

Substance Use in Yellowstone County:

A Community-Level Needs Assessment

June 2019



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Lastly, we gratefully acknowledge all of the individuals with lived experience with substance misuse and abuse who bravely and candidly shared their experiences for the purposes of this report. We simply cannot understand the impact of this problem or improve our systems of response without hearing your stories. Thank you.

INTRODUCTION

Substance use disorders (SUDs) impact the health and well-being of individuals across the lifespan and exact a high societal toll on public and private systems in communities. Yellowstone County is no exception. The impacts of SUDs are far reaching in our community, and Substance Abuse CONNECT is committed to focusing specifically on the impacts of methamphetamine use and violent crime in Yellowstone County.

In 2017, in an attempt to coordinate community efforts to most effectively address the issue of substance abuse and misuse, the United Way of Yellowstone County partnered with stakeholders across the community, forming the Substance Abuse CONNECT Coalition. The Coalition began meeting regularly late in 2017 and in early 2018, received a grant from the Eastern Montana High Intensity Drug Area (HIDTA) Task Force. The Coalition consists of an Executive Committee, a Steering Committee and a general membership, all of which meet regularly to maintain an effective, vision-driven, action-oriented substance abuse council, inclusive of prevention, treatment and law enforcement efforts.



The following report is a community-level needs assessment, commissioned by the Substance Abuse CONNECT Coalition. This report is a first attempt to analyze and summarize the publicly-available data on substance misuse and abuse in Yellowstone County, with a focus on methamphetamine-related violent crime. The process included working with community partners to gain access to systems level data on prevention, treatment, enforcement and child welfare, as well as conducting focus groups and key informant interviews with individuals with lived experience with SUDs. Lastly, experts in the field were contacted, allowing for a more thorough analysis of the root causes of this epidemic. The report is organized into four chapters:

- Chapter 1: Substance Misuse and Abuse in Yellowstone County
- Chapter 2: Prevention Opportunities in Yellowstone County
- Chapter 3: Enforcement in Yellowstone County
- Chapter 4: Treatment in Yellowstone County

This report is a first step in a year-long, community process that Substance Abuse CONNECT will lead along with a diverse array of partners. The process will include ongoing data gathering and analysis, development of decision support tools, systems mapping, prioritization of evidence-based strategies and implementation of key interventions using a collective impact framework. Findings in the assessment will inform the community planning process that will ultimately result in a community-wide plan to address the methamphetamine epidemic and related violent crime at all levels.

EXECUTIVE SUMMARY



In 2019, the Substance Abuse CONNECT Coalition in Yellowstone County, Montana commissioned this assessment to gather the publicly-available data on the issue of substance misuse and abuse in the community, with a focus on methamphetamine-related violent crime. This report is a first attempt to analyze and draw together systems-level data on prevention, treatment, enforcement and child welfare, as well as information from focus groups and key informant interviews with individuals with lived experience with SUDs. The report highlights prominent trends and patterns related to SUDs in Yellowstone County including:

- Substance misuse and abuse are common in the Yellowstone County/Billings community with more than 4,000 individuals aged 12 years or older dependent on or abusing illicit drugs.
- Children who experience Adverse Childhood Experiences (ACEs) in early childhood are at increased risk for future SUDs. Montana has elevated rates of ACEs compared to other states. There are an estimated 6,300 youth in Yellowstone County with three or more ACEs.
- Youth with trauma histories and ready access to illicit substances in their home and social networks, are initiating substance use early in adolescence and are at increased risk for developing SUDs. These same youth are often chronically absent from school and risk academic failure and future justice system involvement.
- The justice system in Yellowstone County is increasingly driven by substance use-related crimes, with possession and drug paraphernalia violations and DUI offenses increasing sharply in the last decade.
- Violent crime is also on the rise in Yellowstone County, driven by a rise in aggravated assault.
- Many of the substance use-related crimes in Yellowstone County are linked to methamphetamine use. The state laboratory has detected methamphetamine in hundreds of crimes in the last decade and methamphetamine is the most common drug seized by law enforcement officials in the community.
- Methamphetamine users report that the drug is easy to obtain in Yellowstone County and that the potency and availability of the drug is driving addiction. They also report a relationship between methamphetamine use and violence, though some report that the drug simply aggravates and exacerbates underlying anger in a highly traumatized population.

More than 4,000 individuals aged 12 years or older are dependent on or abusing illicit drugs in Yellowstone County.

- Women using methamphetamine, particularly those of child-bearing age, are over-represented in the drug treatment courts, Montana Department of Corrections (DOC) treatment facilities, and in probation and parole.
- The rise in substance use-related crimes, and the relapse and recidivism that accompanies these, has stressed the courts, jails, public defenders, probation and parole and child welfare systems.
- Child welfare is of particular concern, with 80% of cases indicating substance misuse or abuse, and the majority of those cases indicating parental methamphetamine use. Yellowstone County has seen a precipitous rise in child welfare cases in recent years at rates outpacing those seen in Montana as a whole. Children are often impacted adversely by their exposure to parental substance use behaviors and by being separated from their families, and the adverse impacts could contribute to future SUDs and trauma.
- SUDs impact the health of individuals in our community. Drug overdose is the 10th leading cause of death in Yellowstone County and the two hospital systems in the area recorded more than 15,000 visits for SUDs in 2018.
- Our community is served by a number of effective treatment providers, both inside and outside the justice system, but they do not have the capacity or funding to meet the volume or severity of treatment needs. Individuals with lived experience of SUD believe we need more robust, community-based treatment opportunities, especially for mothers with young children.
- New and innovative models are emerging to reduce barriers to treatment including integrating behavioral health into primary care models and development of an array of drug treatment courts that provide necessary wrap-around and support services for individuals with SUDs in the justice system.

The Substance Abuse CONNECT Coalition will use the findings of this assessment to inform a community planning process which will result in a community-wide plan to address the methamphetamine epidemic through effective prevention, treatment and enforcement interventions. The Coalition also plans to develop an online decision support system that will facilitate ongoing collaborative investigations and implementation.

The Substance Abuse CONNECT Coalition will use the findings of this assessment to inform a community planning process to address methamphetamine related violent crime in Yellowstone County

INTRODUCTION TO YELLOWSTONE COUNTY

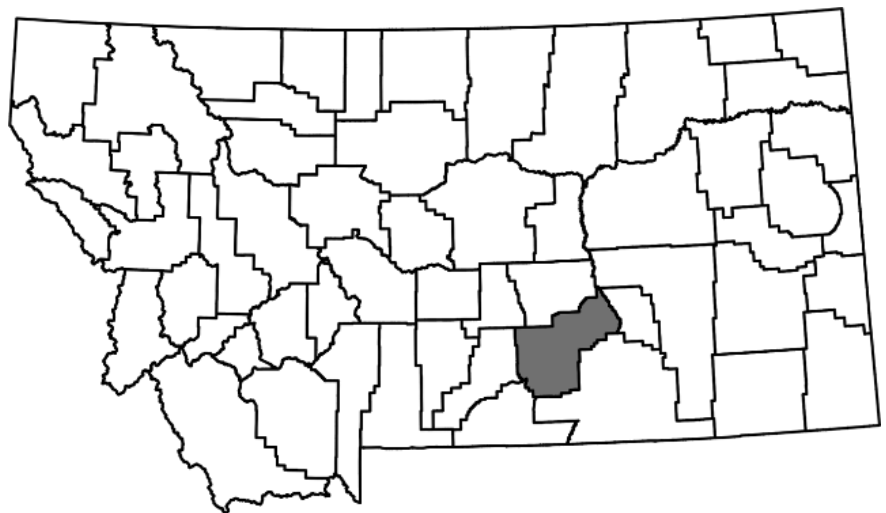


Montana is a rural state with a total population of just over one million.¹ Yellowstone County is located in the state's south central region. One in seven Montanans live in Yellowstone County (population 156,332) and Billings, the state's largest urban center (population 109,550), is located here. Yellowstone County is bordered by two American Indian Reservations (Northern Cheyenne and Crow Nation).

Yellowstone County experienced 9% population growth between 2010 and 2017, driven in part by a 20% growth in the American Indian population and a 27% increase in the Hispanic population. These two minority groups now represent 4.5% and 5.3% of the total population in the county, respectively.² Despite these changes, the population of Yellowstone County remains predominantly White (90%).³

Despite an unemployment rate of less than 5%, more than 15,000 people in Yellowstone County live in poverty (10.1%), including more than 4,000 children under 18 years of age (11.9%). In fact, one in five families with children under the age of five in Yellowstone County lives in poverty (19%).⁴

Yellowstone County is a regional hub for health-care services, with individuals from across Montana and Northern Wyoming traveling to Billings to access medical care, including SUD treatment. Even so, there are community members who face barriers to accessing healthcare. More than 16,000 individuals in Yellowstone County do not have health insurance (7%) and one in eight people lives with a disability (13%).⁵

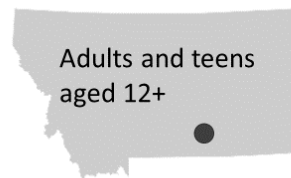


CHAPTER 1 SUBSTANCE MISUSE AND ABUSE IN YELLOWSTONE COUNTY

Substance misuse and abuse are common in the Yellowstone County community, with an estimated 9,500 adults and teenagers aged 12 years and older dependent on or abusing alcohol, and 4,073 dependent on or abusing illicit drugs.⁶ In all, an estimated one in ten Yellowstone County adults is dependent on or abusing substances.⁷ Substance use, particularly illicit drug use, is most common among young adults, with an estimated one in four individuals between the ages of 18 and 25 using illicit drugs in the last month, dominated by marijuana use.⁸

9,500

dependent on or abusing alcohol



4,073

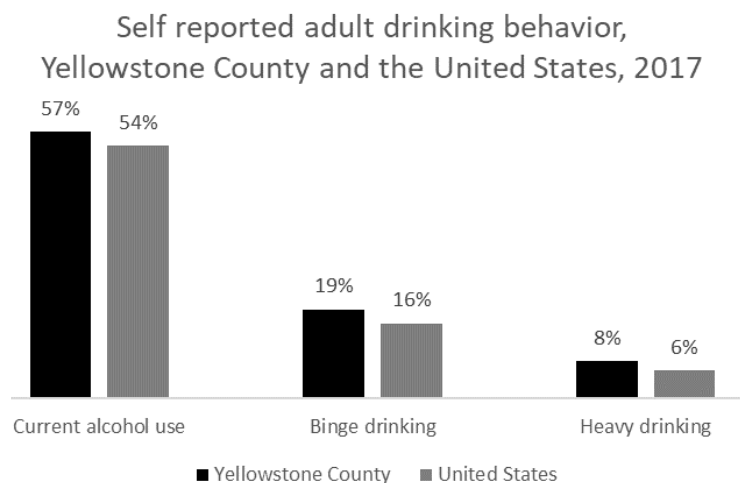
dependent on or abusing illicit drugs

SUDs have a ripple effect in family and social networks. Forty-six percent of Yellowstone County residents report that their life has been negatively affected by substance use.⁹ In a recent survey of key health informants in Yellowstone County, 89% rated substance use as a major or moderate problem in the community.¹⁰

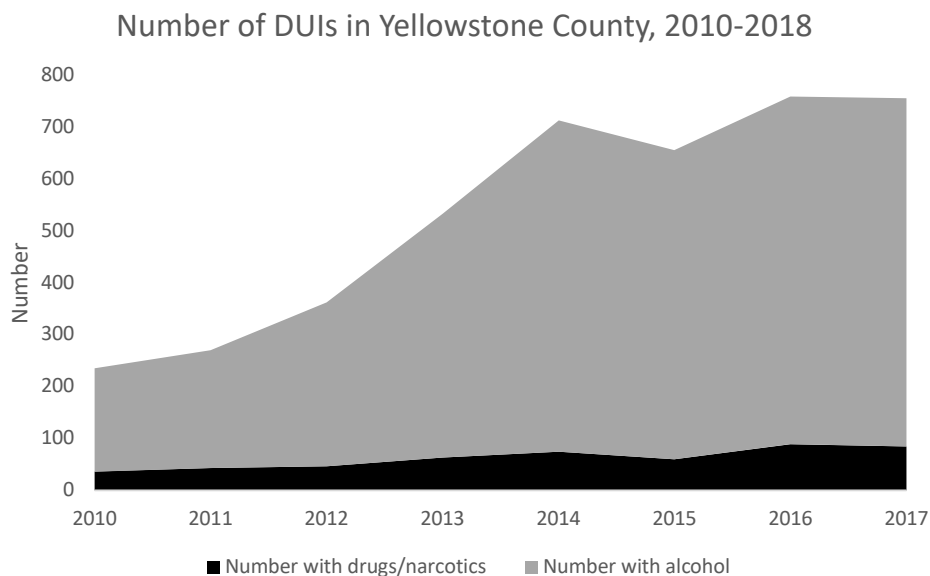
Alcohol use disorders

Alcohol misuse and abuse is the most common form of SUD in Yellowstone County. Adults living in Yellowstone County have higher rates of current alcohol use, binge drinking and heavy drinking (defined as drinking every day in the last month) relative to the average US adult.¹¹

Youth in Yellowstone County also engage in risky alcohol use behaviors, with 38% of high school students reporting underage drinking in the last month. More than half of those students who currently drink also report binge drinking behavior.¹²



Alcohol use affects the health and safety of all Yellowstone County residents. Forty-four percent of the traffic fatalities in Yellowstone County involve alcohol, compared to only 29% nationally.¹³ Citations for driving while under the influence have risen precipitously in recent years, with a 217% increase from 2010 to 2018. The majority of these offenses involved alcohol, though the number of drug/narcotic DUIs in Yellowstone County has more than doubled since 2010 and may be undercounted because alcohol is easier to test for in the field.



Individuals with SUDs who were interviewed often described the role that alcohol played in their initiation of methamphetamine use. One focus group participant noted, "Alcohol is what really starts people using in a lot of cases too. People start getting high because they start getting high when they're drunk."

Adults living in Yellowstone County have higher rates of current alcohol use, binge drinking, and heavy drinking relative to adults in the US.

Opioid use disorders

Opioid use has recently captured national headlines due to the deadly nature of the drug. The Centers for Disease Control and Prevention estimate that Yellowstone County has 74 opioid prescriptions for every 100 residents.¹⁴

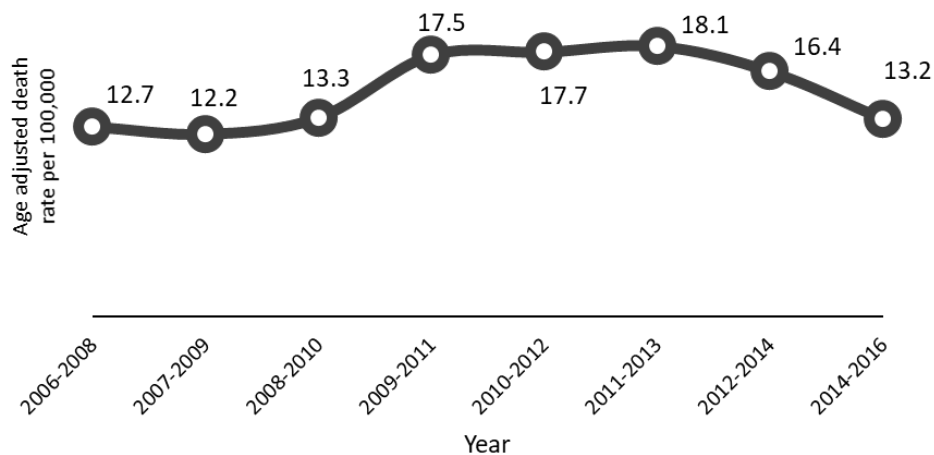
A rise in opioid use is often correlated with a rise in drug overdose deaths. From 2008 to 2018, 240 people died from drug overdose in Yellowstone County. Of these deaths, 40% were attributable to opioids.¹⁵ However, unlike the opioid overdose rates seen across the US, the drug overdose death rate in Yellowstone County has remained steady in the last decade. This is likely because Yellowstone County's drug epidemic has been dominated by methamphetamine, not prescription opioids or heroin.

Opioid use among pregnant women can have long-term consequences, including Neonatal Abstinence Syndrome (NAS). NAS is a collection of symptoms seen in newborns resulting from physical dependence on drugs and subsequent withdrawal. NAS presents most commonly with

opioid exposure but can be seen with other types of drug use. In Montana, there were 432 infants born with NAS from 2000 to 2013. The rate of NAS in Montana newborns increased from 0.8 per 1,000 live births in 2000 to 9.0 per 1,000 in 2013, a tenfold increase.¹⁶ With substance misuse and abuse among pregnant women a growing concern in Yellowstone County, it would be identify the number of infants born with NAS locally, however, these data were not available to include in this report.

