiencing homelessness due to substance use or may begin to use substances during a time of homelessness as a coping strategy. With this caveat in mind, the scientific literature on social determinants has identified correlations in populations with risk for developing substance use disorders among: individuals in families with substance use disorders, trauma, housing status, socioeconomic status, employment and job stability, educational attainment, engagement with the foster care system, and access to quality health and behavioral health services.[4] Consideration of efforts to address social determinants in Missoula County should consider how best to engage these factors, while avoiding stigmatization and stereotyping of the population groups.

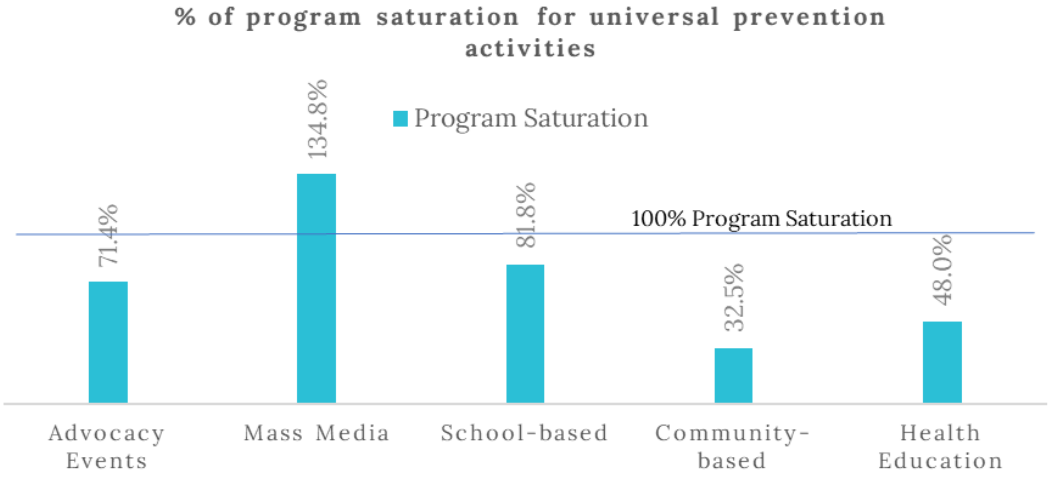
Universal prevention

In this assessment, universal prevention programming data was collected directly from community-based organizations that provide the programs. The categories of universal prevention included in this assessment are: advocacy events, mass media campaigns, school-based programs, community-based program and health education. Table 6 provides an inventory of the organizations who reported that they provide each type of intervention. Figure 2 provides an estimate of program saturation for Missoula County for each type of intervention.

Table 6. Organizations engaging in universal prevention activities in Missoula County included in 2020 needs assessment

Organization	Advocacy events	Mass media campaign	School-based programs	Community-based programs	Health education
Missoula City-County Health Department	Youth/Adult	Youth/Adult	Youth	Youth/Adult	Youth/Adult
NAMI Missoula	Adult	Adult			Youth/Adult
Substance Use Disorder Prevention Program – Missoula City-County Health Department	Adult			Youth/Adult	
Open Aid Alliance	Adult				
Mountain-Pacific Quality Health	Adult			Youth/Adult	
Project Tomorrow Montana	Youth/Adult			Youth/Adult	
Local Advisory Council	Adult				
Missoula Aging Services	Adult			Adult	Adult
Missoula Broadcasting		Youth/Adult			
Mountain Home Montana		Adult			
Strategic Alliance for Improved Behavioral Health				Youth/Adult	
Greater Missoula Family YWCA				Youth	
Missoula County Community Justice Department			Youth	Youth	
EmpowerMT			Youth		
Frenchtown Community Coalition			Youth	Youth/Adult	
WMMHC – Project Success			Youth		
Missoula Police Department				Youth	
The Flagship Program			Youth		
Families First Learning Lab			Youth		
Brightways Learning				Youth	
All Nations Health Center			Youth		

Figure 2. Program saturation for universal prevention activities in Missoula County included in 2020 needs assessment



In this assessment, the focus of the saturation estimates is for media campaigns created locally within Missoula County. This does not include efforts by state or national agencies to use mass media to promote health outcomes associated with behavioral health. By not including counts of media campaigns from state or national organizations, the assessment totals should be seen as an undercount of the true number of exposures to mass media campaigns that promote behavioral health. For this assessment, health education program saturation is estimated by prevention category and by topical area. The topical area was limited to substance use specific programs, and it is important to note that substance use health education is a subsection of the broad and diverse health education programming that takes place in Missoula County.

Across all universal prevention activity areas, the capacity assessment suggests that there may be need for additional efforts around community-based prevention and health education programming. In many ways, these are the two most complicated universal prevention programming modalities to implement, as participation in these programs is often low.

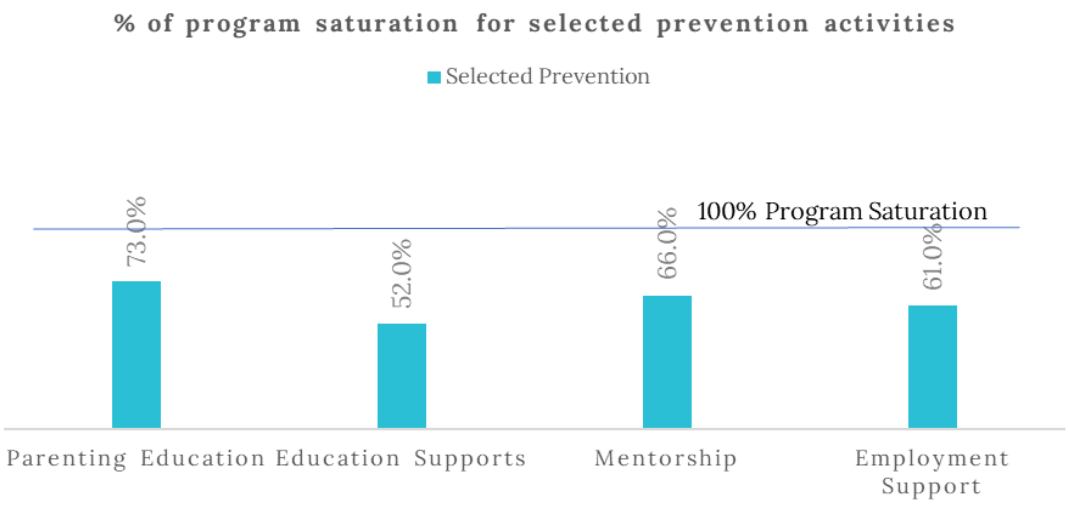
Selected prevention programming

In this assessment, selected prevention programming data was collected directly from the community-based organizations that provide the programs. The categories of selected prevention included in this assessment are: educational supports, mentorship, parenting education, employment support and screening for behavioral health conditions. Table 7 provides an inventory of the organizations who reported that they provide each type of selected prevention intervention. Figure 3 provides an estimate of program saturation for Missoula County for each type of intervention.

Table 7. Inventory of organizations engaging in selected prevention programming in Missoula County included in 2020 needs assessment

	Selected prevention				
Organization	**Screening for behavioral health conditions**	**Parenting education**	**Education supports**	**Mentorship**	**Employment support**
3 Rivers Mental Health Solutions	Youth/Adult		Adult		
Brightways Learning			Youth/Adult	Adult	
Missoula City-County Health Department	Youth/Adult	Adult	Youth/Adult		
Mountain-Pacific Quality Health			Adult		
Project Tomorrow Montana			Youth/Adult		
Missoula Aging Services			Adult		
Mountain Home Montana	Adult	Adult		Youth	
The Parenting Place	Youth	Adult	Youth		
Greater Missoula Family YWCA		Adult	Youth/Adult	Youth	Adult
Job Service – Missoula					Youth/Adult
Partnership Health	Youth/Adult		Adult		
Open Aid Alliance		Adult			
Poverello Center	Adult		Adult		
Salvation Army		Adult			
Lowell School Health Center	Youth		Youth		
Ag Worker and Health	Youth/Adult		Adult		
St. Pat's Hospital	Youth/Adult				
Community Medical Center	Youth/Adult				
WMMHC	Youth/Adult	Adult	Adult		
Families First Learning Lab		Adult	Youth	Youth/Adult	
Crosswinds Recovery				Youth/Adult	
Darcey Fairchild, LLC	Youth/Adult	Adult			
NAMI			Adult	Youth	Adult
Stepping Stones Counseling	Youth/Adult				
The Flagship Program			Youth	Youth	
Missoula Food Bank and Community Center			Youth		
Missoula County Community Justice Department			Youth		

Figure 3. Program saturation for selected prevention programs in Missoula County included in 2020 needs assessment



Selected prevention interventions are all estimated to be below the program saturation threshold. One reason for this may be an undercount, as each of these selected prevention activities are delivered for both those who may be at risk of developed adverse substance use behaviors and the general public. Due to this fact, potential providers of these programs may have not been included in the survey sample. If the community coalition reviews the list of organizations, and recognizes that coverage was good, then it is worth identifying strategies for increases capacity of selected prevention programs in the county.

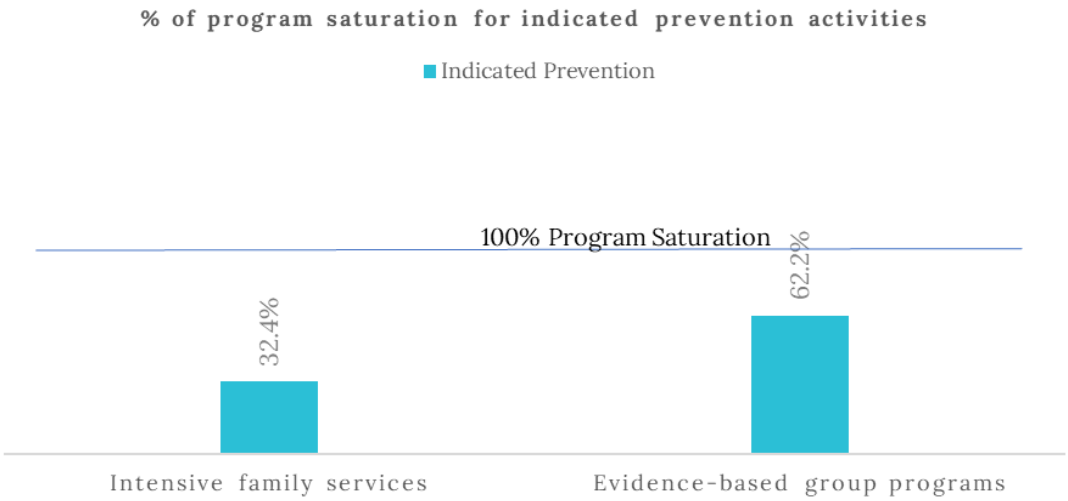
Indicated prevention

In this assessment, indicated prevention programming data was collected directly from community-based organizations that provide the programs. The categories of indicated prevention included in this assessment are: intensive family services and evidence-based group programs. Table 8 provides an inventory of the organizations who reported that they provide each type of indicated prevention intervention. Figure 4 provides an estimate of program saturation for Missoula County for each type of intervention.

