



**OPIOID SETTLEMENT
LEWIS & CLARK COUNTY METRO REGION
GOVERNANCE COMMITTEE**

September 25, 2024 – 10:30 a.m.

<https://us06web.zoom.us/j/83501249114>

This is a virtual-only meeting.

AGENDA

1. Call Meeting to Order & Roll Call - Tom Rolfe, Committee Chair
 2. Discussion of Funding Requests specific to Lewis and Clark Metro Region
 - a. Lewis and Clark Detention Center Project
 - b. Helena School District Project
 3. Public comment
 4. Upcoming meeting
 5. Adjournment
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ADA NOTICE

Lewis and Clark County and the City of Helena are committed to providing access to persons with disabilities for meetings, in compliance with Title II of the Americans with Disabilities Act and the Montana Human Rights Act. The County and City will not exclude persons with disabilities from participation at their meetings or otherwise deny them access to City or County's services, programs, or activities.

Persons with disabilities requiring accommodations to participate in the County's meetings, services, programs, or activities should contact Keni Grose, as soon as possible to allow sufficient time to arrange for the requested accommodation, at any of the following: (406) 447- 8316; TTY Relay Service 1-800-253-4091 or 711; KGROSE@lccountymt.gov; 316 N Park, Room 303.

Persons with disabilities requiring accommodations to participate in the city's meetings, services, programs, or activities should contact the city's ADA Coordinator, Ellie Ray, as soon as possible to allow sufficient time to arrange for the requested accommodation, at any of the following: Phone: (406) 447-8490; TTY Relay Service 1- 800-253-4091 or 711; Email: citycommunitydevelopment@helenamt.gov; Mailing Address & Physical Location: 316 North Park, Avenue, Room 445, Helena, MT 59623.



Montana Opioid Abatement Trust

MEMORANDUM

From: Rusty Gackle, Executive Director, Montana Opioid Abatement Trust
To: County Commissioners, County and City Attorneys, Abatement Region Governance Structure Committees
Regarding: MOAT Updates & Information
Dated: 9.25.24

The Montana Opioid Abatement Trust (**MOAT**) currently has ten abatement regions that have been formed, appointed governance committees, and have begun the next steps of reviewing grant applications (*Abatement Region 3, Abatement Region 5, Butte-Silver Bow County Metro, Flathead County Metro, Gallatin County Metro, Lake County Metro, Lewis & Clark County Metro, Missoula County Metro, Ravalli County Metro, and Yellowstone County Metro*). The **MOAT** will continue to work with these Abatement Regions to provide guidance as they begin to fund grant applications.

Four abatement regions (*Abatement Region 1, Abatement Region 2, Abatement Region 4, Cascade County Metro*) are in the process of forming and appointing individuals to their governance committee. The **MOAT** anticipates these regions will be completed soon and is looking forward to an initial meeting to discuss the next steps and submit completed applications for evaluation.

As a reminder, contact information for each abatement regions governance committee is posted on the website *MontanaOpioid.org*. The **MOAT** works with applicants specifically to get them to the point of submission and to ensure they understand the application flow chart. Once submitted and forwarded to the abatement regions for evaluation, applicants may contact local governing committees with further questions, as each abatement region has a different process for reviewing and approving applications.

The next application revision date for the **MOAT** is Dec. 19th. Currently, there are 13 new applications in draft status and 48 submitted grant applications in the evaluation stage, meaning the selected regions governance committees have the applications in their queues for scoring and review. 6 applications are waiting to



Montana Opioid Abatement Trust

be sent for review, due to the applied abatement region not having a governance committee set up.

We continue to work with new applicants as they begin to apply for funding, as well as guiding earlier applicants with the multi region addendums sent out at the end of July.

- ***Abatement Region 1 – 10 applications (Multi Region)***
- ***Abatement Region 2 - 16 applications (15 Multi Region ~ 1 Stand Alone)***
- ***Abatement Region 3 – 17 applications (Multi Region)***
- ***Abatement Region 4 - 16 applications (12 Multi Region ~ 4 Stand Alone)***
- ***Abatement Region 5 - 11 applications (Multi Region)***
- ***Butte Silver Bow Metro - 14 applications (12 Multi Region ~ 2 Stand Alone)***
- ***Cascade County Metro - 14 applications (13 Multi Region ~ 1 Stand Alone)***
- ***Flathead County Metro – 14 applications (Multi Region)***
- ***Gallatin County Metro - 22 applications (16 Multi Region ~ 6 Stand Alone)***
- ***Lake County Metro - 10 applications***
- ***Lewis & Clark County Metro - 15 applications (12 Multi Region ~ 3 Stand Alone)***
- ***Missoula County Metro - 22 applications (18 Multi Region ~ 4 Stand Alone)***
- ***Ravalli County Metro - 14 applications (13 Multi Region ~ 1 Stand Alone)***
- ***Yellowstone County Metro - 24 applications (16 Multi Region ~ 8 Stand Alone)***

At the last Advisory Committee meeting the Trustees reviewed and approved two applications submitted by Lake County Metro Region.

- ***Never Alone Recovery Services ~ 1 year term ~ \$78,240.00***
- ***Friends of the Children West ~ 3-year term ~ \$180,000.00 (\$60,000.00/year)***

As soon as the grant agreements are finalized this information will be posted on the **MOAT** website.



Montana Opioid Abatement Trust

The next Advisory Committee meeting has been scheduled for **Tues. Oct. 15th at 1:00PM.**

We look forward to continuing to make progress in the fight against the opioid epidemic in Montana. If you have any questions, comments or concerns please feel free to contact us.