Despite these concerns, Yellowstone County appears to be succeeding in bucking national trends in opioid overdose deaths, in part, by limiting access to prescription opiates. Persons with SUDs in the community have been less likely to report prescription opioid misuse in recent years. For instance, in patient surveys among clients at Rimrock Foundation, the largest treatment facility in Yellowstone County, "Opiates not prescribed to you" dropped from the #4 drug of choice in 2016 to the #7 drug of choice in 2018.¹⁷

Drug overdose death rate, Yellowstone County, 2006-2016



CHAPTER 2 PREVENTION OPPORTUNITIES IN YELLOWSTONE COUNTY



Research indicates that youth who initiate drug use before 13 years of age are much more likely to develop SUDs, so community efforts to prevent addiction must start early in adolescence.¹⁸ In one focus group of seven individuals, all receiving treatment for SUDs in Yellowstone County, six of the participants indicated that their first use was between 10 and 12 years old. It has been well-documented in professional, published literature that effective prevention efforts are long-term, multi-sectoral, community-based initiatives that work to reduce risk factors and bolster protective factors for youth in the community.¹⁹ Known risk and protective factors for youth substance abuse are listed in the inset table.²⁰

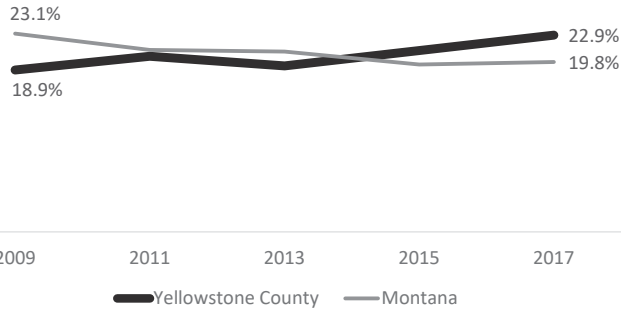
In recent years, Yellowstone County youth have reported decreases in many categories of illicit drug use. The following graphs indicate reductions from 2009 to 2017 in self-reported cigarette, inhalant, ecstasy, cocaine, methamphetamine, and heroin use among high school students.²¹ Alcohol and marijuana are the two most commonly used substances by teenagers in the US. While Montana has seen a decline in students reporting they had used marijuana in the past 30 days since 2009, Yellowstone County has seen a 4% increase. Alcohol use rates have declined for both Montana and Yellowstone County youth, however, Yellowstone County has seen a less dramatic decline than the state as a whole.

Adolescent risk and protective factors for substance use

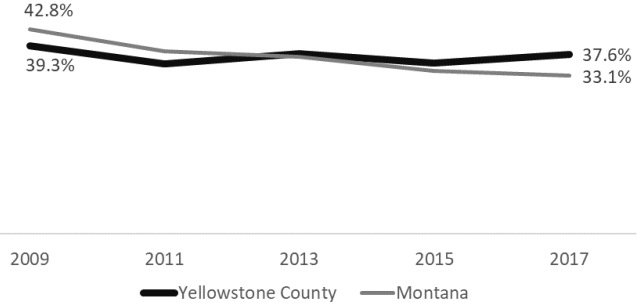
Persons	Risk Factors	Protective Factors
Individual	<ul style="list-style-type: none"> Behavioral disengagement coping Negative emotionality Conduct disorder Favorable attitudes toward drugs Rebelliousness Early substance use Antisocial behavior 	<ul style="list-style-type: none"> Positive physical development Emotional self-regulation High self-esteem Good coping skills and problem-solving skills Engagement and connections in two or more of the following contexts: at school, with peers, in athletics, employment, religion, culture
Family	<ul style="list-style-type: none"> Substance use among parents Lack of adult supervision Poor attachment with parents 	<ul style="list-style-type: none"> Family provides structure, limits, rules, monitoring, and predictability Supportive relationships with family members Clear expectations for behavior and values
School, Peers, Community	<ul style="list-style-type: none"> School failure Low commitment to school Associating with drug-using peers Not college bound Aggression toward peers Norms (e.g. advertising) favorable toward alcohol use Accessibility/availability 	<ul style="list-style-type: none"> Presence of mentors and support for development of skills and interests Opportunities for engagement within school and community Positive norms Clear expectations for behavior Physical and psychological safety

Youth substance use trends

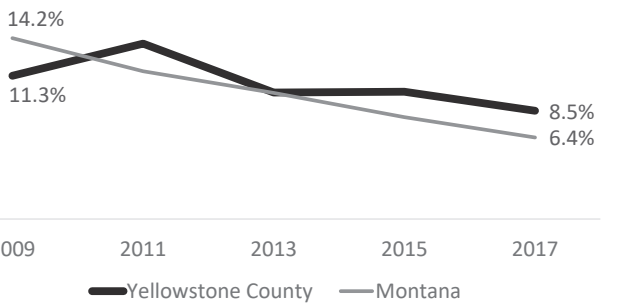
Past 30 day marijuana use, Yellowstone County and Montana high school students, 2009-2017



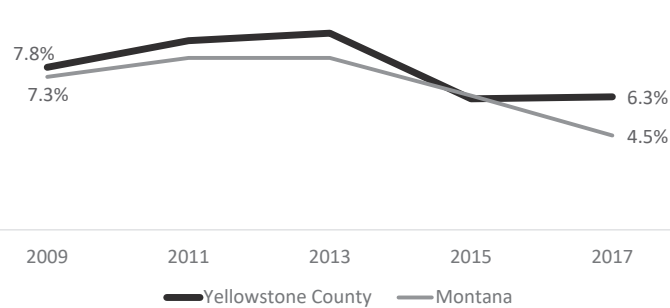
Past 30 day alcohol use, Yellowstone County and Montana high school students, 2009-2017



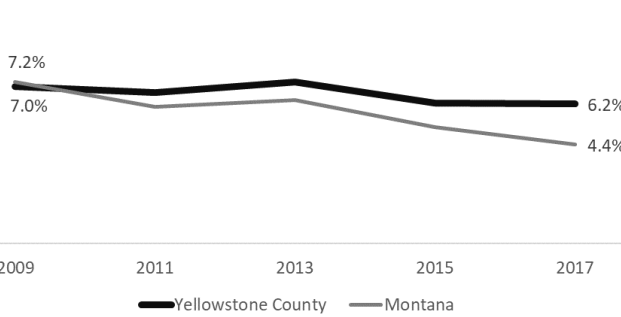
Lifetime inhalant use, Yellowstone County and Montana high school students, 2009-2017



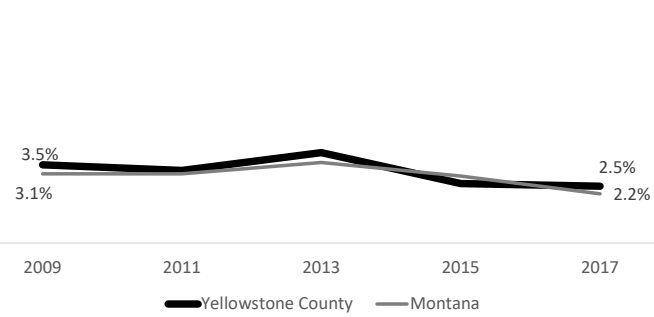
Lifetime ecstasy use, Yellowstone County and Montana high school students, 2009-2017



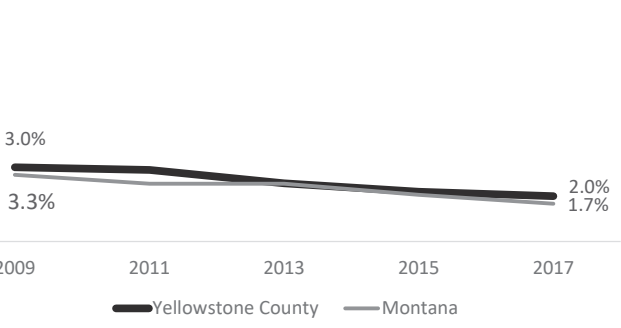
Lifetime cocaine use, Yellowstone County and Montana high school students, 2009-2017



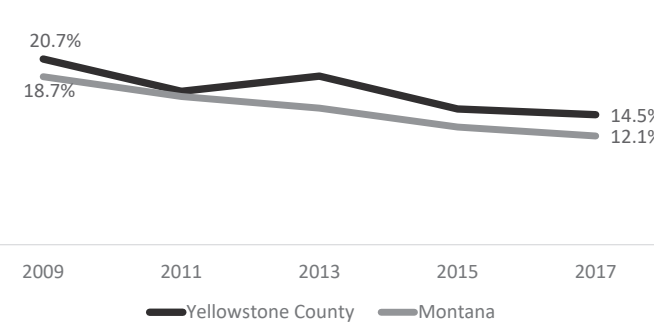
Lifetime methamphetamine use, Yellowstone County and Montana high school students, 2009-2017



Lifetime heroin use, Yellowstone County and Montana high school students, 2009-2017

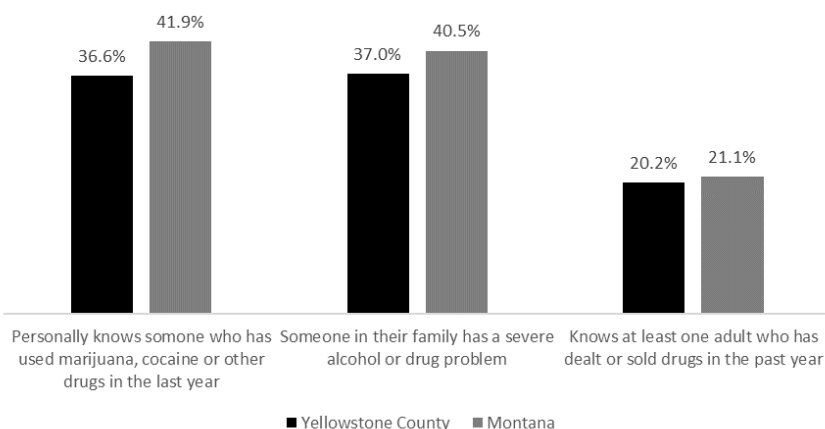


Past 30 day cigarette use, Yellowstone County and Montana high school students, 2009-2017



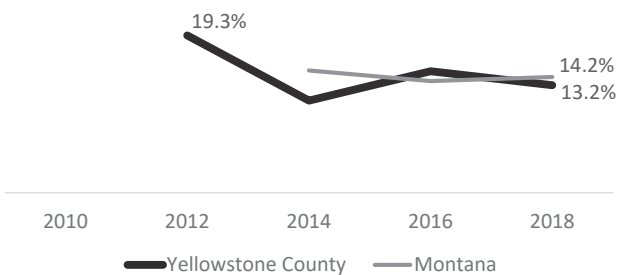
Research shows that youth who initiate substance use during adolescence increase their likelihood of developing future, more severe SUDs. Additionally, these youth often come from families or social groups in which they have easy access to alcohol and illicit drugs. According to the 2018 Prevention Needs Assessment, which surveys youth in 8th, 10th and 12th grades in even years, more than one in three (37%) Yellowstone County students report that they personally know an adult who has used marijuana, cocaine or other drugs in the last year and one in five (20%) know an adult who has dealt or sold drugs in the past year. Thirty seven percent of students also report that someone in their family has a severe alcohol or drug problem. Thirteen percent of surveyed students say that at least one of their four closest friends used methamphetamine, cocaine, or other illegal drugs in the past year. As one

Student self reported proximity to adult substance use, Yellowstone County and Montana, 2018

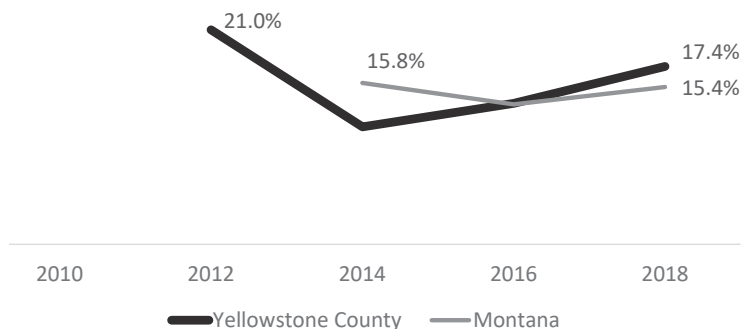


individual who participated in a focus group for this project noted, "Methamphetamine use happens in family systems and social networks that are very hard to break free from."

Students reporting at least one of their four closest friends use LSD, cocaine, amphetamines, or other illegal drugs in the past year, Yellowstone County and Montana, 2010-2018

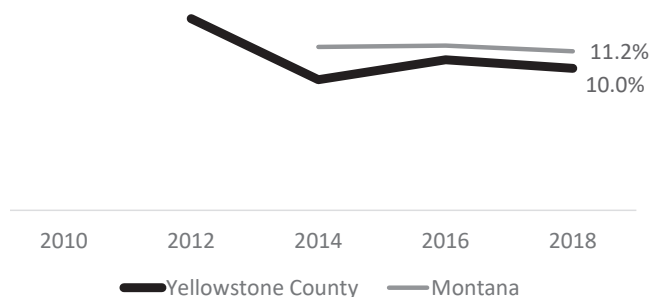


Students who report it would be easy to get a drug like cocaine, LSD, or amphetamines if they wanted, Yellowstone County and Montana, 2012-2018



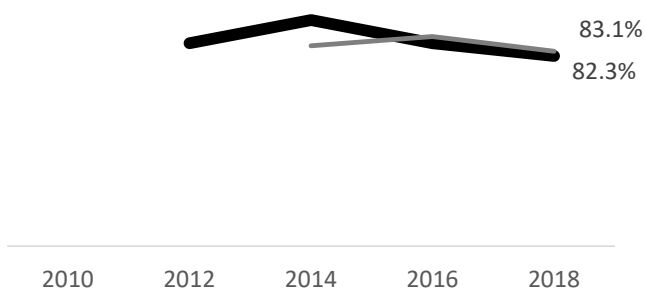
With drug use commonly reported in the families and social networks of at-risk teens, it is not surprising that adolescents report that they could access drugs if they wanted. Seventeen percent of 8th, 10th and 12th students in Yellowstone County report that it would be easy to get illicit drugs if they wanted them and 10% say it would be easy to get methamphetamine.

Students who report it would be easy to get some methamphetamines if they wanted, Yellowstone County and Montana, 2012-2018

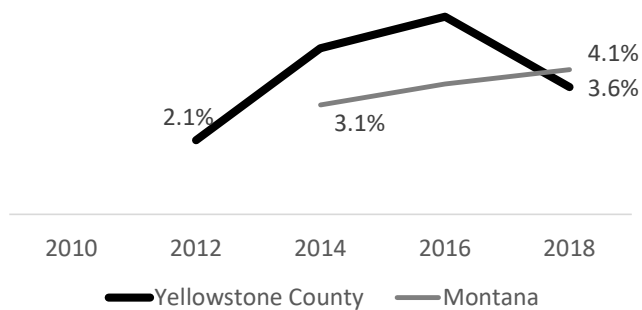


Yellowstone adolescents seem to understand the risky nature of methamphetamine use. More than 96% of teens report there is at least some level of risk to using methamphetamine, and 82% believe it is very wrong for someone their age to use methamphetamine, cocaine or other illegal drugs. However, at the initial stages of drug use, teens in Yellowstone County do not perceive that there are imminent legal consequences. In 2018, 70% of adolescents surveyed said they do not believe a kid using marijuana in their neighborhood would be caught by law enforcement, up from 61% in 2012.²²

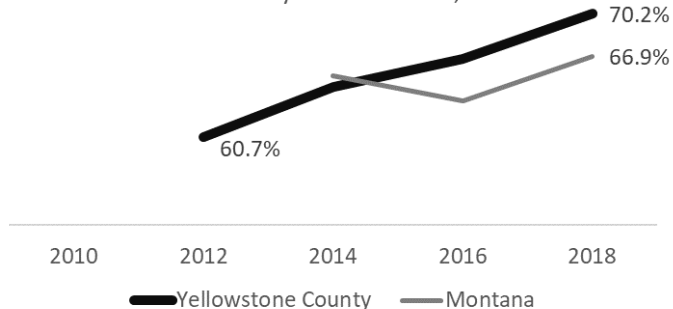
Students who believe that it is very wrong for someone their age to use LSD, cocaine, amphetamines or another illegal drug



Students who believe there is NO RISK (physically or other) in using methamphetamines, Yellowstone County and Montana, 2012-2018



Students who believe a kid smoking marijuana in their neighborhood will not be caught by police, Yellowstone County and Montana, 2012-2018



Seventeen percent of students in Yellowstone County report that it would be easy to get illicit drugs and 10% say it would be easy to get methamphetamine.