Table 8. Inventory of organizations engaging in indicated prevention programming in Missoula County included in 2020 needs assessment

Organization	Intensive family services	Evidence-based group programs
Stepping Stones Counseling LLC	Youth/Adult	Youth/Adult
All Nations Health Center		Youth/Adult
Youth Dynamics	Youth/Adult	
Youth Homes	Youth/Adult	Adult

Figure 4. Program saturation for indicated prevention programs in Missoula County included in 2020 needs assessment



Prevention section conclusion

Missoula County has a robust prevention ecosystem. There are organizations working to ensure that residents of the county, both youth and adults, have the knowledge they need to understand potential harms and risks associated with substance use. The most significant gap in prevention is for health promotion and education campaigns aimed at community members in the county. In many ways, this is a very difficult population to engage, so this finding is not a surprise. Finally, there may be some value in the facilitation of a discussion around the capacity and universality of screening instruments to effectively identify, and in turn, link patients with treatment care. If there are barriers, these barriers may be areas of need and could be supported by the activities of SUDC and the other coalitions in the county.

Treatment and recovery

An individual can initiate a treatment program related to their substance use either through their own volition or because of involuntary requirement related to involvement with the criminal justice or child and protective services systems. Treatment is often an ongoing process, with cycles of engagement, discharge, and reengagement with the treatment provider.

This assessment is not intended to provide assessment of the quality of clinical services, but to estimate the current capacity of the system in Missoula County to provide care for those who are likely to utilize services. The treatment system is also one of flux, with near constant changes in the workforce, reimbursement, grants, and providers. Figure 5 below shows the geographic distribution of behavioral health treatment providers in Missoula County (all but one of which are located in the city of Missoula) as of April 2021.It should also be noted, the further development of telehealth as a delivery model for treatment services decreases the need for services to be geographically bound and is a source of capacity that is not included in this assessment.

The primary goal of the saturation assessment is to identify significant gaps in the treatment portion of the continuum of care and is based upon the American Society of Addiction Medicine (ASAM) criteria as well as the elements of substance abuse treatment that are gathered by SAMHSA in the National Survey of Substance Abuse Treatment Services (N-SSATS). N-SSATS is a federally required survey of state approved treatment providers in all states, and the data provide a listing of services that are provided by each organization that completes the survey. For this assessment, bed counts for each service were not available, so all estimates are completed at the facility level. The assumptions that are used to create each capacity equation are provided in the definitions section of inpatient treatment interventions.

It is important to note that Missoula County functions as a regional hub in western Montana, and the population who may initiate treatment services at Missoula-based providers is greater than only those who reside in the county. To account for this regional role of Missoula-based providers, capacity estimates are provided with both the NSDUH-based population estimates for Missoula County as well as for capacity with an increase of 10% or 25% in the population who may initiate treatment services and create demand for said services. A more comprehensive assessment of how capacity in Missoula County relates to regional capacity would require additional analysis and data collection that was outside of the scope of this needs assessment.

The method for assessing capacity varies for inpatient and outpatient treatment. Inpatient treatment estimates of capacity are based upon service availability and outpatient treatment estimates are based upon workforce capacity. This distinction is made because of the differences in how inpatient and outpatient services are licensed and managed by state agencies. The primary data sources for the treatment section are: N-SSATS, State Board of Licensing, and the Addictive and Mental Disorders Division (AMDD) inventory of state-approved treatment providers.

Figure 5. Geographic distribution of behavioral health treatment providers in Missoula County

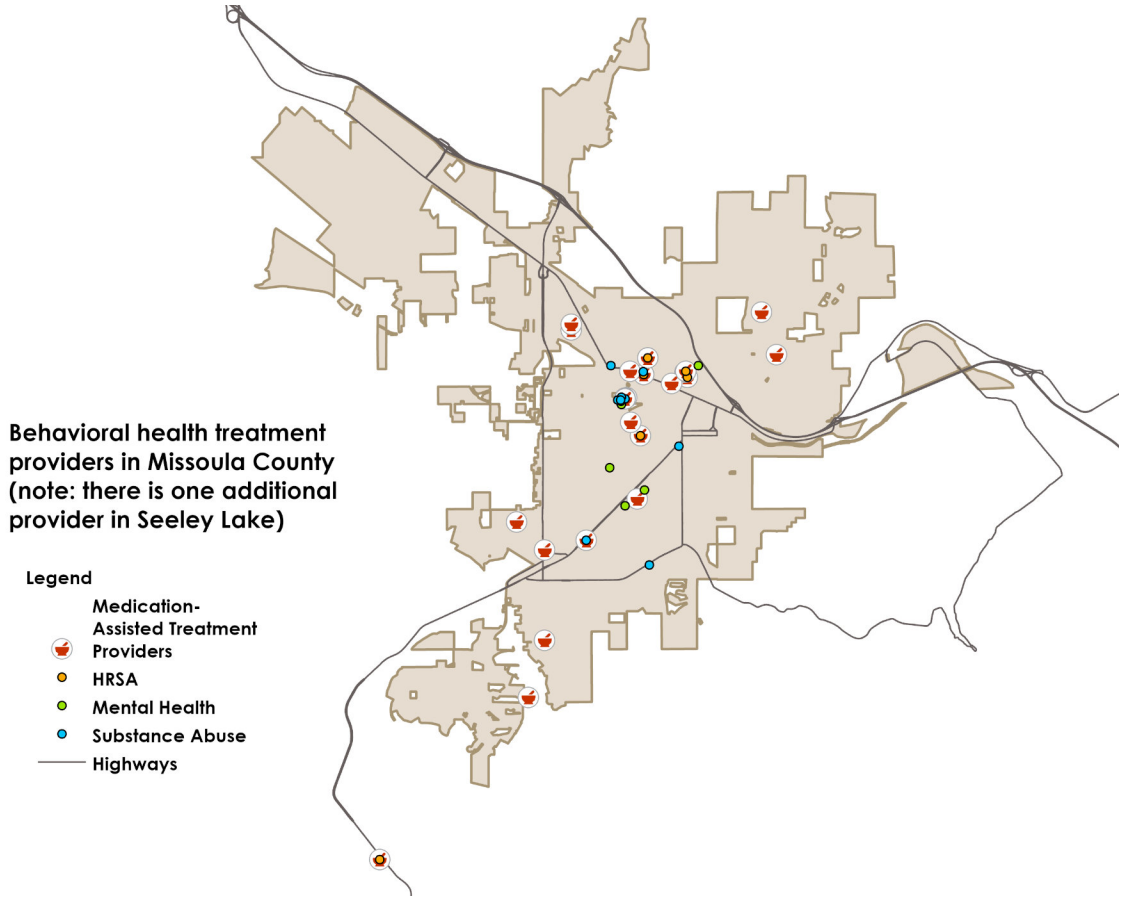


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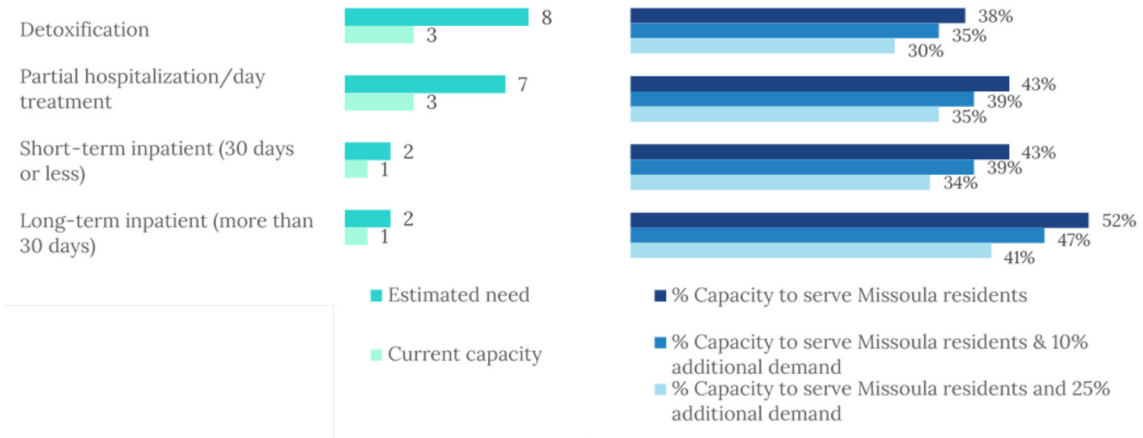
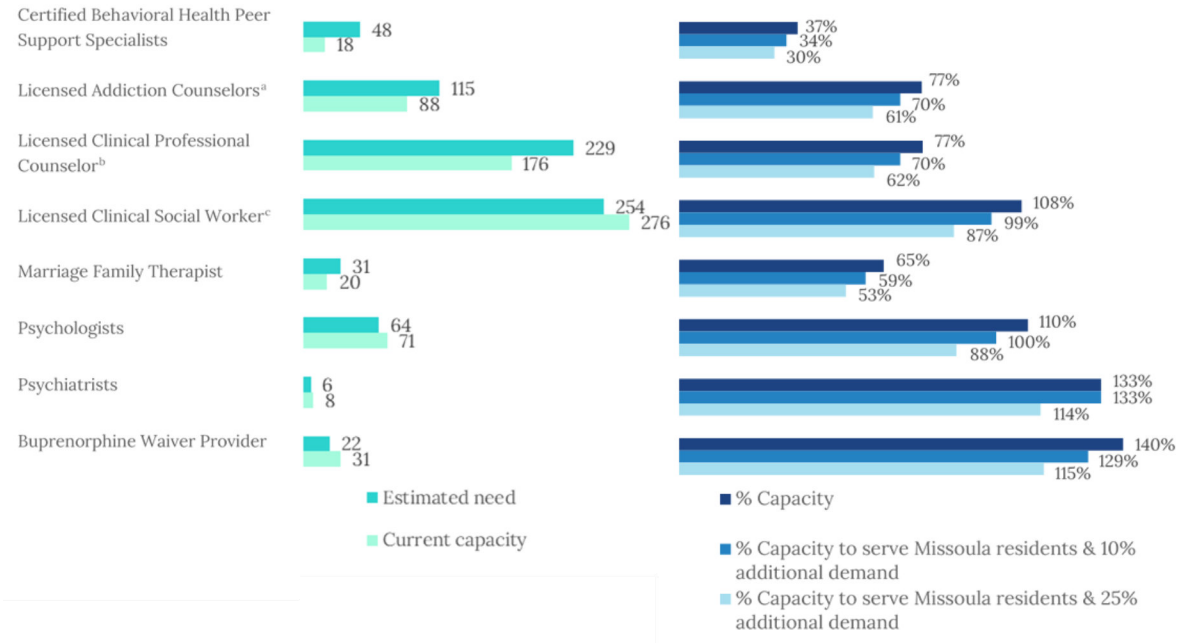
Figure 6. Inpatient capacity for treatment in Missoula County



