



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

September 30, 2025 – 1:30 p.m.

City-County Building, Room 326

<https://us06web.zoom.us/j/84184694539>

AGENDA

1. Call Meeting to Order & Roll Call – Wesley Feist, Committee Chair
2. Minutes
 - a. Committee Meeting – June 18, 2025
 - b. Virtual Meeting – July 3, 2025
3. MOAT Correspondence Review
 - a. MOAT September Update. Attached.
4. Discussion of NOFO Strategy for Soliciting and Reviewing Funding Requests
 - a. Proposed Draft Notice of Funding Opportunity and Guidelines. Attached.
5. Status update on funded projects
 - a. Simulation in Motion – STORPI – 6-month report and Current Action Plan and Request for Feedback. Attached.
 - b. St. Peter's Health – No Wrong Door – 6-month report. Attached.
 - c. Good Samaritan Ministries – STOPS Program. August report attached.
6. Available Funding Review – Funding Tracker Attached.
 - a. FY26 Remaining Funds Available: **\$338,268.51**
 - b. Current requests: **\$529,996** (Note: One application didn't provide a L&C Metro Region specific budget request; not included in this total.)
7. Discussion and Presentation of New Funding Requests specific to Lewis and Clark Metro Region - 6 applications available in the MOAT Grant Portal.
 - a. Mountain Pacific Health – Hub and Spoke Model Program. Note: No L&C Budget was provided in the application. Decision to not review at this meeting and ask applicant to re-apply with L&C specific budget included.
 - b. Montana Health Justice Partnership – Recovery Project
 - c. The LifeGuard Group - Montana Human Trafficking Hotline Liaison
 - d. St. Peter's Health – No Wrong Door

e. Florence Crittenton Home & Services - Pathways to Care for Women and Families

f. Intermountain Professionals Foundation – Battling Fentanyl in Lewis and Clark County

8. Public comment
 9. Upcoming meeting – Monday, October 6th for Final Funding Recommendations, 2 p.m. on Zoom.
 10. Adjournment
-

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.



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

June 18, 2025 – 3 p.m.

**City-County Building, Room 326 and
<https://us06web.zoom.us/j/83707961401>**

Agenda

(00:00:45) 1. Call Meeting to Order & Roll Call at 3 p.m.

The following responded present:

Commissioner Tom
Rolfe

Councilmember Wes
Feist

Coleen Smith

James Petrovich
(arrived 5 minutes
after meeting called
to order)

Mayor Collins was absent.

Committee staff in attendance: Amanda Opitz, City of Helena; Ann McCauley, Lewis and Clark County

Others in attendance: Denise King, YWCA Helena; Jamie Palagi, Intermountain Children's Services; Jean Branscum, Montana Professional Health and Wellbeing Program; Amy Rue, Montana Meth Project.

(00:01:10) 2. February 19 and March 12 minutes. Colleen motions to approve; Commissioner Rolfe seconded. All in favor. Motion passes.

(00:01:45) 3. Review of June MOAT newsletter update. The Committee reviewed the emailed newsletter. The next MOAT Advisory Committee meeting is July 10, 2025.

(00:02:40) 4. Status update on funded projects. Ann McCauley provided an update on the Detention Center Medical provider project. The solicitation is complete and the contract is near finalized with a start



date of approximately July 1, 2025, for the medical provider to start in the Detention Center.

(00:07:40)

- 5. Available Funding Review.** Chairman Wes Feist led a discussion of current funding available, which is \$495,059.51 for FY26. Year 1 application requests being reviewed today was corrected to \$272,226 from what was initially provided on the packet printout. \$573,549 is the total request, which includes multi-year requests.

(00:13:45)

- 6. Discussion of New Funding Requests:**
- a. YWCA Helena: Denise King, Executive Director, provided a summary of YWCA's proposed project.
 - b. Intermountain Children's Services: Jamie Palagi, CEO, provided a summary of Intermountain's proposed projects.
 - c. MT Professional Health and Wellbeing Program: Jean Branscum, Board Director, provided a summary of MPHWP's proposed project.
 - d. Montana Meth Project: Amy Rue, Executive Director, provided a summary of Montana Meth Project's proposed project.

(01:15:15)

- 7. Discussion of Multi-Region Requests submitted in 2023 and 2024.** The Committee discussed the multi-region requests submitted in 2023 and 2024 before all regions were set up. Commissioner Rolfe motions to decline the existing multi-region requests submitted to Lewis and Clark Metro and ask that new applications be submitted directly to Lewis and Clark Metro Region and be notified and coordinate with requests that may also come through Region 4. James Petrovich seconds. All in favor. Motion passes.

Public Comment

(01:26:08) No Public Comment received.

Next Meeting

The Lewis and Clark County Metro Area Opioid Abatement



Committee will next meet on Thursday, July 3 at 1:30 p.m. (virtual only).

Adjournment

(01:35:59)

Meeting adjourned at 4:35 p.m.



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

July 3, 2025 – 1:30 p.m.

<https://us06web.zoom.us/j/83687318992>

Note: This is a virtual-only meeting.

Call to Order and Roll Call

(13:32:00 pm) The following responded present via Zoom:

Commissioner Tom
Rolfe

Councilmember Wes
Feist

Coleen Smith

James Petrovich

Mayor Collins is absent.

Committee staff in attendance: Amanda Opitz, City of Helena; Ann McCauley, Lewis and Clark County

Agenda

(00:03:27)

1. Call Meeting to Order & Roll Call

(00:03:51)

2. Discussion and Funding Recommendations for the following requests:

(00:03:55)

- a. YWCA Helena – Women Initiating New Growth and Stability (WINGS). The Committee discussed the proposed request. Coleen Smith motions to recommend one year of full funding as proposed (\$50,000) with the caveat to broaden the training to more staff and provide a thorough report of the training offered and completed at the 6-month mark. Commissioner Tom Rolfe seconds. All in favor. Motion passes.

(00:20:28)



- b. Intermountain Deaconess Children's Services – Expansion of Intermountain's Day Treatment Program. The Committee discussed the proposed request. Commissioner Tom Rolfe motions to recommend one year of full funding as proposed (\$106,791). James Petrovich seconds. All in favor. Motion passes.

(00:29:22)

- c. Montana Professional Health and Wellbeing Program – HOPES: Health Occupation Professionals Engagement in Self-Wellbeing. The Committee discussed the proposed request. James Petrovich motions to *not recommend* funding on this project and provide them with feedback with the rationale for other funding opportunities. Commissioner Tom Rolfe seconds. All in favor of denying the application. Motion passes.

(00:32:20)

- d. Montana Meth Project – Fentanyl Prevention, Education, and Outreach. The Committee discussed the proposed request. Commissioner Tom Rolfe motions to *not recommend* funding on this project and provide them with feedback with the rationale for that decision. Coleen Smith seconds. All in favor of denying the application. Motion passes.

Public Comment

(00:42:57) No Public Comment received.

Next Meeting

The Lewis and Clark County Metro Area Opioid Abatement Committee will next meet on Tuesday, September 30th at 1:30 p.m. in Room 326 of the City-County Building.

Adjournment

(00:57:00) Meeting adjourned at 2:18 p.m.



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: 9/8/2025

The Montana Opioid Abatement Trust Advisory Committee met on Thursday July 10th, 2025. During the meeting, the Trustees approved eight applications. Meeting minutes are available on the Montana Opioid website *montanaopioid.org*.

Butte-Silver Bow Metro Region

- *Big Brothers Big Sisters of Butte-Silver Bow – Prevention in Mentoring Programs ~ \$16,445.09*

Flathead County Metro Region

- *Montana Eleventh Judicial District Court – Eleventh Judicial District Adult Treatment Court ~ Year 1: \$115,769.80, Year 2: \$115,769.82*

Lewis & Clark County Metro Region

- *YWCA Helena – Women Initiating New Growth & Stability WINGS ~ \$50,000.00*
- *Intermountain Deaconess Childrens Services – Expansion of Intermountain Day Treatment Program ~ \$106,791.00*

Lake County Metro Region

- *Montana Meth Project – Fentanyl Education, Prevention & Outreach ~ \$35,000.00*
- *Simulation in Motion Montana – Simulation Training & Opioid Response Plan Improvement ~ \$30,000.00*
- *Boys & Girls Club of the Flathead Reservation & Lake County – Prevention & Resiliency ~ Year 1: \$76,905.00, Year 2: \$79,166.75, Year 3 \$81,210.50*

Abatement Region 3

- *Montana Meth Project – Fentanyl Education, Prevention, & Outreach ~ \$35,000.00*



Montana Opioid Abatement Trust

The next Advisory Committee meeting is scheduled for *Thursday Oct. 9th, 2025*.

The MOAT has distributed approximately \$3.8 million across 38 applications. Currently, 106 applications are under evaluation, with an additional 17 awaiting the establishment of an opioid governance committee in their designated abatement region.

The MOAT team thanks you for your continued engagement and commitment to this important initiative.

If you have any questions or concerns, please feel free to reach out.

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.*

Opioid Abatement Committee Grant Funding Process and Procedures

Lewis and Clark Metro Region Opioid Abatement Settlement Grants

To maximize the efficiency, accessibility, and impact of Opioid Abatement funding, and to ensure the most effective use of committee time, grants from the Montana Opioid Abatement Trust (MOAT) for the Lewis and Clark County Metro Region will be reviewed on a bi-annual basis. Committee meetings will be scheduled in advance and structured to establish funding priorities, review submitted applications, and develop informed funding recommendations.

Annual Grantmaking & Committee Schedule

Purpose:

To enhance the efficiency and impact of grantmaking through the Montana Opioid Abatement Trust (MOAT) in the Lewis and Clark County Metro Region, this schedule is designed to support stronger decision-making, improve transparency, and assist both applicants and committee members in navigating the process.

Timeframe	Activity & Goals
January - Date TBD	Abatement Committee Meeting <ul style="list-style-type: none">- Welcome and orient new committee members (as needed).- Presentations by subject matter experts, including County staff and community partners, on current trends and community needs.- Set annual funding priorities and finalize the Notice of Funding Availability (NOFA).
January – March - Date TBD	<ul style="list-style-type: none">- City/County staff coordinate with MOAT as needed.- NOFA finalized and published on the MOAT website and the Lewis and Clark Metro Region’s website (hosted by City).- Press and outreach for spring deadline and priorities.
March 15	Spring Application Deadline
March 15-April 1	Application Review Period <ul style="list-style-type: none">- Committee members review and score applications (independently).- Committee support staff tally applications; top scored applicants proceed (as needed).
April- Date TBD *dates will vary depending on MOAT meeting	Abatement Committee Meeting <ul style="list-style-type: none">- Spring applicants present proposals and committee discussion.- Other agenda items TBD.
April- Date TBD	Virtual Abatement Committee Meeting <ul style="list-style-type: none">- Committee makes funding recommendations – meeting via Zoom.- Review and revise NOFA and priorities for Fall grantmaking based on recommended grants.

April- Date TBD	Funding Recommendations Submitted to MOAT in advance of Spring quarterly meeting.
July – September	-NOFA finalized and published on the MOAT website and the Lewis and Clark Metro Region’s website (hosted by City). - Press and outreach for spring deadline and priorities.
September 15	Fall Application Deadline
September 15 – Oct 1 *dates will vary depending on MOAT meeting	Application Review Period - Committee members review and score applications (independently). - Committee support staff tally applications; top scored applicants proceed (as needed).
October	Abatement Committee Meeting & Applicant Presentations - Fall applicants present proposals and committee discussion. - Other agenda items TBD.
October	Virtual Abatement Committee Meeting - Committee makes funding recommendations – meeting via zoom.
October	Funding Recommendations Submitted to MOAT in advance of Fall quarterly meeting.
November	End-of-Year Committee Meeting - Debrief and evaluate the grant cycle. - Set dates and goals for the upcoming year.

Grantmaking & Review Process

- The finalized NOFA will be published on the MOAT and Lewis and Clark Metro Region websites in February and revised and reposted (as needed) again in June each year.
- Applications may be submitted anytime through the MOAT grant portal.
- Applications must be submitted by **March 15** for the **spring deadline** and by **September 15** for the **fall deadline** to be considered.
- Committee members are encouraged to begin reviewing applications as they are submitted but must set aside dedicated time in the two weeks following the spring and fall deadlines for thorough review.

Application Review Guidelines:

- Committee members will score applications online. Additional scoring criteria may be provided by staff, based on the priorities outlined in the NOFA.
- Applicants with the highest rankings during the preliminary evaluation will be invited to provide a short presentation (5 minutes or less) at an upcoming committee meeting.
- Final funding recommendations will be determined after the applicant presentations, which may occur at a subsequent meeting.

Recommended Principles for the use of Opioid Settlement Funds*

The following principles are nationally recognized guidance for opioid settlement funds. They were developed by a coalition of organizations across the spectrum of substance abuse. These principles can help guide our decision-making and ensure we can strategically allocate settlement funding for the greatest impact in our community.

- **Spend money to save lives.**
 - Jurisdictions should use the funds to supplement rather than replace existing spending.
 - Spend money strategically, over time.
- **Use evidence to guide spending.**
 - There is a substantial body of evidence demonstrating what works and what does not for opioid prevention and support, and this evidence should inform funding decisions.
- **Invest in youth prevention.**
 - States and localities should support children, youth, and families by making long-term investments in effective programs and strategies.
- **Develop a fair and transparent process for deciding where to spend the funding.**
 - This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.

***Source:** Johns Hopkins Bloomberg School of Public Health - <https://opioidprinciples.jhsph.edu/about/>

Notice of Funding Opportunity (NOFO)

Lewis and Clark Metropolitan Abatement Region Opioid Settlement Grants

Through the Montana Opioid Abatement Trust (MOAT), the Lewis and Clark Metro Region Opioid Abatement Governance Committee offers the availability of grant funding from the Lewis and Clark Metropolitan Abatement Region Opioid Settlement. Funding will support a range of opioid remediation efforts in the [Lewis and Clark Metro Area](#). These settlement funds provide an opportunity to address the opioid crisis in our community and make a positive impact on the health and well-being of our residents.

