

Opioid Abatement + Substance Use Disorder Strategic Priorities Addendum

Yellowstone Metro Region, Montana Opioid Abatement Trust Fund, 2026–2027

This addendum provides substance use disorder–specific strategic priorities in alignment with:

- The 2026–2028 Yellowstone County Behavioral Health Coalition Strategic Plan
- Community identified gaps related to behavioral health

This document is intended to supplement—not replace—the broader strategic plan by identifying priority system investments and coordination strategies specific to substance use disorder and overdose prevention, with particular emphasis on opioids, polysubstance use, and co-occurring disorders.

Guiding Principles for Opioid Abatement Strategies

Consistent with the Coalition Charter and Strategic Plan, opioid abatement strategies should:

- Address community-wide collaborative effort
- Reduce reliance on emergency departments, incarceration, and crisis services
- Strengthen prevention, treatment, recovery, and re-entry pathways across systems
- Support evidence informed, sustainable approaches
- Reinforce shared accountability, collaboration, and data-driven decision-making
- Avoid duplication of existing services while filling documented gaps

Priority SUD System Gaps Identified by the Community

Across community mapping, work groups, and strategic planning, the following opioid- and SUD related system gaps were consistently identified:

- Limited stepdown, stabilization, and detox capacity following crisis
- Fragmented medication for opioid use disorder access and continuity, especially with Medicaid re-determination approaching
- Lack of low barrier engagement points and recovery supports
- Insufficient pre-release and re-entry coordination for justice involved individuals
- Heavy reliance on emergency departments and jail as default crisis responses
- Workforce shortages impacting SUD treatment, recovery, and peer services
- Limited real-time data visibility into beds, detox, and treatment capacity

Strategic Priority Areas for Opioid Abatement

Priority Area 1: Prevention, Harm Reduction, and Early Intervention

Reduce overdose risk and progression to crisis by strengthening evidence-informed prevention and harm reduction systems.

System Level Strategies:

- Expand disbursement, coordination, and visibility of community-based naloxone distribution and overdose education
- Support recovery safety measures, including linkage to syringe services and fentanyl test strip education
- Increase integration of SUD screening and brief intervention in healthcare, schools, and justice touchpoints
- Align and support mentorship, Positive Childhood Experiences (PCEs)/Protective and Compensatory Experiences (PACEs) informed prevention, and youth engagement efforts with SUD prevention goals
- Expand primary prevention efforts to increase community education and outreach regarding behavioral health inclusive of substance use prevention

Priority Area 2: Crisis Intervention, Detox, and Diversion from Emergency Departments and Jail

Ensure individuals experiencing substance-related crisis have behavioral health options beyond ERs and incarceration.

System-Level Strategies:

- Increase diversion services for social detox, subacute withdrawal management (e.g., ASAM 3.7), and crisis receiving (up to 24 hours) and stabilization (up to 72 hours)
- Improve law enforcement and ER diversion pathways for rapid connection to SUD services
- Increase inpatient detox services for youth and adults
- Support reestablishment of mobile crisis and crisis transportation models that include SUD expertise

Priority Area 3: Treatment Access and Medication Continuity

System-Level Strategies:

- Strengthen coordination for MOUD initiation and continuity across emergency departments, detox, inpatient, outpatient, and justice settings
- Create a fund or “bank” specific for covering medication costs for clients, patients, or organizations to continue treatment with Medicaid redetermination concerns in partnership with organizations that have access to pharmacy services
- Initiatives that address increased medication regime adherence and case management
- Address SUD treatment bottlenecks, waitlists, and referral inefficiencies using shared pathways and data

Priority Area 4: Recovery Housing and Long-Term Stabilization

System-Level Strategies:

- Improve coordination, service, and standards across recovery housing, sober living, and step-down supports
- Increase accreditation and certification of recovery houses
- Increase co-located treatment and wrap around services as part of recovery housing programming
- Increase levels two, three, and four recovery housing opportunities ([Certification | Recovery Access Montana](#))
- Support peer support integration throughout treatment and recovery pathways
- Address gaps in recovery supports for youth, families, and parents in recovery

Priority Area 5: Justice System Intercept and Re-Entry for Individuals with SUD

System-Level Strategies:

- Strengthen pre-arrest, pre-trial, and post-release diversion pathways to SUD treatment
- Improve pre-release planning, including MOUD continuity, insurance activation, and treatment linkage
- Support collaboration with treatment courts, probation, parole, and detention partners
- Strengthen behavioral health and SUD services offered within detention center

Priority Area 6: Workforce, Data, and System Accountability

System-Level Strategies:

- Align opioid abatement efforts with workforce development initiatives (peers, counselors, clinicians)
- Utilize fund/bank for workforce development for LACs or other professionals to combat SUD/opioid use disorders
- Increase capacity of workforce development through organization applications for tuition assistance for shorter programs and/or certifications for behavioral health staff
- Increase number of peer support certifications
- Improve real-time visibility into detox, treatment, and recovery capacity