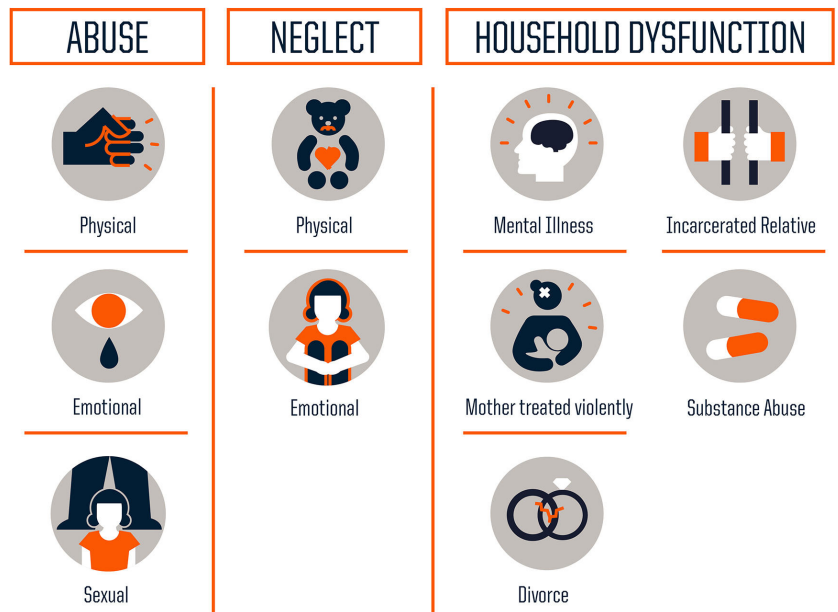
Youth substance use and trauma

To understand the roots of this epidemic, we conducted four focus groups and eight key informant interviews with individuals with lived experience of SUDs in Yellowstone County. The stories these individuals relayed about their own experiences dovetail with a key conclusion from prevention research: SUD is a childhood onset disease with an etiology rooted in trauma. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), "Trauma is an almost universal experience of people with mental and substance use disorders."²³

Unfortunately, youth in Montana are more likely to experience childhood trauma than children elsewhere in the US. More than half of all children in the state have experienced one or more Adverse Childhood Experiences (ACEs) and 17% of Montana youth have three or more ACEs, significantly higher than the US rate of 11%.²⁴ This translates to an estimated 6,300 youth in Yellowstone County with three or more ACEs.

Experiencing four or more ACEs in childhood is strongly correlated with negative health outcomes, including SUDs.²⁶ A key driver of Montana's elevated rate of ACEs is the number children living with a parent or guardian who abuses alcohol or other drugs. A number of key programs in Yellowstone County are seeking to address parental SUDs and reduce ACEs including a perinatal behavioral health initiative at St. Vincent Health-care and home visiting programs like Parent's As Teachers, SafeCare and Nurse Family Partnership, but more could be done to adequately fund and scale these programs.

ADVERSE CHILDHOOD EXPERIENCES

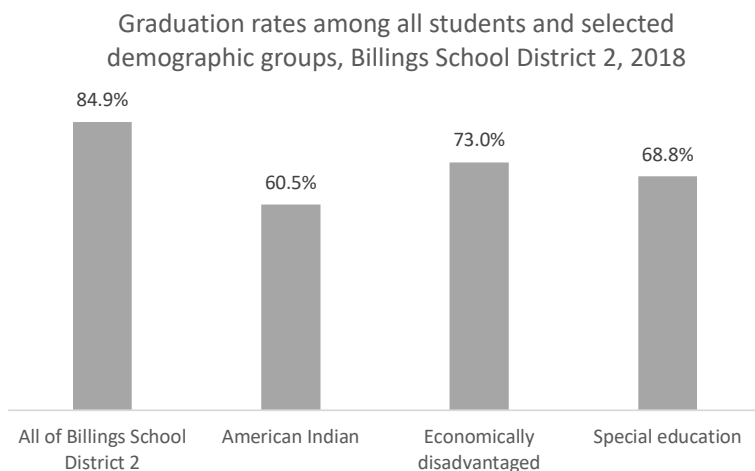
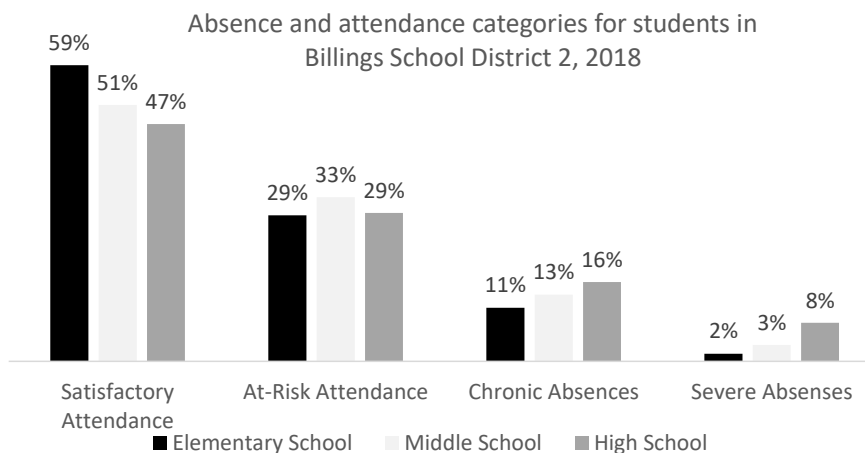


Reference #25

Many focus group participants and interviewees noted the role of family instability and trauma in their path to developing a SUD. As one focus group participant noted, "Individuals grow up with seeing their parents, siblings and family members utilize drugs. It is just normal for them and easy to access." A drug treatment court coordinator in Yellowstone County noted, "Many people that are screened for drug court have a history of trauma and many were impoverished when they were young. They never had a chance to make their lives bigger and better."

Substance use disorder is a childhood onset illness with an etiology in trauma.

Fortunately, Yellowstone County is beginning to develop systems for early identification of at-risk youth that can be used to better target prevention activities. The United Way is working with local school districts to monitor, in real time, the number of students in their facilities that are at-risk, based on absences. Research clearly links chronic school absenteeism to increased risk for academic failure, but also substance misuse and abuse.²⁷ Almost one in two adolescents in our school system can be classified as at-risk, chronically or severely absent, based on their attendance record.



These students often come from homes where there is disruption, trauma, and behavioral health concerns, and should be receiving increased attention to bolster protective factors and reduce risk factors in their environment. In 2018, 163 students failed to graduate from Billings School District 2. Students receiving special education services, economically disadvantaged students, and American Indians are at increased risk of dropping out of high school. The same students that are chronically or severely absent and at-risk academically, are also at risk for SUDs. Tailoring robust, sustained interventions to support these students and improve outcomes is critical to prevention efforts.

Half of all adolescents in the Billings School district are at-risk based on school attendance. Research links school absences with increased risk for substance use in teens.

Individual experience with methamphetamine initiation

Individuals with a history of methamphetamine use who were interviewed described their personal experiences initiating and using the drug. Individuals often noted starting methamphetamine use in their late teens or early twenties after being exposed to and using alcohol and marijuana at an early age. These reports were backed up by findings from the Yellowstone Boys and Girls Ranch and the Billings Drug Court participant data, showing the age of first use for methamphetamine, on average, as late adolescence, compared to early adolescence for alcohol and marijuana users.²⁸

The following are additional reasons that individuals indicated they began to use methamphetamine:

- To cope with trauma
- To self-medicate for mental health concerns, including ADHD, depression, and bi-polar disorder
- As a party drug used to heighten social experiences
- After seeing methamphetamine use normalized in their family and social networks, and not seeing severe or immediate consequences for those using
- To stay awake and get things done
- To lose weight
- To pass drug tests for employers (because it is known to clear your system more quickly than other drugs like marijuana)

Individual users noted that methamphetamine is very easy to obtain and cheap to buy in Billings and Yellowstone County, and that it is not difficult to begin purchasing small amounts of additional methamphetamine to sell to maintain the habit. Many individuals with SUD are polysubstance users, primarily using methamphetamine but also marijuana or heroin to help come down from the methamphetamine high.

Substance users indicate that methamphetamine is cheap and easy to obtain in Yellowstone County.

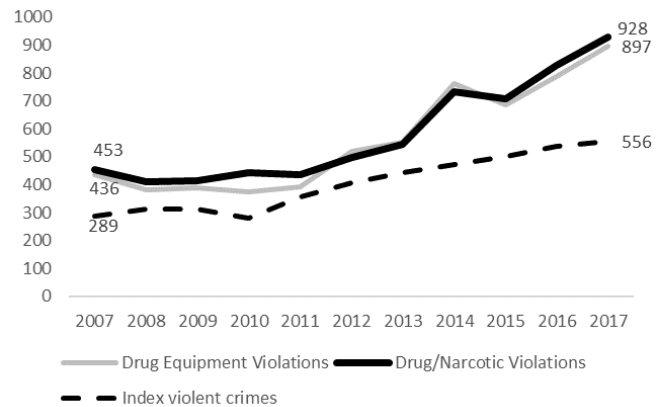
CHAPTER 3 ENFORCEMENT IN YELLOWSTONE COUNTY

The justice system in Yellowstone County is increasingly driven by substance use-related crimes. The number of drug/narcotic and drug equipment violations has more than doubled in Yellowstone County over the last decade and this rise has been accompanied by a parallel, though less pronounced, increase in violent crime.

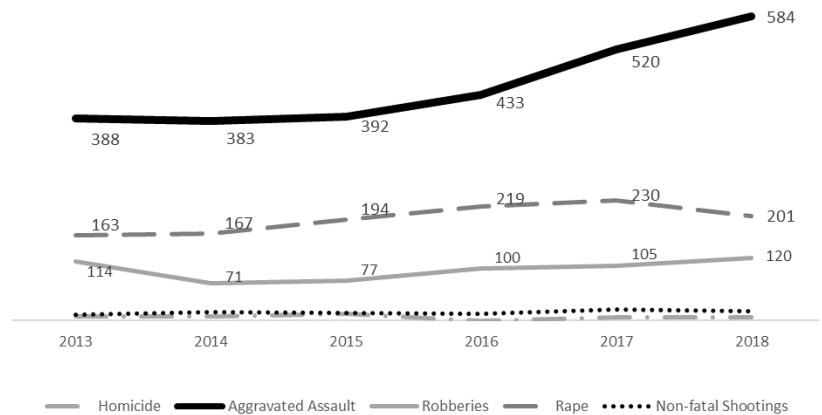
The increase in index violent crime in Yellowstone County has been driven by an increase in aggravated assault. In 2017, the Montana state legislature added strangulation to the definition of aggravated assault. From May 2017 to May 2018, 69 individuals in Yellowstone County were charged with aggravated assault under this new definition, primarily for domestic violence incidents.²⁹ Thus, some caution is warranted in interpreting the rise in index violent crime as primarily attributable to substance misuse and abuse.

The increase in substance use-related and index violent crimes has outpaced that of all crimes in Yellowstone County. The percent increase in the rate for all crimes in Yellowstone County was 18% from 2010 to 2017, while the index violent crime rate increased 81%. During this time, the rate of drug/narcotic, drug equipment and DUI offenses rose even more dramatically.

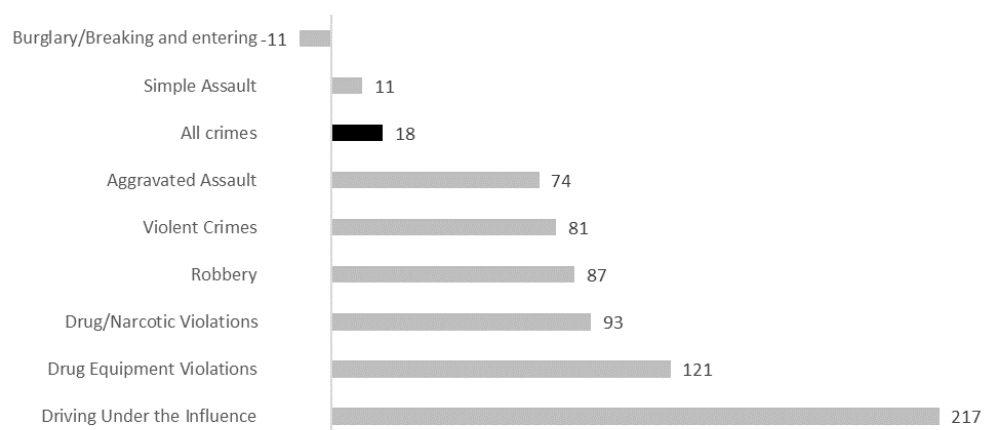
Number of drug offenses and index violent crimes in Yellowstone County, 2007-2017



Number of index violent crimes annually, Yellowstone County, 2013-2018

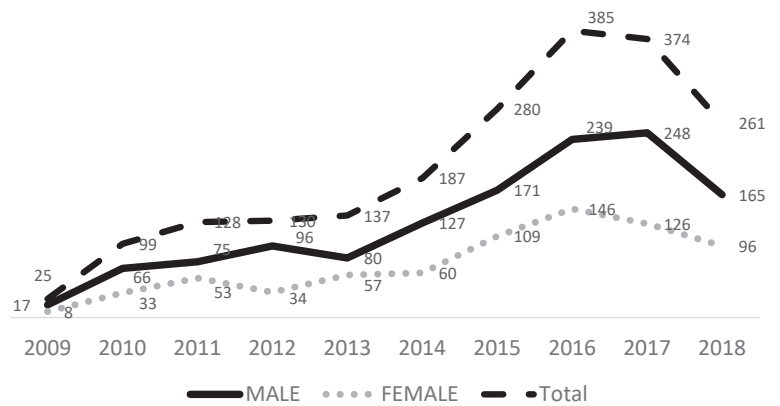


Percent change in various crime categories, Yellowstone County, 2010-2017



The number of felony convictions for substance use-related offenses also spiked in recent years for both men and women, with a high in 2016, during which 385 individuals were convicted of a felony drug offense in Yellowstone County, up from only 25 in 2009. At the state level, possession of drugs is the #1 felony conviction for both men and women; each of the top five most common felonies in Montana are highly correlated with SUDs. The average age for an individual receiving a felony conviction for a substance use-related offense in Yellowstone County is 34.1 and the average sentence is 3.7 years.³⁰

Felony drug convictions in Yellowstone County, by gender, 2009-2018

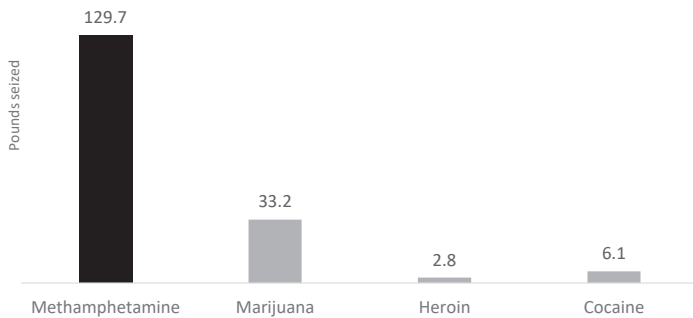


Top 5 Adult Felony Conviction Offenses

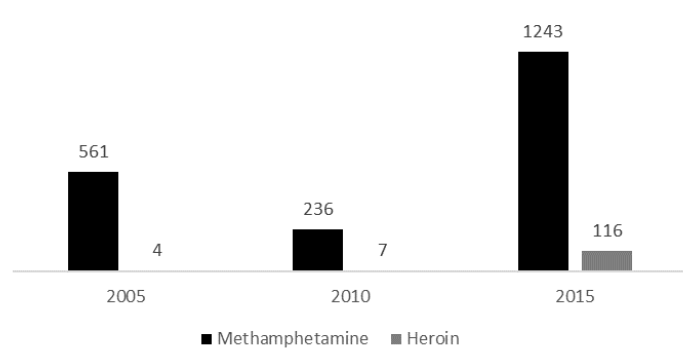
MALES		FEMALES	
1	Possession of drugs	1	Possession of drugs
2	Criminal endangerment	2	Criminal endangerment
3	Felony DUI	3	Theft
4	Theft	4	Distribution of drugs
5	Burglary	5	Felony DUI