Funding Priorities & Eligible Programs

The Lewis and Clark Metro Region Opioid Abatement committee is committed to strategically investing in initiatives that reduce opioid-related harm and improve community health. The program will:

- Allocate resources to preserve and protect lives.
- Engage and support underrepresented and disproportionately impacted communities.
- Ensure a fair, transparent, and accountable funding process.

Eligible Programs and Initiatives Must:

- Be evidence-based and grounded in proven practices.
- Prioritize youth prevention and early intervention.
- Demonstrate measurable outcomes and community impact by incorporating baseline data and qualitative evaluation methods.
- Focus on building sustainable systems and strengthening long-term local capacity.

The Lewis and Clark Metropolitan Abatement Region Opioid Program will fund the following programs:

- 1. Prevention Programs:**
- 2. Treatment & Recovery Programs:**
- 3. Programs for Criminal Justice Involved Persons**

Funding Criteria

- Applicants must be a 501(c)3 nonprofit, local government entity, hospital and clinics, or school district.
- Applicants must serve Lewis and Clark County residents. Applicants located within the county will be given preference. Applicants located outside Lewis and Clark County may be

considered; however, the proposed program/project must serve county residents. Statewide, non-local projects or initiatives will not be considered.

- One year funding is available. For multi-year funding requests, applicants must reapply.
- Available funding varies year-to-year based on the individual opioid settlements. In FY[27] the Lewis and Clark Metro Abatement Area will receive \$[]. The committee may or may not commit the entirety of funding each year.

Application Details & Deadline:

- Applications must be submitted through the [Montana Opioid Abatement Trust \(MOAT\) grant portal](#).
- Applications can be submitted anytime but will only be reviewed twice per calendar year. To be considered for the spring grant cycle, applications must be submitted by **March 15**. To be considered for the fall grant cycle, applications must be submitted by **September 15**.
- All applications are reviewed by the [Lewis and Clark Metropolitan Abatement Region Opioid Committee](#). Top applicants will be asked to present at the Lewis and Clark Metropolitan Abatement Region Opioid meeting.
- Funding recommendations are made to the Montana Opioid Abatement Trust Advisory Committee. The MOAT Advisory Committee will make final funding decisions.
- All funding is processed through the MOAT.

Other Application Details to Consider:

- Providing a request maximum. For example: \$250,000 max request
- Providing an indirect cost/administrative cost maximum. For example: 15% IDC max request. 15% matches the current federal de minimus IDC rate. Note: This question has been asked of the MOAT Program Manager. The settlements may dictate an administrative fee cap.

Simulation Training and Opioid Response Plan Improvement (STORPI) Lewis & Clark County

*2024 Montana Opioid Abatement Trust
Grants - 4th Quarter*

Simulation in Motion Montana

Sara Kaull
2021 11th Ave
Suite 1
Helena, MT 59601

sara@simmt.org
O: 406-570-4249
M: 406-570-4249

Sara Kaull

2021 11th Ave
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FollowUp Form

Grant Details

Project Name*

Simulation Training and Opioid Response Plan Improvement (STORPI) Lewis & Clark County

Grant Amount Awarded

\$75,000.00

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 Metro Region

Project Description*

Please provide a brief summary of the project.

The STORPI project brings regional decision makers together to participate in a high-fidelity simulation training event that is followed by a tabletop to assess performance, gaps in care, and to uncover necessary systems updates to better respond to an opioid crisis in the future. High-fidelity simulation is statistically the gold standard for healthcare training as it allows entire medical teams to practice a real life scenario in order to assess skills, hand-offs between departments, and other logistical things. However, its real power is in the team debrief after the scenario. Here teams look at team dynamics, systems improvement opportunities, and other interpersonal skills.

This particular project allows for a complete medical response involving law enforcement, EMS, hospital staff, and long term care providers so an entire region can look at where they need additional support as it pertains to their community's opioid response - both in a medical event, and longer term. In addition, it includes both an initial site visit to participate in a simulation training and regional tabletop discussion and a second follow-up training day six months later to assess improvements made and to uncover any lingering pieces in the community response plan needing attention.

Finally, the STORPI project includes a year of webinars with experts and other stakeholders in other regions of the state in an effort to build a statewide network of providers interested in improving their area's opioid response.

This is a one year grant, with three initial site visits at three community locations, and two follow-up visits later in the grant period at the two largest hospital systems.

Project Progress Reports

Project progress narrative*

Please provide updates on project milestones, activities completed, and any deviation from the original plan.

There are three sites participating in this project, and five total training day events. Of the five events, one event has been completed, one is scheduled and confirmed, and the remaining events are in the scheduling process.

The first event took place at St. Peter's Health on June 11th. Their follow-up event is scheduled to occur in October. The two additional sites (comprising the remaining three events) are in the scheduling process. For the St. Peter's event, all evaluations and resources have been collected, and the after action reports completed for their participants. The evaluations help to assess the effectiveness of the program and to inform future modifications based on feedback. The resources are compiled and added to a resource page available to all participants on the SIM-MT website. As the project grows, this resource page will become a living and changing page that will benefit the state as a whole.

In addition, the webinar list has been created and to effectively catch as many participants as possible will begin in late fall/early winter and run for a full year. Webinars will take place once a month and will feature experts that align with feedback, questions, and requests from the field of communities taking part in the STORPI project to maximize their effectiveness.

Have you encountered any problems administering the project*

Please explain

Generally speaking, when a novel training opportunity is offered to a community, lower attendance can be an issue due to hesitancy to try something new and skepticism. This has been true of the first event. However, as word spreads through the area about the effectiveness of the training and the positive impact it can have on a community is uncovered, attendance numbers historically improve. In addition, even if a community had lower attendance at the training event and tabletop discussion itself, they can still participate in the monthly webinars which will also provide regular opportunities to assess, learn, and improve their community's response to an opioid spike. This is one of the reasons we have waited to introduce the webinars, to give time for word to spread and awareness to rise to increase participation and the overall effectiveness of the program.

Evaluation Plan & Results*

Please provide an overview of the evaluation methods used and any results obtained so far.

The evaluation process is conducted by surveying each participant at the end of the training day. The evaluations cover a range of topics from skills assessment, program effectiveness, and a heavy emphasis on what was uncovered that needs attention and improvement in a community's response. These evaluations shape future program tweaks and the community after action plan which is prepared by our team and delivered to those who participated for their future reference.

The evaluation results for the program to date are attached below for full reference. However, the following are some highlights from what the reports show. These reports are compiled and merged with those from other regions participating in the program in order to provide a comprehensive picture for our team to use as a guide as we make small changes to the program based on participant feedback.

Highlights:

1. 93% of participants felt that training day helped them understand the systematic and social challenges patients face in rural areas when accessing addiction care.
2. Participants indicated and uncovered a large number of gaps in their system-wide care based on their participation in this training day. Gaps noted included: access to medication, inter-agency communication, symptom misinterpretation, OD signs and symptom recognition, lack of adequate community resources, effective intervention and treatment, and more.
3. They also indicated an overwhelming desire for more simulation training around this topic which indicates the effectiveness of simulation training but also the extreme desire to have greater access to it.

Performance Metrics*

Please provide any data or statistics reflecting progress toward the projects goals and objectives.

One of the five total events has been successfully completed. Their follow-up site visit is also confirmed on the schedule. The remaining three events that make up the total included in the contract are in the scheduling process.

Financial Information

Expenditures*

Please upload a detailed accounting breakdown of expenses incurred.

Lewis and Clark Expenses - Sheet1.pdf

Budget Comments/Supporting Information*

Please describe any variances or explanation in further detail.

The budget for Lewis and Clark's STORPI project is on track, with no variances. The budget included \$75,000 to be split across three sites, with two sites receiving a second visit. The first event came in on budget and we expect the remaining events to do the same. The budget includes funding for simulation equipment, travel expenses, instructor costs, admin costs, and miscellaneous costs like website development and other things that don't fall into one of the main categories. All of these costs are included in the budgeted \$15,000 per training location.

Abatement Region Reporting

If the awarding Abatement Region(s) have requested additional reporting and information please upload it here. Refer to the grant agreement for additional reporting requirements.

Upload #1

Screenshot 2025-08-12 at 10.36.49 AM.png

Upload #2

Screenshot 2025-08-12 at 10.37.00 AM.png

Upload #3

Screenshot 2025-08-12 at 10.37.05 AM.png

File Attachment Summary

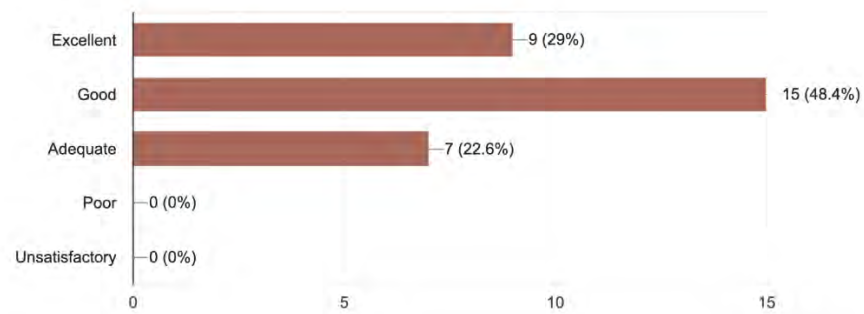
Applicant File Uploads

- Lewis and Clark Expenses - Sheet1.pdf
- Screenshot 2025-08-12 at 10.36.49 AM.png
- Screenshot 2025-08-12 at 10.37.00 AM.png
- Screenshot 2025-08-12 at 10.37.05 AM.png

Six month report - includes one completed event	
Travel	1500
Simulation Supplies	500
Instructor Costs	10,000
Admin Expenses	2,500
Miscellaneous	500
TOTAL	15,000

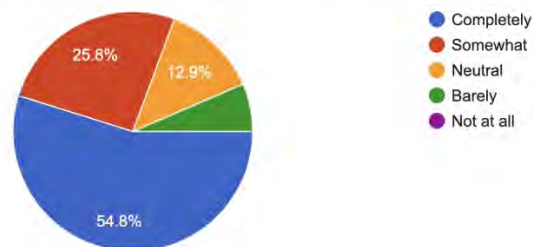
After this simulation event, my clinical confidence in assessing, treating, and supporting patients who have experienced an overdose is:

31 responses



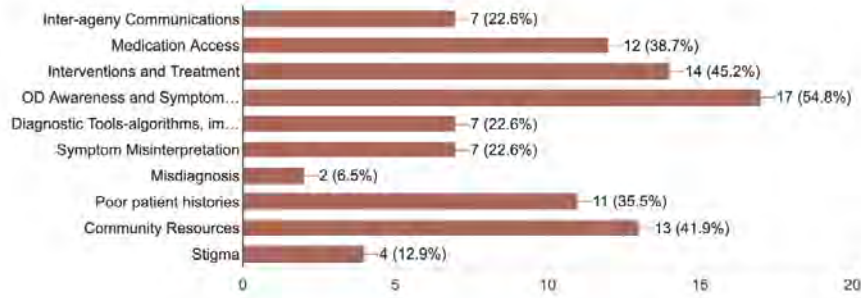
To what extent did this simulation improve your understanding of the systemic and social challenges patients face in rural areas when accessing addiction care?

31 responses



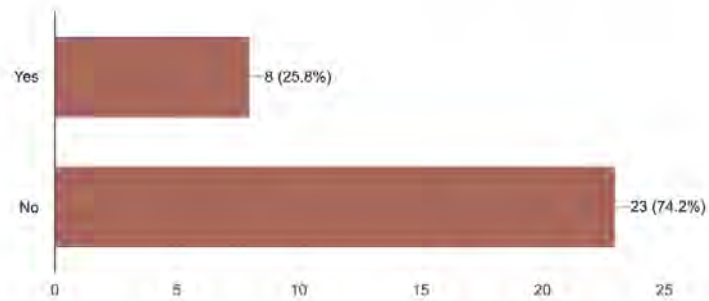
After the debrief, I am newly aware of the following gaps in my organization's or communities' ability to recognize and treat patients experiencing an overdose:

31 responses



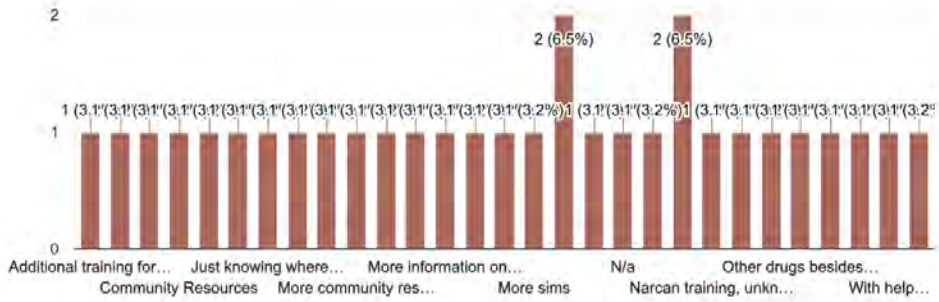
Are you aware if there is a local Opioid Spike Response plan that is available for your community and partners to use?

31 responses



What additional training or support would help you feel better prepared to care for patients with substance use or overdose in your community?

31 responses



Ann McCauley

From: Sara Kaul <sara@simmt.org>
Sent: Thursday, September 25, 2025 8:47 AM
To: Ann McCauley
Cc: Maile Allzer; Amanda Opitz; wesley.feist.eh@gmail.com; Coleen Smith
Subject: Requested Action Plan
Attachments: STORPI Action Plan.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

As requested, I am attaching an action plan for the committee to use at your meeting next week. It includes the requested contact sheet.

This sheet represents more than the people listed on it, of course, these are the department heads or general emails we have for full organization teams. Each person is asked to share details of the event with their entire team. It is also always growing as we receive new suggestions from the committee, our partners, and suggestions from participants.

If you have any questions, feel free to reach out and ask me. Lee is out for the next week or so attending to family needs, but Maile and I are both available if we can be of further assistance.

We look forward to the committee's input.

Warmly,

Sara Kaul
Executive Director
SIM-MT

On Fri, Sep 19, 2025 at 11:55 AM Ann McCauley <AMCCAULEY@lccountymt.gov> wrote:

Hi Lee,

It looks like there a couple different email chains on this topic, hoping to get everyone looped in here.