Thank you,

Rusty Gackle
Executive Director

*****NOTE**** - you are receiving this correspondence because you are listed as a County or City Attorney, County Commissioner, or an Abatement Region governance committee. If you are no longer a contact, please let us know.*

Detention Center Medical Provider Program

2023 Montana Opioid Abatement Trust Grants

Lewis and Clark County Sheriff's Office

Leo Dutton
221 Breckenridge Street
Helena, MT 59601

bbragg@lccountymt.gov
O: 406-447-8246

Bradley Bragg

221 Breckenridge Street
Helena, MT 59601

bbragg@lccountymt.gov
O: 406-447-8246
M: 406-459-1851

Application Form

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

Detention Center Medical Provider Program

Select Abatement Region and/or Metro Region*

Select the Multi-County Abatement Region **and/or** the Metro Region you are requesting grant funds from. Select all regions that apply, for example if you are collaborating with multiple Counties **and/or** Abatement Regions select each region the program/project will serve. Click [HERE](#) for a detailed map of Multi-County Abatement Regions and Metro Abatement Regions

Lewis & Clark County

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

This program will address the medical concerns of, and care provided to the incarcerated population in Lewis and Clark County. The Mission of the program is to holistically address the medical needs of the incarcerated through increased access to care within the facility and elimination or reduction of costs to inmates. This program will help pay a medical provider to provide primary care and urgent care needs within the facility, including support for the existing Medication-Assisted Treatment (MAT) Bridges Program for Opioid Use Disorders (OUD). The medical provider selected for this program will provide standing orders for nurses in the facility to help address immediate needs for common ailments and issues with the population.

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click [HERE](#) for a list of approved opioid remediation uses

Treatment

Recovery

How does the program meet the Opioid Remediation Guidelines*

In detail, describe how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

This program meets the Opioid Remediation Guidelines in multiple areas. First, under the Core Strategies, it falls under section B (MAT Distribution and other Opioid Related Treatment). This will be accomplished with a medical provider who will respond to the facility for initial and follow-up appointments for individuals screened as possibly having an OUD. Part of this section covers increasing access to MAT programs for uninsured individuals, which includes a large portion of the incarcerated population. Many incarcerated people come into the facility with Medicaid. However, once they are incarcerated, their Medicaid is revoked per the Federal Medicaid Inmate Exclusion Policy (MEIP). Per MCA, this requires them to be responsible for their medical care. By providing an in-house medical provider, these uninsured patients will not incur costs associated with their OUD or for follow up appointments for a holistic approach to their care. Second, this falls under section F of the Core Strategies (Treatment for the Incarcerated Population). By having an in-house medical provider, the Detention Center will be able to better screen and start treatment for OUD, other substance misuse issues, and mental health concerns without relying on an outside provider and their availability. The medical provider will also allow the facility to better coordinate medical care for an inmate upon their release to the community. Lastly, this program falls under section D of the Treatment Section (Address the Needs of Criminal Justice Involved Persons). In Lewis and Clark County, the majority of people who become criminal justice involved start the process at the detention center. By identifying individuals with OUD, other substance misuse issues, and/or mental health concerns, the Detention Center can initiate the treatment process and work with our Criminal Justice Services division to continue treatment and support upon release from the facility.

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

A proposed supplement or expansion to a program.

Fiscal Information

Requested Amount*

\$576,000.00

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

Annual Costs for Medical Provider Program.xlsx

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

The Sheriff's Office does not currently have funding for a Detention Center-based medical provider. Staff have transported incarcerated individuals, including MAT Bridges participants, to medical appointments at local Federally Qualified Health Centers (FQHC). However, without Medicaid, the burden of cost is charged to the inmate. The attached request is for five years of funding for an on-site medical provider. A local provider

provided a quote for these services at \$60 a month per inmate. The Detention Center regularly runs the facility with approximately 160 inmates, which would be \$115,200.00 per year, based on the quote. The Lewis and Clark County Detention Center will cover any additional costs associated with this program depending on the detention center population. This funding will help expand our current MAT Bridges and medical programs by providing more timely access to care and more affordable care for inmates with OUD, other substance misuse disorders, and mental health concerns.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Tammy Potter

Fiscal Agent Email Address*

tpotter@lccountymt.gov

Program Abstract

Program Description*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

This program is designed to increase our ability to provide medical care and MOUD access to inmates within the Lewis and Clark County Detention Center. The priority of the program is to help identify individuals with OUD, substance misuse disorders, and mental health disorders, while also providing a holistic approach to all the incarcerated population for their medical care. Most of the incarcerated population are uninsured or had their Medicaid turned off after coming into the facility. This results in the cost of their medical care being charged to them. Many incarcerated people refuse medical care due to not wanting to incur a cost. This program will promote better access to medical care, including MOUD, within the Detention Center's population. One of the main objectives of this program is to remove the cost barrier for receiving medical care when incarcerated, which will help those that currently refuse medical care due to the associated costs. While this program will not remove all costs, it will remove the costs for basic care they would have received outside the facility with active Medicaid insurance. The program will also reduce costs of medications provided to inmates by an estimated 10%, based on the current quote. The second objective of this program is to reduce the stress on our transport officers who are charged with transporting inmates to an outside medical provider for OUD and substance misuse disorders. Currently, if an inmate is identified as being a candidate for our MAT Bridges Program, the inmate must be transported to a local FQHC for their initial appointment and all follow up appointments. The need to transport is often met in delays to care due to FQHC appointment availability and other transport needs. For example, a high priority medical transport supersedes transport for a MAT participant. With an in-house medical provider, medical care will be provided without being dependent on transport.

Program Reach

If you are requesting funds from multiple Abatement Regions please specify how your program serves each region. **Be specific.**

Specific Goals*

What are the specific goals of the program? List several goals the program hopes to accomplish and how the program intends to meet these goals.

There are three specific goals identified for this project.

1. Reduce the number of transports needed for medical care.
2. Remove the cost barrier to incarcerated people seeking medical care.
3. Decrease waiting time for initial appointments for individuals screened for OUD and other substance misuse disorders before their first appointment.

Evaluation Method*

Describe how you plan to evaluate the effectiveness of the program and what the method for evaluation will be.

The three goals described above would be evaluated on a quarterly basis.

1. Transport numbers are available for medical appointments on a regular basis. This program will call for review of transport numbers to be completed quarterly and compared with previous data. The goal will be to reduce the number of medical transports by 50% when a provider is available in house.
2. The Detention Center currently has data for costs charged to inmates for medical care that can be compared with the costs of the new/expanded program. These numbers will be completed quarterly and compared with previous data. The goal will be to reduce the amount of medical expenses billed to inmates by 50%.
3. The Detention Center currently has data on waiting time from approval for MAT Bridges participants until their first appointment. These numbers will be completed quarterly and compared with previous data. The goal will be to reduce the amount of waiting time from approval to appointment by 50%.