Outpatient treatment capacity

Data were accessed from the Montana Board of Labor and Industry to produce estimates of provider capacity in Missoula County. Figure 7 presents a summary of the current provider capacity within Missoula County of those who have a registered and active license to provide behavioral health services. For each category of mental health professional, estimated need was based upon national averages for client load over a year and the total population of need within Missoula County that is likely to utilize the given service type. Client loads and populations of need varied across professional types. As with inpatient services, capacity to serve additional client loads are also included as a method for estimating demand that may come from individuals who reside outside of Missoula County.

Figure 7. Outpatient capacity for treatment in Missoula County



[a]*Licensed Addiction Counselor (LAC): Counselor who has passed one of five options for Addiction Counseling Exams and meets additional licensing requirements.*

[b]*Licensed Clinical Professional Counselor (LCPC): Counselor who has passed either the National Counselor Exam or National Clinical Mental Health Counselor Exam and meets additional licensing requirements.*

[c]*Licensed Clinical Social Worker (LCSW): Social worker who has received, or is registered to become a licensed social worker and is currently a licensed social worker candidate, as defined by the Montana Board of Behavioral Health.*

**All current capacity estimates are based upon the MT Department of Labor and Industry Board of Licensing, except for Psychiatrists which is based upon the NAMI Missoula Resource page due to a lack of detail in the Medical Licensing listing from the Department of Labor and Industry.*

Behavioral health service utilization

In addition to estimates of capacity, additional data sources can provide insight into service utilization within Missoula County. For this need assessment, we report on EMS records, services provided at the two Emergency Departments in Missoula County, the Federally Qualified Health Center, an Urban Indian Health Center, one state-approved substance use treatment provider, and county-wide billing to Medicaid across all service locations. It is important to note that these service utilization records are not complete depictions of services received by residents of the county, as they do not include records from all providers, nor do they account for treatment services received outside of the county, or by out of county providers offering services through telemedicine.

EMS

From 2018-2020, fourteen percent of EMS incidents in Missoula County have had a behavioral health diagnosis code as either a primary or secondary impression for a total of 6,424 incidents. Of these incidents the two most common, accounting for more than 50% of all incidents, were coded as Substance – Alcohol/Intoxication (ICD-10 F10.92) 36%, and Behavioral – Anxiety (ICD-10 F41.9) 18%. The most common indicators for alcohol/drug use across all incidents are Patient Admits to Alcohol Use (68%), Smell of Alcohol on Breath (32.3%), Patient Admits to Drug Use (21%), or Alcohol Containers/Paraphernalia at Scene (14%).

Table 9. Summary of indicators of responses to substance use among EMS incidents: 2018-2020

Indicators	Impression at response	Incidents	%
EMS incidents by type	SUMH	6,424	14.31%
	NON-SUMH	38,456	85.69%
EMS Incidents with SUMH as primary impression code	Substance – Alcohol use/intoxication	1,779	36.60%
	Behavioral – Anxiety	876	18.02%
	Behavioral – Suicidal/Homicidal Ideation	339	6.98%
	Behavioral – Mental Illness, Not Otherwise Listed	316	6.5%
EMS incidents with alcohol/drug use indicators by the indicator type	Patient Admits to Alcohol Use	1256	67.64%
	Smell of Alcohol on Breath	600	32.31%
	Patient Admits to Drug Use	390	21.00%
	Alcohol Containers/Paraphernalia at Scene	268	14.43%

Service providers

Data for this needs assessment has been provided by Western Montana Mental Health Center, St. Patrick's Hospital, Community Medical Center, Partnership Health Center, and All Nations Health Center. These organizations are a subset of the providers offering treatment services in Missoula County. Therefore, data used from the service providers in Figure 8 is intended to depict the types of diagnoses for which individuals are being admitted to different types of treatment across four different provider types – a state-approved substance use treatment provider, a hospital, an FQHC, and an Urban Indian Health Center. Data on service capacity is presented for all service providers in the treatment portion of the capacity assessment section (p.22).

Figure 8. Substance use diagnoses (percent of total substance use diagnoses)

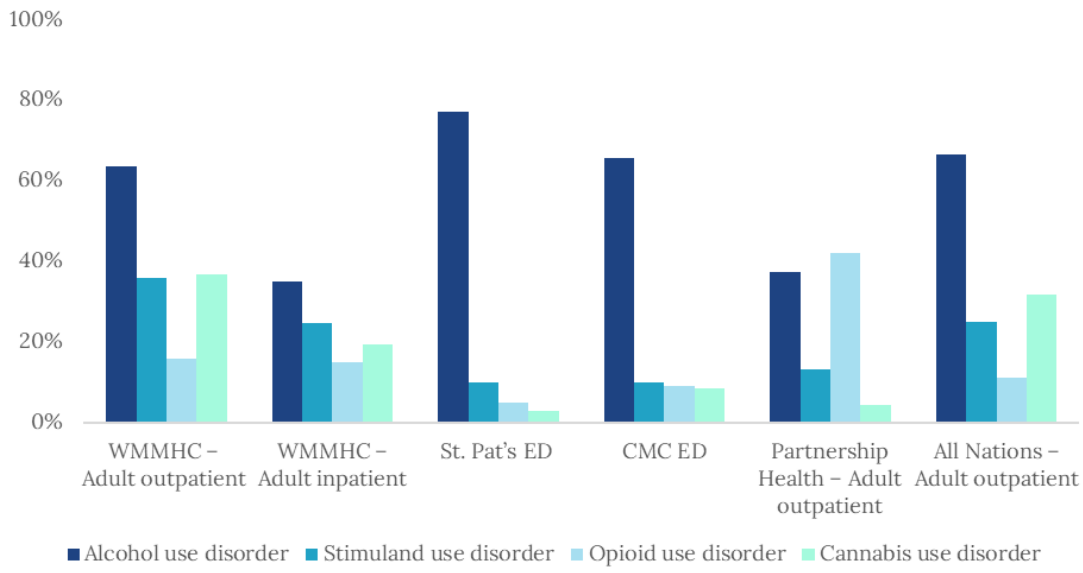


Table 10 provides information on individual diagnoses by substance (as a proportion of total substance use diagnoses) among those who have received treatment services, which can provide some insight into the nature of the substance use treatment care system in Missoula County. First, the St. Pat's emergency department care is heavily weighted toward responding to individuals with a primary diagnosis of alcohol use disorder. Second, there has been an increase in medication for opioid use disorder treatment capacity within Missoula County and the state over the past five years, and it is not negative to have more providers than the capacity minimum, as it increases the likelihood of treatment engagement among those with OUD. Third, the relative consistency in the proportion of clients seen across multiple settings with stimulant use disorders as a primary diagnosis suggests that care for this population is currently varied and less specialized than for OUD.

Medicaid

For this needs assessment, data were provided by the DPHHS Medicaid office to support understanding of service utilization for those who are insured with Medicaid. Data were provided as aggregated totals, which limits the level of detail that can be completed in this analysis. Figure 9 depicts the total number of Missoula County residents who received a specific behavioral health diagnosis for each year from 2016-2020. An individual could have more than one diagnosis. Of note, there has been a steady increase in the number of individuals with a diagnosis of any mental illness or serious mental illness for each year prior to 2020. This decrease in 2020 is likely related to the adverse impacts of COVID-19 and decreased engagement with medical providers, resulting in fewer opportunities for a diagnosis to be given.

Figure 9. Medicaid patients with a behavioral health diagnosis by diagnosis category: 2016-2020, Missoula County residents

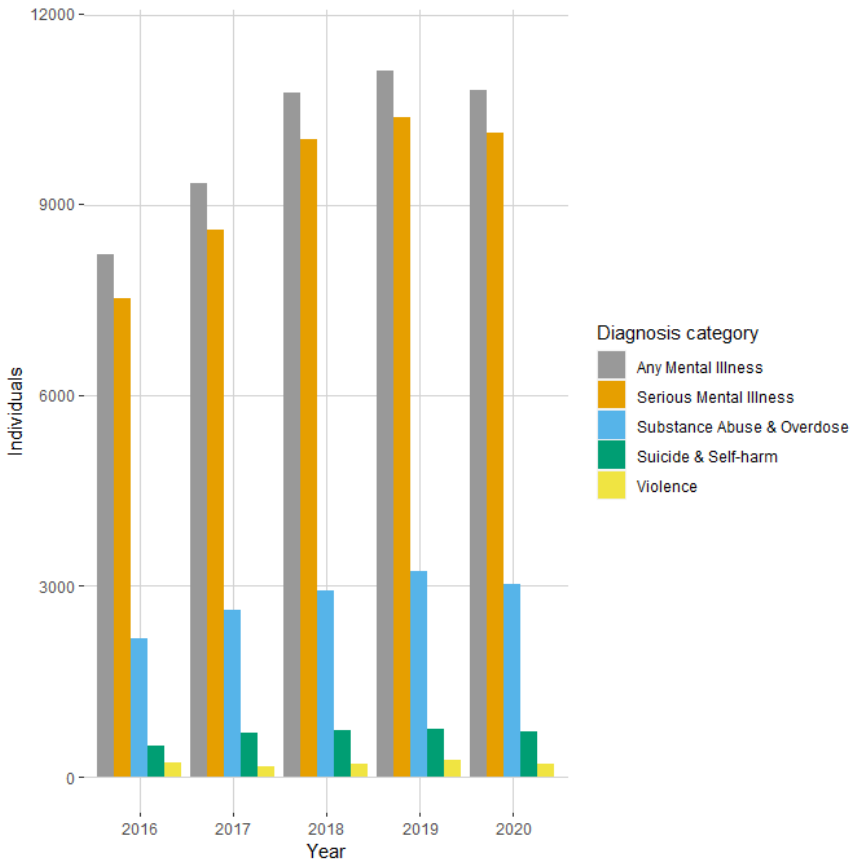


Table 10 provides a detailed breakdown of substance use diagnoses among Missoula County residents who have Medicaid as an insurance source. Patients could have more than one diagnosis.