Feedback from the L&C Opioid Abatement Committee Chair and Vice-Chair regarding engagement with the Committee is that they would like a written summary of SIM MT's upcoming action plan for this project. That way, all committee members can review the plan and provide feedback accordingly. If possible, please send this plan to Amanda and me by next Thursday, Sept. 25th so we can get it to the Committee in time for their meeting the following week.



STORPI Action Plan and Update

Prepared for Committee Review – September 2025

Overview

Our team continues to coordinate training events to maximize participation and site readiness. Progress has been steady, and we are grateful for committee support in engaging local partners. As outlined in recent communication—and based on feedback from participants, key stakeholders, and scheduling realities—we propose a pivot that strengthens alignment of the events to better reflect actual response flow and local needs.

Upcoming Event

St. Pete's Event #2 – October 22, 2025

- Extend invites to all potential participants one month prior (using attached contact sheet).
 - Request any missing emails or participant details from committee members.
 - Send a reminder with full event details one week before the training.
-

Proposed Pivot for Remaining Events

Benefis (originally proposed as host for two events)

- Invite employees to attend the St. Pete's event to better align with their schedules and protocols. Benefis' response to an opioid overdose involves calling local EMS, who then transport the patient to St. Pete's. Including their staff in this training allows participants to practice the actual flow of care, creating broader reach and greater impact with less duplication.

Alternative Locations for these events (identified through feedback and interest from participants, key stakeholders, and partners):

- **High School** – Strong potential for engagement and relevance to local concerns.
- **Carroll College** – Opportunity to incorporate system response training within a campus environment.
- **East Helena EMS** – Interest expressed in hosting, with a desire to practice their response within the region and test how it integrates into the larger area.
- **Additional Events at St. Pete's** – Given their central role in the region, hosting two additional events at St. Pete's would expand staff participation and provide more scheduling options for partner organizations to engage in training.

From these options, we propose contacting each site and then selecting, in alignment with the committee's preferences, the two that demonstrate the greatest promise, interest, and availability. This ensures the final plan reflects both stakeholder feedback and committee priorities while maximizing impact.

Next Steps

- Committee feedback on the proposed pivot and site adjustments.
 - Continued outreach and participant engagement.
 - Ongoing coordination to ensure readiness across all sites.
-

Closing Note

Our team remains committed to supporting these events with flexibility and focus. We view this pivot as an opportunity to strengthen participation and outcomes, ensuring the most effective use of project resources. We welcome the committee's guidance as we refine the plan.

No Wrong Door: Expanding OUD/SUD/COD Treatment Access via Peer Support in the St. Peter's Health ED

*2024 Montana Opioid Abatement Trust
Grants - 3rd Quarter*

St. Peter's Health Foundation

Stephen Mason
2475 E Broadway Street
Helena, MT 59405

nesmith@sphealth.org
O: 406-444-2370
M: 406-461-3983

Nova Smith

2475 E Broadway Street
Helena, MT 59405

nesmith@sphealth.org
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FollowUp Form

Grant Details

Project Name*

No Wrong Door: Expanding OUD/SUD/COD Treatment Access via Peer Support in the St. Peter's Health ED

Grant Amount Awarded

\$215,051.00

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

Project Description*

Please provide a brief summary of the project.

The recently launched No Wrong Door program is a community-based initiative aimed at expanding access to treatment for OUD, SUD, and COD in Lewis and Clark County through peer support specialist coverage in the SPH emergency department (ED), Addiction Clinic, and our inpatient Behavioral Health Unit (BHU), and access to peer support vehicles. By positioning peer supports in the ED, Addiction Clinic, and BHU, we ensure patients have access to immediate help when they are most ready for it. The program mirrors the success of the CHW model in the FUSE program, ensuring patients receive the right resources at the right time, ultimately benefiting both individuals and the community.

Project Progress Reports

Project progress narrative*

Please provide updates on project milestones, activities completed, and any deviation from the original plan.

With generous support from MOAT, we launched this program with incredible speed and organization, hiring three (two funded through MOAT) peer supports within two months of recruitment. The fourth peer support is one of our CHW who received his Peer Support Certificate and works the evening shift and weekend shift in the ER, which we had a difficult time recruiting a qualified candidate for, in addition to his CHW day position. Each peer support was comprehensively onboarded, trained, and certified before providing direct services to ensure program integrity and patient safety. The first peer support, hired on February 23, 2025, played a key role in developing program workflows, protocols, and materials prior to launching ED services on April 1. The

program then launched peer support coverage in the Addiction Medicine Clinic in May and the BHU in June. From April 1 to September 11, 2025, the team provided 952 peer support encounters, serving 305 unique patients across all three settings.

The primary deviation from the original staffing plan was the inability to hire for swing and weekend ED shifts. In response, we reallocated 1.0 FTE to the Addiction Medicine Clinic, which has proven to be a valuable placement for patient engagement and continuity of care. Current ED coverage outside of weekday business hours now includes Tuesday and Thursday evenings (5–10 PM) and Saturday day shifts, which has met program needs effectively.

Looking ahead, we are preparing to expand our capacity for chemical dependency (CD) evaluations. This fall, we plan to complete master's-level CD evaluation training in alignment with the newest ASAM standards. Currently, two clinic behavioral health providers are trained to conduct CD evaluations. Our goal is to expand that capacity to a total of five clinic behavioral health providers and two inpatient providers, ensuring faster patient access to evaluations and more timely entry into treatment.

Have you encountered any problems administering the project*

Please explain

While the program has advanced quickly and effectively, a few challenges have naturally emerged:

Peer Support Fidelity: Maintaining strong fidelity to the peer support role has been an ongoing focus. As a new program, other staff and departments have at times sought to involve peers outside of their intended scope. For example, functioning as case managers, transportation providers, or general “problem solvers” for patient needs unrelated to SUD or mental health recovery. While these requests reflect the value placed on peer supports, they risk diluting the unique peer-to-peer recovery focus of the role. To address this, both administrative and clinical supervisors are currently enrolled in a peer support fidelity course, alongside ongoing supervision and coaching for the peer team. We are also re-educating the broader organization about the peer support model and its boundaries. These steps help ensure role clarity, program integrity, and that peer supports remain focused on recovery-oriented services.

Transportation & Vehicles: Transportation is a vital part of peer support, removing barriers for patients to access treatment, follow-up care, and recovery services. However, with only one program vehicle shared among three day-shift peer supports, overlapping ride requests are a frequent challenge. When this occurs, peers may need to delay or reschedule transportation, or arrange an Uber for the patient and then meet them at the destination using their personal vehicle. While this ensures patients still access needed care, it is both costly and less effective for engagement, as the ride itself often serves as an important opportunity for connection and recovery support.

Recruitment: Despite significant outreach, higher wages than community average, hiring for evening/weekend peer support positions proved difficult. We were able to pivot our approach as described above. This adjustment has been highly effective in maintaining coverage and meeting goals.

Evaluation Plan & Results*

Please provide an overview of the evaluation methods used and any results obtained so far.

Evaluation is occurring utilizing Epic's EHR data from notes documented by Peer Supports, and is monitored frequently through a PowerBI Dashboard. The Peer Support team meets weekly for program development, clinical supervision, and on-going evaluation.

No Wrong Door Peer Support Program Data: Time Period April 1, 2025-September 11, 2025
ED: 135 unique patients; 359 total encounters (Go live date was April 2025)

Addiction Medicine: 164 unique patients; 465 total encounters (Go-Live was May 2025)
Behavioral Health Unit: 51 unique patients; 129 total encounters (Go-Live was June 2025)

of patients transported: 49
of rides: 89
of miles on vehicle: 2,611
Warm handoff/referrals to SPH Addiction Medicine: 78
Addiction Med No-shows prevented with ride: 41
Inpatient treatment: 9
of patients provided Narcan: 6
of CD evals completed by SPH (no specific to peer support patients): 29
of CD evals completed by SPH (specific to peer support patients): 5
of master's level clinicals trained to complete CD evals: 2

Performance Metrics*

Please provide any data or statistics reflecting progress toward the projects goals and objectives.

We have provided a Data attachment as it is easier to read in chart/table form. In addition to the reach metric above, we are collecting outcome data points for patients who came to the ED, and were engaged with our ED Peer Support. Early outcomes show promising trends in reducing avoidable emergency utilization while strengthening connections to treatment. The data attached in the Data attachment illustrate that peer support engagement reduces emergency and crisis utilization while dramatically improving linkage to ongoing treatment, behavioral health care, and primary care.

When peer support services first launched in the ED, our team intentionally began with a slower pace to allow time for role clarity, workflow adjustments, and building trust with both patients and clinical staff. The early months (May–July) reflect this foundational period, with 27–32% of patients presenting with OUD/SUD/COD receiving outreach from a peer support. During this time, peers were focused on refining documentation practices, learning how to integrate into a fast-paced ED environment, and establishing strong working relationships across departments.

By August, these processes had become well established, and peer supports were increasingly embedded into daily operations. This is reflected in the significant jump in outreach, from 32% in July to 66% in August, and further to 75% in September—representing a 158% increase since May. These data illustrate that the program has now entered its ramp-up phase, with peer supports consistently connecting with the majority of eligible patients in the ED and becoming a reliable, integral part of the care team. We expect this percentage to continue to grow as workflows are further refined and the program matures.

Financial Information

Expenditures*

Please upload a detailed accounting breakdown of expenses incurred.

Budget Expenditure Report.xlsx

Budget Comments/Supporting Information*

Please describe any variances or explanation in further detail.

None

Abatement Region Reporting

If the awarding Abatement Region(s) have requested additional reporting and information please upload it here.
Refer to the grant agreement for additional reporting requirements.

Upload #1

Data.docx

Upload #2

Success Stories.docx

Upload #3

File Attachment Summary

Applicant File Uploads

- Budget Expenditure Report.xlsx
- Data.docx
- Success Stories.docx

MT Opioid Abatement Trust-No Wrong Door

Total Project Budget: \$215,051

Project Period: 1/31/2025-1/30/2026

Summary

	BUDGET
YEAR 1	\$215,051.00
TOTAL	\$215,051

Expenses	Total Budget Yr 1
Personnel Salaries	
Peer Salaries 2.5 FTE (James Howland, Scott Howard, Mark Nay)	\$133,889.00
SPH BH Clinicians (to receive training on CD evaluations	\$1,119.00
Fringe Benefits	\$34,320.00
	\$169,328.00
Equipment	\$38,391.00
Supplies-Narcan Kits	\$5,332.00
Community Outreach education/ program material	\$2,000.00
	\$0.00
Total Other Direct Project Expenses	\$45,723.00
Total	\$215,051

Percent Spent	Budget Remaining
38.66%	\$131,903.28
	as of end of august

Under/over		
		\$92,870.21
		\$1,119.00
		\$29,844.07
		\$123,833.28
		\$738.00
		\$5,332.00
		\$2,000.00
		\$0.00
		\$0.00
		\$8,070.00
		\$0.00
\$0.00	\$0.00	\$131,903.28

Fringe	equipment	supplies	
	\$37,653.00		
\$1,502.03			
\$2,344.84			
\$337.38			
\$291.68			
\$4,475.93	\$37,653.00	\$ -	\$ -

Data

No Wrong Door Peer Support Program Data: Time Period: April 1, 2025-September 11 2025

Location	Go-Live	Unique Pts (Per location)	Total Encounters
ED	April 2025	135	359
Addiction Medicine	May 2025	164	465
Behavioral Health Unit	June 2025	51	129

Metric	Value
# of patients transported	49
# of Rides	89
# of Miles on Vehicle	2,611
Warm Handoff / Referrals to SPH Addiction Med	78
Addiction Med No-Shows Prevented with a Ride:	41
Inpatient Treatment	9
# of patients provided Narcan	6
# of CD evals completed by SPH (Not specific to peer support patients)	29
# of CD evals completed outside of SPH (specific to Peer Support pts)	5
# of master's Level clinicals trained to complete CD Evals	2

In addition to the reach metric above, we are collecting outcome data points for patients who came to the ED, and were engaged with our ED Peer Support. Early outcomes show promising trends in reducing avoidable emergency utilization while strengthening connections to treatment:

Utilization Summary: Prior=30 days before peer support engagement, During= 30 days of peer support engagement, this chart is looking at 70 unique patients that were served and engaged in peer support outreach for 30 days post discharge.

Category	Prior		During		Percent Change	
	Patients Utilizing Service	Total Visits	Patients Utilizing Service	Total Visits	Patients Utilizing Service	Total Visits
Emergency Dept	70	86	15	22	78% Decrease	74% Decrease
Ambulance	25	28	11	12	56% Decrease	57% Decrease
Addiction Med	7	8	23	65	229% Increase	713% Increase

Hospital Admission	13	13	3	4	77% Decrease	69% Decrease
Integrated Behavioral Health Visit	2	2	11	20	450% Increase	900% Increase
SPH Primary Care	4	5	13	20	225% Increase	300% Increase

This data illustrate that peer support engagement reduces emergency and crisis utilization while dramatically improving linkage to ongoing treatment, behavioral health care, and primary care.