Many of the substance use-related crimes in Yellowstone County are linked specifically to methamphetamine use. Methamphetamine is the most common drug seized by the Eastern Montana High Intensity Drug Trafficking Area (HIDTA) Task Force, with almost 130 pounds seized in 2018, a 206% increase from the 42.2 pounds seized in 2016. The number of methamphetamine-related drug violations in Montana increased 427% from 2010 to 2015, and methamphetamine violations continue to dwarf the number of violations for other illicit drugs, such as heroin.³¹

Drug Seizures, Eastern Montana HIDTA Drug Taskforce, 2018



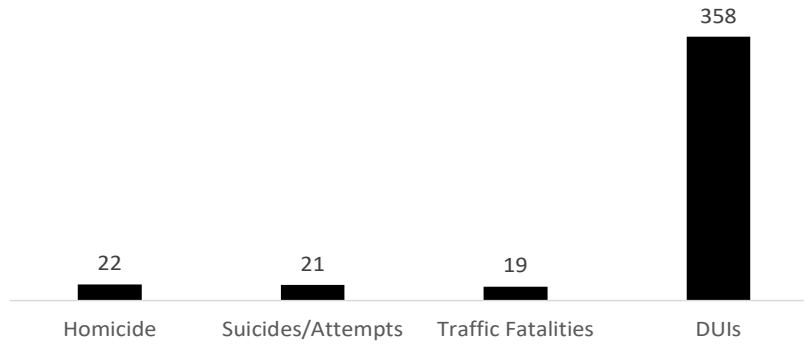
Methamphetamine and heroin violations, Montana, 2005-2015



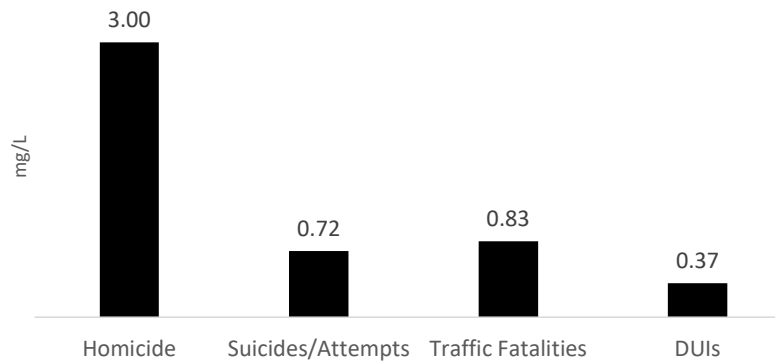
The State Crime Laboratory, operated by the Montana Department of Justice, has detected methamphetamine in over 400 criminal cases in Yellowstone County since 2010, including 22 homicides. The average blood level methamphetamine concentration detected in homicide cases is almost ten times the average level found in DUI cases, suggesting a possible link between high doses of methamphetamine and violence.

Although the data quality is not optimal, trends in Yellowstone County indicate that drugs and narcotics are used by perpetrators in an increasing percentage of violent crimes in the County. Drug use was indicated in only 4% of violent crimes in 2010, tripling to 12% in 2017. Alcohol was indicated in 26% of all violent crimes, down from 41% in 2010.³² Law enforcement officials suggested these statistics may underrepresent the percent of violent crimes related to substance misuse and abuse, particularly methamphetamine. They are in the process of a more detailed case review to better enumerate the impact of drugs on violence in Yellowstone County.

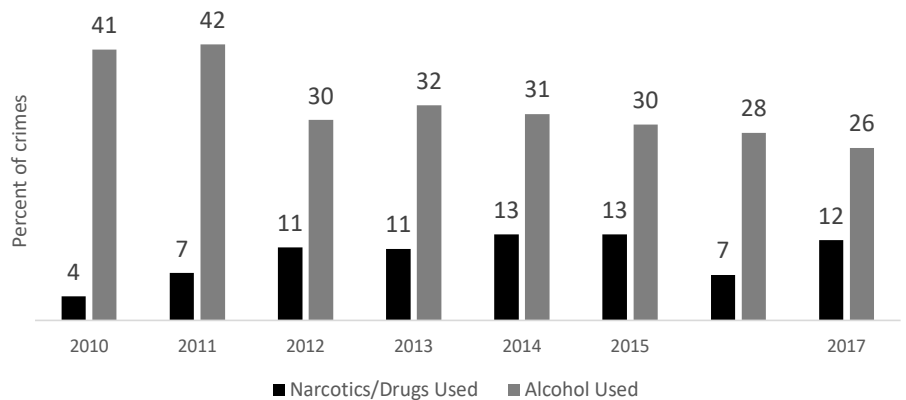
Type of cases with a positive methamphetamine screen in by the Montana State Lab, Yellowstone County, 2010-2018



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



Percent of Index Violent Crimes with User using Narcotics/Drugs and Alcohol, Yellowstone County, 2010-2018



Project Safe Neighborhoods

To address the problem of methamphetamine-related violent crime, the US Attorney's Office, led by US Attorney Kurt Alme, instituted Project Safe Neighborhoods (PSN) in Yellowstone County early 2018. PSN targets known methamphetamine traffickers with a history of violence. As the centerpiece of the Department of Justice's violent crime reduction efforts, PSN is an evidence-based program proven to be effective at reducing violent crime. PSN utilizes a broad spectrum of stakeholders collaborating to identify the most pressing violent crime issues in the community and to develop comprehensive solutions to address them. Focusing enforcement efforts on the most violent offenders, and partnering with locally-based pre-

vention and reentry programs, PSN aims to create lasting reductions in crime. From April 1, 2018 through March 31, 2019, PSN Yellowstone County resulted in 170 defendants being charged in federal court and 34 defendants being charged in state court. It also resulted in the seizure of 245 pounds of methamphetamine, with a street value of approximately \$11 million, and 212 firearms, including 57 semi-automatic assault rifles. In the 12 months before PSN in Yellowstone County began, murder, robbery and aggravated assault increased almost 26%, and almost 16% year before. In the 12 months since PSN began, the growth in murder, robbery and aggravated assaults leveled out, increasing just over 1%.³³

Individual users experience with methamphetamine use and violence

Individuals with lived experience of methamphetamine use were asked to describe their experiences with methamphetamine use and violence. Interviewees noted that methamphetamine is a stimulant that exacerbates already angry behavior. Users noted that when they were using meth, they weren't sleeping, were agitated and paranoid, often did not eat, and that using the drug destroyed all of their relationships. One female participant noted, "I was never a violent person, but when I used meth, I experienced and perpetuated so much violence."

Other participants shared that methamphetamine use blunts one's perception of consequences, potentially encouraging violence. "There's a serious delusion about your confidence when on the drug. It gives you a huge false sense of confidence and you don't understand consequences. You think you are invincible."

Interviewees described the link between methamphetamine use and property crime. To afford the cost of methamphetamine, they described forging checks or stealing from retailers-activities they had not engaged in previously, but that are common among methamphetamine users in the community. Some described asking their dealers

which items from Walmart they needed and stealing the items directly from the store to exchange them for drugs.

Several interviewees noted that their use and the violence associated with it escalated when they began using the drug intravenously, as opposed to snorting or smoking it. Some long-term users felt that the methamphetamine in Yellowstone County today, trafficked by Mexican drug cartels versus made in local laboratories, is stronger than it used to be. They also reported that the methamphetamine available on the streets today is creating dependence more quickly and escalating violent behavior, due to its greater potency. It was also stated that meth can be mixed with other substances such as bath salts or ecstasy, so one is never certain of what is being consumed or the effects it will have.

Regardless of the reason for initiation or duration of use, individuals who have developed dependence on methamphetamine universally lament the negative effects the drug has had on their lives. As one focus group participant stated, "Methamphetamine will take everything from you until all you have left is the drug."

SUDs and their impact on the justice system

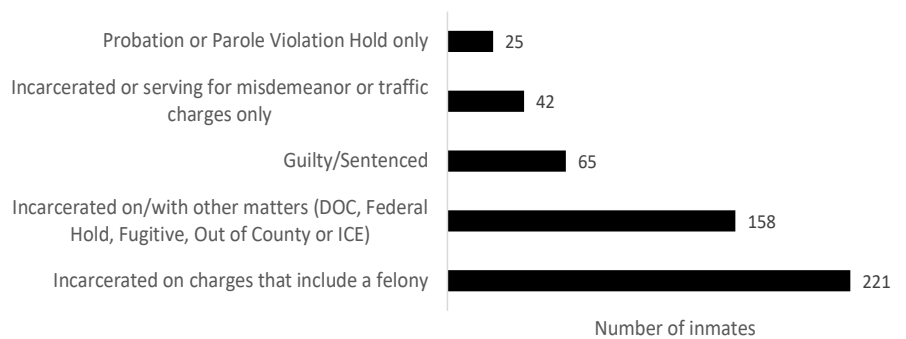
Because SUD is a chronic, relapsing disease, it is not surprising that a justice system driven by substance use -related crime experiences elevated rates of recidivism and revocation. At the state level, Montana saw a 98% increase in probation and parole violations, a 189% increase in failures to appear, and a 109% increase in bail and bond revocations from 2009 to 2015.³⁴ A case review from the Billings Police Department for drug offense cases during the second half of 2018 found that the recidivism rate for suspects during this period alone was 12%.³⁵

Substance use-related crime has also contributed to Montana's jail and prison overcrowding, as well as backlogs in courts and public defenders' offices. The female prison population in Montana has grown 30% since 2012, and Montana saw a 67% increase in the jail population from 2011 to 2013. District court case filings have increased 21% since 2009 and the average criminal case duration in the Office of the Public Defender (OPD) has ballooned to 1.5 years.³⁶

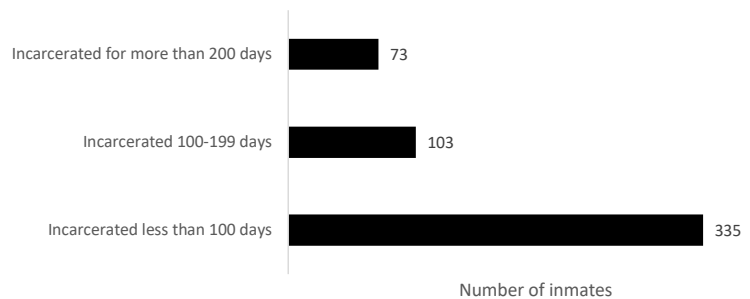
A February 2019 census of the 511 inmates held at the Yellowstone County Detention Facility found more than one in three inmates had been incarcerated for 100 days or more and 43% were being held on charges that included a felony, many of which were substance use-related crimes.

American Indians are disproportionately represented in our detention system; 23% of incarcerated individuals in the county jail system in Yellowstone County are American Indian.³⁷

Disposition of inmates in the Yellowstone County Detention Facility, February 27th, 2019



Length of incarceration, Yellowstone County Detention Facility, February 27th, 2019 census

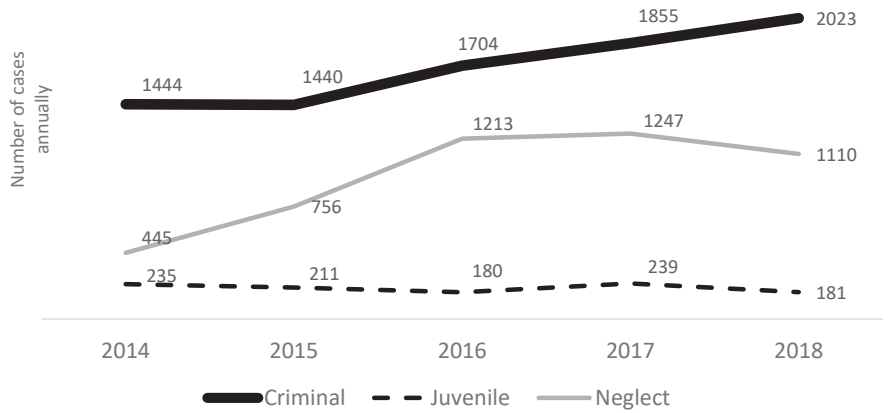


Individual experience with methamphetamine initiation

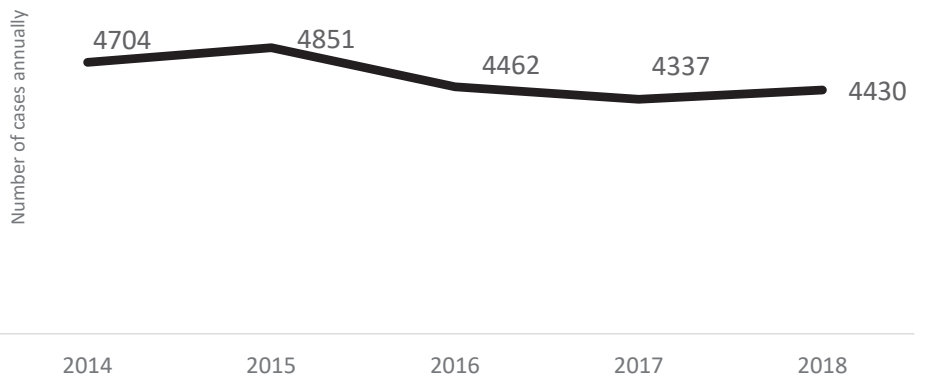
The Billings Region 9 OPD has seen a 40% growth in criminal cases from 2014 to 2018 and the number of dependent neglect cases for the region has more than doubled in that time. American Indians are disproportionately represented in the child welfare cases. In Montana, 36 percent of children in out-of-home care in 2015 were American Indian.³⁸

This growth has occurred while misdemeanor cases declined slightly and without additional resources allocated to the Region 9 OPD. In terms of workload, OPD attorneys in Billings carry caseloads that are estimated to require an average of more than 2,088 hours per year. The target average caseload recommended for public defenders is less than 1,000 hours per year, so the current average workload of OPD attorneys in Yellowstone County is more than double the recommended average.³⁹

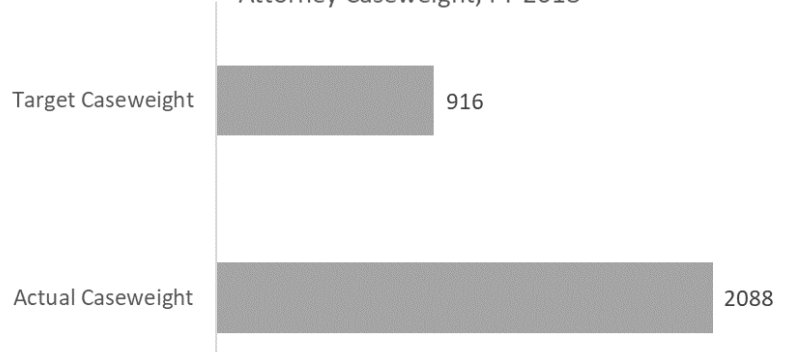
Billings Region 9 Office of the Public Defender cases, 2014-2018



Billings Region 9, Office of the Public Defender, All limited jurisdiction (misdemeanor) cases, 2014-2018



Billings Region 9 Office of the Public Defender Average Attorney Caseload, FY 2018



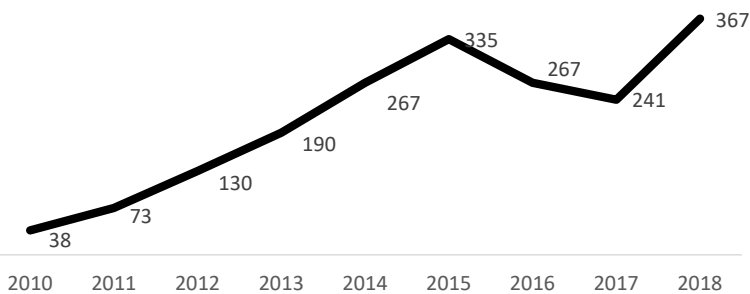
Community Monitoring

To address the increasing concerns related to justice system overload, the Montana legislature passed a series of reforms in 2017 as part of the Justice Reinvestment Project that included creating the Montana Sentencing Commission. These reforms have resulted in more substance use-related offenders being released into the community without a corresponding increase in supervision resources, creating caseloads that overwhelm the probation and parole system. Currently, 2,500 offenders are on the Billings Regional Probation and Parole Office caseload. Billings has 21 parole officers with traditional offender caseloads. Each of these officers are charged with monitoring an average of 90 parolees. In addition, the office has nine parole officers with specialty caseloads (such as sexual offenders and clients with mental health issues) that monitor an average of 62 individuals each. These

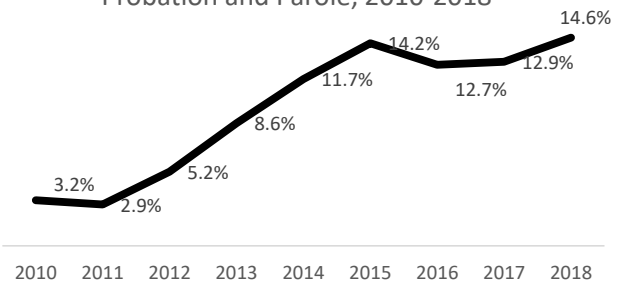
high caseloads have stretched the capacity of the probation and parole officers. As one probation and parole officer noted in a focus group conversation, "There is never a cap on how many people we serve, but we don't get more FTEs or funding. We can't effectively monitor our complex clients in this environment."