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

The initial awareness for the program would be completed with the Request for Proposal (RFP) for the program, to include signing of the agreement. Since this will be a public RFP and signed at a public meeting, the public will be aware of the efforts we are taking to address issues. Six months after implementation, Detention staff will submit a press release to local news agencies to showcase areas of improvement with the new program and release data that corresponds with these goals. Detention staff will provide a formal presentation to the Lewis and Clark County Criminal Justice Coordinating Council (CJCC) and the Lewis and Clark County Citizens Advisory Council (CAC). In partnership with the Lewis and Clark County Department of Criminal Justice Services (CJS), the program will be featured in the CJCC quarterly newsletter and on the CJS website. For long term, we will use this program as part of any future publicity for the medical care we provide at the detention center to promote the work done.

Additional Documents

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

Upload #2

Upload #3

Additional Information

File Attachment Summary

Applicant File Uploads

- Annual Costs for Medical Provider Program.xlsx

Contracted cost of Provider for Facility

FY 25	\$115,200.00
FY 26	\$115,200.00
FY 27	\$115,200.00
FY 28	\$115,200.00
FY 29	\$115,200.00
Total Request	\$576,000.00

Lewis and Clark Metro Region Opioid Abatement Governance Committee,

I received your request for clarification to our request for funding for a medical provider in the Lewis and Clark County Detention Center. I have provided the below information to attempt to provide further clarification for the points that were brought up. If you have any further questions, I would be more than happy to meet with you to go over any of these areas or other areas of our application.

1. Regarding the goals and metrics for the proposal presented, I would like to list three goals of the program.
 - a. The first goal would be to increase the number of inmates being able to see a primary care provider. With our current system, we can manage between 7 to 10 medical appointments each week. The goal would be to have this number doubled within the first 6 months of the provider starting within the facility. This would be accomplished by establishing a set sick call time for inmates to be seen, without the barrier of being transported.
 - b. The second goal would be to reduce or eliminate the cost of medical care for inmates. Currently, inmates not convicted of a crime are required to pay for their medical costs, which can be expensive with outside providers. The goal with this program would be to eliminate the cost to the inmate for the three years the provider is funded. This goal would be achieved as soon as a provider can be selected and start working in the facility. After the three years, a nominal cost would be required for services provided by the provider, but would remain low compared to outside sources. The cost after three years would be determined at a later time, but would use outside sources to keep the costs down.
 - c. The final goal of the program would be to reduce the waiting time from identification of an inmate needing MAT services to the prescription of the medication. Currently, the wait time can vary depending on other transport needs and availability of providers. This can range from a week to a month on average. The goal would be to reduce this wait time to an average of 4 days. This helps to account for weekends and scheduled sick calls for inmates to be seen. By reducing the average wait time, we would be increasing the access for those with OUD to begin in a MAT program.
2. While the outline for the scope of practice would depend on the response from providers during the RFP process, a general guideline was established with local provider regarding the types of services and hours dedicated to the facility within the general costs associated with the funding request. This was a general overview of the services and a discussion about the usage of the provider for the MAT program was included and agreed to include with this scope. Below is the sample scope of the work being provided, but would have to be finalized with the RFP process.
 - a. • Unlimited primary care and urgent care appointments at the detention center with the provider or at HDPC Clinic as applicable to any member (see the services outlined above)

- b. • 10-15 hours/week of provider dedicated time at the detention center to be scheduled in the most efficient manner for nursing staff and jail administrators
 - c. • On-call availability throughout the regular work week, Monday-Friday 8:00 am to 5:00 pm, to answer nursing questions/concerns over the phone or have telehealth visits with inmates
 - d. • Implementation of standing orders for nursing staff to facilitate earlier treatment intervention and streamlining of medical protocols
 - e. • Wholesale medication prices plus \$5.00 dispensing fee
 - f. • Wholesale laboratory costs through Labcorp
 - g. • Best negotiated prices for imaging (usually 55% off if paying cash) through Benefis Helena Imaging Center.
3. As listed above, we would anticipate the provider being inside the facility 10-15 hours a week for in person need, but would also have on call availability for nursing staff to receive assistance during the day. This assistance would increase the scope of work for our nursing staff, who would be able to provide better care due to working under the direction of a doctor. We would have the goal of being able to see approximately 20 people each week to meet the goals we established above as well.
 4. We currently have 5 inmates in the facility on a MAT program. By increasing the access to a provider who can provide for a MAT program, we would anticipate an increase in this number. I do not think we would be able to set a specific goal for any increase in this area since this would just be a guess. While numbers can be used in certain areas to help quantify the success of a program, this is an area I do not believe would be best measured in a specific number. The main goal of any MAT program is not to have X number of people on the program. This would assume we know exactly how many people in the community are dealing with an OUD and are wanting the help to get over it. The best way to measure the success would be to show the increase of access for to the program. This proposal would cover that area since we would have set sick call times with the provider in the facility to increase the access for inmates, who are at a higher risk of suffering from an OUD than the average public.
 5. The initial three goals listed above will give us an idea if we are successful with this program or not. By using data to show an increase in patient care, elimination of costs, and reducing wait times, we would be able to show the program was successful for increase the access to care for the highest risk population in the community.
 6. For sustainability beyond the funding period of three years, the Sheriff's Office is planning on building this cost into our budget at the detention center over time. This will be done by having cost savings immediately from the amount of medical debt we end up covering with no chance of recovery down the road. The current system requires the county to absorb any costs not paid by inmates, which tends to be a large amount. We may regain some of these costs, but are never made whole. By having relief from this cost for the three year period, we would be able to absorb the cost into future budgets and develop a fee schedule for after the funding period to offset the cost of care without drastically increasing costs for inmates.

I thank you for your time in considering our application and can be available for any additional follow up as needed by the committee.