Month	% of Patients who presented to the ED with an OUD/SUD/COD and had a peer support interaction
May	29%
June	27%
July	32%
August	66%
September	75%

Sampling of Program Success Stories To-Date

- A SPH employee recently shared: 'I had the pleasure of working with Mark regarding one of his patients this week and it was an incredible experience. I got to see how much he cares for his patients and got a front row seat to everything he goes through every day. He still had a smile on his face and was the first to brainstorm ideas for this patient's safety as well as our staff.'
- A patient within the clinic reached out to peer support and stated that he was supposed to have surgery and can't find anyone to wait with him while it was getting done due to having to go under for the surgery. Peer support was able to provide transportation for this patient and was able to sit and wait while this patient had a much needed operation done that was effecting his eating and sleeping, and ultimately his recovery.
- One of the peers just got an update from a wife of a patient we assisted in getting to MCDC. An employer had reached out for her husband to apply for a job he expressed significant interest in! That was one of the goals the peer support had set for him upon completion of his treatment and the opportunity presented itself and his recovery process.
- One of our peer supports met with a patient in the ER recently. He overdosed on his medication and while being assessed, was determined to have pneumonia. He declined services, but one of our peer supports spent additional time with him in his room expressing his concern for his wellbeing. He was able to discuss the risks of his medications, and before leaving, he agreed to let the peer support bring him some Narcan. Like many of the peer support patients, this patient was not very responsive to phone calls and attempts to deliver Narcan. The peer support spent the last several weeks consistently following up with phone calls and text messages. During one of their conversations, the patient requested assistance with a walker and the peer support was able to secure one through the Agency on Aging. After several weeks, the peer support was finally able to meet with his patient at his residence. He was able to deliver several boxes of Narcan and the walker. While visiting, the patient shared that he is extremely lonely and mentioned how appreciative he is that someone cared enough to keep checking in on him. Before the peer support left, the patient agreed to getting an appointment with a primary care provider and a behavioral health provider to address his health.
- Multiple patient stories from our Addiction Medicine Team on how Peer Supports have been able to build a connection with patients that they have never been able to connect with, and the patients are now successful in their recovery care.
- Our Addiction Medicine Physician credited one of our Peer Supports in saving a patient's life through the support the Peer Support provided this patient in a critical time.
- One of the Peer Supports had a patient's child approach him at a gas station in our community and thanked him for supporting his dad and that this was the first holiday (Father's Day) his dad didn't drink and it was a 'happy event'.
- A patient working with one of our Peer Supports set a goal to get established with identification, get a job, and find a place to live, and he accomplished all those goals with the support of our Peer. The patient was previously living in Basin without a vehicle and getting a ride to and from town was unreasonable so having the peer vehicle to transport him allowed him to navigate getting all his identifications to gain employment as well as a safe place to sleep at night.

- Peer Supports engaged with a patient who was at St. Peter's Health on withdrawals from alcohol and wanted help. The Peer Support team collectively got this patient engaged with a Licensed Addiction Counselor within the community and got this patient involved with Our Place, a peer-ran support program in Helena. Peer support was able to follow up with this patient daily at Our Place and was able to help the patient navigate different inpatient detox centers. With the help of the collective peer support team as well as the rest of his care team at St. Peter's, we were able to get this patient into MCDC and take him there via our peer vehicle purchased with MOAT funds! Peer support will follow up with different sober living houses and get this patient established within one of the houses.
- A Peer Support assisted a family who had been sleeping in their car in the Walmart parking lot, making contact and acquired shelter with Family Promise who provided them shelter until they enter their own housing.
- The Behavioral Health Unit had a patient recently come in from the streets after a personal crisis that led her to unemployment and an extended period of relapse without housing. Once she was discharged Peer Supports were able to obtain a housing voucher from the Helena Housing Authority and get her into an apartment that same week. As things go with addiction she ended up relapsing that weekend and landing in the ED. Fast forward a few weeks of stability and sobriety, a new apartment has become available from the same potential landlord, inspection passed, and we are hoping to sign the lease (as of the afternoon of 6/30/2025). Finding housing recovery is a difficult and messy process but once someone's basic needs are met it makes the goal much more achievable.
- We had a patient come in to the BHU self-admitting for Suicidal Ideation and alcohol abuse. After a couple weeks of stabilization we were able to get him into Rimrock treatment center for a 30-day stay to continue his journey toward recovery.
- Peer support has been working with a gentleman in the treatment court program who has struggled within that program as well as using for over a year. Peer support was able to share lived experience through that program to help the patient trust the treatment court team as well as staying engaged within the clinic here at St. Peter's. This patient is now staying clean, engaging in recovery in the community, and will be phasing up in the treatment court program soon.
- We have a patient with severe mental and physical health issues that frequents the ED and BHU often. He was recently evicted from his place of stay and went missing for a week without a working phone. A Peer Support dropped off a business card with the patient's wellness doctor that he sees on a regular basis, requesting the staff to have him call the Peer Support the next time the patient comes in. The Peer Support received a voicemail from an unfamiliar number with a message from the patient telling them about his new job at Taco Treat where he is now working part-time. Next step is to schedule a meeting with the SDMI waiver program in attempts to get him in a group home.
- Peer support has been able to engage with the Helena treatment court program, the Hannon House Sober Living, and Our Place Drop In Center to start establishing some connections and bridging the gap with peers either currently or recently struggling with addictions/mental health to get the help needed to start their recovery journey. They have been able to express to peers that we are here for them and believe in them when they felt forsaken and looked down on. Our Peers connect in a way that breaks stigma

and lets individuals know that they have a story to tell and that their story has purpose and value.

- Peer support has been coordinating with Alexia at the Helena jail to hopefully bridge the gap between peers getting out of jail and engaging them with the care they need, such as Addiction services at SPH. Peer supports plan to visit peers in jail one day a week to establish connections as well as setting up WRAP plans for when they are released.

Good Samaritan STOPS Project - August 2025 Monthly Report

Ann McCauley

From: Bartleson, Dan <DBartleson@dohmt.org>
Sent: Wednesday, September 24, 2025 11:11 PM
To: Amanda Opitz; Ann McCauley
Cc: Ryan Galliher
Subject: August 2025 Stops Report
Attachments: August_2025_Stops_Report.csv

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Amanda and Ann,
Apologies for the late report. I was late in organizing staff to make the report and our Street Outreach Manager, Ryan Galliher, was out for about a week getting married. We're confident that future reports will be timely.

Hiring under the grant took place on 8/11 and August consisted primarily of orienting and equipping staff. FT Street Outreach Coordinator, Maddy Arnold, spent time partnered with Ryan. PT Services Navigator, Caitlin Dreesen, split her time between being partnered with Carrie Steere, our Assistance Ministry Coordinator, and spending some time in the community building partner relationships.

I'm hoping for some feedback on this first report so that future reports meet or exceed expectations.

Thanks, and please don't hesitate to reach out.

Thanks,
Dan

Dan Bartleson
Acting Director
Good Samaritan Ministries



Communications • Information Technology
Desk: 406-389-7057
Cell: 406-475-0308
Email: dbartleson@diocesehelena.org

STOPS Campaign Monthly Report Template

Section 1: General Information

Reporting Period (Month/Year)	8/11/2025 - 8/31/2025		
Organization	Good Samaritan Ministries		
Project Name	Strategic Outreach Peer Specialist (STOPS) Campaign		
Grant Amount		\$100,000	
Prepared By (Name and Title)	Ryan Galliher, Street Outreach Coordinator		
Date Prepared (DD/MM/YYYY)		9/17/2025	

Section 2: Summary of Activities

Key Achievements	Staff orientation completed, shadowing and training, connection with community partners.		
Challenges and Resolutions	Challenges with making local services as accesible as possible, resolve by facilitating meetings between service providers and clients. Meeting the high demand for services with limited staff while training occurred. These challenges require extra time and flexibility but are improving as we build routines and trust.		
Impact of Added Capacity	The additional staff allows us to: -Respond to more calls and referrals in real-time rather than delaying assistance. -Coordinate care and follow up on housing, ID and medical rather than just making initial contact. -Provide safer and more effective outreach by allowing staff to work in pairs.		
Section 3: Baseline Client Information			
Current Identified Clients (Other Funding)	Total	59	
			6 clients transitioning into stable housing, 49 receiving general services, 3 in behavioral health unit, 1 got into inpatient treatment.
New Unduplicated Clients (MOAT-Funded)	Breakdown		
	Total	14	
	Intake Evaluations/Needs Assessments	8	HMIS intake and MAP assessments.
Clients in Criminal Justice Settings	Total	3	
	Support Provided	1	client registers as a violent offender, two clients were supported in court.
Demographic Breakdown			
Category	Details	Count/Percentage	Notes
Age	Under 18	0	
	18-24	0	
	25-34	~18	
	35+	~41	
Identified Gender	Male	35	
	Female	24	
	Non-binary	0	
	Prefer not to say	0	
Veteran Status	Yes	4	
	No	55	
Identified Disability	Physical	17	
	Mental Health	31	
	None	16	
Encampment/Area	BHU	3	
	East Helena	3	
	Our Place	24	
	Prickly Pear	3	
	Downtown Helena	26	
Additional Notes on Baseline			

Section 4: Service Plans and Activities

Service Plans Created	Total Unduplicated Clients	73	
			164 total services: Transportation: 43 Housing Support: 15 Employment Support: 2 Acquire Identification: 3 Survival Supplies (clothing, food, water, backpack, hygiene):24 Referral/ resource navigation: 22 Initial contact: 14 Appointment Reminders: 9 SNAP: 1 Peer Support/ Advocacy and Related Services: 29 Pickup/Deliver Perscriptions: 2
	Services Provided		
	Crisis Intervention/Prevention	1	client to ER and behavioral health unit.

Section 5: Quantitative Data

Referrals to Collaborative Partners	Category	Count	Notes
	Education/Job Support	2	
	Foodshare	6	
	Housing Support/ Shelter	13	
	Medical	3	
	Legal Services	2	
	Counseling/Treatment/ BHU	3	
	Case Conferencing/ Coordinated Entry	8	new entries
	Peer Support & Advocacy	5	
	Total Referrals	34	

Section 6: Qualitative Information

Overall Impact Narratives	Strengthened collaborative relationship with God's Love by scheduling a standing appointment to have Outreach down at God's Love every Wednesday from 11:00-1:00pm. Plans to engage the Library as well as Food Share for a similar endeavor. Focused on engagement and assessment skills. This resulted in 14 new clients being identified.		
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Section 7: Financial Accounting

Total Funds Expended This Month	\$3,523.21		
Breakdown	Category	Amount	Description
	Personnel (FTE/PTE Salaries/Benefits)	\$2,689.88	[e.g., FTE Peer Specialist]
	Transportation & Supplies	-	[e.g., Mileage and gas]
	Administrative Oversight	\$833.33	[e.g., HR and management]
	Other	-	[e.g., Program materials]
Cumulative Funds Expended to Date	\$3,523.21		
Remaining Balance	\$96,476.79		
Financial Notes			
Signature	Ryan Galliher		
Name and Title	Ryan Galliher, Street Outreach Coordinator		
Date	9/18/2025		

L&C Metro Region Opioid Funds Tracker Sheet

Applicant	Total Amount Requested for		# Years Funds	Subsequent year(s)			Committee Review Date	Funding Recommendation
	all years			Requested	Current Year Request	funds		
Funding Available in FY 2025:	\$	600,186.31						
LCSO DC Provider	\$	115,200.00	3	\$	115,200.00		Oct-24	\$ 115,200.00
SPH - No Wrong Door	\$	215,051.00	1	\$	215,051.00		Dec-24	\$ 215,051
STORPI	\$	75,000.00	1	\$	75,000.00		Dec-24	\$ 75,000
Good Samaritan STOPS	\$	100,000.00	3	\$	100,000.00		Mar-25	\$ 100,000
Year 1 Subtotal Requested:				\$	505,251.00		Year 1 Funded Subtotal:	\$ 505,251.00
FY26 Funds Remaining Available:	\$	338,268.51						
Funding Requests - July 2025								
YWCA Helena - WINGS	\$	50,000.00	2	\$	50,000.00	\$ 50,000.00	6/18/25; 7/3/25	\$ 50,000.00
Intermountain	\$	241,433.00	2	\$	106,791.00	\$ 134,642.00	6/18/25; 7/3/25	\$ 106,791.00
MT Professional Health/Wellbeing	\$	247,115.00	3	\$	80,435.00	\$ 82,353.00	6/18/25; 7/3/25	\$
MT Meth Project - Fentanyl Education	\$	35,000.00	1	\$	35,000.00		6/18/25; 7/3/25	\$
Funding Requests - Sept 2025								
Mountain Pacific	No region budget provided?							
MT Health Justice Partnership	\$	128,606.00	3	\$	42,606.00	\$ 86,000.00		
SPH - No Wrong Door	\$	389,886.00	Continue - Year 2	\$	174,835.00	\$ -		
MT Human Trafficking Hotline	\$	158,700.00	3	\$	52,900.00	\$ 105,800.00		
Florence Crittenton	\$	174,280.00	2	\$	94,280.00	\$ 80,000.00		
Intermountain Professionals Foundation	\$	165,375.00	1	\$	165,375.00	\$ -		
			Current request:	\$	529,996.00		Year 2 Funded Subtotal to date:	\$ 156,791.00

Montana Health Justice Partnership - Recovery Project

2023 Montana Opioid Abatement Trust Grants

Montana Legal Services Association

Alison Paul
616 Helena Ave #100
Helena, MT 59601

donor@mtlsa.org
O: 406-438-3448
M: 406-439-2518

Michelle Potts

616 Helena Ave #100
Helena, MT 59601

donor@mtlsa.org
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M: 406-438-3448

Application Form

Region Selection

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

Project Name*

Montana Health Justice Partnership - Recovery 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

Abatement Region 1
Abatement Region 2
Abatement Region 3
Abatement Region 4
Abatement Region 5
Cascade County
Flathead County
Gallatin County
Lake County
Lewis & Clark County
Missoula County
Ravalli County
Silver Bow County
Yellowstone County

Application Overview

About the Organization/Program*

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

The Montana Legal Services Association (MLSA) is a non-profit law firm whose mission is to protect and enhance the civil legal rights of, and promote systemic change for, Montanans living in poverty. For 58 years, MLSA has provided free legal assistance (such as legal information, advice, and full representation) to thousands of vulnerable Montanans. Civil legal aid helps Montanans to address urgent legal issues such as domestic violence, family law, housing law, public benefits, debt, tribal law, and more. These are all common civil legal problems that get to the heart of essential human needs: health, safety, and access to food and shelter.

MLSA accomplishes its mission in part by partnering with seven Federally Funded Qualified Health Clinics and one hospital to form the Montana Health Justice Partnership, a medical-legal partnership first established in 2015 that aims to address the physical and mental health-harming civil legal needs of patients, including those with substance use disorders (SUD). MLSA is an essential partner for creating long-term recovery

support and solutions for people and families living with an Opioid Use Disorder (OUD). These vulnerable patients and their families struggle to maintain a stable recovery while civil legal matters endanger their physical safety, food security, safe housing, and adequate healthcare. By giving OUD patients and their healthcare providers the tools needed to solve common civil legal problems, such as ensuring access to basic food benefits, securing orders of protection against abusers, preventing illegal debt collection practices, and attaining safe and stable housing, MLSA is able to help OUD patients build healthy lives and stay in recovery. The primary partner for this expanded Recovery Project is Aware, Inc., with the anticipation of adding other non-profit Montana Mental Health Centers as referral partners to the Montana Health Justice Partnership over the next five years.