Among the probation and parole population in Yellowstone County, methamphetamine use has become more prevalent in recent years. In 2010, only 3% of drug tests among the probation and parole population returned positive for methamphetamine, compared to 15% in 2018. The total number of positive methamphetamine tests annually grew 865% from 2010 to 2018 with only 38 tests returning positive in 2010 compared to 367 in 2018.

Number of positive tests for methamphetamine, Billings Probation and Parole, 2010-2018

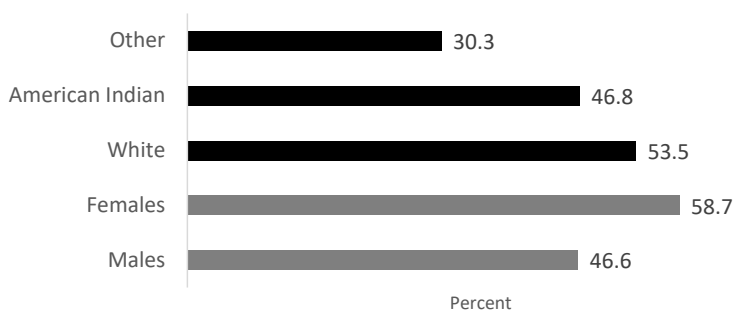


Percent of all drug tests that return positive for methamphetamine, Billings Probation and Parole, 2010-2018

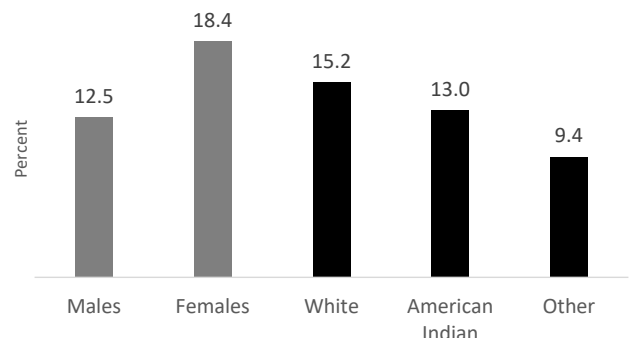


Female probationers and parolees and white individuals are more likely to have positive methamphetamine tests in Yellowstone County than their male or minority counterparts. In all, 18% of drug tests among females on probation and parole were positive for methamphetamine in 2018. These results represent 59% of all positive drug tests for females on probation and parole in Billings in 2018.

Percent of all positive drug tests that indicated methamphetamine, Billings Probation and Parole, 2018



Percent of all drug tests that returned positive for methamphetamine, selected demographics, Billings Probation and Parole, 2010-2018

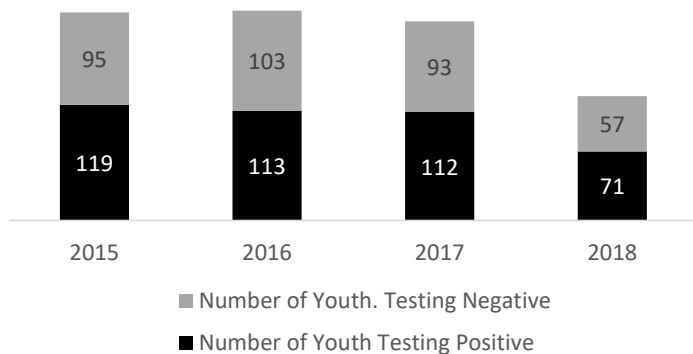


The increasing prevalence of methamphetamine use has put added stress on the already strained probation and parole system. Probation and Parole Officers who participated in a focus group noted that methamphetamine has made the job more dangerous and time consuming. The Billings Regional Probation and Parole Office had to put additional safety and security procedures in place to protect officers and better serve clients. In addition, they have hired two Licensed Addiction Counselors to help facilitate access to chemical dependency evaluations and provide group therapy to their clients. Despite these changes, probation and parole officers note that their complex clients could benefit from social work and case management support, services that are not currently funded or readily available unless clients are engaged with Child Protective Services or Drug Court.

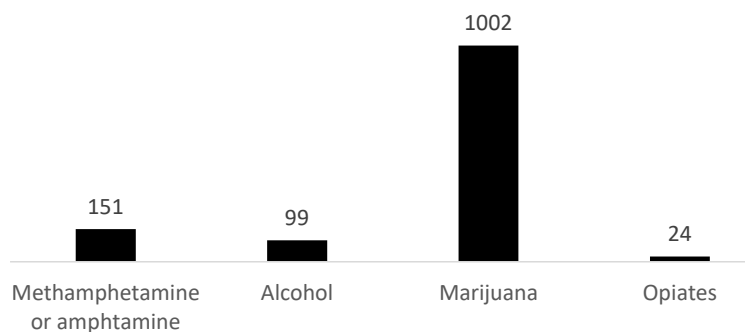
Individuals interviewed with a history of SUD often expressed support for drug monitoring to help maintain sobriety and sustained recovery from SUD. Some emphasized the benefit of intensive monitoring through the Enhanced Supervision Program specifically. However, these individuals pointed out the need to pair monitoring with access to other supportive services like housing and job support. They also urged a compassionate, rather than punitive response in order to maintain connection to support and social services when individuals relapse.

When youth on probation and parole are tested for substances, more than half of all tests return positive. From 2015 to 2018, youth on probation and parole had 151 drug tests return positive for methamphetamine. However, the most common drug found in this population remains marijuana.

Positive and negative drug tests, Youth Probation and Parole, Billings 2015-2018



Number of positive drug tests, by type, Billings Youth Probation and Parole, 2015-2018



The total number of positive methamphetamine tests for adults in the Billings Probation and Parole office grew 86% from 2010 to 2018.

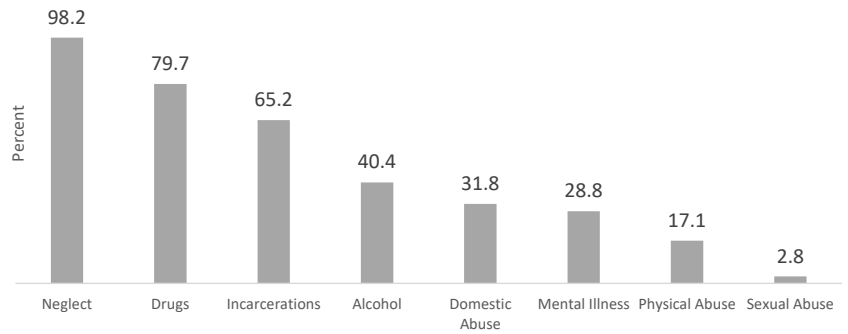
Substance use impacts on child welfare

Some of the most concerning impacts of methamphetamine use are evident in the child welfare system in Yellowstone County. Four in five dependent neglect cases in the county have drug use indicated and 40% involve alcohol. Methamphetamine is the most commonly reported substance in child welfare cases, found in 4 in 5 substance use-related cases. Amphetamines are indicated in 24% of all cases.⁴⁰ In all, an estimated 64% of all child welfare cases in the Billings region involve methamphetamine use.⁴¹

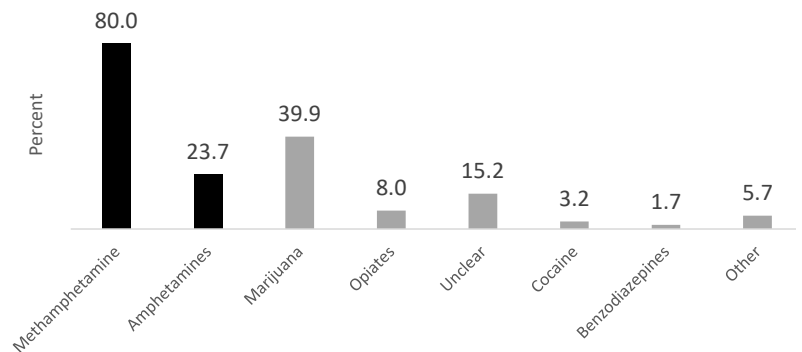
District Court case filings for dependent abuse and neglect cases in Yellowstone County have increased 329% from 2009 to 2018, with over 500 cases filed in 2018. The Region 9 OPD is providing representation in over 1,100 Dependency cases currently.

Yellowstone County has a higher rate of child welfare cases than other communities. The number of dependent neglect cases in the Region 9 OPD grew 149% from 2014 to 2018, while the growth statewide was 50%. Currently, one out of every four OPD Dependent Neglect cases statewide is in Billings Region 9.⁴²

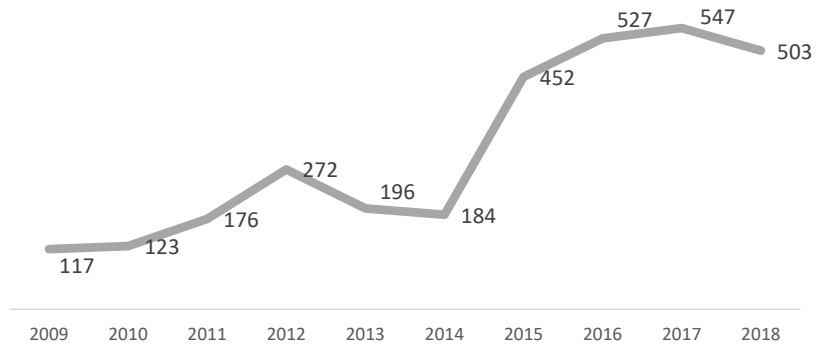
Contributing factors in Dependent Neglect Cases, Yellowstone County Attorney's Office, 2018



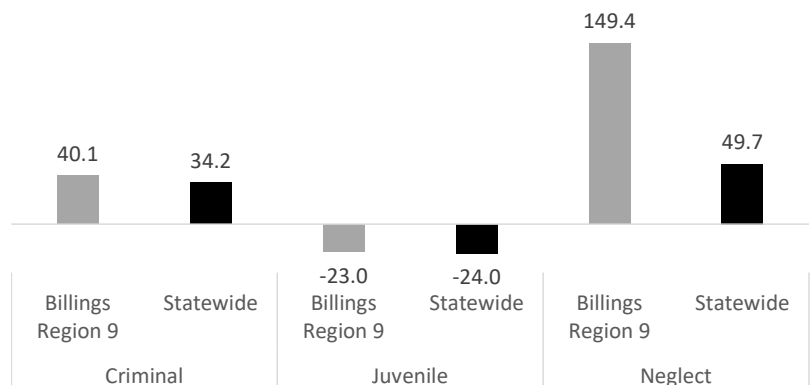
Illicit substances indicated in Yellowstone County Attorneys Dependent Neglect Drug-Related Cases, 2018



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



Percent change in number of OPD cases 2014-2018

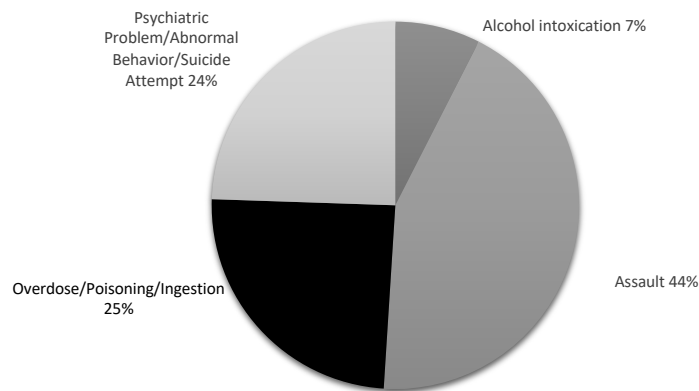


CHAPTER 4 TREATMENT IN YELLOWSTONE COUNTY

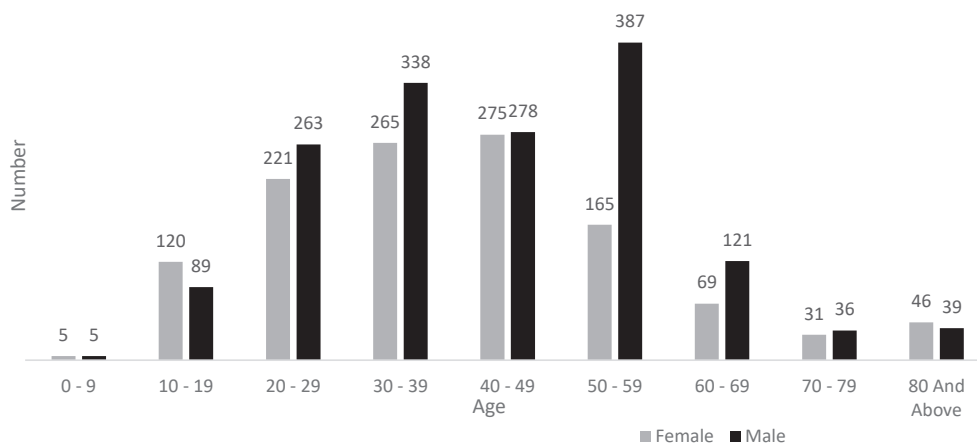


SUDs have a significant impact on the overall health of residents of Yellowstone County. Many individuals affected by mental health and SUDs enter the system in the midst of a crisis. Of the more than 20,000 calls to 911 in Yellowstone County that resulted in an on-scene response, more than 2,800 (14%) were for a behavioral health complaint. This included more than 438 calls for drug overdose or poisoning and 437 for psychiatric problems, abnormal behavior, or suicide. Behavioral health-related 911 calls become prominent among people in early adulthood and trail off among seniors. Middle-aged men in their 50s tend to have the highest rates of behavioral health-related 911 calls, driven by alcohol misuse.⁴³

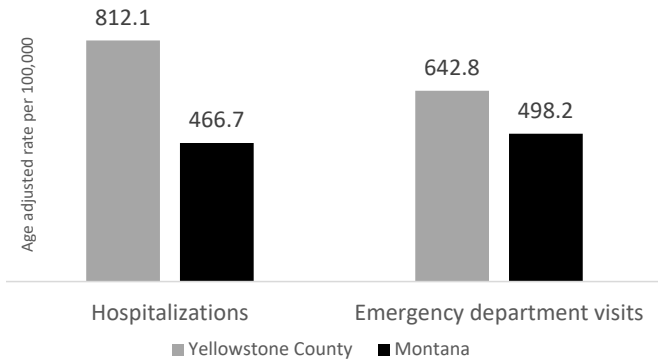
Behavioral health complaints with 911 Response, Yellowstone County, 2018



Behavioral health related EMS Incidents in Yellowstone County, by gender and age, 2018



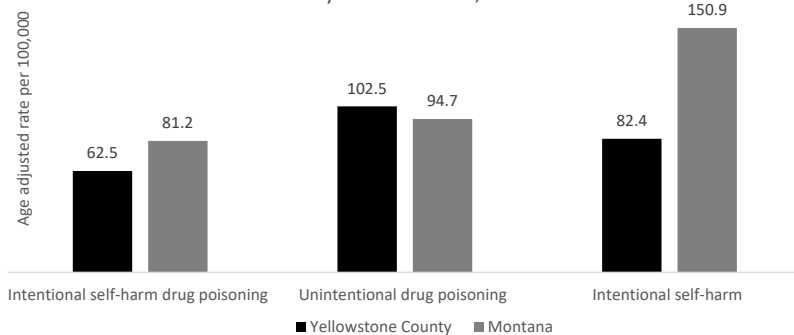
Medical visits attributable to drugs with potential for abuse and dependence Yellowstone County and Montana residents, 2010-2017



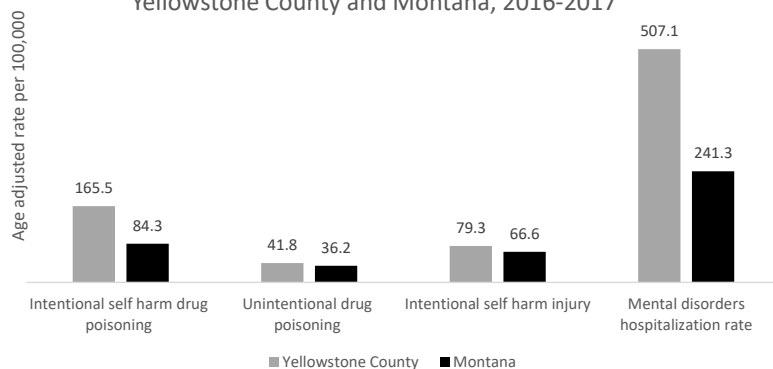
Yellowstone County residents are more likely to visit the ER or be hospitalized for drug use than other Montanans.⁴⁴