Bradley Bragg
Detention Captain
Lewis and Clark County Sheriff's Office

Helena Public School District Prevention, Early Identification & Referral (PEIR) Project

2023 Montana Opioid Abatement Trust Grants

Helena Public School District

Rex Weltz
Helena Public Schools
1325 Poplar Street
Helena, MT 59601

helenamtschools@helenaschools.org
O: 406-324-2000
M: 406-210-1690

Lona Carter

1325 Poplar Street
Helena, MT 59601

lcarter1@helenaschools.org
O: 406-324-2417
M: 406-431-2417

Application Form

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

Helena Public School District Prevention, Early Identification & Referral (PEIR) Project

Select Abatement Region and/or Metro Region*

Select the Multi-County Abatement Region **and/or** the Metro Region you are requesting grant funds from. Select all regions that apply, for example if you are collaborating with multiple Counties **and/or** Abatement Regions select each region the program/project will serve. Click [HERE](#) for a detailed map of Multi-County Abatement Regions and Metro Abatement Regions

Lewis & Clark County

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

Helena Public Schools, serving 7,600 students in and around the Helena community, is committed to fostering dynamic educational experiences. Our mission is to educate, engage, and empower each student, equipping them with essential knowledge, skills, and character for responsible citizenship and lifelong learning.

Our proactive district is developing robust systems to enhance mental health support, prevention, intervention, and early referral processes. While the Rural Behavioral Health Institute (RBHI) provides short-term case management for grades 6-12 during mental health screenings, we recognize the need to expand our referral process for K-5 students who exhibit significant needs based on the BASC-BESS assessment. Students with social emotional needs often turn to substances to self-medicate. Our primary objective is to prevent substance use among students, especially before their transition to middle and high school.

To bridge this gap, we propose a project imitative to fund two social workers as prevention specialists. Their role involves close collaboration with students and families facing addiction challenges, ensuring timely connections to community care. These social workers will work alongside RBHI, PureView, and HIA partners in grades 6-12, as well as community resources. Their multifaceted approach includes family support, student education, and engagement activities across our 16 school sites, raising awareness about substance use trends and risks. They will also provide mental health services to students and families, and supervise mental health workers during clinical training, addressing the critical need for more professionals in our community and state.

Our prevention efforts will include comprehensive mental health support, as well as substance abuse education for staff, families, and age-appropriate student audiences. We will also distribute Naloxone and fentanyl test strips to proactively safeguard our students' and families well-being.

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click [HERE](#) for a list of approved opioid remediation uses

Prevention

How does the program meet the Opioid Remediation Guidelines*

In detail, describe how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

The Helena Public School District Prevention, Early Identification & Referral (PEIR) Project fits into the approved Opioid Remediation Guidelines through the following:

- 1) Hire mental/behavioral health workers to provide or expand any of the prevention, early identification and referral services.
- 2) Create school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
- 3) Provide evidence-based prevention programs in schools for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
- 4) Create internship opportunities for mental/behavioral health practitioners involved in addressing OUD and mental health conditions in schools, increasing mental health practitioners in our community/state.
- 5) Implement evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
- 6) Support greater access to mental health services and support for young people.
- 7) Support school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
- 8) Educate staff, families and students to prevent overdoses and appropriately distribute Naloxone and fentanyl test strips.
- 9) Collaboration with community health partners and support initiatives.

As a K-12 Public School District, we serve most of our community's youth and families. This gives us a wide reach and a chance to make a positive difference for many people in our community.

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

A new program for your region.

Fiscal Information

Requested Amount*

\$197,081.00

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

HPSD PEIR Project Proposed Budget.pdf

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

The Helena Public School District does not have funding to provide these critical services. This grant would provide funding for the creation of a new prevention, early identification and referral supports within our district, servicing 7600 students and their families, as well as serving as a resources for 984 staff members.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Janelle Mickelson

Fiscal Agent Email Address*

jmickelson@helenaschools.org

Program Abstract

Program Description*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

Our proposal aims to enhance mental health support in our school district by preventing and addressing substance use among students. We focus on different substances according to grade levels:

Through a prevention education that builds upon previous year, we endeavor to provide progressive education that builds on previous topics. We will offer various media and in-person training for students, families, and staff to address addiction and overdose prevention education with the goal to prevent use through education:

- Grades 4-6: Nicotine and vape use.
- Grades 7-9: Alcohol and marijuana.
- Grades 10-11: Opioid and fentanyl use.

We justify our approach by noting that:

- Teens usually start with tobacco, alcohol, or marijuana before trying harder drugs like fentanyl.
- Preventing these substances reduces the risk of illicit drug use and addiction.
- Opioid overdose is a serious and preventable harm that requires awareness and intervention.

Our priorities and objectives are:

- Prevention and Early Intervention: Implement systems to identify and help students at risk of substance use before they move to middle school.
- Referral Process Enhancement: Establish and strengthen case management and referral processes K-12 students with significant needs based on mental health screeners. Ensure timely access to support services.
- Social Worker Support: Introduce two prevention specialists to connect students and families to community care and prevent addiction.
- Collaboration and Education: Collaborate with community mental health partners and resources in grades K-12. Provide family support and student education and engagement activities across our 16 school sites. Raise awareness about substance use trends and risks.
- Supervision and Training: Supervise mental health interns during clinical training. Address the need for more mental health professionals in our community and state.

Our intended results are:

- Reduced Substance Use: Fewer students using substances and developing addiction due to early identification and intervention.
- Improved Referral Process: K-12 students with significant needs promptly referred to appropriate services. Enhanced collaboration between schools and external partners.
- Effective Social Worker Support: Students and families connected to community care. Prevention specialists working to prevent addiction.
- Community Awareness: Families educated on substance use risks. Increased awareness of available resources.
- Increased Mental Health Workforce: More trained mental health professionals. Improved mental health support in our community.
- Opioid Overdose Prevention: Staff, families, and students (age-appropriate) educated about Naloxone. Naloxone and fentanyl test strips distributed to school nurses and families.
- Students' well-being and safety safeguarded.
- Create a supportive and informed environment, ensuring the well-being of our students and promoting mental health awareness.

Program Reach

If you are requesting funds from multiple Abatement Regions please specify how your program serves each region. **Be specific.**

The proposed program aims to have a significant reach within our community. Here are the key aspects of its reach:

1) Student Population:

The program directly impacts 7,600 students across all grade levels within the Helena Public School District, ensuring comprehensive coverage.

2) Families and Caregivers:

Families play a crucial role in supporting students' well-being. The program will engage approximately 3000 families through education, awareness, and referral processes.

3) Staff and Educators:

Teachers, counselors, and school staff are essential partners. Up to 984 district employees will benefit from, receive training in and/or participate in prevention efforts, and collaborate with social workers.