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

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

The Montana Health Justice Partnership-Recovery Project fits into the approved Opioid Remediation Guidelines for Recovery by providing evidence-based services that adhere to the American Society of Addiction Medicine continuum of care Dimension 5: Recovery Environment Interactions, which focuses on the safety and support a person has access to in their current environment. The MHJP-Recovery Project will help healthcare patients and participants in a clinical recovery program succeed in long-term recovery by working to address civil legal problems that directly impact the four major domains of recovery identified by the US Substance Abuse and Mental Health Services Administration: (1) health, (2) home- a stable and safe place to live, (3) community and connection, and (4) purpose – engaging in meaningful daily activities, such as employment and family, with independence and resources to participate in society. (SAMHSA, 2017, <https://www.samhsa.gov/recovery>.) Because many civil legal problems are a major destabilizing threat to these domains, providing civil legal services to individuals with OUD and co-occurring SUD/Mental Health conditions is essential to creating the kind of safe, supportive, and stable environment a person needs in order to achieve and maintain their recovery.

The medical-legal partnership service delivery model of the MHJP-Recovery Project stands to particularly benefit individuals in recovery by enabling healthcare providers, substance abuse support workers, and civil legal aid attorneys to work together to address the co-occurring health, social, and legal problems that directly impact the four major domains of recovery (Girard, et al., Archives of Psychiatric Nursing 35, 2021). By expanding legal services to more partner provider sites and people, the MHJP-Recovery Project will build on successful national models to address an unmet need under the Opioid Remediation Guidelines to support recovery in Montana.

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*

\$2,084,969.00

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.

MHJP Recovery Project Budget 2024 submission.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.

MLSA requests that the MT Opioid Abatement Trust provide funding to expand the current MHJP with the addition of two attorneys and one navigator focused on OUD clients, along with associated costs. In turn, this investment will be supported by the infrastructure of the current MHJP Project, which does not currently have the capacity to focus on OUD patient referrals.

The MHJP has a solid reputation and support in Montana, and has received funding in the past from the Montana Healthcare Foundation, the Headwaters Foundation, and the Montana Justice Foundation. The MHJP is also supported by a financial commitment from the original healthcare partners and hospital partner, who provide a yearly cash amount to help cover project costs, and through allocations of MLSA's general operating grants. These funding sources will help ensure that the Recovery Project has a solid foundation in a thriving medical-legal partnership. The Montana Opioid Abatement Trust funding will not replace or supplant existing funding, but will instead expand the current partnership by increasing capacity for legal services to people living with an OUD and to integrate these services into the core medical-legal partnership.

Current MHJP Annual Cost: \$684,574

MHJP Partner Contributions: \$181,936

St. Patrick's Providence Hospital Contribution: \$120,027

U.S. Department of Health & Human Services, MLP+ Grant: \$173,985

Montana Healthcare Foundation Grant: \$25,000

Legal Services Corporation Grant: \$108,626

Otto Bremer Trust Grant: \$30,000

U.S. Housing and Urban Development Eviction Prevention Grant: \$20,000

Youth Homelessness Demonstration Project Grant: \$5,000

Montana Justice Foundation Grant: \$20,000

Although partner contributions allow the existing MHJP to provide services to hundreds of clients each year, additional funding is needed to scale up the partnership to fully meet its true potential for Montanans

vulnerable to overdose death. The MHJP needs support from the Montana Opioid Abatement Trust to implement services specifically for OUD referrals, to add additional mental health care partners (such as AWARE) to the partnership, and to incorporate client navigation services to help patients living with an OUD and co-occurring SUD/Mental Health condition navigate the legal process and access the strength-based, wraparound services they need to stay in recovery. The MHJP will continue to prioritize diversifying funding to create long-term sustainability for the Recovery Project.

Do you have a Fiscal Agent*

No

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.

The purpose of the MHJP-Recovery Project is to help OUD patients succeed in long-term recovery utilizing the evidence-based practice of addressing civil legal problems that directly impact SAMHSA's four major domains of recovery. The Recovery Project will prioritize a strength-based, patient-centered system of care by assisting Montanans statewide with an OUD and co-occurring SUD/mental health conditions, prioritizing high-risk populations. The intended results of the Recovery Project will be to increase the number of clients with an OUD who receive civil legal services by directly partnering with 8 healthcare providers and Aware, a non-profit mental health provider annually serving 5,000 patients statewide. The proposed MHJP-Recovery Project will be fully integrated into MLSA's existing medical legal partnership, which currently screens patients in 7 community health clinics and 1 hospital. First established in 2015, the MHJP has, to date, handled 2,121 cases for low income clients. In 2023, MLSA as a whole handled 322 cases where Substance Use impacted the household, helping 805 clients and their family members, including 407 children in the client household.

In order to meet the legal needs of patients with an OUD, MLSA will hire two 1.0 FTE Attorneys to provide dedicated legal services and one 1.0 FTE Navigator to provide administrative and client support, including by serving as a single point of contact for referred patients with an OUD. The MHJP Coordinating Attorney will provide staff supervision and mentoring. The Project Navigator will: (1) accept referrals and conduct intake interviews with Montanans with an OUD; (2) serve as a trauma-informed single point of contact and provide support to clients as they receive legal assistance; (3) support the Project Attorney with legal tasks; and (4) refer OUD clients to network organizations and other service organizations for additional supportive services. The Project Attorney will: (1) provide legal advice, brief services, limited scope services, and full representation to clients with an OUD on a variety of civil legal issues that impact their housing, safety, and economic stability; (2) build and work with a network of healthcare providers and service organizations that provide recovery services to Montanans with an OUD; and (3) provide technical assistance and guidance to Aware and other referral healthcare partner staff on civil legal issues faced by people with an OUD. Project staff will conduct training with Aware staff and other referral partners to implement screening and referral tools to identify and refer patients with an OUD and a civil legal need.

The Project Attorney will provide legal services to OUD clients facing legal problems related to housing; family law; income support; domestic or intimate partner violence; access to health care; consumer law, including debt collection and garnishments, fraud, and financial exploitation; tax issues; expungements; and employment law.

Program Reach

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

The Recovery Project is founded in statewide civil legal at MLSA, and statewide referrals from Aware. The Recovery Project will serve people in each all Abatement Regions and Metro Abatement Regions.

Region 1: MLSA served 205 clients in 2022 (24 impacted by SUD). Aware serves 341-638 people yearly. Local sites: 3 health clinic partners.

Region 2: MLSA served 220 in 2022 (35 impacted by SUD). Aware serves 102-217 people yearly. Local sites: 2 health clinic partners, 2 partner domestic violence shelters.

Region 3: MLSA served 196 in 2022 (33 impacted by SUD). Aware serves 68- 190 people yearly. Local sites: 1 health clinic partner, 1 DV shelter.

Region 4: MLSA served 266 in 2022 (50 impacted by SUD). Aware serves 108-266 people annually. Local sites: 1 health clinic partner, 1 DV shelter, Aware office.

Region 5: MLSA served 175 in 2022 (20 impacted by SUD). Aware serves 91-177 people yearly. Local sites: 2 health clinic partners.

Cascade: MLSA served 438 in this metro region in 2022 (37 impacted by SUD). Aware serves 230-957 people yearly. Local sites: 1 health clinic partner, 1 DV shelter, Aware office.

Flathead: MLSA served 314 in this metro region in 2022 (38 impacted by SUD). Aware serves 102-229 people yearly. Local sites: 1 DV shelter.

Gallatin: MLSA served 318 in this metro region in 2022 (53 impacted by SUD). Aware serves 102-229 people yearly. Local sites: Aware office.

Lake: MLSA served 127 in this metro region in 2022 (18 impacted by SUD). Aware serves 102-229 people yearly. Local sites: 1 health clinic partner.

Lewis & Clark: MLSA served 527 in this metro region in 2022 (71 impacted by SUD). Aware serves 230-957 people yearly. Local sites: MLSA office, 1 health clinic partner, 1 DV shelter, Aware office.

Missoula: MLSA served 801 in this metro region in 2022 (82 impacted by SUD). Aware serves 230-957 people yearly. Local sites: MLSA office, 1 hospital partner, Western MT Mental Health referrals, Aware office.

Ravalli: MLSA served 166 in this metro region in 2022 (23 impacted by SUD). Aware serves 102-229 people yearly. Local sites: 1 DV shelter.

Silver Bow: MLSA served 281 in this metro region in 2022 (53 impacted by SUD). Aware serves 230-957 people yearly. Local sites: MLSA field office, 1 health clinic partner, 1 DV shelter, Aware office.

Yellowstone: MLSA served 755 in this metro region in 2022 (101 impacted by SUD). Aware serves 230-957 people yearly. Local sites: MLSA office, 1 health clinic partner, Aware office.

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 overarching goal of the MHJP-Recovery Project is to achieve better recovery outcomes for Montanans living with an OUD by addressing their recovery-harming civil legal needs. The Recovery Project has set the following measurable annual goals:

- (1) 12 consultations, trainings, and outreach per year for Aware and other OUD recovery provider staff, provided by MHJP staff or MLSA Communications Manager;
- (2) Project Attorneys provide legal services, including advice, limited scope services, and full representation, on 140 legal matters per year to clients with OUD and co-occurring SUD/Mental Health conditions, meeting at least one achievable legal goal for each client;
- (3) Project Navigator conducts intake interviews and provides navigation services with 105 referred patients; and
- (4) Aware screens 75% of their new OUD/SUD recovery patients for civil legal needs.
- (5) 3 annual outreach events to high-risk priority populations and treatment providers.

The MHJP-Recovery Project will meet these goals by: (1) hiring two 1.0 FTE attorneys to provide legal services to OUD clients and one 1.0 FTE Navigator to provide legal advocacy, intake, support, and referral to OUD clients; (2) training healthcare, recovery care, and legal care teams to work collaboratively for screening and referral at both the front-line and administrative levels; (3) identifying OUD patients' recovery-harming social and legal needs with screening procedures; (4) providing OUD patients with legal care ranging from triage and consultations to full representation; (5) providing OUD patients with systems navigation care including maintaining and expanding a statewide network; (6) traveling to local and regional offices to meet with healthcare staff, provide trainings, and provide services to OUD clients; (7) building community outreach to Montanans who live with an OUD and with health care and supportive services workers to build an active referral process for OUD clients; and (8) collecting and evaluating detailed outcomes about improved recovery, health, legal, and social outcomes from legal, healthcare, and recovery service partners.

Through the MHJP-Recovery Project, MLSA and Aware will work together to holistically address the health, social, financial, and environmental needs that prevent OUD patients from staying in recovery. OUD patients stand to benefit from the holistic service delivery model of a medical-legal partnership because of the unique needs they face.

Evaluation Method*

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

MLSA will evaluate the MHJP-Recovery Project using a non-experimental mixed methods approach to determine whether Project goals and objectives were accomplished, and if Project implementation and processes are effective in producing the desired outcomes. MHJP staff will track data on OUD clients served using MLSA's case management system and project management software to track client time, activities and levels of service provided, referrals, demographics, legal results, and outcomes. MLSA staff will also use outreach and training logs, activity logs, input descriptions, partner feedback forms, and client satisfaction surveys in order to track data.

The Project staff will seek input and data from Aware, MHJP healthcare partners, and other OUD referral partners on the effectiveness and usability of the referral and training process, in order to evaluate the Project implementation and impact on recovery for OUD patients. Healthcare partners utilize electronic health records to track health impact, legal needs screenings, and referrals. The sharing of all data is governed by the MHJP's confidential and sensitive information protocols, which recognize the importance of maintaining client confidentiality as well as the specific legal and ethical obligations of healthcare providers and attorneys.

Data tracking includes the number of OUD clients served and their demographics, along with outcomes: (1) Process Outcomes: number and location of healthcare partners; number of patients screened by partners versus total number of patients receiving care; numbers of patients referred by partners; partner feedback on Recovery Project implementation; numbers of outreach communications; patient and community awareness of legal services available; level of healthcare partner familiarity and trust of legal referral process and services; (2) Legal Service Outcomes: level of service provided; tangible and intangible client legal issue outcomes; client increased understanding of legal rights; economic benefit to clients; number of services supporting recovery domains of health, housing, connection, and purpose; and (3) Recovery Outcomes: legal services report of client mental health status; client self-report of mental health and recovery status; healthcare partner report of patient recovery and health status.

MLSA will compile all data to present, evaluate, and improve the project processes during the implementation to ensure the Recovery Project meets project goals.

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 Recovery Project's existing partnerships with healthcare providers mean that strong community relationships and awareness are built into the foundation of the project. MLSA will seek to expand existing relationship building and outreach efforts to include Aware, Inc. by establishing specific legal outreach, screening, and referral procedures that are customized to meet the needs of OUD patients. Although Aware staff already refer patients to MLSA for services, implementing these specific procedures will enable MLSA to more effectively connect legal services with Aware's 5,000 yearly patients. MLSA and Aware have discussed the benefits of having dedicated legal staff available to serve OUD patients and Aware has signed a letter of commitment for the Recovery Project. MLSA will also add OUD-specific outreach, training, screening, and referrals to the 7 healthcare clinic partners and 1 hospital currently in the MHJP and will seek to establish relationships with other OUD service organizations. These healthcare providers will play a crucial role in identifying OUD patients who need civil legal aid to support their recovery, with MLSA in turn able to connect referred patients with treatment providers such as Aware.

As the only statewide general civil legal aid organization in Montana, MLSA also works closely with other community partners to connect with low income Montanans, including those with OUD. These partners include the existing MHJP partners; 8 domestic violence shelter partnerships; Justice for Montanans AmeriCorps program; relationships with all Tribal Nations in Montana and numerous tribal service organizations; a Victim Legal Assistance Network with over 30 network members; and more. These partnerships leverage the outreach strengths of multiple organizations, and allow awareness of MLSA's services to reach throughout the state. MLSA staff also regularly attend events like the Butte Mental Health Resource Fair, communicating directly with potential OUD clients.