For other SUDs and mental health-related concerns, residents of Yellowstone County visit the emergency room at rates similar to those seen in Montana but are more likely to be hospitalized. This is likely due to Yellowstone County's capacity to treat behavioral health clients in an inpatient setting which does not exist in many other Montana communities.⁴⁵

Emergency department visit rate for behavioral health, Yellowstone County and Montana, 2016-2017



Hospitalization rate for behavioral health concerns, Yellowstone County and Montana, 2016-2017



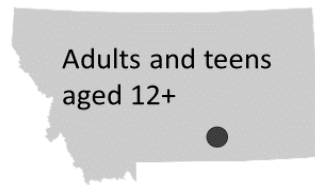
Substance misuse and abuse can be deadly for those trapped in the cycle of addiction. Drug overdose is the 10th leading cause of death in Yellowstone County and cirrhosis/liver disease is the 12th leading cause of death.⁴⁶

To combat the deleterious impact of SUDs on health and well-being, individuals need effective, community-based treatment. Yellowstone County has several effective treatment providers that serve individuals with SUDs. However, the need for treatment is high and the providers who serve the community do not always have the capacity, or the funding, to meet all treatment needs. An estimated 10,800 individuals in Yellowstone County need, but are not receiving, treatment for SUDs including an estimated 3,500 who need, but are not receiving treatment for illicit drug use.⁴⁷ Treating methamphetamine use disorder is particularly challenging for providers in the community because of the lack of effective treatment modalities for the disease, unlike Medication Assisted

Treatment (MAT) which is highly effective for treating opioid addiction. The most evidence-based methamphetamine treatments currently available are long-term behavioral therapies, such as cognitive-behavioral therapy and contingency management interventions. A comprehensive behavioral treatment approach that combines behavioral therapy, family education, individual counseling, 12-step support, drug testing, and encouragement for non-drug-related activities—has been shown to be effective in reducing methamphetamine misuse.⁴⁸ Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR), an incentive-based method for promoting cocaine and methamphetamine abstinence, has demonstrated efficacy among methamphetamine users through the National Institute on Drug Abuse National Drug Abuse Clinical Trials Network.⁴⁹ Unfortunately, key insurers such as Montana Medicaid are often reticent to reimburse for longer-term treatment, limiting the capacity to provide this needed service in the community.

10,800

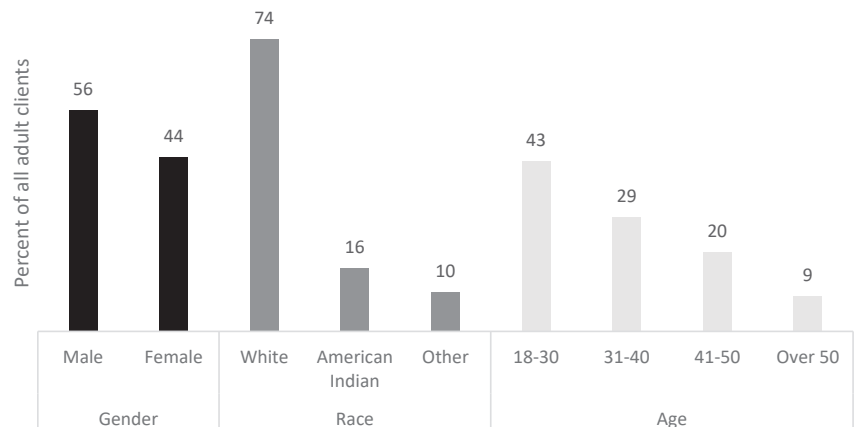
Need but are not receiving treatment for substance use



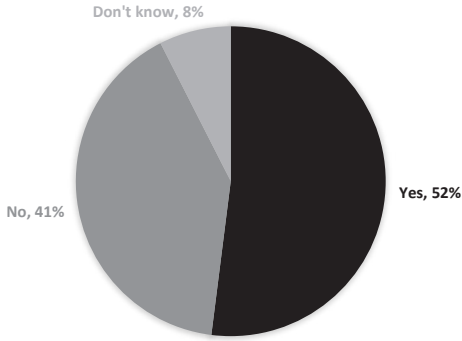
Private treatment providers

One of the largest treatment providers of both adults and adolescents in Yellowstone County is Rimrock. In 2018, Rimrock admitted 1,337 individuals (not all of whom live in the Billings/Yellowstone County community). A total of 734 clients completed their programs, with staff approval, in the same year. Rimrock in 2018 were more likely to be white, male, and aged 40 years and younger.⁵⁰

Rimrock client demographics, 2018



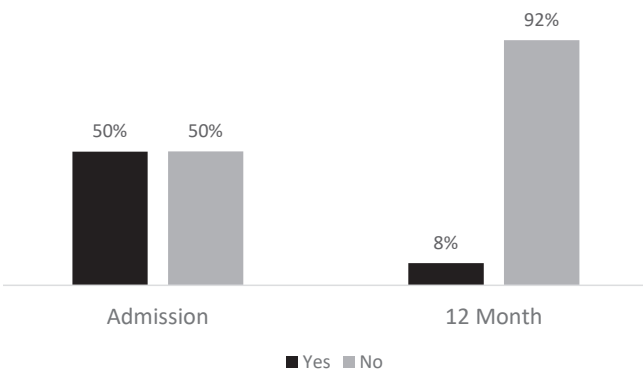
Mental health diagnosis on admission, adult clients, Rimrock, 2018 (N=765)



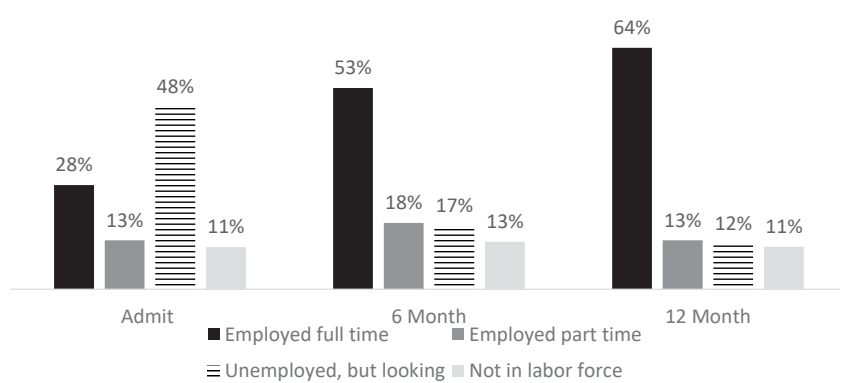
Among these clients, alcohol was the number one drug of choice followed by methamphetamine, marijuana and heroin. The majority of Rimrock clients report a mental health diagnosis at admission, indicating the need for integrated behavioral health care.

Clients who complete treatment at Rimrock report positive social, behavioral, and health outcomes after leaving. They are far less likely to report justice system involvement, and are more likely to be employed, living independently, and abstaining from substance use than before receiving treatment.

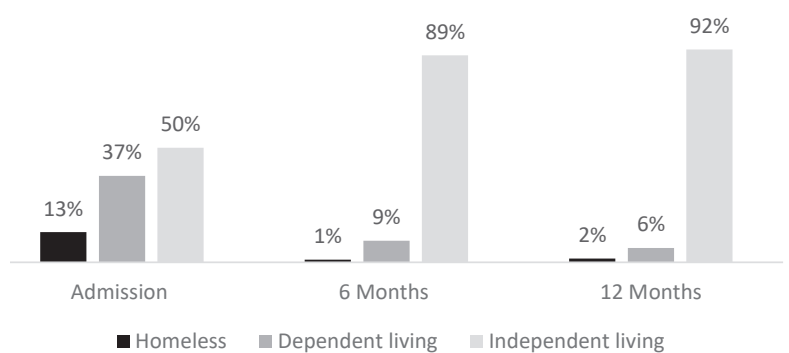
Arrest in the last 12 months, Rimrock clients, 2018



Employment situation, Rimrock clients, 2018

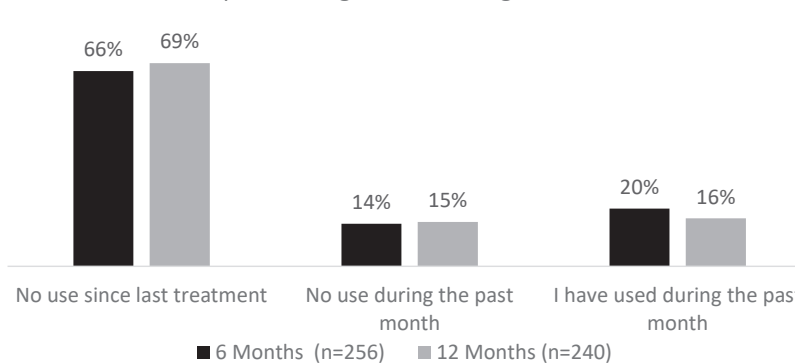


Housing situation, Rimrock clients, 2018



Rimrock clients are 6 times less likely to report recent justice system involvement twelve months post-treatment compared to admission.

Self reported drug use, Rimrock graduates, 2018

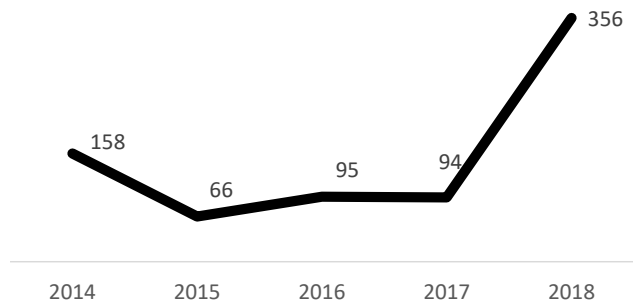


SUD Treatment in the Justice System

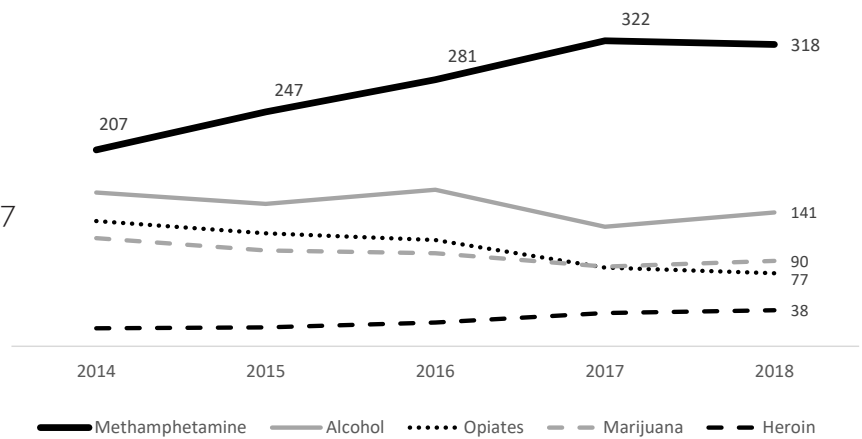
In addition to privately operated treatment providers, Montana has a unique system in which treatment facilities serving inmates with SUDs are embedded in the DOC. Within DOC-contracted treatment facilities, inmates are increasingly being treated for SUDs, especially for methamphetamine use. Yellowstone County is home to several DOC contracted facilities including Passages, located in downtown Billings and operated by Alternatives, Inc. Passages houses state and federal female inmates and includes an inpatient alcohol and drug treatment unit, as well as intake and pre-release units.⁵¹

In 2018, the number of Yellowstone County females incarcerated at Passages for criminal possession of dangerous drugs increased sharply. Since 2014, methamphetamine has been the #1 drug of choice for women at Passages, and the share of women reporting methamphetamine use has increased over time from one in three women in 2014 to one in two women in 2017 and 2018.⁵²

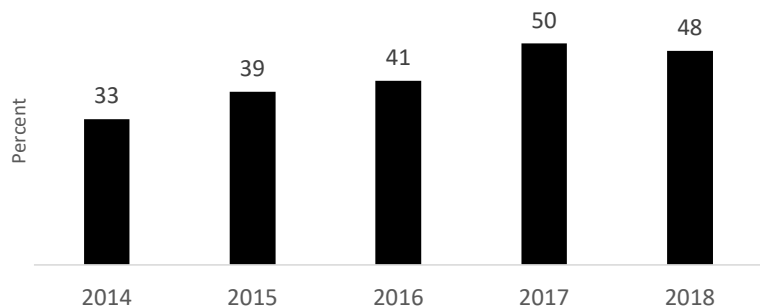
Number of females at Passages for criminal possession of dangerous drugs from Yellowstone County, 2014-2018



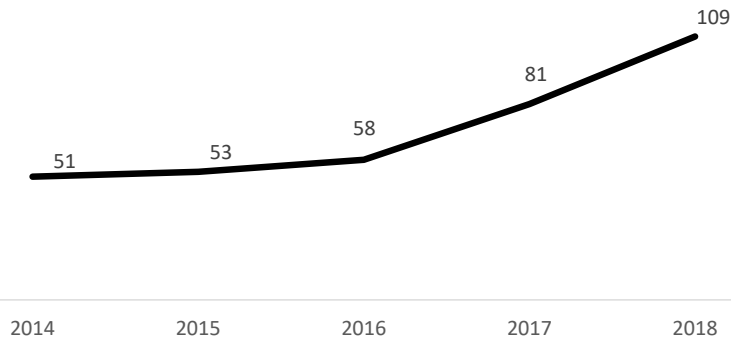
Passages clients drug of choice, 2014-2018



Percent of Passages clients who indicate methamphetamine is their drug of choice, 2014-2018

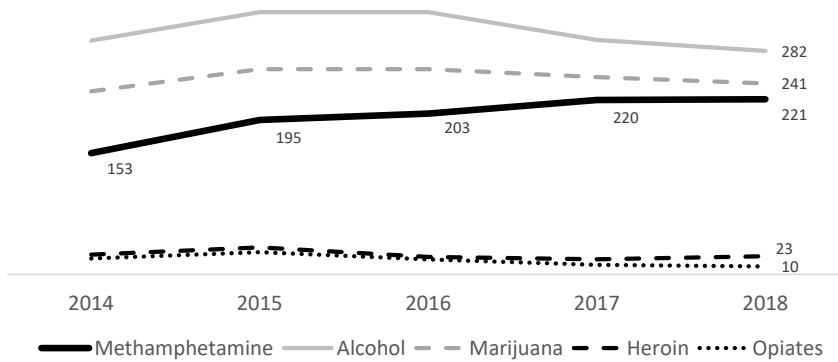


Number of males at Alpha House for criminal possession of dangerous drugs from Yellowstone County, 2014-2018

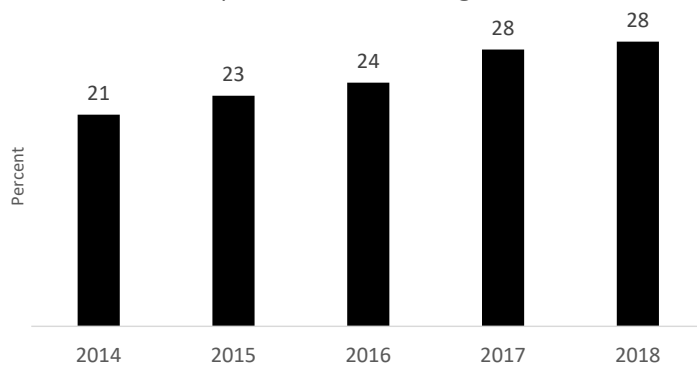


Alternatives, Inc. operates Alpha House, a men's pre-release center in Billings that serves as a step-down facility between prison and the community. Like the trends at Passages, Alpha House has been serving an increasing number of men with drug charges from Yellowstone County in recent years. Methamphetamine use has also grown as the reported drug of choice among Alpha House participants, from one in five in 2014 to more than one in four in 2018, although alcohol and marijuana are still more prevalent among this population. Men in Alpha House are less likely to report methamphetamine use than women inmates at Passages.

Primary drug of choice, Alpha House clients, 2014-2018



Percent of Alpha House clients who indicate methamphetamine is their drug of choice




Focus groups conducted with individuals being treated for SUD in the justice system in Billings revealed a sense of frustration and hopelessness for many inmates facing substance use-related felony charges. Inmates talked about the cycles of revocation and recidivism that they get caught in as they relapse or continue to use drugs, and recommended a less punitive approach be implemented. One inmate noted, "If you relapse, you should get a chance to use the resources you're taught and try to work through it without getting phased down, thrown back in prison." The changes in the revocation guidelines through the Justice Reinvestment Project legislation were designed to address this issue, but have not been completely effective.