Table 10. Missoula County Medicaid patients with a substance use or overdose diagnosis in 2020

Substance	Patients	% of SUD patients
Alcohol	1,482	49.06
Stimulants	911	30.16
Opioids	897	29.69
Cannabis	793	26.25
Other Substances	538	17.81
Sedatives	183	6.06
Cocaine	43	1.42
Hallucinogens	34	1.13

Notes: The data include any Missoula County resident that has a Medicaid claim with a substance use diagnosis in 2020. A patient can be included in more than one substance category.

Costs for services among Medicaid patients are reflected in Table 11, with hospitals and mental health centers accounting for the largest billing totals. Medicaid data provided for this analysis do not provide detailed information about the specific provider, and we are unable to include that detail in this report.

Table 11. Behavioral health Medicaid claim costs in 2020 by provider type, Missoula County residents

Provider type	Cost ($)
Hospital - Inpatient	7,448,673
Mental Health Center	6,130,214
Case Management - Mental Health	3,970,034
Federally Qual Health Center	3,473,752
Physician	3,029,997
Licensed Professional Counselor	2,748,638
Hospital - Outpatient	1,682,706
Chemical Dependency Clinic	1,405,905
Psychiatric Res Treatment Fac	1,293,000
Psychiatrist	696,311
Psychologist	329,811

Notes: The data include total costs of any Medicaid claim by a Missoula County resident with a behavioral health diagnosis in 2020.

Treatment section conclusion

Based upon the saturation estimation methodology used for CAST, Missoula County has the most significant gaps in the treatment elements included in this assessment in the areas of: Detoxification, Partial Day Treatment/Hospitalization, and Certified Peer Support Specialists.

To account for the regionalization of specialized services, estimates were created for each treatment element with an increase of 10% or 25% in the population who may need each treatment service. With the addition of the additional population, there are more significant capacity needs in the treatment system. Across inpatient and outpatient elements, all but psychiatrists and waivered buprenorphine providers are shown to be unable to meet possible demand.

Behavioral health treatment utilization data suggest that engagement with the treatment system, as noted by the Medicaid population, has steadily increased over the past five years for residents of the county.

Recovery supports

Recovery can be challenging. Services that facilitate stabilization in the social elements of an individual's life and encourage efforts at forming recovery-supporting relationships are essential elements of a functioning continuum of care. The ability for Missoula County to care for those who have taken steps toward improved health and wellbeing by engaging in treatment, and ensuring that relapse is infrequent, can have a major impact on the adverse impact of substance use in the county.

Table 12. Inventory of recovery support services provided by organizations in Missoula County included in 2020 needs assessment

Organization	Religious or spiritual advisors	Housing supports	Peer support groups
Western Montana Mental Health Center			Adult
Greater Missoula Family YMCA			Youth
Poverello Center		Adult	
Salvation Army	Youth/Adult	Youth/Adult	
Crosswinds Sober Living		Adult	
Mountain Home Montana			Youth
All Nations Health Center	Youth/Adult		Youth
Winds of Change			Adult
Open Aid Alliance		Adults (with HIV)	Adult
Missoula Interfaith Collaborative			Adult
Families First Learning Lab			Adult
Missoula Aging Services		Adult	
Local Advisory Council		Adult	
Stepping Stones Counseling			Adult
NAMI			Adult
Missoula Police Department	Youth/Adult		
Missoula County Community Justice Department	Youth/Adult		
Youth Dynamics			Youth

Many of the recovery supports that are included in this assessment lack complete data, thereby making a saturation estimation not possible. Engagement by religious communities appears to be strong, but may also be an avenue for additional education, outreach, and support for those in recovery. The Missoula Interfaith Collaborative engages in a broad set of programs aimed at supporting social change in Missoula County, with focused efforts in helping families with shelter, meals, and moral support, providing temporary and permanent employment, and advocating for the common good on social issues. In the data collection for this needs assessment, both through secondary data sources and primary data collection efforts, we did not identify religious professionals with specialized training or expertise in substance use disorders. It is likely that this is an artifact of the limitations of data collection, but may be an opportunity for enhancing the capacity of the religious community to engage directly in supporting those with substance use disorders, either as referral pathways or as supports during recovery.

During a project for the Addictive & Mental Disorders Division of Montana state's Department of Public Health and Human Services, JGRE staff compiled a census of recovery residences

throughout Montana, including Missoula County. Table 13 provides an inventory of residences as well as the type of classification and bed totals. These facility totals offer a more detailed understanding of the current capacity of the county to provide housing to those who are in need of inpatient treatment, are transitioning from engagement with the criminal justice system, or are looking for a recovery residence that can help to support them in their recovery journey.

Table 13. Recovery residences in Missoula County

Organization name	Facility type	Number of facilities	Number of beds
Carole Graham Home	3.1	1	6
Recovery Center Missoula	3.5/3.7	1	16
MASC (men only)	DOC* Assessment & Sanction	1	144
Missoula Prerelease Men's	DOC Prerelease Center	1	90
Missoula Prerelease Women's	DOC Prerelease Center	1	20
Crosswinds Sober Living	Recovery residence	No data	12
Hope Rescue Mission	Recovery residence	1	10
Mountain Home Missoula	Recovery residence	2	12
Next Step Housing	Recovery residence	1	7
Winds of Change	Recovery residence	No data	44

**DOC = Department of Corrections*

Recovery supports section conclusion

Housing supports are limited throughout all of Montana, and affordable housing is broadly a challenge in Missoula County. Efforts by local organizations and AMDD are attempting to respond to these issues. Finally, there is an estimated need for additional peer support groups, either those which are fully peer directed or those with licensed staff engagement. Peer support workforce capacity was also estimated in the outpatient treatment section, and there is a general lack of capacity.

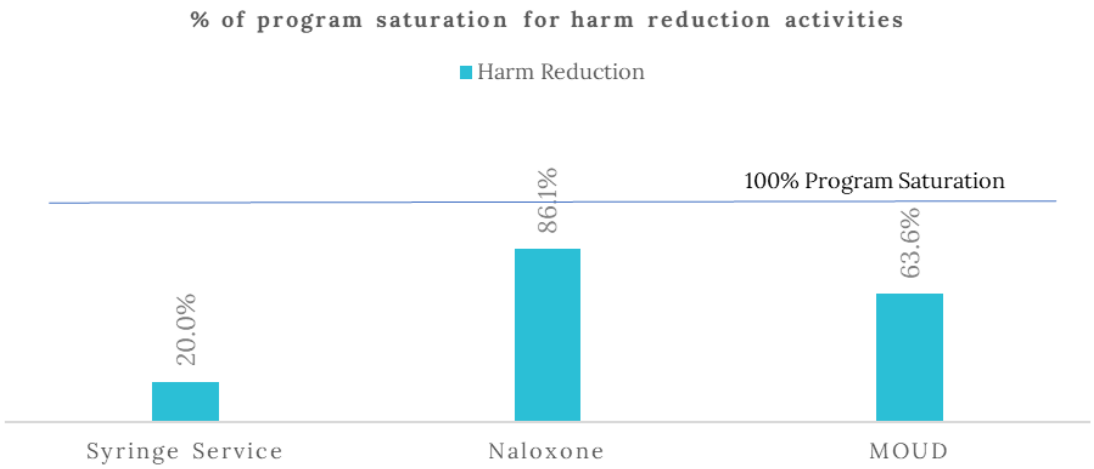
Harm reduction

Harm reduction is inherent in the work undertaken by many organizations and is most clearly applied to services that are primarily responding to OUD, in the form of syringe services, naloxone distribution, and as demonstrated in the treatment section, access to medication for opioid use disorder (MOUD).

Table 14. Inventory of harm reduction interventions provided by organizations in Missoula County included in 2020 needs assessment

ORGANIZATION	Syringe Services	Naloxone Distribution	MOUD
Western Montana Mental Health Center			Adult
Missoula Police Department		Youth/Adult	
Open Aid Alliance	Youth/Adult	Youth/Adult	
Missoula County Community Justice Department		Youth/Adult	
Partnership Health center		Adult	Adult
Ideal Options			Adult

Figure 9. Program saturation for harm reduction activities in Missoula County included in 2020 needs assessment



Harm reduction section conclusion

Harm reduction interventions in Missoula County have experienced expanded use when they are specific to the prevention of overdose from OUD, as these types of harm reduction interventions have received significant state funding and federal support in response to the opioid overdose epidemic. Harm reduction efforts in the county to mitigate the potential spread of communicable disease related to intravenous drug use are limited to the activity of one organization. It may be of value to consider methods for expanding these efforts in coordination with the Open Aid Alliance throughout the county.

Enforcement and corrections

Criminal activity data was provided by the Montana Incident-Based Reporting System (MTIBRS). MTIBRS is managed by the Montana Board of Crime Control and aligns local police department reporting standards with those provided by the National Federal Bureau of Investigations (FBI). Data was provided for this analysis for the time period from 2016-2019 as 2020 data had not yet been made available to the public.

