



## MONTANA

### Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems. The SSA in Montana, which supports and oversees services in all 56 counties through 18 programs, is the Addictive and Mental Disorders Division within the Department of Health and Human Services.

### Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. From FY 2004 to FY 2008, overall SAPT Block Grant funding has been cut by \$20 million. Montana's SAPT Block Grant allocation in FY 2008 was \$6,595,230, representing approximately 42 percent of the State substance abuse agency's budget in SFY 2008.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. Montana reported the following client outcomes for those receiving outpatient treatment services when comparing admission to six months after treatment (5 year average of quarterly reports taken from 2003 through first quarter 2008):

- 74.8 percent were abstinent from alcohol and other drugs
- 63 percent were employed full time
- 86 percent remained clear from the criminal justice system
- 0.2 percent reported being homeless

### Pregnant and Parenting Women

Montana has three residential programs for women and children located in the following population centers: Billings, Great Falls and Missoula. The average age for this group of women is 27. Approximately 77% of those women with children use methamphetamine. The average length of stay for all admissions is 6 months. Those who are discharged as having completed the program have an average length of stay of 9 months.

### Prevention Services

The twenty percent prevention set-aside of the SAPT Block Grant represented 38.3 percent of the State agency's substance abuse prevention funds in SFY 2008 and helped serve served 38,102 people in SFY 08. Since 2000, Montana has surveyed students in grades 8, 10 and 12 about attitudes and behaviors that are highly correlated with early initiation of substance abuse. Recent results demonstrate encouraging trends:

Parent Attitudes Favoring Drug Use	2006	2008	Perceived Risk of Drug Use	2006	2008
Grade 8	34.4	32.0	Grade 8	26.2	35.3
Grade 10	50.3	48.5	Grade 10	40.1	50.6
Grade 12	52.9	51.4	Grade 12	40.0	47.4

### Montana Quick Facts

#### Treatment Admissions

- 8,521 persons served in SFY 2008
- **Primary substance of abuse at admissions:**

Alcohol	67.4%
Marijuana	18.1%
Methamphetamine	7.8%
Other opiates	4.1%
Cocaine/Crack	1%
Heroin	0.6%

- **Race/Ethnicity:**

White	82%
Native American	13%
Hispanic	2%
Other/Multi-race	3%

- **Age at Admission:**

18 and Under	5.6%
19 to 20	8%
21 and Over	86.4%

- **Gender:**

Male	69%
Female	31%

- **Employment:**

Full-time	38%
Part-time	17%
Unemployed	35%
Not in labor force	10%

#### Treatment Gap

- It is estimated that 96,217 people in Montana needed but did not receive treatment in 2004.

### National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

### **National Outcome Measures (NOMs)**

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

### **Accountability**

The State Substance Abuse Agency has developed a Program Assessment with three core elements:

- *Annual On-site Quality Reviews:* The Department has conducted the Annual On-site Quality Reviews as part of the independent review of programs. These reviews, conducted by the Quality Assurance Division, examine program administration and organization; personnel management and organization; client treatment and census for detoxification, inpatient hospital, residential treatment, day treatment, outpatient, intensive outpatient and educational courses. Programs that fail the initial Quality Assurance Review are placed on probation for 90 days.
- *Annual Client Surveys:* In SFY 2008, the Division released its third Annual Client Survey. The survey consistently finds close to 95% percent of respondents were satisfied with the service of State approved programs.
- *Fiscal Audits:* During the last four years, the State substance Abuse Agency has contracted with the Audit Bureau within the Quality Assurance division to conduct fiscal audits of programs. This will be scheduled on a nine year cycle – with two programs receiving scheduled audits each year.

### **Other Tools to Ensure Results**

- *Setting Goals and Measurable Objectives:* The Division has developed goals and performance measures as an important part of their work. Goals include (1) reaching an 80 percent treatment completion rate; (2) training all addiction treatment specialists in understanding patient behaviors in relationship to addiction and psychiatric disorders; (3) achieving an overall patient satisfaction rate of 85 percent or greater at a good to excellent level and more.
- *Closing Underperforming Programs:* Programs in Montana are subject to approval by the local county commissions. The local commissions retain authority to close or reorganize programs that do not produce results. During the five year period beginning July 2003 and ending in June 2008, there were four instances of a program or provider relationship being dissolved by local county commissions.

### **A Solid Economic Investment**

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment.



Ms. Joan Cassidy, Chief Chemical Dependency Bureau, PO Box 202905,  
555 Fuller Avenue Helena MT 59620-2905 Telephone: 406-444-6981 Fax: 406-444-9389  
Email: [jcassidy@mt.gov](mailto:jcassidy@mt.gov)

Contact information: Robert Morrison, Interim Executive Director, at (202) 293-0090 x 106 or [rmorrison@nasadad.org](mailto:rmorrison@nasadad.org) or  
Barbara Durkin, Public Policy Associate, at (202) 293-0090 x 111 or [bdurkin@nasadad.org](mailto:bdurkin@nasadad.org).