EXHIBIT 2
DATE Jan 18 2005
HB

Addictive and Mental Disorders Division
Chemical Dependency Bureau
Montana Comprehensive Plan

The Montana Chemical Dependency Prevention and Treatment System is currently funded by the federal block grant, Medicaid and alcohol tax dollars. Montana's current system capacity with this limited funding includes services such as:

- Outpatient Treatment Services
- Intensive Outpatient Treatment Services
- Inpatient - Montana Chemical Dependency Center in Butte that serves all of Montana
- Prevention focused on coalition building, information dissemination and education
- Three Women & Children's Facilities located in Billings, Missoula and Great Falls that currently serve primarily meth clients.
- Two Recovery Homes located in Bozeman and Livingston.
- One male Transitional Living Facility located in Helena.
- Contracted beds for residential youth services with private facilities.

Montana is proposing to assess our current capacity and develop the infrastructure and capacity for a continuum of chemical dependency services that will include prevention, intervention and treatment services throughout the state. The focus is to assess the need, capacity, accessibility and capability to provide prevention, intervention and treatment services for Meth and other drugs in a continuum of care needed for successful outcomes. The following is an outline for the development of a continuum of care system for individuals whom are in need of our services.

Key Elements

- *Needs Assessment by County or Area* – due to the lack of a continuum of chemical dependency services in many parts of our state and the unknown treatment needs of the population of Montana, the Needs Assessment would provide the basis of the system design. This becomes our baseline for future evaluation and development of benchmarks and outcome measures. The estimated cost is $300,000. Funding for the first year will be to acquire the information and data needed. Subsequent years, the funding will be directed toward evaluation and continued assessment and quality management of the system. The following are the types of areas to be assessed:

  - Current Substance Abuse/Dependence Problems
  - Current Continuum of Services in Relation to the Abuse/Dependence Problems
  - How significant the problem is on a community by community level
  - Utilize Needs Assessment to Make Decisions on what Services should be Discontinued, Added, Modified and Enhanced

- *Development of Quality Management Plan* - would be based upon the community level assessment to meet current and future prevention, intervention and treatment needs. The estimated cost is $300,000. Funding in subsequent years from this area will be used to start pilot projects for new types or methods of services. The following activities would occur under this section:

    - Development of policy and procedures to guide process
    - Development of certification instruments to establish and assure compliance with state law and that we have professionals providing needed services
    - Development of quality management tools for providers to help self evaluate for compliance and can be used for quality assurance of services
    - Implementation of best practices or evidence based services to assure positive outcomes

- *Data Management System Development* - is desperately needed as the current chemical dependency data system has not been updated and was developed 20 plus years ago. This data system does not meet current best practice needs to monitor prevention, intervention and treatment. The estimated cost is $300,000. A small amount of the funding would continued to be used in each subsequent year for updating the system for newly identified needs, un-obligated funds would be moved into the continuum of care system. The newly developed data system would provide the following:

    - Measurable outcomes to meet federal and state requirements
    - Management of the scope of work deliverables of contracts
    - Funding decision tool
    - Information to secure other funding resources

- *Rule and Regulation Re-write* – the current rules were written in the early 1980's and have not been maintained or updated. Because of the proposed system redesign, current rules and regulations will need to be rewritten to support best practices and infrastructure needs for prevention, intervention and treatment. The estimated cost for personnel, legal and training time is $100,000. A small amount of funding from this category will be used in subsequent years to continue to update and provide training but the majority of funding will be moved into the continuum of care system. The following will be the result of a rule and regulation re-write:

    - Establish a foundation to build the prevention, intervention and treatment system.
    - Require all key players to coordinate efforts and deliver services to create a continuum of care of services to meet the community needs.
    - Establish a baseline for outcomes to be produced by providing guidelines for providers to follow.
    - Establish a standard to provide accountability for the system.

- *Training Component* - provides technical assistance and development of the prevention, intervention and treatment profession needed for an outcome-based system. Training needs to be a continuous process to provide for new skills and capacity development to implement best practices and develop a professional chemical dependency workforce. The estimated cost $500,000 for a minimum of six trainings per year and the follow-up technical assistance. Subsequent years of funding will stay directed to this area of need. Results of training would provide:

    - Skills needed by the current provider system to grow and adapt to actual needs of the chemical dependency field
    - A statewide coordinated training system that would integrate other systems such as Mental Health, Public Health, and Corrections to enable cross-training to occur for better coordination and utilization of current funding that could provide such activities as Co-Occurring.
    - Individual on-site technical assistance

- *Development of Continuum of Care Plan* - would address needs identified by the system assessment. To further develop the infrastructure and capacity of the system, Montana will need to implement capital improvements of the provider system. The current provider facilities are less than desirable; therefore, a need to create a "revolving loan" account for capital improvements would be developed. One idea is to have For the first year of the proposed funding, $5 million would be placed into this revolving loan account. Subsequent years of additional funding in this category would be fully dedicated to the services in the continuum of care system. Another idea is to have the providers seek loans from the health facilities fund program which the state runs. This would leave, for the first year, $2.5 million and the second year 6.5 million to be focused on direct services which could include the following:

    - Prevention
    - Intervention
    - Detox and other inpatient services
    - Treatment
    - Special Population Needs for example facilities such as the Women & Children's Homes
    - Recovery Homes
    - Transitional Housing

Addictive & Mental Disorders Division
Chemical Dependency Bureau

Montana Comprehensive Plan for Substance Abuse

Key Elements

	Year 1	Year 2
A) Needs Assessment by County or Area		
♦ Acquisition of information and data	$ 300,000	
♦ Program evaluation, assessment and quality management		$ 300,000
B) Development of Quality Management Plan		
♦ Development of QM Plan	$ 300,000	
♦ Pilot projects funding to implement new services		$ 300,000
C) Data Management and System Development		
♦ Data system to monitor prevention, intervention and treatment	$ 300,000	
♦ Annual updating of data system or care continuum transfer		$ 300,000
D) Rule and Regulation Re-write		
♦ Personnel, legal and training costs	$ 100,000	$ -
E) Training Component		
♦ Technical assistance and training for an outcome-based system	$ 500,000	$ 500,000
F) Development of Continuum of Care Infrastructure		
♦ Revolving loan account for capital improvements may get loans from th health facilties fund and not need general fund	$ 5,000,000	$ -
G) Direct Service Delivery		
♦ Enhance and expand the continuum of care for substance abuse	$ 2,500,000	$ 6,500,000
Total only 4 million first year if can get loans elsewhere	$ 4,000,000	$ 7,900,000