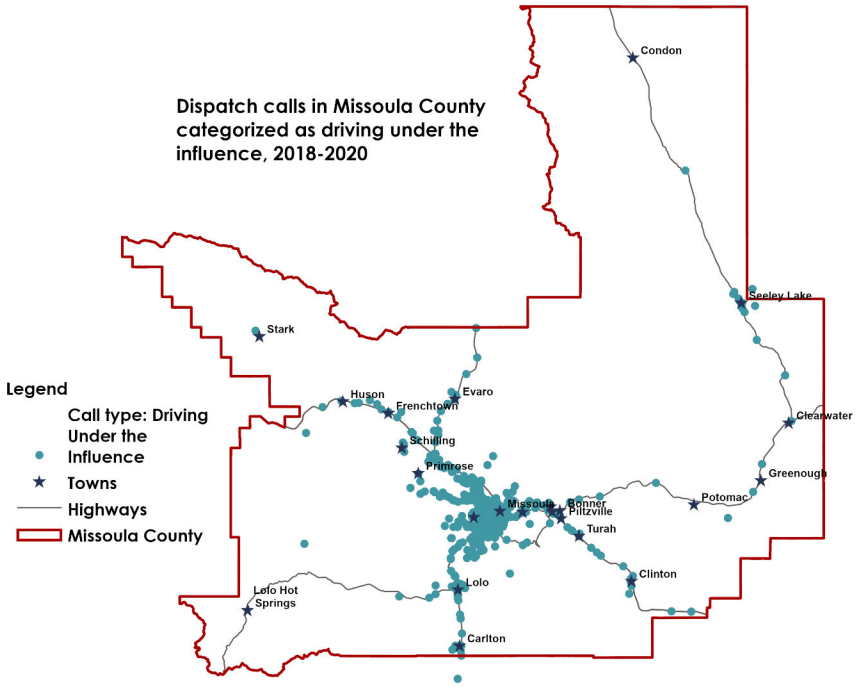
There are two populations of which crime and substance use overlap: distributors/sellers and users. For distributors/sellers, selling is a crime, selling of drugs may require committing additional criminal acts, and the profits generated through the sale of drugs may fund other criminal activities. For users, the act of accessing, holding, or using an illicit substance can each be a criminal activity. Second, the use of substances can increase the likelihood that an individual will engage in a criminal activity to gain money to support their ability to purchase substances. Or, third, the state of being intoxicated can decrease inhibitions and increase engagement in criminal activity. In this section, data collected through MTIBRS provides insight about each of these overlaps. Table 15 provides a general overview of the top ten most frequent offenses across a four-year time period in the county.

Table 15. Number of offenses in Missoula County by offense type: 2020

Offense	2020	% of all offenses
Destruction/Damage/Vandalism of Property	1316	11.47%
Simple Assault	843	8.65
All Other Larceny	834	8.55
Theft from Motor Vehicle	765	7.85
All Other Offenses	659	6.76
Trespass of Real Property	655	6.72
Shoplifting	599	6.14
Driving Under the Influence	437	4.48
Drug Equipment Violations	432	4.43
Drug/Narcotic Violations	425	4.36

Figure 10 shows the geographic distribution of 911 dispatch calls related to driving under the influence (DUI). There is a concentration of dispatch calls related to DUI within the City of Missoula urban core.

Figure 10. Geographic distribution of 911 dispatch calls in Missoula County that are related to driving under the influence, 2018-2020



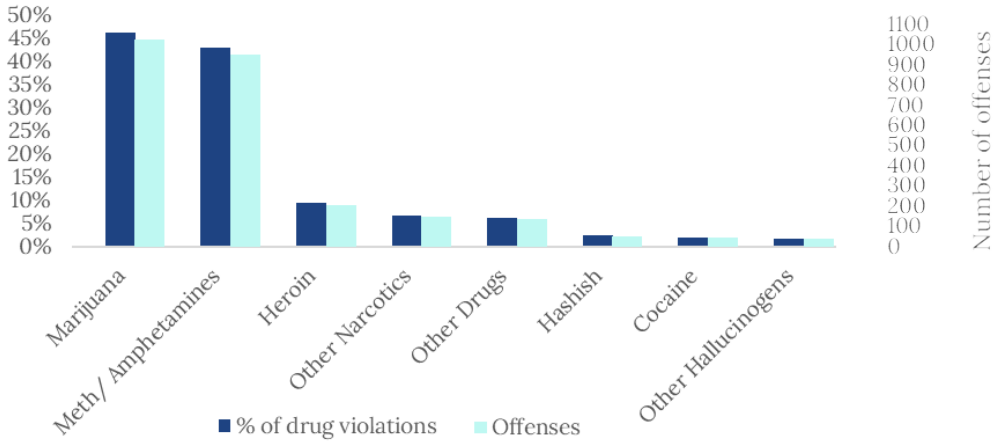
In addition to offenses that are primarily focused on drug use, substances can contribute to the likelihood of other types of criminal activity. Vandalism, larceny, and simple assault are offenses that are often related to the use of substances. For many of these types of offenses, it is difficult to estimate the contribution of drugs or alcohol, but this data is collected for simple assaults. As shown in Table 16, in 39% of simple assaults and 39% of aggravated assault offenses in Missoula County, the offender is suspected of using either alcohol or drugs. Alcohol is the most prominent substance, as it is suspected in 35% of simple assaults and 31% of aggravated assaults. Due to general inconsistency in tracking of these data, it is highly likely that these totals are an undercount of the role of substances in assaults in Missoula County.

Table 16. Proportion of assault offenses with suspected use of drugs or alcohol: 2016-2020

Assault offenses by suspected of using drugs or alcohol				
Offense	Total	% Using alcohol or drugs	% Using alcohol	% Using drugs
Simple Assault	4080	40.71	36.42	6.96
Aggravated Assault	1390	41.08	32.73	13.45

Offenses can include multiple drug types, and Figure 11 displays the proportion of drug type across the drug/narcotic violations in 2019.

Figure 11. Drug/narcotic violations by drug type: 2016-2020



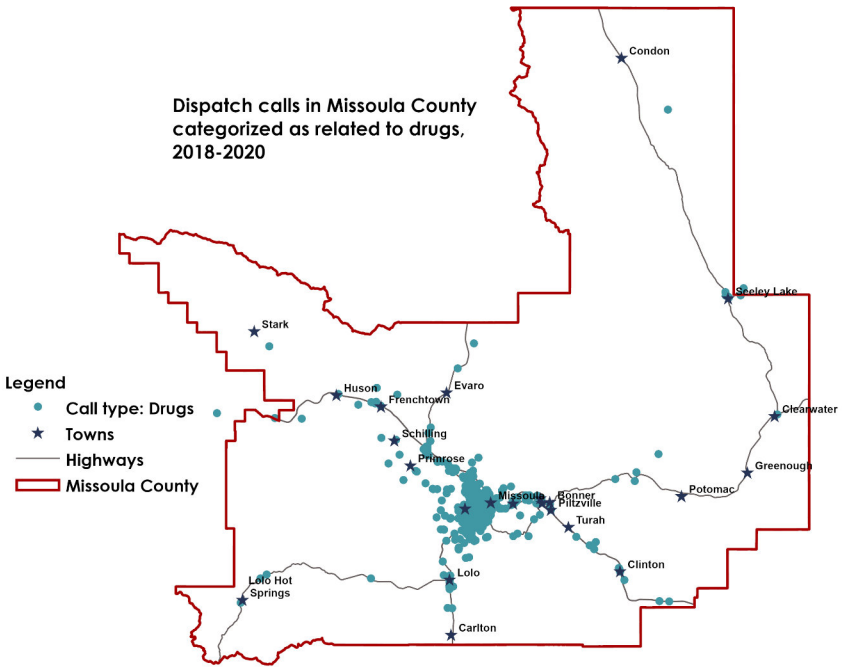
The age and gender of the offender is collected within the MTIBRS data, and Table 17 demonstrates that the majority of offenders are male and between the ages of 20-40. One individual can be included multiple times if he or she commits multiple offenses.

Table 17. Age and gender of offenders with drug/narcotic violation: 2020

Age group	Offenders	% male	% female
10 to 17	455	67.47	32.53
18 to 19	373	69.71	26.81
20 to 29	2194	65.63	34.28
30 to 39	1904	69.07	30.93
40 to 49	810	70.74	29.26
50 to 59	465	72.04	27.96
60 to 69	191	75.39	24.61
70+	20	80.00	20.00

Although MTIBRS data does not include information about the location at which offenses occurred, 911 dispatch data does and can be used to map the geographic distribution of 911 calls and the reason for the call. Of course, not all dispatch calls lead to an arrest and confirmed criminal activity. However, the map in Figure 12 provides a more general picture of the distribution of drug-related dispatch calls across the county, as a starting point for identifying possible higher levels of drug use in certain areas

Figure 12. Geographic distribution of 911 dispatch calls in Missoula County related to drugs



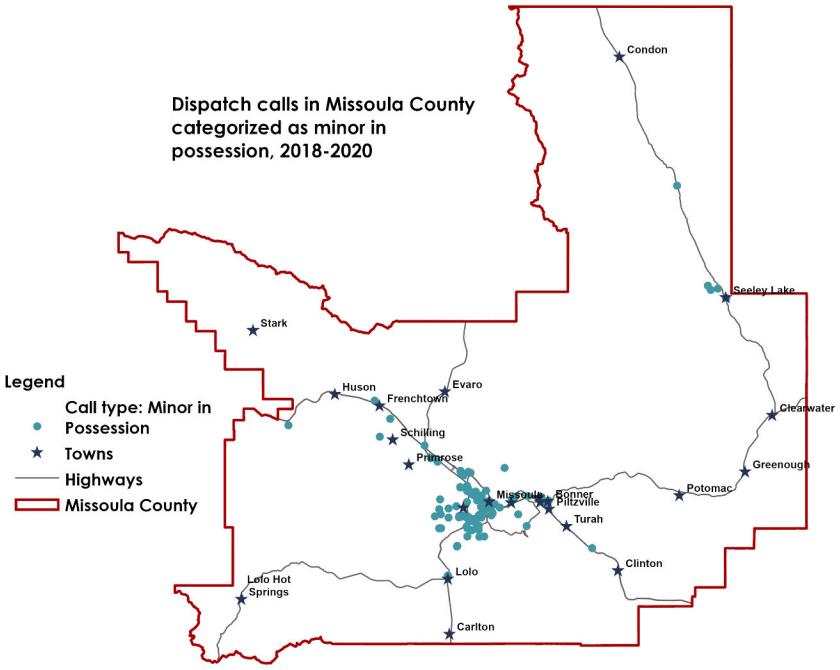
Youth engagement with the criminal justice system due to substance use can increase the risk of youth becoming engaged in additional criminal activity as they age.[5] The ten most common youth crime offenses reflect a high number of offenses that are likely to be related to, or influenced by, substance use. Table 19 presents aggregated totals of the top 10 most common offenses for youth age 10-17 during the time period of 2016-2019. The combination of offenses for tobacco, liquor law violations, drug/narcotic violations and drug equipment violations accounts for 40.5% of all offenses among youth between 2016 – 2019.