4) Community Partnerships:

Collaborating with organizations like the Helena Indian Alliance, PureView Health Center, and Carroll College Licensed Clinical Social Worker program, as well as resources available in the broader community. These partnerships extend beyond school boundaries and expands the program's reach.

5) Opioid Overdose Prevention:

High school students, teachers, and parents will receive education on Naloxone and fentanyl. Distributing life-saving measures better ensures preparedness across the community.

Awareness Campaigns:

6) Community-wide awareness initiatives:

Ongoing education will raise consciousness about substance use trends and risks. Social media, presentations, and other media options will disseminate information.

7) Mental Health Services and Case Management:

Accessibility to trained mental health workers will provide accessible mental health services and effective case management for students, families, and educators.

This proactive approach aims to prevent substance use and promote mental health for all members of the broader Helena community.

Specific Goals*

What are the specific goals of the program? List several goals the program hopes to accomplish and how the program intends to meet these goals.

The specific goals of the program are as follows:

1. Early Identification and Intervention:

- Maintain robust systems for mental health screenings to identify students at risk of substance use.
- Intervene early to address underlying issues before addiction develops.

2. Referral Process Enhancement:

- Establish a referral process for K-5 students based on the BASC-BESS assessment.
- Ensure timely access to appropriate support services.

3. Social Worker Support:

- Introduce two social workers as prevention specialists.
- Connect students and families struggling with addiction to community care before addiction becomes entrenched.

4. Collaboration and Education:

- Collaborate with RBHI, PureView, HIA community mental health partners in grades K-12, as well as community resources.
- Provide family support, student education, and engagement activities across 16 school sites.
- Raise awareness about substance use trends and risks.

5. Supervision and Training:

- Supervise mental health workers during clinical training.
- Address the critical need for more mental health professionals in our community and state.

6. Opioid Overdose Prevention:

- Educate staff, families, and students (age-appropriate) about Naloxone.
- Distribute Naloxone and fentanyl test strips to school nurses and families.
- Proactively safeguard students' well-being and prevent opioid-related harm.

Evaluation Method*

Describe how you plan to evaluate the effectiveness of the program and what the method for evaluation will be.

Evaluating Program Effectiveness of the PEIR Project will include the following:

1. Tracking Key Data Points - To assess the program's impact, we will closely monitor the following data points:

a. Number of Students and Families Served: We will keep a record of the total number of students and families actively engaging with mental health support services, prevention efforts, and educational activities. This metric reflects the program's reach within the community.

b. Leveraging Existing Data Sources: We'll utilize data from established sources such as:

- RBHI (Rural Behavioral Health Initiative): Analyzing trends related to substance use, mental health, and risk factors.

- PNA (Prevention Needs Assessment): Identifying community needs and assessing program alignment.

- YBR (Youth Behavior Risk): Understanding behavioral patterns and risk factors among youth.

c. Monitoring Suspensions for Alcohol/Drug Use: Tracking the number of students suspended due to alcohol or drug-related incidents provides insights into the impact of prevention efforts and early intervention.

d. Attendance Data: Regularly assessing student attendance rates allows us to gauge positive mental health outcomes and reduced substance use. High attendance may indicate program effectiveness.

e. Process and Outcome Measures (Trust Requirements): Collaborating with the Trust, we will identify specific process and outcome measures they require. These measures provide a comprehensive view of program effectiveness, including both quantitative and qualitative aspects.

2. Assessing Progress - To ensure our efforts yield positive outcomes, we will implement:

a. Clear Metrics and Data Collection - Establish precise metrics and data points to measure progress.

> Attendance: Monitor student attendance rates, especially during mental health programs or workshops.

> Screening Results: Track the number of students screened and identify trends.

> Referral Rates: Measure how many students are referred for and connected to further support.

> Engagement: Assess participation in program activities and workshops.

b. Regular Review and Adaptation:

- Review the data and adjust program strategies based on insights.

- Adapt to emerging needs and challenges within the community.

By implementing this robust evaluation methodology, we aim to continuously improve the program's effectiveness and promote mental health for all members of the broader Helena community.

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

We will employ the following strategies to promote awareness of the PEIR Project:

1) Substance Abuse Education:

By implementing comprehensive substance abuse education programs, we raise awareness about the risks associated with substance use.

Providing age-appropriate information equips students, families, and educators with knowledge to make informed decisions.

Workshops, presentations, and awareness campaigns actively engage the community, fostering understanding and prevention.

2) Early Intervention:

Developing protocols for early identification ensures timely support for at-risk students.

Training teachers, counselors, and staff empowers them to recognize warning signs related to substance use or mental health challenges.

Swift intervention prevents escalation and promotes well-being.

3) Promoting Mental Health Education:

Ongoing mental health education in schools and workplaces creates a culture of understanding and empathy.

Courses like Mental Health First Aid and Mental Health Advocacy in the Workplace equip employees with skills to foster a positive work environment.

4) Organizing Awareness Events:

Hosting mental health awareness events brings the community together.

Panel discussions, guest speakers, and interactive sessions provide platforms for open dialogue.

Leveraging Mental Health Awareness Month (May) amplifies our impact.

5) Sharing Personal Stories:

Encouraging individuals with mental health experiences to share their stories reduces stigma.

Personal narratives create empathy and encourage others to seek help.

Highlighting openness around mental health promotes acceptance.

6) Creating Open Communication Channels:

Safe spaces for discussing mental health normalize seeking support.

Encouraging dialogue among employees, friends, and family members breaks down barriers.

Open communication fosters a supportive work environment.

7) Advocating for Changes and Support:

Ensuring that district staff receive adequate training empowers them to handle mental health referrals.

Advocating for comprehensive mental health services demonstrates commitment to well-being.

We recognize that creating awareness is an ongoing process. Regularly assessing the impact of these strategies to ensure positive outcomes will be essential. By integrating these components, we create a holistic approach that addresses prevention, intervention, and support for mental health and substance use concerns contributing to a healthier, informed, and compassionate community

Additional Documents

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

HPSD PEIR Project Organizational Chart.pdf

Upload #2

[Unanswered]

Upload #3

Additional Information

A concerted effort has been underway to prioritize the mental health of students, families and staff in the Helena Public School District. The initial goal of this work was to enhance mental health screenings and improve access to care within our school system. Recognizing the critical importance of student well-being, various stakeholders have come together to create a network of support services. This initiative has been successful in leveraging partnerships, while strategies that aim to address the mental and behavioral health needs of our K-12 students.