MLSA also uses technology to meet low-income Montanans where they are. We regularly post articles to MontanaLawHelp.org and to social media to raise awareness about services, while traditional media outlets (including radio and newspapers) help spread information about our services. MLSA utilizes grants for GoogleAds which notify people of MLSA's services when they search for civil legal services in our core areas of housing, credit, public benefits, and domestic violence in Montana.

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

Aware Ltr Commitment Signed 2024.pdf

Upload #2

Mental Health Opioid Crisis Legal Partnership Factsheet.pdf

Upload #3

Service Area Map MLSA Aware.pdf

Additional Information

Because legal issues are often particularly complicated for low-income and vulnerable clients such as those with an OUD, MLSA requests a 15 year MHJP-Recovery Project. MLSA has submitted a firm yearly budget for each of the first 5 years of this long-term, strength-based OUD recovery support project. A 15 year budget has also been included, although to enhance the budget accuracy we suggest submitting revised budgets in 5 year increments.

The budget is tailored to effectively provide civil legal aid recovery support, which makes a dramatic difference in patient outcomes, helping solve problems before they push patients with an OUD out of active recovery. In housing cases, tenants who are fully represented by an attorney win or settle their cases 96% of the time, compared to just 62% for unrepresented tenants, and are twice as likely to stay in their homes and four times less likely to use homeless shelters. (The Justice in Government Project, “Key Studies and Data About How Legal Aid Improves Housing Outcomes,” American University, 2019.) Domestic violence survivors see a similar improvement in outcomes: according to one study, 83% of victims represented by an attorney successfully obtained a protective order, compared to just 32% without an attorney. (“Supporting Survivors: The Economic Benefits of Providing Civil Legal Assistance to Survivors of domestic Violence,” Institute for Policy Integrity, New York University School of Law, July 2015.) Studies like these are why researchers at Georgetown and Johns Hopkins have found that medical-legal partnerships “benefit patients in substance use disorder recovery” by assisting them with legal needs that increase recovery capital across the four dimensions of SAMHSA’s social determinants of health. (Girard, et al., How medical-legal partnerships help address the social determinants of mental health, Archives of Psychiatric Nursing 35, 2021.) Civil legal aid delivered through a medical-legal partnership gives people struggling with an OUD the legal tools they need to address their problems can help keep them in recovery.

The Recovery Project will focus on high-risk OUD populations, including people who inject drugs, people reentering the community from incarceration, pregnant, postpartum, and parenting people, Native Americans, people experiencing homelessness, people over age 50, and military Veterans. MLSA anticipates Montana OUD client outcomes will include the following: stabilized housing through eviction and housing matters, increased employment opportunities through driver’s license and expungement matters, increase in feelings of purpose and connection by family law interventions to enable them to spend more time with their children, and increased financial stability through consumer and benefits cases.

The MHJP Recovery Project timeline is as follows:

-Month 1: (1) Initial meeting of Aware and MLSA to coordinate partner schedules, roles, and responsibilities; (2) MHJP Coordinating Attorney to work with Aware staff to establish screening and referral protocols; and (3) MLSA to update screening and referral protocols for MHJP healthcare and hospital partners.

-Months 1-2: MLSA to recruit and hire Project Attorneys and Project Navigator seeking applicants with low-income experience.

-Months 2-3: (1) MHJP Coordinating Attorney to provide trainings to Aware staff; and (2) MLSA to provide updated training to MHJP healthcare and hospital staff.

-Years 1-15: 1) Aware, MHJP healthcare and hospital partners, and other OUD treatment partners to screen and refer patients with legal needs, with particular focus on patients in OUD recovery treatment; 2) MLSA Project Navigator to process referral OUD client intake applications; 3) Project Attorneys to provide civil legal services, including advice, brief services, and representation, to referred patients for their civil legal needs; 4) Project Navigator to provide legal advocacy, support, information, and/or referral to referred OUD clients; 5) Project Navigator to coordinate with and support attorneys providing legal services to OUD clients; 6) Project Attorney to identify legal issues for referral to other specialized MLSA attorneys or volunteer attorneys; 7) MHJP Coordinating Attorney to hold weekly case staffing meetings with Project Attorneys to determine level of service for referred OUD clients; 8) MLSA Project staff to travel to Aware and local referral partner offices regularly to meet with healthcare staff, provide trainings, and provide services to OUD patients; 9) MHJP Coordinating Attorney works with MLSA Communications Manager to build referral partnerships with other OUD treatment organizations throughout Montana; 10) MHJP Coordinating Attorney and Project Attorneys to identify training needs and provide screening and referral trainings for Aware, healthcare, hospital, and other referral partner staff; 11) MHJP Coordinating Attorney to supervise and mentor Project staff; 12) Project staff attends appropriate training to ensure best practices for trauma-informed OUD client legal care; and 13) MLSA to maintain/collect performance measurement data, client demographics, grant records, financial data, and prepare and submit progress, partner, and grant reports.

-Annually: (1) Meeting with Aware, hospital, healthcare, and other OUD treatment referral partners about status of project, any identified issues that need to be addressed, and begin implementing plans for next year's service delivery and coordination; and 2) Project staff to evaluate Recovery Project formation and implementation, assess outcomes, and identify successes, challenges, and solutions.

Key personnel taking on this timeline of activities include: Executive Director Alison Paul and MHJP Coordinating Attorney Kallie Dale-Ramos. MLSA will hire two 1.0 FTE Project Attorneys and one 1.0 FTE Project Navigator. MLSA has the capacity to hire, train, and supervise these new positions, who will be a critical part of the MHJP. MLSA's Communications Manager will also assist with outreach.

Executive Director Alison Paul first joined MLSA as a staff domestic violence attorney in 1999 before becoming Deputy Director in 2003 and Executive Director in 2011. In 2014, Ms. Paul was selected as a Where Health Meets Justice Fellow to build health care expertise and leadership in the civil legal aid community, offered by the National Legal Aid & Defender Association. She will provide general project oversight and guidance.

MHJP Coordinating Attorney Kallie Dale-Ramos joined MLSA in March 2016 as the first attorney and coordinator for the Montana Health Justice Partnership. Ms. Dale-Ramos has shepherded the MHJP since its inception, creating a viable, sustainable project that is valued by all partners. In 2020, Ms. Dale-Ramos received the American Bar Association's Centennial Access to Justice Award for her work on the Partnership and was recognized locally in Helena as a community leader. Ms. Dale-Ramos oversees the medical-legal partnership, provides legal services to referred patients, coordinates with intake staff regarding Partnership referrals, and supervises and supports three Partnership attorneys. Ms. Dale-Ramos will supervise and mentor the new Project Attorneys and Navigator hired with this grant. All of these staff members have sufficient capacity to take on the addition of the Recovery Project to the MHJP and have been active in planning the Project.

At a programmatic level, MLSA has the staff capacity to provide direct services to OUD client referrals. With 20 attorneys working statewide to provide legal assistance to clients and 58 years experiencing addressing

civil legal problems, MLSA will be able to provide holistic, wrap-around legal services that effectively address whatever civil legal problem OUD clients present with that may prevent them from staying in recovery.

As a law firm, MLSA takes a strong and preemptive approach to complying with funder requirements, including for our federal, state, and private funders. MLSA has a detailed monitoring and oversight process that engages a combination of education, oversight, accountability, and enforcement. All staff funded by a grant are trained on allowed activities and regulations. Because MLSA receives an operating grant from the Legal Services Corporation, which is funded directly by Congress, we are required to notify you that all funds we receive may not be used in any manner inconsistent with the LSC Act of 1974, as amended in 1977, its implementing regulations, and other relevant law. As a recipient of federal funding, MLSA already has the necessary processes in place to comply with these requirements.

The MHJP-Recovery Project is built upon this strong foundation of financial stability, holistic legal services, and successful medical-legal partnership. Data proves that our model works: in one year, the MHJP legal assistance impacted 911 patients and their families, resulting in improved health and \$355,411 in direct economic benefit to patients. Patients had a 100% success rate on improving safety with domestic violence; a 92% success rate on resolving consumer debt issues, such as illegal garnishment; an 85% success rate on obtaining access to public benefits; and an 88% success rate on resolving housing issues.

With support from the Montana Opioid Abatement Trust, the MHJP-Recovery Project will increase capacity for legal services for OUD clients and to build more referral relationships with OUD treatment and mental health providers. Funding will immediately expand the MHJP by adding Aware as a partner whose OUD patients will receive civil legal and navigation services. By expanding legal services supporting successful recovery to more provider sites and people, the Recovery Project addresses an unmet need for recovery support in Montana.

File Attachment Summary

Applicant File Uploads

- MHJP Recovery Project Budget 2024 submission.pdf
- Aware Ltr Commitment Signed 2024.pdf
- Mental Health Opioid Crisis Legal Partnership Factsheet.pdf
- Service Area Map MLSA Aware.pdf

Montana Opioid Abatement Trust
Montana Health Justice Partnership - Recovery Project

Yearly Budgets for Year One - Five

Five Year Grant Period: 2024-2029

						Year 1	Year 2	Year 3	Year 4	Year 5
Personnel										
MHJP Coordinator/Supervisor	0.1 FTE	\$ 90,631	per year *	1 Supervisor*	1 yr	\$ 9,063	\$ 9,335	\$ 9,615	\$ 9,903	\$ 10,200
Staff Attorneys	2 FTE	\$ 81,350	per year *	1 Attorney*	1 yr	\$ 162,700	\$ 167,581	\$ 172,608	\$ 177,786	\$ 183,120
Communications Manager	0.1 FTE	\$ 60,594	per year *	1 Staff *	1 yr	\$ 6,059	\$ 6,241	\$ 6,428	\$ 6,621	\$ 6,820
Navigator	1 FTE	\$ 45,130	per year *	1 Staff *	1 yr	\$ 45,130	\$ 46,484	\$ 47,879	\$ 49,315	\$ 50,794
Fringe Benefits										
MHJP Coordinator/Supervisor		Salary *	24%			\$ 2,200	\$ 2,312	\$ 2,382	\$ 2,453	\$ 2,527
Staff Attorneys		Salary *	26%			\$ 41,676	\$ 43,764	\$ 45,076	\$ 46,429	\$ 47,822
Communications Manager		Salary *	30%			\$ 1,839	\$ 1,926	\$ 1,983	\$ 2,043	\$ 2,104
Navigator		Salary *	36%			\$ 16,460	\$ 17,187	\$ 17,702	\$ 18,233	\$ 18,780
Total Personnel						\$ 285,127	\$ 294,830	\$ 303,673	\$ 312,783	\$ 322,167
Non-Personnel										
Travel										
Mileage (used on gas & maintenance of MLSA owned vehicle, reimbursement, or rental vehicle)										
	8000 miles/yr @	0.67 cents/mile*			1 yr	\$ 5,360	\$ 5,360	\$ 5,360	\$ 5,360	\$ 5,360
Lodging (2023 MT rate)	107 per night *	10 nights *			1 yr	\$ 1,070	\$ 1,070	\$ 1,070	\$ 1,070	\$ 1,070
Per Diem	59 per day *	20 days *			1 yr	\$ 1,180	\$ 1,180	\$ 1,180	\$ 1,180	\$ 1,180
Training										
Airfare	800 per staff *	2 staff *			1 yr	\$ 1,600	\$ 1,600	\$ 1,600	\$ 1,600	\$ 1,600
		nights (2 staff * 4								
Lodging	195 per night *	8 nights) *			1 yr	\$ 1,560	\$ 1,560	\$ 1,560	\$ 1,560	\$ 1,560
		days (2 staff * 6								
Per Diem	79 per day *	16 days) *			1 yr	\$ 1,264	\$ 1,264	\$ 1,264	\$ 1,264	\$ 1,264
Conference Fee	450 per staff *	2 staff *			1 yr	\$ 900	\$ 900	\$ 900	\$ 900	\$ 900
Other: (transport, bag fees, etc)	150 per staff *	2 staff *			1 yr	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300

Montana Opioid Abatement Trust
Montana Health Justice Partnership - Recovery Project

Yearly Budgets for Year One - Five
Five Year Grant Period: 2024-2029

					Year 1	Year 2	Year 3	Year 4	Year 5
Supplies									
Laptop, dock, monitors, keyboard, mouse, scanner, carry bag, portable printer / 3 year replacement cycle	2900 per staff *	3 staff *	1 yr	\$	8,700	\$ -	\$ -	\$ 5,013	\$ -
Printing	750 per year *		1 yr	\$	750	\$ 750	\$ 750	\$ 750	\$ 750
Office Supplies/Postage	50 per month*	3 staff *	12 mo	\$	1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
Office Furniture - headset, phone, desk, bookshelves, filing cabinet, work table, client chair / 3 year replacement cycle									
	1900 per staff *	3 staff *	1 yr	\$	5,700	\$ -	\$ -	\$ 2,850	\$ -
Other Costs									
Library	350 per year *		1 yr	\$	350	\$ 350	\$ 350	\$ 350	\$ 350
Translation Services	750 per year *		1 yr	\$	750	\$ 750	\$ 750	\$ 750	\$ 750
Computer Assisted Legal Research Service	72 per atty *	2 Attorney	12 mo	\$	1,728	\$ 1,728	\$ 1,728	\$ 1,728	\$ 1,728
Client/Litigation Costs	750 per year *		1 yr	\$	750	\$ 750	\$ 750	\$ 750	\$ 750
Online and media outreach	2000 per project*	1 Outreach		\$	2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
State, Local & Tribal Bar Fees	695 per atty *	2 Attorney *	1 yr	\$	1,390	\$ 1,390	\$ 1,390	\$ 1,390	\$ 1,390
Total Non- Personnel					\$ 37,152	\$ 22,752	\$ 22,752	\$ 30,615	\$ 22,752
Total Direct Costs					\$ 322,279	\$ 317,582	\$ 326,425	\$ 343,398	\$ 344,919
Indirect Costs									
Provisional Rate for 2024 is 28.34%					\$ 80,805	\$ 83,555	\$ 86,061	\$ 88,643	\$ 91,302
Total Budget					\$ 403,084	\$ 401,137	\$ 412,486	\$ 432,041	\$ 436,221