Table 19. Ten most common youth crime offenses: 2016 – 2020

Offense	N
All Other Offenses	721
Simple Assault	564
Shoplifting	507
Destruction/Damage/Vandalism of Property	373
Disorderly Conduct	332
Liquor Law Violations	358
Drug/Narcotic Violations	318
Drug Equipment Violations	309
Curfew/Loitering/Vagrancy Violations	314
Trespass of Real Property	111

Figure 13 show the geographic distribution of 911 calls related to minor in possession (MIP). Not surprisingly, there are very few MIP offenses in the northern part of Missoula County, where fewer young people live, and the majority are clustered on the south side nearer to university student neighborhoods.

Figure 13. Geographic distribution of 911 dispatch calls in Missoula for minor in possession, 2018-2020



Enforcement and corrections section conclusion

Substance use contributes to criminal activity, both as a driver for criminal activities such as vandalism and larceny, and as an influence in criminal activities like simple assault. This needs assessment did not look to incorporate data about seizures of illicit substances, as these data are published by the Missoula Drug Task Force and the Missoula County Attorney's Office. Of note, MTIBRS data demonstrate that marijuana and methamphetamine offenses are by far the most common violation. Changes in the legal status of marijuana within the state of Montana will greatly impact these totals over time and is a key change within the overlap of criminal offenses and substance use for Missoula County. Also of note, the proportion of offenses among youth that are directly related to substance use. Finally, alcohol and drug use are a likely contributor to a broad range of the criminal activities occurring within Missoula County. Enhanced engagement with a robust continuum of care for substance use has the potential to decrease criminal activity within the county.

Metrics for tracking impact

The goal of Substance Use Disorder Connect is to improve outcomes for community members. To track these impacts, we suggest a multi-level approach that monitors changes within the community as well as along the continuum of care. With careful monitoring, we would expect to be able to understand the ways in which activities within each area of the continuum helped to support improved outcomes in the community. One limit to this monitoring approach is that it does not account for changes in the social composition of the community over time.

The suggested metrics correspond to the goals of SUDC: 1) Improve agency coordination and collaboration through development of shared goals on the part of healthcare providers, social services, justice, and corrections, 2) Increase effective integration of evidence-based substance use prevention strategies, 3) Increase access to timely substance misuse treatment and care, 4) Strengthen the continuum of care to effectively manage substance use disorders in Missoula County, and 5) Identify existing and potential funding and resources that are designated to the goals of reducing drug-related crime and addiction in Missoula County.

Community indicators

- Decrease mortality due to all drug overdoses*
- Decrease hospitalization due to drug overdoses*
- Decrease emergency department visits due to drug overdoses*
- Decrease in rate of simple and aggravated assaults
- Decreased utilization for Emergency Departments for SUD as primary diagnosis
- Tracking of efforts to enhance agency coordination and collaboration

Continuum of care

- Reunification rates of those involved with CFSD due to drug use
- Percent of inmates at detention center who can access care for SUD/MH
- Effective care coordination and case management, measured through engagement with services
- Expand recovery housing capacity
- Increase access to substance use treatment appropriate for level of need
- Identification and pursuit of sustainable funding streams, offset with external grant funding

Appendices

Appendix A: List of organizations included in the survey

Organizations on the list include all organizations that were contacted to complete the survey. Data from organizations in bold are included in the report. Data on organizations in bold responded were collected via a survey. Data on organizations in bold and with an * was collected via the N-SSATS dataset.

- **Adult and Teen Challenge, Pacific Northwest**
- **3 Rivers Mental Health Solutions***
- **All Nations Health Center**
- **AWARE, Inc.***
- **Boys and Girls Club of Missoula County**
- **Brightways Learning**
- **CAIRN**
- **City Life Community Center**
- **Community Medical Center, Missoula Montana Hospital***
- **Crosswinds Recovery**
- **Curry Health Center – Wellness Division**
- **Darcey Fairchild, LCSW, LLC. Private Practice**
- **Department of Labor and Industry, Job Service Missoula Pathways**
- **Drive Safe Missoula**
- **Empower Montana**
- **Foundation for Community Health**
- **Frenchtown Community Coalition**
- Frenchtown School District
- **Greater Missoula Family YMCA**
- **Ideal Options**
- **Job Service – Missoula**
- **Local Advisory Council**
- **Missoula Aging Services**
- **Missoula Area Chamber of Commerce**
- **Missoula Broadcasting**
- **Missoula City-County Health Department**
- **Missoula County Community Justice Department**
- **Missoula County Family Treatment Court**
- **Missoula County Sheriff's Office**
- Missoula County Public School
- **Missoula Family YMCA**
- **Missoula Food Bank and Community Center**
- **Missoula Housing Authority**
- **Missoula Interfaith Collaborative**
- **Missoula City Police Department**
- **Mountain Home Montana**
- **Mountain-Pacific Quality Health**
- **NAMI Missoula**
- **Open Aid Alliance**
- **Partnership for Children**
- **Partnership Health Center**
- **Project Tomorrow Montana**
- **Providence Saint Patrick Hospital**
- **Reaching Home, City of Missoula**
- **Recovery Center Missoula***
- **ROAD DUI Treatment Court**
- **Stepping Stones Counseling***
- **Strategic Alliance for Improved Behavioral Health**
- Students for Sensible Drug Policy, Missoula Chapter
- **Sunburst Mental Health***
- **Tamarack Grief Resource Center***
- **The Boys and Girls Club**
- **The Flagship Program**
- **The Parenting Place**
- **The Poverello Center**
- **Tobacco Free Missoula**
- **United Way, Missoula**
- **University of Montana – Counseling Services**
- **University of Montana Police Department**
- **Western Montana's LGBTQ+ community center**
- **Western Montana Mental Health Center – Project Success**
- **Winds of Change***
- Youth Connections Coalition
- **Youth Dynamics, Inc.**
- **Youth Homes**
- **Zero to Five Missoula County**
- YWCA of Missoula

Appendix B: Methodology

In each stage of the continuum, we provide the results of a data collection process in Missoula County intended to support this needs assessment. Primary data collection occurred through an email-based survey sent directly to 75 organizations within Missoula County composed by JGRE staff with support from the United Way, Substance Use Disorder Prevention Program of the Missoula City-County Health Department, Strategic Alliance for Behavioral Health, and the Justice Alliance for Behavioral Health. The survey was also distributed through the listservs of substance use prevention coalitions, making it not possible to estimate a response rate. The survey asked for organizations to provide detailed information about the activities they have undertaken in the promotion and prevention portions of the continuum. Three waves of data collection were undertaken, with the third wave being accompanied by a personal email and phone call from the Substance Use Disorder Coalition coordinator. The response rate for the survey was 72% with 54 out of 75 organizations provided responses.

Secondary data accessed through the SAMHSA Behavioral Health Treatment Locator is used to provide capacity information within the treatment and recovery portions of the continuum. The Behavioral Health Treatment Locator data is gathered by SAMHSA through the National Survey of Substance Abuse Treatment Services (N-SSATS). N-SSATS is an annual census of facilities providing substance abuse treatment. Each of these data sources and types are used within CAST to provide estimates of program saturation, further details about the CAST methodology are in Box 1.

Box 1. CAST Method for Assessing Program Saturation

The CAST Community Capacity Calculator uses algorithms to estimate the numerical totals for core components of the SUD prevention and treatment continuum in a region. Each estimate is based upon a population total, a frequency of service utilization, and a group size receiving one unit of service. When the estimate is compared to observed totals, a rating is given for each component if it is calculated to be above or below the minimal level needed to provide care to community members most likely to use that component. It should be emphasized that this calculation reflects a *minimal level of care*, and communities may decide to prioritize specific populations or types of interventions. In multiple locations, it has been observed that even when the CAST assessment suggests a particular component is in adequate supply, community stakeholders will articulate clear reasons why they may want a program to serve a broader population group within their community than the minimum level of need indicated by CAST.

For each portion of the continuum, results include a full list of organizations that responded to the survey with information about the broad categories of services and programs that they provide, as well as a detailed estimate of program saturation within each broad category when these estimates are possible. Not all program types are conducive to program saturation estimates, and in some cases incomplete data about program activities made it not possible to produce the CAST estimates. The intention of presenting both approaches is to offer both a broad overview of the service and program array, as well as a detailed exploration of services and program capacity. Table 20 provides a complete listing of all program data provided by organizations. Table 20 should be viewed in contrast to the tables within each section of the report that provide information about all organizations which identified that they undertake a certain type of intervention or activity. We are aware of the possibility that despite the diligence undertaken for data collection, organizations may have been missed in this assessment. The hope is that the point in time inventory completed for this needs assessment can be a baseline of county-wide program activities, and that continued monitoring and data collection will ensure more complete coverage and documentation of program activities and organizations that engage with the substance use care continuum.