The involvement of mental health screeners from the Rural Behavioral Health Institute (RBHI) has had a transformative impact on our district. Their expertise has been instrumental in identifying students in need of mental health services through their screening tool. Additionally, they provide short-term case management to connect students to care, ensuring timely assessments and free link-to-care services for our 6-12 students. RBHI has also assisted the district in securing resources for families with K-5 children who previously struggled to find adequate support. However, it's evident that robust case management is still needed for our K-5 students who have completed the BASC-BESS and need access to appropriate care. The assessment data from the BASC-BESS and RBHI screenings has highlighted the significant mental health needs within our student population. This underscores the importance of prevention, early identification and referral support for students and families dealing with addiction.

From this knowledge, our commitment to student mental health ignited the critical need for formal partnerships with mental health providers in our community. Key organizations such as the Helena Indian Alliance, PureView, and Carroll College's Social Work Department have joined forces with the Helena Public School District to ensure better access to comprehensive mental health services. These partnerships facilitate seamless coordination and resource sharing, allowing us to reach students effectively, but their focus has been primarily at the 6th – 12th grade levels.

Students at the middle school and high school level learn about mental health through targeted programs:

- SOS (Signs of Suicide): Educating students about recognizing signs of suicidal ideation and how to seek help.
- YAM (Youth Aware of Mental Health): Promoting mental health awareness and destigmatization.
- QPR (Question, Persuade, Refer): Equipping students with skills to assist peers in crisis.
- Mental Health First Aid: Ensuring both staff and students can respond effectively to mental health emergencies.

In elementary schools, students receive Second Step lessons from their school counselors. These lessons focus on social-emotional skills, empathy, and conflict resolution. By nurturing emotional intelligence, we create a supportive environment.

Our commitment extends to staff development. Conscious Discipline training equips educators with tools to foster positive behavior, emotional regulation, and social-emotional learning. When teachers are well-prepared, they can better support students' mental health within the classroom.

Through a Stronger Together grant from the Office of Public Instruction, we collaborate with Dr. Bella Bikowsky and her research group. Their focus is on helping each K-8 school analyze and enhance multi-tiered systems of support for mental and behavioral health. By tailoring interventions to individual student needs,

we create a more responsive and effective system. Our hope is to add our high schools to this important work this coming year.

Additionally, our administration, school psychologists and school counselors have also been trained to administer behavioral threat assessments (BTA's) and suicide risk assessments (SRA's). These assessments, conducted throughout the school year, allow us to identify risks and intervene promptly.

Collaboration with local law enforcement has led to the implementation of the "Handle with Care" program. This initiative ensures that students who have experienced trauma or adverse events receive the necessary support. By bridging the gap between law enforcement and schools, we create a safety net for vulnerable students. We are averaging 1-2 reports per day.

Our most recent endeavor is launching the Montana Cares app. Accessible via smartphones or web links, this app provides community resources, a 988-crisis hotline, and a tip line. Now, every member of our school community can find help at their fingertips. Whether seeking information or immediate assistance, the app serves as a lifeline.

We were also recently approved for three charter schools which will provide additional choice to our students and families. Each charter school is designed to meet the unique learning needs of each student, and provides an alternative for students who may struggle with mental health and find the traditional school setting difficult to navigate. By expanding educational options, we address mental health needs alongside academic growth.

What we don't have is a focus on substance abuse prevention, early intervention and referral.

To bridge this gap, we propose this grant application to fund two social workers as prevention specialists. Their role involves close collaboration with students and families facing addiction challenges, ensuring timely connections to community care. These social workers will work to provide a multifaceted approach which includes family support, student education, and engagement activities across our 16 school sites, raising awareness about substance use trends and risks. Additionally, they will provide mental health services to students and families, and supervise mental health interns during clinical training, addressing the critical need for more professionals in our community and state.

Our prevention efforts will include:

1. Comprehensive Mental Health Support:

- o We aim to create a supportive environment where students feel safe discussing their mental health concerns.
- o By integrating mental health education into our system, we empower students with coping strategies and emotional resilience.

2. Substance Abuse Education:

- o Staff, families, and age-appropriate student audiences will receive education on substance abuse prevention.
- o Awareness campaigns will highlight the risks associated with substance use and promote healthy alternatives.

3. Distribution of Naloxone and Fentanyl Test Strips:

- o Proactively safeguarding our students, we will distribute Naloxone (an opioid overdose reversal medication) and fentanyl test strips.
- o These measures can save lives and prevent accidental overdoses.

Our objective is to establish the PEIR Project as a valuable and enduring resource for our district and community. By securing initial funding (3-5 years) for these positions and assessing their impact, we will build a compelling case for maintaining them within our district. This grant is crucial for addressing student needs and implementing effective programs to demonstrate the success of the PEIR Project.

Our goal is to build a network of care that prioritizes the well-being of every student and fosters a sense of community for all within our school district and Helena community. By investing in prevention specialists, comprehensive education, and proactive measures, we create a safer and healthier learning environment for all.

File Attachment Summary

Applicant File Uploads

- HPSPD PEIR Project Proposed Budget.pdf
- HPSPD PEIR Project Organizational Chart.pdf

Helena Public School District
Prevention, Early Identification & Referral (PEIR) Project
ANNUAL BUDGET:

Line Item	Distribution	Coverage	Per	Total Cost
LCSW Prevention Specialists (2)	Annual Salary	220 day, 8 hours/day Independent Contracted annually with benefits	\$80,000/ employee including benefits.	\$160,000.00
LCSW Intern (2)	\$18.00/hour	Min/Max 20 hours/ week	\$360/week	\$6480/18 week semester. 4 semesters/year = \$25,920.00
Supplies: Prevention Education Materials	Annual	16 School Sites	\$1500 per Specialist per year	\$3000.00
Subtotal				\$188,920.00
Indirect Costs	4.32%			\$8,161.00
Total Year 1 Funding Request				\$197,081.00

- Intent to be funded annually for the lifetime of the grant opportunity, pending funding outcomes are met through annual review.
- 1-2% salary increase for full-time LCSW per year.
- HPSD Indirect Cost (4.32%).