Montana Opioid Abatement Trust
Montana Health Justice Partnership - Recovery Project

15 Year estimated Budget

Total Grant Period: 2024-2039

						15 Year Total
Personnel						
MHJP Coordinator/Supervisor Attorney	0.1 FTE	\$ 112,013	per year *	1 Supervisor *	15 years	\$ 168,019
Staff Attorneys	2 FTE	\$ 100,320	per year *	1 Attorney *	15 years	\$ 3,009,598
Communications Manager	0.1 FTE	\$ 74,484	per year *	1 Staff *	15 years	\$ 111,726
Navigator	1 FTE	\$ 55,002	per year *	1 Staff *	15 years	\$ 825,024
Fringe Benefits						
MHJP Coordinator/Supervisor	Salary *		23%			\$ 38,893
Staff Attorneys	Salary *		24%			\$ 734,010
Communications Manager	Salary *		29%			\$ 31,928
Navigator	Salary *		34%			\$ 282,753
Total Personnel						\$ 5,201,951
Non-Personnel						
Travel						
Mileage (used on gas & maintenance of MLSA owned vehicle, reimbursement, or rental vehicle)	8000 miles/year @	0.67 cents/mile *		15 years	\$	80,400
Lodging (2023 MT rate)	107 per night *	8 nights *		15 years	\$	12,840
Per Diem	41 per day *	16 days *		15 years	\$	9,840
Training						
Airfare	800 per staff *	2 staff *		15 years	\$	24,000
		nights (2 staff * 4				
Lodging	195 per night *	8 nights) *		15 years	\$	23,400
		days (2 staff * 6 days)				
Per Diem	79 per day *	16 *		15 years	\$	18,960
Conference Fee	450 per staff *	2 staff *		15 years	\$	13,500
Other: (transport, bag fees, etc)	150 per staff *	2 staff *		15 years	\$	4,500

Montana Opioid Abatement Trust
Montana Health Justice Partnership - Recovery Project

15 Year estimated Budget

Total Grant Period: 2024-2039

					15 Year Total
Supplies					
Laptop, dock, monitors, keyboard, mouse, scanner, carry bag, portable printer / 3 year replacement cycle	2900 per staff *	2 staff *	5 year	\$	29,000
Printing	750 per year *		15 years	\$	11,250
Office Supplies/Postage	50 per month *	2 staff *	180 months	\$	18,000
Office Furniture - headset, phone, desk, bookshelves, filing cabinet, work table, client chair / 3 year replacement cycle	1900 per staff *	2 staff *	5 years	\$	19,000
Other Costs					
Library	350 per year *		15 years	\$	5,250
Translation Services	750 per year *		15 years	\$	11,250
Computer Assisted Legal Research Services	72 per atty *	2 Attorney	180 months	\$	25,920
Client/Litigation Costs	750 per year *		15 years	\$	11,250
Online and media outreach	2000 per project	6 Outreach Projects		\$	12,000
State, Local & Tribal Bar Fees	695 per atty *	2 Attorney *	15 years	\$	20,850
Total Non- Personnel				\$	351,210
Total Direct Costs				\$	5,553,161
Indirect Costs					
Provisional Rate for 2024 is 28.34%				\$	1,474,233
Total Budget				\$	7,027,394

Montana Opioid Abatement Trust
MOAT Grant Application Addendum: Montana Legal Services Association

Lewis & Clark Metro Region Effectiveness

As a statewide project, the MHJP-Recovery Project has the capacity to create a paradigm shift in the kind of recovery support available to every Montanan living with an Opioid Use Disorder (OUD) and co-occurring Substance Use Disorder/Mental Health conditions (SUD). Based on past operations of the Montana Health Justice Project since it began in 2016, MLSA anticipates that the Recovery Project will benefit vulnerable people in all regions, with rural regions in particular experiencing a significant increase in services. When the MLSA's medical legal partnership began, referrals from partnership counties increased an average of 66% in just one year, with rural patients seeing the greatest benefit from the increased identification of health-harming legal needs and access to an attorney. For example, in Libby and Lincoln County, the number of referrals to MLSA increased 184% in the first year of the medical legal partnership, while Havre and Hill County saw an increase of 177%. Starting in August of 2024, MLSA will launch a new partnership with the Montana VA Healthcare to screen Veteran patients throughout the state for legal needs. Montana VA Healthcare is the primary source of veteran healthcare for more than 47,000 enrolled Veterans across the state. This screening of Veterans for health-related legal needs will include OUD related issues, and will also include the Volunteers of America Northern Rockies as a referral partner.

Designed to provide legal services to improve patient health and support recovery, the Partnership enables rural and metro health centers, VA healthcare providers, and mental health providers to provide previously unavailable or hard to access legal services to address social determinants of health and OUD recovery. The project builds on successful models throughout the US, including those utilizing Opioid Multi-State Settlement funds such as an OUD recovery partnership at the Legal Aid of West Virginia.

The Statewide specific measurable annual goals are as follows:

- (1) 12 consultations, trainings, and outreach per year for AWARE and other OUD recovery provider staff, provided by MHJP staff or MLSA Communications Manager;
- (2) Project Attorneys provide legal services, including advice, limited scope services, and full representation, on 140 legal matters per year to clients with OUD and co-occurring SUD/Mental Health conditions, meeting at least one achievable legal goal for each client;
- (3) Project Navigator conducts intake interviews and provides navigation services with 105 referred patients;
- (4) AWARE screens 75% of their new OUD/SUD recovery patients for civil legal needs; and
- (5) 3 annual outreach events to high-risk priority populations and treatment providers.

The Statewide MHJP-Recovery Project will meet these goals by: (1) hiring two 1.0 FTE attorneys to provide legal services to OUD clients and one 1.0 FTE Navigator to provide legal advocacy, intake, support, and referral to OUD clients; (2) training healthcare, recovery care, and legal care teams to work collaboratively for screening and referral at both the front-line and administrative levels; (3) identifying OUD patients' recovery-harming social and legal needs with screening procedures; (4) providing OUD patients with legal care ranging from triage and consultations to full representation; (5) providing OUD patients with systems navigation care including maintaining and expanding a statewide network; (6) traveling to local and regional offices to meet with healthcare staff, provide trainings, and provide services to OUD clients; (7) building community outreach to Montanans who live with an OUD and with

Lewis & Clark Metro Region Effectiveness

health care and supportive services workers to build an active referral process for OUD clients; and (8) collecting and evaluating detailed outcomes about improved recovery, health, legal, and social outcomes from legal, healthcare, and recovery service partners.

MLSA is also prepared to embark on region-specific projects to provide services in individual regions which approve the MHJP-Recovery Project Regional application. We already have the partnerships in place and will focus on building the necessary OUD screening and referral processes in those regions. If the statewide project is not funded, the planned staffing and measurable annual goals for the statewide project will be reduced for each region that adopts the project to reflect the percentage of the budget that is approved. MLSA, the MHJP Health Center Partners, Montana Consortium for Urban Indian Health, Montana VA Healthcare, Volunteers of America Northern Rockies, and AWARE are ready to work together to holistically address the health, social, financial, and environmental needs that prevent OUD patients from staying in recovery – in whatever regions that approve the project application.

Both MLSA and AWARE directly serve people in the Lewis & Clark Metro Region every year. The Project has the following local partner sites in the Metro Region: an MLSA Helena office, Pureview Health Center, Helena Indian Alliance, Montana Consortium for Urban Indian Health, Fort Harrison VA Medical Center, Helena VA Clinic, Volunteers of America Northern Rockies in Helena, Montana Primary Care Association, the Friendship Center, and an AWARE Helena office. MLSA served 527 clients in the Lewis & Clark Metro Region in 2022, with 71 impacted by an SUD. AWARE serves 230-957 people yearly in the Metro Region. The MHJP Health Clinic partners provide primary care services regardless of ability to pay in medically underserved areas and populations in the Metro Region. These partnerships will particularly benefit individuals in recovery living in the Metro Region by enabling local healthcare providers, substance abuse support workers, and civil legal aid attorneys to work together to address the co-occurring health, social, and legal problems that directly impact the four major domains of recovery.

The specific measurable annual goals for the Lewis & Clark Metro Region are as follows:

- (1) 1 consultation, trainings, and outreach per year for the Lewis & Clark Metro Region AWARE and other OUD recovery provider staff, provided by MHJP staff or MLSA Communications Manager;
- (2) Project Attorneys provide legal services, including advice, limited scope services, and full representation, on 15 legal matters per year to Lewis & Clark Metro Region clients with OUD and co-occurring SUD/Mental Health conditions, meeting at least one achievable legal goal for each client;
- (3) Project Navigator conducts intake interviews and provides navigation services with 12 referred patients in the Lewis & Clark Metro Region; and
- (4) AWARE screens 75% of their new OUD/SUD recovery patients in the Lewis & Clark Metro Region for civil legal needs.

The MHJP-Recovery Project will meet these goals in the Lewis & Clark Metro Region by dedicating 0.21 FTE attorney time to provide legal services to OUD clients and 0.1 FTE Navigator time to provide legal advocacy, intake, support, and referral to OUD clients. The remaining activities of the statewide Project proposal are the same for the Lewis & Clark Metro Region. These activities will ensure the effectiveness in the Lewis & Clark Metro Region of the overarching goal of the MHJP-Recovery Project: to achieve better recovery outcomes for Montanans living with an OUD by addressing their recovery harming civil legal needs.

Montana Opioid Abatement Trust
Lewis & Clark Metro Region
Montana Health Justice Partnership - Recovery Project

Yearly Budgets for Years 1-5: Lewis and Clark
Five Year Grant Period: 2024-2029

								Region Coverage		Year 1	Year 2	Year 3	Year 4	Year 5
Personnel														
MHJP Coordinator/Supervisor	0.1	FTE	\$ 90,631	per year *	1	Supervisor *	10.57%	\$ 958	\$ 987	\$ 1,017	\$ 1,048	\$ 1,079		
Staff Attorneys	2	FTE	\$ 81,350	per year *	1	Attorney *	10.57%	\$ 17,197	\$ 17,713	\$ 18,244	\$ 18,791	\$ 19,355		
Communications Manager	0.1	FTE	\$ 60,594	per year *	1	Supervisor*	10.57%	\$ 640	\$ 660	\$ 680	\$ 700	\$ 721		
Navigator	1	FTE	\$ 45,130	per year *	1	Non-Attorney *	10.57%	\$ 4,770	\$ 4,913	\$ 5,060	\$ 5,212	\$ 5,368		
Fringe Benefits														
MHJP Coordinator/Supervisor			Salary *	24%			10.57%	\$ 233	\$ 244	\$ 252	\$ 259	\$ 267		
Staff Attorneys			Salary *	26%			10.57%	\$ 4,405	\$ 4,626	\$ 4,765	\$ 4,908	\$ 5,055		
Communications Manager			Salary *	30%			10.57%	\$ 194	\$ 204	\$ 210	\$ 216	\$ 222		
Navigator			Salary *	36%			10.57%	\$ 1,740	\$ 1,817	\$ 1,871	\$ 1,927	\$ 1,985		
Total Personnel								\$ 30,138	\$ 31,163	\$ 32,098	\$ 33,061	\$ 34,052		
Non-Personnel														
Travel														
Mileage (used on gas & maintenance of MLSA owned vehicle, reimbursement, or rental vehicle)			8,000	miles/yr @	0.67	cents/mile *	10.57%	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567		
Lodging (2023 MT rate)			\$107	per night *	10	nights *	10.57%	\$ 113	\$ 113	\$ 113	\$ 113	\$ 113		
Per Diem			\$59.00	per day *	20	days *	10.57%	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125		
Training														
Airfare			\$800	per staff *	2	staff *	10.57%	\$ 169	\$ 169	\$ 169	\$ 169	\$ 169		
Lodging			\$195	per night *	8	nights(2 staff *4) *	10.57%	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165		
Per Diem			\$79	per day *	16	days(2 staff *6) *	10.57%	\$ 134	\$ 134	\$ 134	\$ 134	\$ 134		
Conference Fee			\$450	per staff *	2	staff *	10.57%	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95		
Other: (transport, bag fees, etc)			\$150	per staff *	2	staff *	10.57%	\$ 32	\$ 32	\$ 32	\$ 32	\$ 32		
Supplies														

Montana Opioid Abatement Trust
Lewis & Clark Metro Region
Montana Health Justice Partnership - Recovery Project

Yearly Budgets for Years 1-5: Lewis and Clark
Five Year Grant Period: 2024-2029

							Region Coverage	Year 1	Year 2	Year 3	Year 4	Year 5
Laptop, dock, monitors, keyboard, mouse, scanner, carry bag, portable printer / 3 year replacement cycle			\$2,900	per staff *	3 staff *	10.57%		\$ 920	\$ -	\$ -	\$ 530	\$ -
Printing			\$750	per year *		10.57%		\$ 79	\$ 79	\$ 79	\$ 79	\$ 79
Office Supplies/Postage			\$50	per month *	3 staff *	10.57%		\$ 190	\$ 190	\$ 190	\$ 190	\$ 190
Office Furniture - headset, phone, desk, bookshelves, filing cabinet, work table, client chair / 3 year replacement cycle			\$1,900	per staff *	3 staff *	10.57%		\$ 602	\$ -	\$ -	\$ 301	\$ -
Other Costs												
Library			\$350	per year *		10.57%		\$ 37	\$ 37	\$ 37	\$ 37	\$ 37
Translation Services			\$750	per year *		10.57%		\$ 79	\$ 79	\$ 79	\$ 79	\$ 79
Computer Assisted Legal Research Services			\$72	per atty *	2 Attorney	10.57%		\$ 183	\$ 183	\$ 183	\$ 183	\$ 183
Client/Litigation Costs			\$750	per year *		10.57%		\$ 79	\$ 79	\$ 79	\$ 79	\$ 79
Online and media outreach			\$2,000	per project	1 Outreach	10.57%		\$ 211	\$ 211	\$ 211	\$ 211	\$ 211
State, Local & Tribal Bar Fees			\$695	per atty *	2 Attorney *	10.57%		\$ 147	\$ 147	\$ 147	\$ 147	\$ 147
Total Non- Personnel												
								\$ 3,927	\$ 2,405	\$ 2,405	\$ 3,236	\$ 2,405
Total Direct Costs												
								\$ 34,065	\$ 33,568	\$ 34,503	\$ 36,297	\$ 36,457
Indirect Costs												
Provisional Rate for 2024 is 28.34%						10.57%		\$ 8,541	\$ 8,832	\$ 9,097	\$ 9,370	\$ 9,651
Total Budget												
								\$ 42,606	\$ 42,400	\$ 43,600	\$ 45,667	\$ 46,108
Total 5 Year Regional Request												
			\$ 220,380									



02/15/2024

Rusty Gackle, Executive Director
Advisory Committee
Montana Opioid Abatement Trust
115 N. Broadway, Ste. 310
Billings, MT 59101

RE: Letter of Support

Dear Mr. Gackle,

We are pleased to submit this letter of support and commitment for the Montana Legal Services **Association's (MLSA) proposed expansion of their Montana Health Justice Partnership to serve our** referred patients who have a substance use disorder (SUD). We have long referred patients to MLSA for their civil legal needs, including as a part of recovery services, and are deeply grateful for the opportunity that the Montana Opioid Abatement Trust has presented to expand access to legal assistance to support SUD recovery.