Inmates also noted the economic struggles they face when re-entering the community from the justice system. As one inmate said, "We feel like we are being set up for failure because we've lost our driver's license, have no resources to access when we get out of treatment, no job, no family, no food and nowhere to live." Many noted struggles specifically related to finding housing and transportation. "Housing is a huge piece because if you're a violent offender or felon you can't get any housing and you

can't get around if you don't have a car. But you have to check in twice a week at the police station or you will get revoked." Several interviewees urged SUDs to be treated more like a disease and for others to have compassion for individuals living in poverty, and caught in the cycle of addiction. "We need to not treat addicts like they're criminals, but treat them like they're people with a brain that isn't working properly".

As of 2017, Montana law has required the DOC to implement a standardized guideline for revocation called the Montana Incentives and Interventions Grid (MIIG). The MIIG addresses some of these inmates concerns about revocations. As Chris Evans, the Division Deputy Chief of the Billings Probation and Parole Office notes, "For community offenders, parole officers must now follow the MIIG to address substance use and all other violations. The MIIG does not allow for revocation unless the officer can show that all efforts were exhausted. Within the Department of Corrections, offenders receiving treatment who relapse are most often given a chance to address a first substance use in the facility, even though they are inmates."

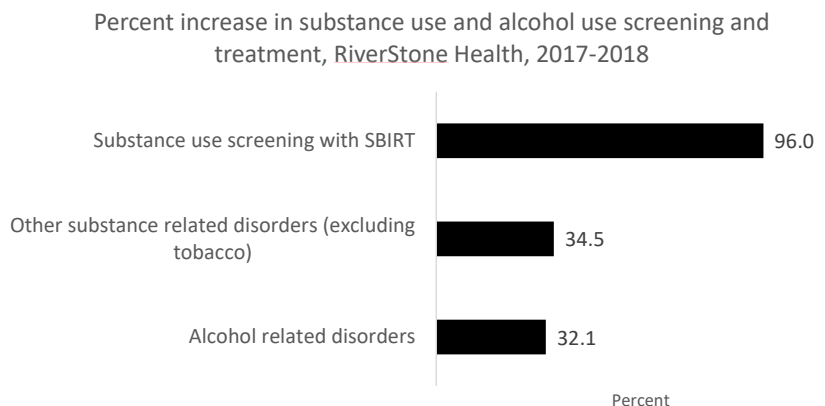
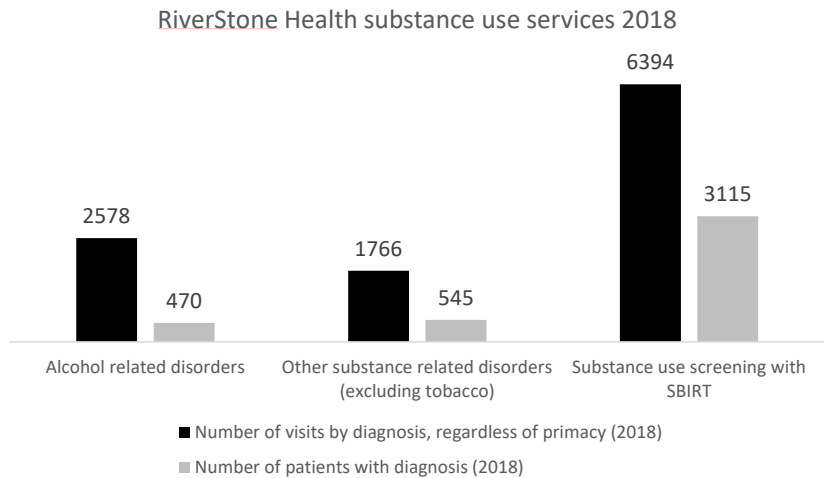


"We feel like we are being set up for failure because we've lost our driver's license, have no resources to access when we get out of treatment, no job, no family, no food and nowhere to live."

-Yellowstone County inmate, on re-entering the community after justice system involvement

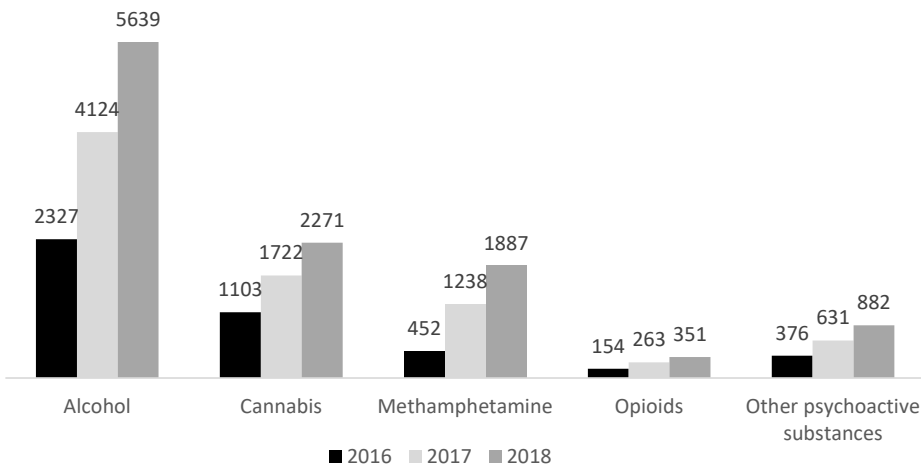
Integrating Treatment into Primary Care and Hospitals

As traditional healthcare providers begin to develop integrated behavioral health models, embedding mental health and SUD providers into primary care settings, clinics and hospitals, more Yellowstone County residents are receiving behavioral health screening and accessing needed services. RiverStone Health, the federally qualified health center serving Yellowstone County, screened more than 3,000 patients for SUD in 2018 using the Screening, Brief Intervention and Referral to Treatment (SBIRT) method. In addition, the clinic treated more than 1,000 individuals with a SUD last year. These numbers represent a 96% increase in screening and a 32% and 35% increase in treatment of individuals with alcohol-related disorders and other substance-related disorders, respectively, over 2017.⁵³



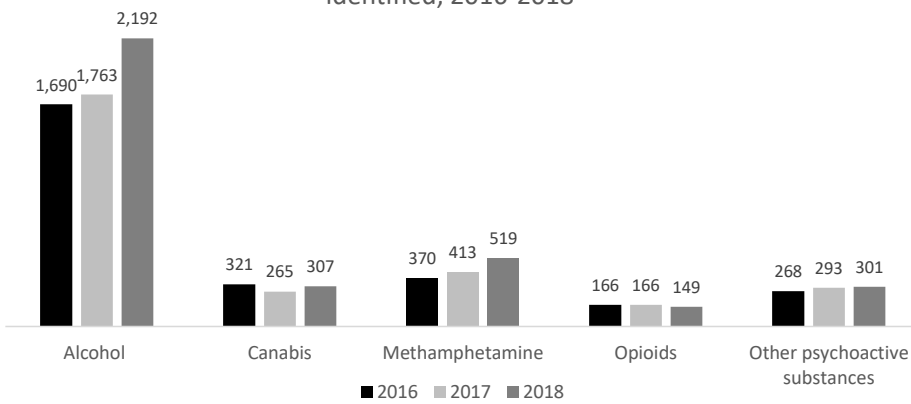
Healthcare providers in Yellowstone County are beginning to develop integrated behavioral healthcare models, embedding mental health and substance use treatment into primary care settings.

Billings Clinic patient visits with substance use codes identified, 2016-2018



Hospital systems in Yellowstone County are also expanding their capacity to serve individuals with SUD as they see growth in the number of individuals affected by addiction. Billings Clinic had over 12,000 visits among individuals with SUD in 2018, a 130% increase from 2016. This includes over 1,800 visits for individuals who use methamphetamine.

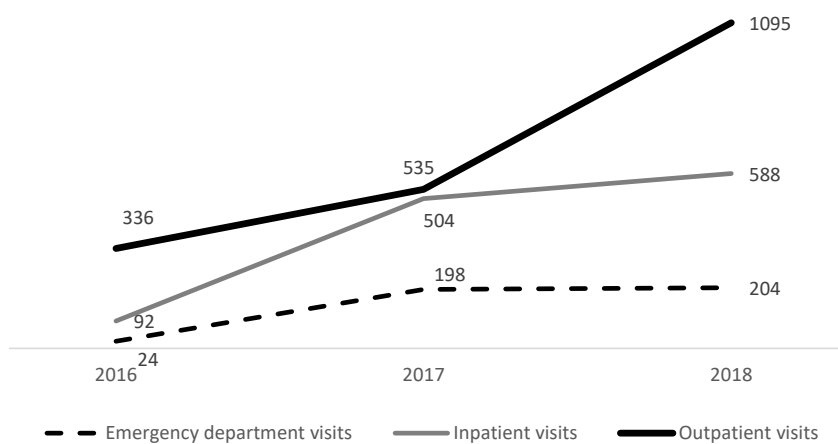
St. Vincent Healthcare patient visits with substance use codes identified, 2016-2018



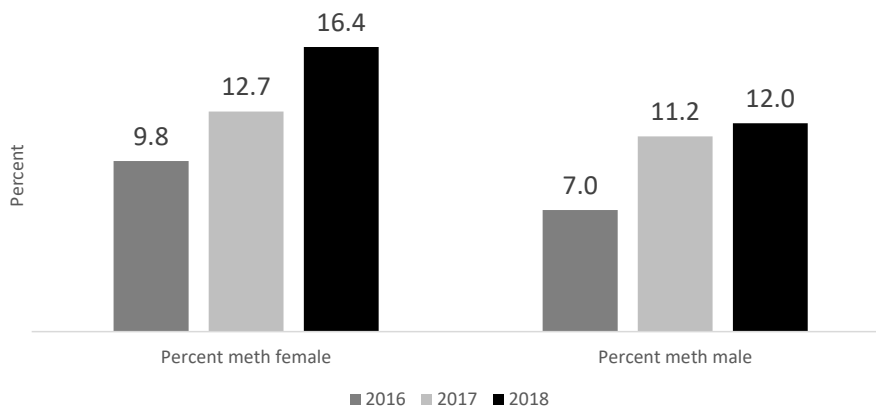
St. Vincent Healthcare had 3,400 visits for SUD in 2018, including more than 500 for methamphetamine use, a 28% increase from 2016.⁵⁴

Billings Clinic is increasingly seeing patients using methamphetamine in the outpatient setting, in addition to the almost 600 individuals using methamphetamine who were hospitalized in 2018.

Methamphetamine related patient visits, by location Billings clinic, 2016-2018

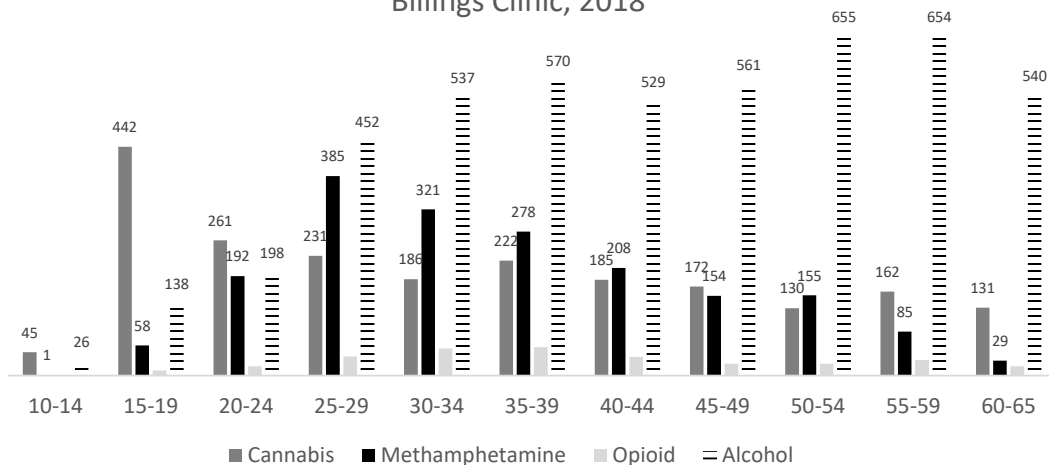


Percent of SUD visits related to methamphetamine, by gender, Billings Clinic, 2016-2018



Methamphetamine users who present at the hospital are most often between the ages of 20 and 40 years, which also happens to be prime childbearing age for women and the period of life when men are more likely to commit crimes. Interestingly, women being treated at Billings Clinic for SUD are more likely to report methamphetamine use, although the percentage of both men and women with SUD reporting methamphetamine use has increased in recent years (note: this may be an artifact of better coding).

Unique patient visits for substance use, by substance and age, Billings Clinic, 2018



Improving Treatment in Yellowstone County

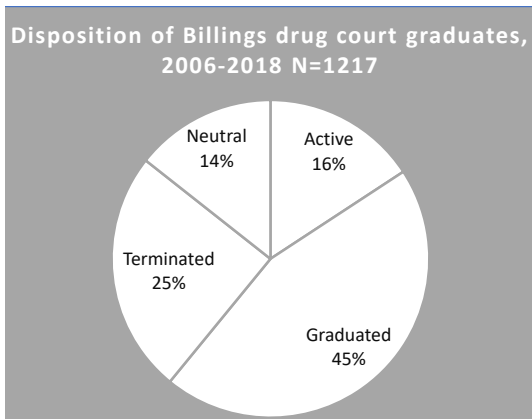
Individuals interviewed had many suggestions for improving treatment options in Yellowstone County. One repeated concern was the long wait times to enter treatment. "During the wait for treatment, death or jail were my only options," said one focus group participant. Specifically for methamphetamine, former users emphasized the need for long-term treatment in order to clear the mind and

begin to engage. Interviewees also emphasized the need to have long-term, community-based treatment in order to maintain sobriety, instead of focusing only on inpatient models. One noted, "In the inpatient environment I didn't learn how to deal with my triggers. We need to learn how to be out, in the community and live and be sober."

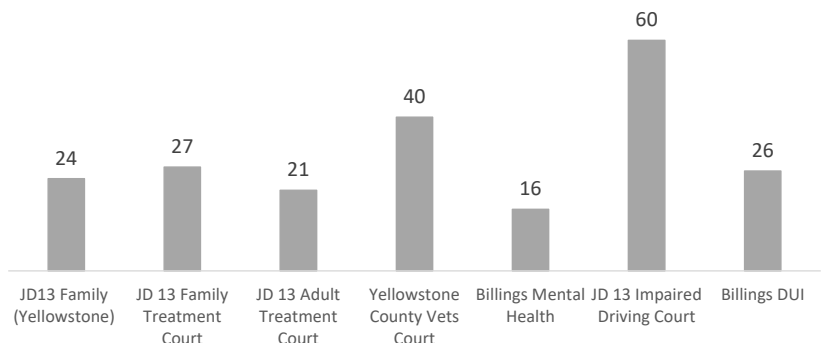
Drug Treatment Courts

Health and justice system partners in Yellowstone County are working together to address SUD in new ways. One area of success has been the development of drug treatment courts. The community has the most diverse array of drug treatment courts in the state. Drug treatment courts currently operating in the County include:

- Family Treatment Court (Judicial District 13)
- Adult Felony Drug Treatment Court (one in Judicial District 13)
- DUI Court (one in Judicial District 13)
- Yellowstone County Veterans Treatment Court (one in Judicial District 13)
- Billings Co-Occurring Court-Billings Municipal (Misdemeanor) Court
- Billings Adult Misdemeanor Court-Municipal (Misdemeanor) Court

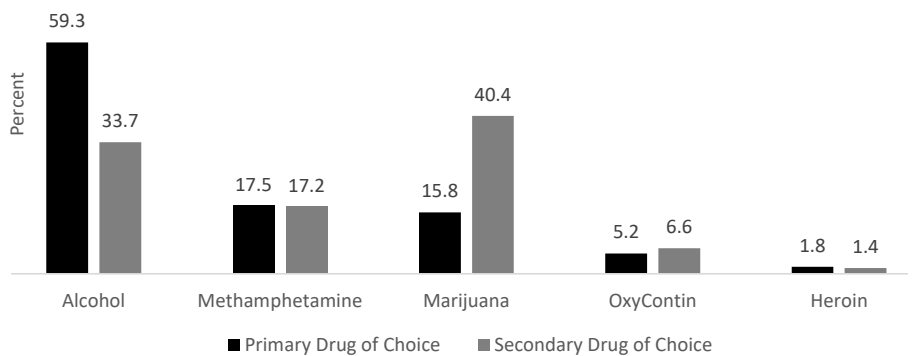


Number of participants, Yellowstone County Drug Treatment Courts, January 2019



As of January 2019, there were 214 individuals actively involved in one of Yellowstone County's drug treatment courts. In addition, the county is implementing the first pre-trial diversion court, the Seize Opportunity and Recover (SOAR) Court, which will begin taking cases in 2019.