Table 20. Inventory of program activity data received through survey and used to develop program saturation estimates

Intervention type	Organization	Population	Program names/types	Number of programs per year	Average number of participants per year
Universal prevention programming					
Advocacy Event	Open Aid Alliance	Youth/Adult	International Overdose Awareness Day	1 event	-
	Missoula City-County Health Department	Youth/Adult	Naloxone Awareness	1 campaign	-
		Adult	Managing Chronic Pain	1 campaign	-
	NAMI Montana	Youth/Adult	NAMI Walk	1 event	25
		Youth/Adult	Public Media – Billboards, Social media	-	-
Mass Media Campaigns	Missoula Broadcasting	Adult	Cessation or use reduction	8 campaigns	85000
		Adult	Stigma and treatment access	5 campaigns	85000
		Adult	Suicide prevention	3 campaigns	85000
	Missoula City-County Health Department	Adult	Suicide prevention	13 campaigns	-
	NAMI	Adult	Stigma and treatment access	1 campaign	40000
		Adult	Suicide prevention	1 campaign	20000
School-Based Prevention	The Flagship Program	Youth	SPORT	2 programs	50
	Missoula City-County Health Department	Youth	Signs of Suicide program	3 programs	90
	Frenchtown Community Coalition	Youth	Refusal training	1 program	200
	EmpowerMT	Youth	After-school programs focused on friendship and bullying	4 programs	40
		Youth	After-school programs focused on empower queer and gender diverse youth	2 programs	30
		Youth	After-school programs providing a safe space for BIPOC youth	1 program	5
	Job Service-Missoula	Youth		-	-
	Missoula County Community Justice Dpt. - as manager of the Criminal Justice Coordinating Council (CJCC)	Youth	Resource Officers assigned to various schools	-	-
	Western Montana Mental Health Center	Youth	Project Success	1 program	80
	Families First Learning Lab	Youth	-	-	-
	Youth Homes	Youth	CSCT	22	110

Community-Based Prevention	Families First Learning Lab	Adult	Mending Broken Hearts	3 programs	36
		Youth	Community Connections	100 programs	6000
	Substance Use Disorder Prevention Program at Missoula City-County Health Department	Youth/Adult	Trainings	8 trainings	400
	Missoula City-County Health Department	Adult	Safe Kids	1 event	200
	Frenchtown Community Coalition	Youth/Adult	Hidden in Plain Sight	2 programs	400
		Youth/Adult	Sticker Shock	2 programs	-
	The Flagship Program	Youth	Above the Influence	6 programs	1800
		Youth	Montana Behavior Initiative/PAX Good Behavior	6 programs	9500
	Stepping Stones Counseling, PLLC	Youth	Minors in Possession	12 programs	96
		Youth	Addiction is a Family Affair	12 programs	24
		Youth	Prime for Life	12 programs	96
		Youth	Cognitive Principles and Restructuring program	4 programs	32
	NAMI Missoula	Adult	Life Skills Class	52 programs	-
Health Education	Substance Use Disorder Prevention Program at the Missoula City-County Health Department	Adult	Chronic Disease Self-Management	4 programs	240
	Missoula City-County Health Department	Adult		2 programs	30
Selected prevention programming					
Behavioral health Screening	Stepping Stones Counseling, PLLC	Adult	SASSI-4, MAQ, CAGE, South Oaks Gambling Screen, HELPS Brain Injury Screen	-	7
	Darcey Fairchild, LCSW, LLC. Private Practice	Adult	MDQ, PHQ-9, GAD, EPDS, ACES	75-100%	-
Educational Support	Brightways Learning	Youth	Phlight Club	1 program	28
	The Flagship Program	Youth	Flagship Core	3 programs	240
		Youth	Tutoring	8 sites	1280
	Families First Learning Lab	Youth	Art with a purpose	20 events	1000
Mentorship	Brightways Learning	Youth	Mentorship program - Educator resiliency and trauma	4 programs	160
	The Flagship Program	Youth	Mentorship program	240 programs	4080
	Missoula YFC/City Life Community Center	Youth	AfterDark Mentorship program	-	-
	Mountain Home	Youth	Mentorship Program	-	80
Employment Support	Job-Service Missoula	Youth	Employment Skills	15 events	150

Parenting Education	The Parenting Place	Adult	Nurturing Parenting Program	20 programs	120
	Mountain Home Montana	Adult	-	2 programs	10
	Darcey Fairchild, LCSW, LLC. Private Practice	Adult	Mindful Parenting Curriculum	2 programs	16
	Families First Learning Lab	Adult	Workshops	25 programs	300
		Adult	Circle of Security	10 programs	80
		Adult	Children in Between	6 programs	30
	Job Service-Missoula	Adult	Referrals	-	-
Indicated prevention programming					
Therapeutic interventions	All Nations Health Center	Youth	Buffalo Strong program, group and individual counseling	-	5
	Youth Dynamics	Youth		200	3000
	Stepping Stones Counseling, PLLC	Youth	Individual Therapy	-	20
		Youth	Group Therapy	200	4000
	Youth Homes	Youth	-	-	6
	All Nations Health Center	Youth	-	-	-
Recovery support services					
Peer Support	Families First Learning Lab	Adult	Community Cafés	25 cafés	125
	Stepping Stones Counseling, PLLC	Youth	The Youth Peer Support Group Services	4 programs	24
		Youth	Certified Behavioral Health Peer Support Specialists	-	20
	Greater Missoula Family YMCA	Youth	-	-	-
	Youth Dynamics	Youth	-	-	23
	Mountain Home Montana	Youth	Peer supports for at-risk youth	-	6
	NAMI	Adult	Parent Community Cafes	60 Cafés	1200
Religious Advisors	Missoula Police Department	Adult	Volunteer program	-	20
	Missoula County Community Justice Dpt. - as manager of the Criminal Justice Coordinating Council (CJCC)	Adult	Sunday Services County Jail	-	-
Housing Assistance	Reaching Home, City of Missoula	Adult	-	1 event	1976
	Crosswinds Recovery	Adult	-	-	-
	Job Service-Missoula	Adult	-	-	30
Harm reduction interventions					
Naloxone	Missoula Police Department	Adult	-	-	116
	Open Aid Alliance	Adult	-	1357 naloxone units	-

Other programming					
Mental Health Training	Stepping Stones Counseling, PLLC	Adult	Mental health awareness training	50 programs	600
	Job Service-Missoula	Adult	Mental health awareness training	2 programs	68
	Missoula County Community Justice Dpt. - as manager of the Criminal Justice Coordinating Council (CJCC)	Adult	Mental health awareness training	-	-
	Mountain Home Montana	Adult	Mental health crisis intervention training	-	70
Miscellaneous	All Nations Health Center	Adult	Youth advisory council, trainings	-	8
		Adult	Celebrating Families: a White Bison Wellbriety program	1 program	15
	Missoula Food Bank & Community Center	Youth	Summer meals, after-school meals, and school-day snacks	-	500
		Youth	Weekend nutrition packs	-	1100
	Missoula County Community Justice Dpt. - as manager of the Criminal Justice Coordinating Council (CJCC)	Youth	Cadet Program	-	15
	The Parenting Place	Youth	Study Hub	-	4

Appendix C: Definitions of interventions

Definitions of universal prevention interventions

Advocacy events: Advocacy events aim to raise awareness about a social issue, with the specific goal of motivating community members to support changes in policies or community-wide structures. Advocacy can be done to promote the needs of a particular social group, or to promote the need to improve systems of care for specific conditions or needs.

Mass media campaigns: Mass media campaigns are efforts to increase awareness about substance use or substance use treatment programs. These efforts are intended to promote well-being as part of the continuum of care. Saturation of a media campaign can be estimated, as prior research has shown diminishing returns on the effectiveness of messaging for health promotion.[6]

School-based prevention programs: School-based prevention programs intend to expose students to health messages and increase awareness about risks associated with substance use during formative years. The age range of these programs varies, as does the delivery method and the audience.

Community-based prevention programs: Community-based prevention programs are meant to expose an entire community to health messages and social support that increases protective factors and raises awareness about risks associated with substance misuse. Community-based prevention can be led by prevention professionals or by community organizations and leaders interested in preventing substance misuse. Community-based prevention programs often directly address social determinants of behavioral health as well as community-level characteristics or the community environment that could impact behavioral health choices.

Health education: Health education programs are intended to explain the risks associated with substance use and support participants in improving their capacity to manage their own care and behaviors. As a prevention activity, health education programs can be delivered as to a primary, secondary, or tertiary audience.

Definitions of selected prevention interventions

Screening for behavioral health conditions: Universal screening for behavioral health conditions in primary care settings is encouraged as a method of improving identification of substance abuse and linking patients to treatment.[7] Commonly used tools include the PHQ-9, the GAD-7, and SBIRT. Universal screening is limited by the willingness of those being screened to provide honest answers, treatment capacity, and treatment initiation. In addition to screenings within the primary care setting, screenings can be embedded within the criminal justice system, child and family services, and housing programs. The percent of the population that is receiving a screening is beyond the scope of data made available for this project, therefore, screening practices are reported only by sites that reported they engage in screening practices. As a primary prevention activity, screenings completed by substance use treatment and mental health treatment providers have not been included.

Parenting education: Parenting education programs aimed at addressing the adverse impacts of substance use can be delivered as secondary or tertiary prevention programs. Secondary prevention programs are parenting education supports that focus on serving new parents or parents of children who may have experienced trauma or other social risk factors, ensuring that they are equipped to take care of themselves and support the healthy development of children. Tertiary prevention parenting programs provide education and support to parents with a demonstrated substance use disorder, or of parents of children who have become involved with substance use, in an effort to protect against further development of negative substance use. There is an overlap with tertiary prevention parenting programs with recovery supports, but all parenting education courses have been included in the prevention section of this report.

There are multiple dimensions in the overlap between parents and substance use. Parents may become involved in a treatment program to manage a substance use disorder that has not directly harmed their children. Other parents may be enrolling in substance use treatment as part of a program associated with pursuing reunification after involvement with Child and Family Services. A third key population included in this assessment are women who may be considering pregnancy, or may have become recently pregnant, who want to manage their substance use during the neonatal and post-partum time period. Estimates for service capacity across each population has been included in this assessment.

Educational supports: One protective factor against adverse social outcomes associated with substance use is educational attainment.[8] Existing research has found that low educational attainment is associated with a higher likelihood to engage in risky substance use behavior, including higher frequency of binge drinking and involvement with the criminal justice system due to drug involved behaviors.[9] Educational supports that aim to encourage youth who have been identified as being at-risk for low educational attainment can help to mitigate the relationship between low educational attainment and risky substance use behavior. Education supports can also help adults with low-levels of educational attainment pursue high school equivalency completion, or pursue additional education that can support their professional goals.

Mentorship: In the context of this assessment, only mentorship programs that focus on at-risk youth are included in the report. At risk youth is a broad term and is defined in varying ways by the organizations that provide these services in Missoula County. For this needs assessment, at-risk is defined within the context of substance use and includes both utilization of substances in a risky manner, and at risk due to social conditions.