Helena Public School District

Prevention, Early Identification &
Referral (PEIR) Project

Superintendent

Student Services Director

LCSW Prevention
Specialist

LCSW Prevention
Specialist

East side schools

West side schools

Social Work Intern

Social Work Intern

worker

Date: September 18, 2024

To: Lewis and Clark Metro Region Opioid Abatement Governance Committee
From: Lona Carter, Helena Public School District

Re: Follow up questions for Sheriff's Office MOAT Application

Dear Lewis and Clark Metro Region Opioid Abatement Governance Committee,

Thank you for the opportunity to provide additional information to assist in the review of Helena Public School District's Montana Opioid Abatement Trust (MOAT) grant opportunity.

1. Roles of proposed staff: Please clarify the roles of the proposed staff with respect to opioid use disorder or co-occurring substance use disorder/mental health.

One of the greatest identified needs in the HSD community is the lack of trained mental health staff in schools to provide timely care to students. This grant opportunity would provide funding to hire 2 Social Workers, while supporting 2 Social Work Interns to serve all schools in our district. Our application focuses on prioritizing efforts to prevent chemical dependency, to identify and serve students who are developing mental health needs, to identify and address risk factors which may lead to self-medicating anxiety and/or depression and directly supporting students who are experiencing and/or communicating lifetime or acute suicidality. These professionals will serve as the school-based mental health team to provide direct support to students in the form of individual and group therapy, student support groups, and referrals to care. We believe if we successfully connect these families to appropriate care and support these students, we are more likely to see these students remain in school and graduate.

School-based support and referrals: The implementation plan will follow a three-tiered model for providing universal mental and behavioral health support to students (tier one), targeted mental and behavioral services to students who need more support (tier two), and intensive services to students with severe mental and behavioral health needs.

The three-tiered model provides a continuum of support matched to students' needs, including a shared vision for positive school culture, a leadership team that meets regularly and shares expertise, ongoing professional development, systematic collection of screening and progress-monitoring data, use of data in decision making, and disaggregation of data to examine equity among student subgroups.

Tier one is universal mental and behavioral health support for all students. Universal screening conducted twice annually will help detect mental health issues among all students. Social Workers will facilitate regular support groups for all students covering topics of social skills, conflict management, friendship, school attendance, and substance use. All school staff will be trained in a trauma-informed approach to support students' social and emotional learning. Because of the crucial role of home and family for healthy child and youth development, HSD will offer trainings for families to 1) deepen their understanding of youth mental health; 2) recognize suicidal thoughts

and behaviors in youth, keep youth safe, and get them help; 3) learn about the impact of traumatic experiences in childhood on mental and physical health; 4) learn about and recognize the current use patterns in our community, and how to access support to prevent/address chemical dependency.

Tier two is targeted mental and behavioral health services for students who need additional support. For students identified by screening or referrals as being at risk, HSD will provide case management and school-based individual and group therapy conducted by Social Workers, providing tailored educational support for students at risk of dropping out or who are entering/reentering school after a mental health episode, chemical dependency treatment, incarceration, or hospitalization. Additionally, the mental health team along with other school staff and students will offer transition support to 5th- and 8th-grade students identified as being at risk at the end of each spring term before those students transition to a new school. Transition support will involve connecting with students and families to discuss the upcoming change, identifying any support needed, touring the new school to get to know the physical space and people they will be interacting with, and introducing students to the mental health team serving their new school.

Tier three is intensive services for students with severe mental and behavioral health needs. In instances of mental and behavioral health emergencies or when a student's needs exceed the capacity of the school-based mental health team, the Social Worker will provide referrals to community partners that provide intensive in- and out-patient care. Partners offering such services include PureView Health Center, Helena Indian Alliance, and Many Rivers Whole Health, all of which are committed to receiving referrals from HSD.

LCSW

a. Duties:

- i. Provide individual, small group therapy to youth
- ii. Develop short- (7-30 day) to mid-term (30-180 day) treatment plans for students in need.
- iii. Develop crisis plans for youth.
- iv. Collect pre/post data
- v. Assist with referrals to crisis triage entity, A-Team, and additional therapists for students requiring long-term (>180 day) treatment
- vi. Communicate with parents, agencies, and outpatient therapists as allowed/needed
- vii. Document and prepare necessary paperwork for billing Medicaid and private insurance
- viii. Be willing to work in a team environment and receive after-hours calls from clients in emergent situations
- ix. Supervise social work interns.

2. Project Goals and Established Metrics: Please update the application's goals section to reflect SMART (specific, measurable, achievable, relevant, and time-bound) goals. Specifically, the Committee would like a better understanding of what HPS wants to accomplish with the project with respect to the people receiving services (students in this

case). What quantitative metrics will be used to measure accomplishments/success? What qualitative metrics will be used to measure accomplishments?

Screening & Referrals; Population Data: To determine the mental and behavioral health needs of students, staff will screen all students semi-annually using two primary tools: the *Behavior Assessment System for Children 3rd ed. - Behavioral and Emotional Screening System, (BASC-3 BESS*; Kamphaus & Reynolds, 2015) for all K-5th grade students and the *Rural Behavioral Health Institute Digital Screening Tool (RBHI*; RBHI, N.D.) for all 6th-12th grade students. To gather population data for planning purposes, HSD will also screen subsets of students less frequently using the *Panorama School Climate Survey* (Panorama Education; administered annually to all staff and families of 3rd-12th grade students), the *Youth Risk Behavior Survey (YRBS*; CDC; administered on odd years to 8th, 10th, and 12th graders), and the *Montana Prevention Needs Assessment (PNA*; Youth Connections; administered on even years to years to 8th, 10th, and 12th graders). HSD will arrange interpretation services if needed. All screening tools are evidence-based, reliable, and quick, and have been previously utilized across the population of focus.

The screening tools serve as a crucial step in identifying student needs. In addition to the screening tools listed above, students can be identified as being at risk through the report of a family member, peer, teacher, mental health team member, or self-report. The Social Worker will support identification and access to mental and behavioral health supports both in and outside of school, in concert with the student's family to serve each high-risk student's unique needs.