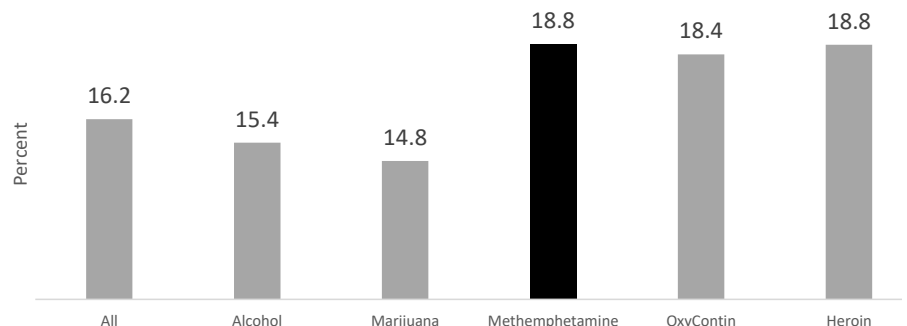
Primary and secondary drug of choice, Billing Drug Treatment Court participants, 2006-2018



Since 2006, 1,217 individuals have entered and 550 have graduated from treatment courts in Yellowstone County.

Eighteen percent of drug treatment court participants list methamphetamine as their primary drug of choice and, for those using methamphetamine, their average age of first use was slightly older than among those for whom alcohol or marijuana was their drug of choice.

Average age of first use, Billings Drug Treatment Court Participants, by drug type, 2006-2018

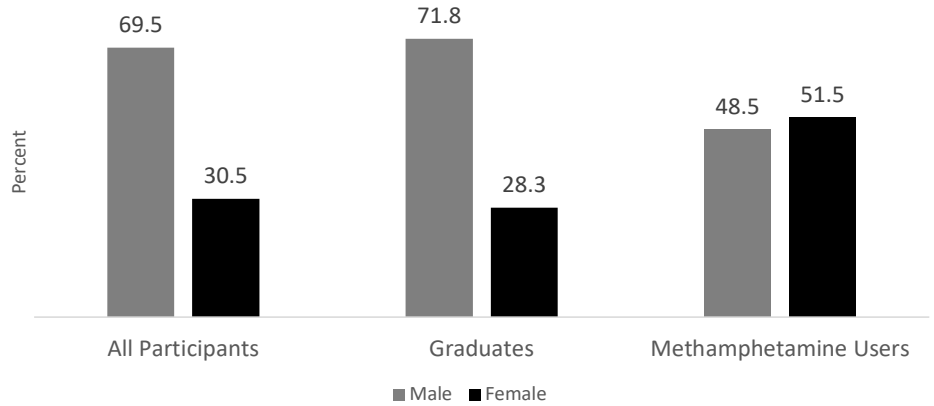


Seventy percent of drug treatment court participants are men, but, among methamphetamine users, drug court participants are slightly more likely to be women. In general, methamphetamine users are more likely to present in felony drug court than misdemeanor court.

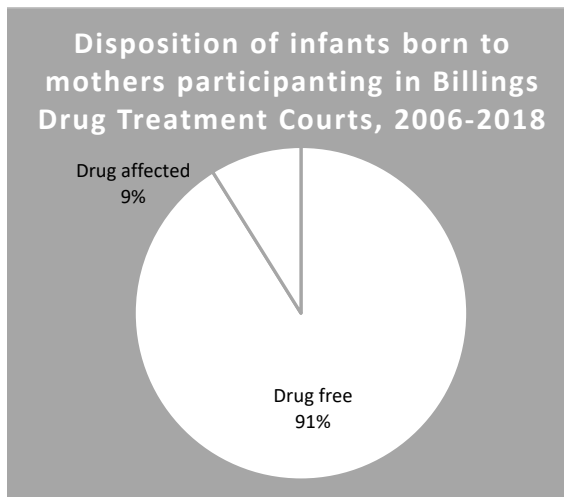
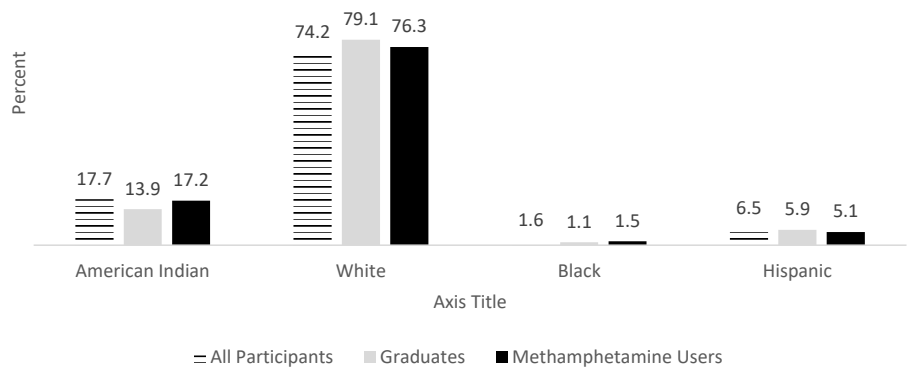
About one in four drug treatment court participants, including methamphetamine users, are minorities. Non-white participants are slightly less likely to graduate than white participants.

Since 2006, 91% of the babies born to women participating in drug treatment courts in Yellowstone County have been born drug free. This translates to 41 babies who have not been affected by drugs at birth, despite having a mother with an SUD.

Gender breakdown of Billings Drug Treatment Court Participants, 2006-2018

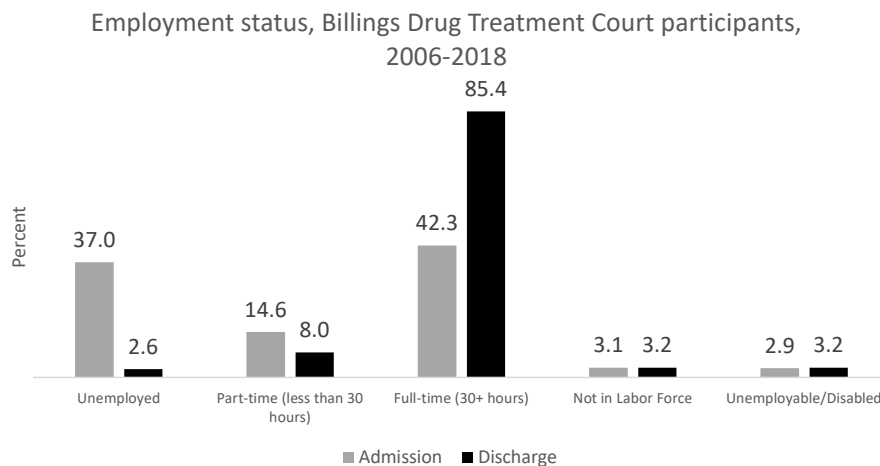
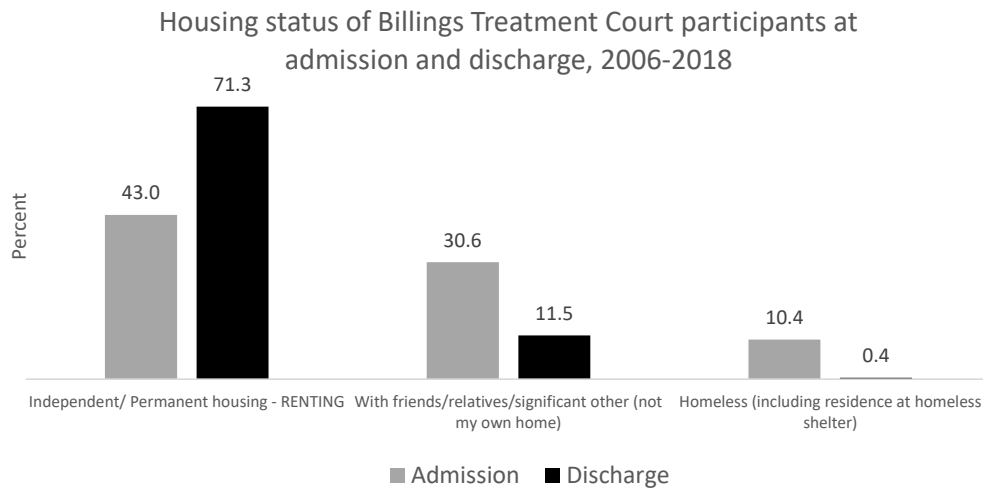


Billings Drug Treatment Court Participants, by race and ethnicity, 2006-2018



Forty-one infants have been born drug free to mothers participating in Yellowstone County drug treatment courts since 2006.

Like individuals who graduate from more traditional treatment programs, drug treatment court graduates in Yellowstone County are much more likely to have permanent housing and full-time employment upon discharge. In addition, 238 drug treatment court participants have received their driver's license since 2006, increasing their employability and access to services.⁵⁵



Focus group participants who were active in or graduates of drug treatment courts in Yellowstone County voiced almost universally positive comments about the programs. Interviewees noted that drug treatment courts operate with the understanding that addiction is a chronic, relapsing brain disease and that monitoring and sanctions are applied in a way that helps connect individuals back to services if they relapse instead of imposing punitive measures. One participant noted, "In drug court, if we have a failed UA (urine analysis), we are asked, "How can we better support you and get you ad-

ditional treatment?" Participants also talked about how the support from the drug treatment court team, especially from the judge, represented a drastic paradigm shift that helped them build a road map to success. One interviewee noted, "After a while I realized that everyone, including the judges, were there to help and to support me. It took a long time for me to trust authority and the justice system because I've been on the wrong side of the law for so long, but the drug courts helped me build that trust."

CONCLUSION

Substance misuse and abuse exacts a substantial toll on individuals and families in Yellowstone County, as well as the health, human service and justice systems that serve the community. Methamphetamine use, and its associated criminal and social impacts, have increased rapidly in recent years, demanding a community level response to stem the tide of this growing epidemic.

The Substance Abuse CONNECT Coalition is committed to utilizing these data to lead the way in developing a robust plan to foster a safe and healthy community that supports prevention, treatment and enforcement systems that are data-driven, evidence-based, and effective in reducing the impact of methamphetamine-related violent crime in Yellowstone County.

FUTURE DIRECTIONS: DATA DRIVEN DECISION MAKING

The Substance Abuse CONNECT Coalition believes that the data in this report demonstrate that substance misuse and abuse leads to significant financial and non-financial costs to the legal system, courts, police departments, incarceration facilities, health and social service providers, and many other agencies and organizations. These costs are borne by citizens in Billings, Yellowstone County, the state of Montana, the Federal government, health care facilities and other organizations.

This cost information needs to be collected, organized, and evaluated by stakeholders. We also believe that there is more opportunity to investigate root causes of substance abuse and to evaluate the potential role of education, income, family life, stress, abuse, quality of neighborhoods, job training, access to care, and environmental conditions to name a few of the factors that influence this issue.

To address these issues, the Substance Abuse CONNECT Coalition has contracted with Gary Gannon of SciGaia to develop online tools to facilitate collaborative investigations and decision-making, including an online decision support system design for the Substance Abuse CONNECT coalition that will:

- Allow substance abuse stakeholders from diverse sectors (including prevention, treatment, enforcement) to collaborate on choosing alternative courses of action designed to reduce substance abuse;
- Track cross-sector coalition goals and impact;
- Provide online links to publications and websites that provide information on best practices for reducing substance abuse;
- Provide interactive maps and visualizations that show socio-economic patterns associated with substance abuse in Yellowstone County, Montana.

For more information about this project, contact Gary at gary@scigaia.com or 707-484-5888.

LIMITATIONS

The data presented in this report represent the most commonly used and publicly-available sources for quantifying SUDs in Yellowstone County. Whenever possible, analyses were limited to Yellowstone County residents. If data sources (such as the Rimrock treatment outcomes) could not be analyzed by county of residence, we report statistics that include individuals from outside the community. A key limitation for all data sources in this report is the accuracy of coding and attribution for substance use in medical and justice system records. Substance Abuse CONNECT should support ongoing efforts inside of local systems to improve data collection and attribution over time to better represent the scope of the SUD problem. When local data were not available to quantify key issues

of concern (such as adult SUD prevalence and ACEs), we used state level estimates and projected the scope of the impact in Yellowstone County using population numbers from the US Census Bureau's American Community Survey (2013-2017 estimates). Finally, this report is only a first attempt in a community led process to gather and analyze secondary data sources related to SUD in Yellowstone County. There are many more opportunities to gather and analyze additional information, as well as conduct further analyzes of the data sources included in this report as new questions emerge in the planning and implementation process led by Substance Abuse CONNECT.

REFERENCES

1. Total population: 1,062,305 according to the US Census Bureau 2018 estimate
2. American Fact Finder, 2013-2017 estimates
3. IBID
4. IBID
5. IBID
6. Estimate based on National Survey on Drug Use and Health, 2015-2016 and Census Population estimates.
7. National Survey on Drug Use and Health, 2015-2016.
8. IBID
9. Yellowstone County Community Health Needs Assessment, Professional Research Consultants, Inc 2016-201
10. IBID
11. Behavioral Risk Factor Surveillance System, 2017
12. Youth Risk Behavioral Survey, 2017
13. National Highway Traffic Safety Administration, 2017
14. CDC Opioid Prescribing Estimates, by County, accessed in February 2019
15. Montana Vital Statistics, DPHHS, 2006-2016
16. Neonatal Abstinence Syndrome in Montana Newborns, 2000-2013, Cody Custis, Montana Office of Epidemiology and Scientific Support, DPHHS
17. Rimrock Annual Report, 2018
18. <https://sccanblog.wordpress.com/2012/04/11/age-of-first-use-predicts-later-abuse-and-dependence/>

19. <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/strategic-prevention-framework/main>
20. <https://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>
21. Youth Risk Behavior Survey, 2009-2017, Centers for Disease Control and Prevention, Received from the Montana Office of Public Instruction
22. Prevention Needs Assessment, 2018.
23. Correlates of Lifetime Exposure to One or More Potentially Traumatic Events and Subsequent Post-traumatic Stress among Adults in the United States: Results from the Mental Health Surveillance Study, 2008-2012).
24. National Survey of Children's Health, 2014.
25. <https://www.wvtf.org/post/lawmakers-consider-public-awareness-campaign-childhood-trauma#stream/0>
26. https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf
27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815052/>
28. Client data from Yellowstone Boys and Girls Ranch and Billings Drug courts
29. Montana Department of Justice
30. Total sentence time is the prison sentence minus the number of months suspended or the total deferred months). Source: Montana Department of Corrections
31. Billings Police Department 2018 Annual Report
32. Montana Board of Crime Control
33. Statistics provided by the US Attorney's Office
34. Justice Reinvestment, 2009-2015.
35. Case review conducted by Amy Trad and Nick Fonte for the City of Billings
36. Montana Department of Justice Substance Use in Montana report, 2017
37. 2014 Facility Administrators Survey of Adult Jails in Montana – August 2015; Criminology Research Group, Social Science Research Laboratory, University of Montana
38. Child Welfare League of America, "Montana's Children 2018"
39. <http://publicdefender.mt.gov/Portals/61/GovernorsReport/2018/CaseloadWorkloadFY18.pdf>
40. Yellowstone County Attorney's Office
41. IBID
42. Montana Office of the Public Defender
43. DPHHS EMS and Trauma Systems
44. Montana Hospital Discharge Data System, DPHHS
45. IBID
46. Montana Vital Statistics
47. Estimates based on the National Survey of Drug Use and Health, 2015-2016
48. Huber, A.; Ling, W.; Shoptaw, S.; Gulati, V.; Brethen, P.; and Rawson, R. Integrating treatments for methamphetamine abuse: A psychosocial perspective. *J Addict Dis* 16(4):41-50, 1997.
49. Petry, N.M et al. Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs: A National Drug Abuse Treatment Clinical Trials Network study. *Arch Gen Psychiatry* 62(10):1148-1156, 2005.
50. Rimrock Annual Report, 2018
51. <http://altinc.net/passages/>
52. Programmatic data provided by Alternatives, Inc.
53. Health Resources and Services Administration (HRSA), Uniform Data System
54. Data provided by Billings Clinic and St. Vincent Healthcare in May 2019
55. All Drug Treatment Court Data provided by the Montana Office of the Court Administrator