Definitions of indicated prevention interventions

Intensive family-based services: Intensive family-based services provide support to an entire family to address behavioral health needs of both youth and parents. As defined by the Commission on Accreditation of Rehabilitation Facilities (CARF): "These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed toward family restoration when a child has been in an out-of-home placement."[10]

Intensive family-based services are provided in the context of families with children with serious emotional disturbance or serious behavioral or social issues, with the goal of providing families the skills and techniques needed to support their children and keep them in the home. In other cases, intensive family-based services are provided to address concerns about child and family welfare, with the goal of keeping families together and providing support to parents in improving the stability and health of families. Although not explicitly focused on the behavioral health needs of parents, many intensive family-based services include approaches that are similar to outpatient treatment, including strengths-based therapy.

Evidence-based group programs: Evidence-based practices and programs (EBPPs) are practices and programs that are developed and designed using the best available evidence, both clinical and academic, alongside provider expertise and experience. The evidence base that underlies EBPPs must generally be reviewed by an external researcher or expert, and many registries of EBPPs require that the evidence and results have been replicated multiple times, ideally in independent settings. The State of Montana Evidence Based Workgroup provides the SAMHSA operational definition of evidence, which "states that a program's effectiveness must be supported by Tier 1) inclusion in a federal registry of evidence-based interventions, Tier 2) publication in a peer-reviewed journal, or Tier 3) documentation based on guidelines."[11]

Evidence-based groups programs are those EBPPs that are delivered in a group setting, and in the context of indicative prevention, focus on addressing emerging substance misuse behaviors before they become SUD. These often include small group sessions in classrooms[12], educational programs for children or

youth[13], and certain parenting classes that are conducted in groups.[14]

Definitions of inpatient treatment programs

Detoxification: Detoxification is often a first step in a treatment process. Detox can be managed by medications, which require the presence of medical professionals who can both administer the medication and monitor the patient for any adverse health outcomes. For this assessment, medical detox and non-medical detox facilities have been grouped together. Detoxification that occurs within a hospital setting have also been included. Three facilities in Missoula County report that they provide detox. For the capacity estimate, each detox facility is assumed to be able to provide care to 230 individuals per year, with an average time of 8 days for detoxification (SAMHSA, 2006) and 5 beds per facility. This assessment provides a general estimate of capacity across a calendar year.

Partial hospitalization/day treatment: Although not technically an inpatient service, partial hospitalization/day treatment is a high level of support treatment program that requires engagement from multiple types of behavioral health professionals. For the capacity assessment, each facility is assumed to provide care to 120 individuals per year, with an average time of 45 days of engagement and capacity to care for 15 clients at one time. This assessment does not look at availability at a given time, in the event that all beds are filled and a person needs to gain access to detoxification services, but is a general estimate of capacity across a calendar year.

Short-term inpatient: Short-term inpatient is a residential treatment program that corresponds to either of the ASAM Levels 3.5 and 3.3. In Missoula County, one provider offers 3.5, RCM. For the capacity assessment, each facility is assumed to be able to provide care to 60 individuals per year. This assessment provides a general estimate of capacity across a calendar year.

Long-term inpatient: Long-term inpatient is a residential treatment program that corresponds to the ASAM Level 3.1 and 3.3. In Missoula County, one provider offers a 3.1 service (Carole Graham Home). For the capacity assessment, each facility is assumed to able to provide care to 60 individuals per year. This assessment provides a general estimate of capacity across a calendar year

Definitions of recovery supports

Religious or spiritual advisors: There is a decennial census of religious involvement that estimates the proportion of the county population that is a religious adherent. The most recent census was completed in 2010, which found that an estimated 28.5% of the population in Missoula County self-identifies as being an adherent to a religious tradition, for an estimated total of 31,181 residents. For this population, as well as individuals who may have found value in the interpersonal support, values, or iconography of religious traditions, the presence of an advisor who is sensitive to the challenges of recovery can provide important support that promotes stability and well-being.

Housing supports: A key to recovery is stability, and housing can be a key source of stability. During moments of transition, out of the criminal justice system, or inpatient treatment, housing can be the difference between sobriety and a return to use of substances. For this assessment, housing supports are those which are focused on recovery, and do not include housing voucher programs that are based upon income-level criteria.

Peer Support groups: Peer support groups can be structured by a treatment provider, and facilitated by a behavioral health professional, or they can be peer-directed and lead, as in 12-step programs such as Alcoholics Anonymous. Estimates of program saturation for peer support groups are based upon data from formal treatment organizations accessed via N-SSATS as well as listings of AA meetings accessed through the District 81 Alcoholics Anonymous website and NA meetings access with NA Montana.

Definitions of harm reduction interventions

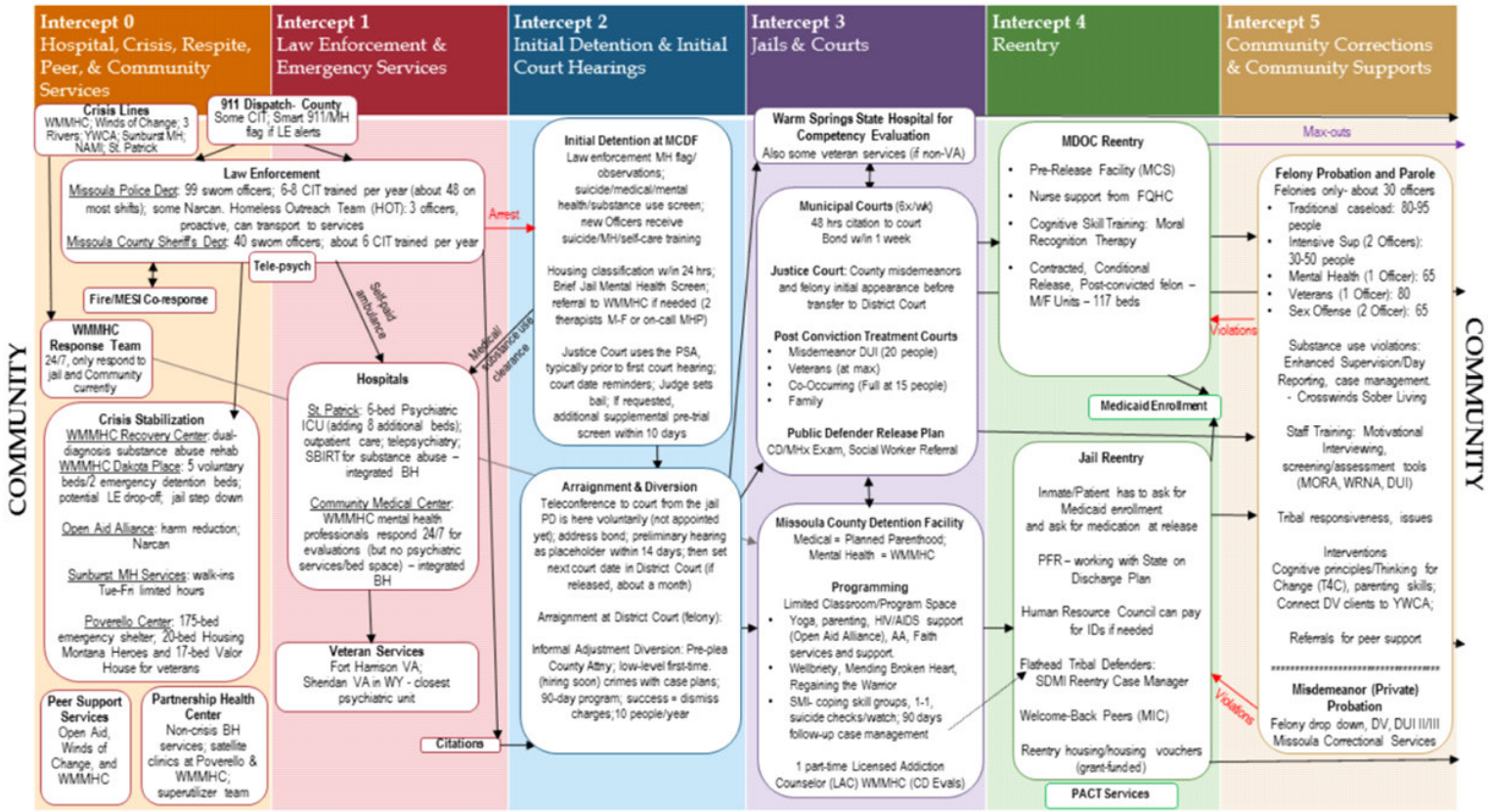
Syringe services program: Safe injection supply sites can be controversial, as opponents of this public health intervention argue that it promotes the use of illicit substances. Proponents of this intervention

argue that as a tertiary prevention method, it ensures that adverse health outcomes associated with the use of needles are avoided. In the context of this assessment, a syringe services program has been included due to the importance of addressing the potential transmission of infectious diseases. There is one syringe services program in Missoula County and is managed by the Open Aid Alliance.

Naloxone distribution: Narcan is the commercial name for naloxone, an overdose-reversal medication that has shown demonstrated capacity to decrease overdose deaths from opioid-related drug use. Distribution of naloxone can be used as a secondary or tertiary prevention intervention, as those who are likely to encounter those who are experiencing an overdose include drug users as well as first responders and family members. Naloxone capacity within the county is difficult to determine, as access to naloxone can occur through community-based organizations, prescriptions, or via law enforcement.

Medication for Opioid Use Disorder (MOUD): Medication for opioid use disorder (MOUD) comes in many forms, and any of these can be used in medication-assisted treatment (MAT). There are three main medications available to treat opioid use disorder: methadone, buprenorphine and naltrexone. Methadone is an opioid agonist and buprenorphine is a partial agonist, meaning that they act on the opioid receptors in the brain in a way that reduces cravings and withdrawal symptoms without producing the 'high' associated with illicit opioid use. Naltrexone is an opioid antagonist, meaning that it blocks the opioid receptors in the brain to prevent any euphoric or rewarding effects of opioid use. These three medications come in several forms, some of which require daily administering by a clinical professional, others that can be taken home by a patient on a weekly or monthly basis, and one (Vivitrol, a form of naltrexone) that can be given as an injection once every few months. The choice of which medication to use and how to administer it depends on the individual client's needs and capabilities, the structure of an MAT program and the limitations on the use of the specific medication.[15]

Appendix D: SIM Map – Missoula County: 2019



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[14]https://www.childwelfare.gov/pubpdfs/parented.pdf

[15]https://www.drugabuse.gov/download/21349/medications-to-treat-opioid-use-disorder-research-report.pdf?v=99088f7584dac93ddcfa98648065bfbe#:~:text=Effective%20medications%20exist%20to%20treat,but%20they%20remain%20highly%20underutilized.

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