Ensuring that the services provided, especially those at tiers two and three, are accessible and equitably distributed is paramount to the HSD PEIR Project. Vulnerable student populations may include American Indians or other racial and ethnic minority populations, students from low-income families, and students living in locations with limited access to services. Tracking the demographics of students and families receiving services will be reviewed monthly. If there are discrepancies in who is receiving care, especially if vulnerable populations are underserved, the PEIR Project Team will explore potential causes for the disparity such as gathering more information to see if it is occurring because families are declining services (and if so, why), if students are not getting referred, or if students are receiving a different response, such as a suspension. HSD leadership will guide building staff to ensure they are making referrals and brainstorm additional or different approaches to outreach or follow-up as needed. Although HSD would love to reach 100% of vulnerable students and families, they acknowledge from previous experience that there are approximately 15% who may initially accept care but then do not continue accessing services and an additional 5% who decline care altogether.

3. Need for baseline data: Please provide baseline data for the project, such as current number or percentage of student metrics as determined in #2 above.

HSD comprises two high schools, two middle schools, and 11 elementary schools. The population of focus of this project is all students enrolled in K-12 schools in the district. HSD currently serves 7,500 students, the majority of whom are white (87%). Montana American Indian students from 42 tribes represent the largest minority group at 6% of all students. The remaining students consist of smaller race groupings or have not identified their race. Male and female students are equally represented in the student population. Just under 19% of HSD students are in special education.

One in four HSD students live in poverty, and just over 6% experience homelessness. The overwhelming majority of people served by this project (99%) will speak English. The HSD PEIR Project will directly impact all students, and will not discriminate based on race, ethnicity, language, sex, gender identity, sexual orientation, tribal affiliation, age, or socioeconomic status.

HSD began tracking mental health indicators including suicidal ideation among K-12 students districtwide in 2022, and the results are sobering. In May of 2024, the most recent screening, 1 in 4 students was at elevated risk for anxiety, depression, and/or suicidality. Ten percent of K-2 students were identified as at *extremely elevated risk* of behavioral and emotional problems and an additional 15% were identified as at *elevated risk*. Nine percent of students in grades 3-12 were at *extremely elevated risk* and an additional 17% were at *elevated risk*. HSD is committed to doing everything it can to improve and protect the mental health of its students, to help students cope with the trauma caused by previous suicides among their peers, and to decrease student suicide. Montana has struggled to provide schools with adequate funding sources for comprehensive mental healthcare and behavioral support. HSD is committed to developing a robust formal structure for effective school-based mental and behavioral health support including school-based mental health professionals, a referral structure to community behavioral health partners, and opportunities to increase mental health literacy and build resilience.

4. Does Helena Public Schools utilize DARE? If so, how will the proposed program be integrated with the existing DARE program?

The Helena School District does not utilize DARE.

HSD does offer a comprehensive curriculum to kindergarten through 11th grade students that addresses the following:

K-5 PAX Good Behavior Game: The PAX GBG is an evidence-based, best practice, universal preventative intervention applied by teacher in the classroom. Students learn self-management (self-regulation) skills while collaborating to make their classroom a peaceful and productive learning environment. The PAX GBG was not designed to be a suicide prevention program, but studies have shown students who learned the PAX GBG are significantly less likely to have experienced suicidal ideation.

K-8 2nd Step Lessons: The skills with Second Step are focused on empathy, emotion management, friendship and problem solving.

K-8 Character Strong Tier 2 Intervention: The focus at Tier 2 is supporting students who are at risk of developing more serious unwanted behaviors before they start.

5th grade – Prevention Plus Wellness Vaping program

6th grade – Prevention Plus Wellness Alcohol program

7th grade – Prevention Plus Wellness Marijuana program

7th grade- SOS (Signs of Suicide) – Middle School and Junior year program, presented by counselors. SOS is specifically designed to teach students how to recognize the signs of suicide and mental health struggles in themselves or

peers and to encourage students to reach out for help. Students learned ACT (Acknowledge, Care, Tell).

8th grade – Prevention Plus Wellness Opioid program

9th grade – YAMH (Youth Aware of Mental Health) – Freshman year program run through the Frosh PE courses. Five lessons are presented by outside mental health professionals.

10th grade – QPR (Question, Persuade, Refer) – Sophomore program run through the health classes by health teachers. The focus of this program is for students to learn how to engage with a classmate who may be having suicidal thoughts and to understand the importance of asking for help from an adult if they feel their friend is at risk.

11th grade - SOS (Signs of Suicide) – Middle School and Junior year program, presented by counselors. SOS is specifically designed to teach students how to recognize the signs of suicide and mental health struggles in themselves or peers and to encourage students to reach out for help. Students learned ACT (Acknowledge, Care, Tell).

We believe our comprehensive and ongoing efforts to address mental, behavioral and physical health provide ongoing opportunities for students and their families to access the care and support they may need at that time.

5. Evaluation Method update: How will project success be determined? Please provide more information on what metrics will be used to evaluate the success of the project. What are you going to measure and how will you/we know that the project is successful? Looking for specific numbers and/or percentages relative to the baseline data provided along with timelines.

Data collection instruments to be used are: *BASC-3 BESS* (Kamphaus & Reynolds, 2015), the *RBHI* (N.D.), the *Panorama School Climate Survey* (Panorama Education, 2023), the *YRBS* (CDC, 2019), and the *Montana PNA* (Youth Connections, 2019). All assessments are validated.

Success will be determined by:

- A decrease in the number of students scoring into the “High Risk” category, as they and their family will have received the opportunity to access case management to address their families’ unique needs.
- Improved school attendance.
- School Climate surveys indicate a positive feeling towards school.
- A decrease in student-reported drug and alcohol experimentation or dependency.
- A decrease in school related citations for illegal use of drug and alcohol at school or at school related activities.
- An increase in graduation rates.

Progress will be monitored on an on-going, per semester basis.

6. Project Sustainability: Although not requested in the original application, please provide information on the sustainability of the project after the funding is complete.

Creating a sustainable structure of support is of high importance to HSD to continue this impactful work after the grant period ends. The HSD superintendent is committed to running a Safety and Security Levy if the state is not able to create funding mechanisms for continued mental health services that would allow the mental health team to continue serving students. Salaries of our Social Workers will also be supported through Medicaid billing, and if necessary, through the Student Health Services Department. As our SW Interns success in licensing, we hope to hire them in our district, with the understanding they may choose to pursue other opportunities. If this is the case, we will have contributed to the increased number of LCSW in our community, to the benefit of all.