AWARE is a statewide nonprofit organization that serves 5000 clients across the state of Montana, providing quality, community-based care to those with mental health and or developmental disabilities. We serve all 56 counties in Montana. AWARE has more than eight hundred employees across Montana and is accredited by CARF International at the highest level of accreditation possible **which indicates substantial conformance to CARF's standards. CARF is an independent, nonprofit** accrediting body that promotes quality, value, and optimal outcomes of services, including opioid treatment services.

It is only through the kind of investment contemplated by the Montana Opioid Abatement Trust grant that MLSA and AWARE can catalyze an SUD-focused medical-legal partnership in Montana. This investment would anchor this service as an essential mechanism to meet the needs of Montana patients living with SUD to succeed in long-term recovery. The Montana Health Justice Partnership - SUD Project will help clinical recovery program participants with the evidence-based practice of **increasing recovery capital across the four dimensions of SAMHSA's social determinants of health. For** example, legal help can provide unique access to key recovery supports such as stabilizing housing through eviction services, facilitating purpose and **employment by reinstating driver's licenses and** expunging criminal records, stabilizing income through public benefits and consumer law assistance and supporting connection by seeking increased time with children.



Expansion of the Montana Health Justice Partnership will play a particularly critical role in bridging service gaps for Montana patients living with SUD, where rural patients are often either forced to travel long distances to access the services they need or are unable to access them at all. The

Montana Health Justice Partnership has already impacted the health-harming needs of low-income Montanans throughout the state, and the addition of the SUD Program will expand the capacity of the project and provide the solid footing needed to provide dedicated civil legal aid to patients with SUD throughout the state.

AWARE to support the proposed Montana Health Justice Partnership - SUD Project in the following ways:

1. Work with MLSA to develop and implement screening tools to effectively screen and track eligible AWARE patients statewide with civil legal needs.
2. Work with MLSA to develop and implement referral tools to refer eligible AWARE patients statewide effectively and efficiently with civil legal needs.
3. Refer AWARE patients statewide who live with SUD and who have civil legal needs to MLSA.
4. Create linkages between AWARE and MLSA so that staff can participate in screening and referral training from MLSA.

We fully support the Montana Health Justice Partnership - SUD Project and are prepared to work with MLSA to bring recovery support to our patients who are at the highest risk for drug overdose. Thank **you for considering MLSA's application for funding from the Montana Opioid Abatement Trust.**

I welcome the opportunity to discuss any questions with you.

Sincerely,

Matt Bugni, CEO



Opioid Use in MT

HOW CIVIL LEGAL AID HELPS PATIENTS AFFECTED BY THE CRISIS

Drug overdose deaths are the third leading cause of injury related death in Montana.[1] Since 2000, the rate of prescription drug overdose deaths has doubled, with more than 700 deaths from opioid overdoses alone. Substance use and mental illness of parents have serious impacts on the health and well-being of pregnant women, infants, and children in Montana. Of the more than 3,200 Montanan children in foster care in 2016, 64% were removed from the home for reasons related to parental substance abuse. Among Medicaid patients, the percentage of infants with perinatal drug exposure increased from 3.7% in 2010 to 12.3% in 2016.[2]

Policymakers know the current epidemic requires a multi-disciplinary response that includes law enforcement, doctors, nurses, mental health professionals, social workers, and case managers, but civil legal aid providers are also essential partners in solving one of Montana's most pressing public health issues.

Studies have shown...

Legal aid helps with child support, custody, adoption, and guardianship when parents are unable to care for their children:

- When parents have periods of intense drug use, children may not be properly fed, clothed, or cared for.[3]
- Children of addicted parents experience dramatically higher rates of medical, behavioral, and psychological issues as a result of trauma experienced in an unstable home [4]
- Representation of caretakers almost doubled the speed to adoption and doubled the speed to legal guardianship.[5]

Impact of Civil Legal Aid

Legal aid can also help reduce burdens on the child welfare and health care system, improve health of children, and reduce stress of patients in recovery.

- Representation leads to cost savings for foster parents, subsidies for children's medical care, case benefits, and the expense of monitoring foster families.[6]
- When parents have access to legal services, child health, access to food, and access to income supports improved,[7] while adults reported reduced stress and increased wellbeing.[8]
- When civil legal needs were addressed, inpatient and emergency department use dropped 50 percent and health care costs decreased 45%. [9]

How the Montana Health Justice Partnerships Helps Address the Opioid Crisis

- The Substance Abuse and Mental Health Services Administration identifies health, home, purpose, and community as four essential components to recovery from drug addiction.[10] Because legal aid can help individuals with opioid-related substance use disorders to secure housing and health care services, ensure their children are cared for, escape domestic violence, and remove obstacles to employment, the Montana Health Justice Partnership increases the likelihood of recovery.
- By working to solve the legal issues that impact patient health – such as unsafe housing, family violence, and denial of earned benefits – the Montana Health Partnership helps strengthen family stability and increases access to safety net programs to prevent further substance abuse related problems.
- The Montana Health Justice Partnership can help grandparents and other extended family members to have the legal tools to care for children whose parents suffer from opioid addiction.
- The Montana Health Justice Partnership can also help opiate-addicted pregnant women address legal needs related to homelessness, human trafficking, domestic violence, and access to benefits.
- Cross-training between the Health Clinics and MLSA ensures that attorneys and paralegals better understand substance use disorders, and nurses and social workers learn how to spot problems with possible legal solutions and make referrals.

A Helping Hand

“Robert” (not his real name) reached out to MLSA through our medical legal partnership. His adult child, who struggled with staying in recovery from substance use, asked him to take custody of his grandchild. With the attorney’s help, Robert filled out the guardianship paperwork and felt prepared to continue the case on his own. The court had never ruled in favor of a guardianship unless an attorney was involved. Afraid that he would lose custody of his grandchild to foster care, Robert called his attorney back.

MLSA reopened Robert’s case, helping him file the paperwork and get a court date. With the medical legal partnership attorney by his side, Robert appeared in court and was successfully granted guardianship of his grandchild. MLSA also helped Robert with receiving income supports to help take care of his grandchild. Thankful and relieved, Robert could now rest easy knowing he could support his adult child to reduce his stress levels and keep his grandchild out of foster care.

[1] OESS, Drug Poisonings 2003-2014; [2] MLSA acknowledges the National Legal Aid and Defender Association, the Justice in Government Project, and the Montana HealthCare Foundation for statistics and text used in this factsheet. [3] Barnard, M. & McKeganey, N. (2003). The impact of parental problem drug use on children. *Addiction*, 99, 552-559, p. 553; [4] Shulman, L., Shapira, S. R. & Hirschfield, S. (2000) Outreach developmental services to children of patients in treatment for substance abuse. *American Journal of Public Health*, 90, 1930-1933; [5] Courtney, M. E. & Hook, J. L. (2012). Evaluation of the impact of enhanced parental legal representation on the timing of permanency outcomes for children in foster care. *Children and Youth Services Review*, 34, 1337-1343; [6] Zill, N. (2011, May 19). Adoption from foster care: Aiding children while saving public money. *Brookings Institution*; [7] Weintraub, D., Rodgers, M., Botcheva, L., Loeb, A., Knight, R., Ortega, K., Heimbach, B., Sandel, M., & Huffman, L. (2010). Pilot study of medical-legal partnership to address social and legal needs of patients. *Journal of Health Care for the Poor and Underserved*, 21(2), 157-168; [8] Ryan, A. M., Kutob, R. M., Suther, E., Hansen, M., & Sandel, M. (2012). Pilot study of impact of medical-legal partnership services on patients’ perceived stress and wellbeing. *Journal of Health Care for the Poor and Underserved*, 23(4), 1536-1546; [9] Martin, J., Martin, A., Schultz, C., & Sandel, M. (2015, April 22). Embedding civil legal aid services inc are for high-utilizing patients using medical-legal partnership. *Health Affairs*; [10] Substance Abuse and Mental Health Services Administration. (2017, September 20). *Recovery and Recovery Support*.

Medical Legal Partnerships

Addressing social determinants of health in Montana through collaboration with civil legal aid



Where a person works, the state of a person's housing, what a person eats, a person's level of stress and a person's vulnerability to crime, injury and discrimination all affect physical and mental health. **By acting together, mental health providers, healthcare providers, and legal aid lawyers can address these social determinants of health and create better physical, mental, and social outcomes for individual patients.**

LEGAL PROBLEMS ARE HEALTH PROBLEMS

Income



Legal aid can appeal denial of food stamps, disability benefits, and healthcare coverage; dispute illegal debt collection; and help file for bankruptcy

Employment & Education



Legal aid can secure or enforce specialized education services, remedy employment discrimination, and enforce workplace rights

Housing and Utilities



Legal aid can help enforce habitable living conditions, prevent eviction or foreclosure and protect against utility shut-off

Personal Safety



Legal aid can secure restraining orders, a divorce, and parenting plans for domestic violence survivors, breaking the cycle of abuse.

Who has civil legal problems?

A 2014 Study by the Montana Supreme Court's Access to Justice Commission reported that 9 out of 10 Montanans under 200% of poverty who have a legal problem have not received legal assistance for that problem. In 2022, Montana Legal Services Association handled 4,949 cases, helping 12,137 clients and their families (including 5,688 children) access equal justice and improve health. Meanwhile, research shows that 60% of health is determined by social/environmental factors and 1 in 6 people nationally need legal care to be healthy.

Support for Addiction Recovery, Resilient Parenting, and Mental Health

MLSA provides the tools and services Montanans and their children need to access education, reduce family violence, reduce evictions, improve health, and participate in federal safety net programs. When parents have access to legal services, child health, access to food, and utilization of income supports improved, while parents reported reduced stress and increased wellbeing. People with Severe and Disabling Mental Illness can access guardianships, powers of attorney, and income supports to meet their goals. Legal Aid can help individuals with substance use disorder secure housing, access health care services, ensure children are cared for, escape domestic violence, and remove obstacles to employment.

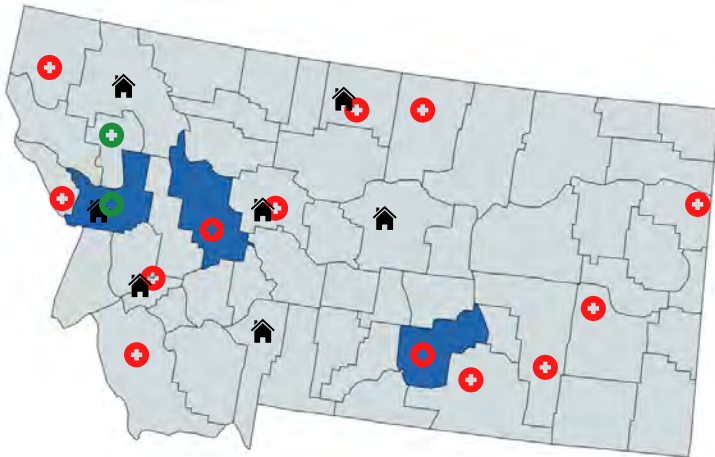
Collaboration potential

Medical Legal Partnerships are a proven, effective model to improve health and reach our most vulnerable community members. The Montana Health Justice Partnership has a 50% reach into rural communities. In its first year, the medical-legal partnership resulted in a 184% increase in legal services provided in Lincoln County and 177% in Hill County. Nationwide, other medical legal partnerships integrate legal services into existing demonstration models or contracts for specific types of Medicaid patients, while others offer broad financial support to ensure legal services are available to all patients

How can we fund MLPs in Montana?

In 2014, the federal Health Resources & Services Administration (HRSA) recognized civil legal aid as an enabling service that health care providers can include under their federal grants. In at least seven states, funding for legal services is included in a Medicaid managed care contract or other value-based payment arrangement or innovative delivery system reform model. Other grants exist to help pilot a medical legal partnership while partner cost-share is determined.

Montana Legal Services Association Medical Community Initiatives



- MLSA Office Locations (Helena, Missoula, Billings)
- ⊕ Montana Health Justice Partnership Health Center Sites
- ⊕ Providence St. Patrick's Medical-Legal Partnership
- 🏠 Resilient Parenting Project referral sites

Montana Health Justice Partnership

MLSA partners with the Montana Primary Care Association, and seven Federally Qualified Health Care Centers. Since 2015, this MLP has expanded its reach from four to seven FQHCs. Health partners have decided to increase financial contributions based on positive health impact for patients.

Providence St. Patrick's Hospital MLP

The Providence MLP is a Medical-Legal Partnership between MLSA and St. Patrick's Hospital in Missoula. Our MLP attorney works closely with the hospital as well as community organizations such as the Western MT Mental Health System to house the most vulnerable in our community.

Resilient Parenting Project

The Headwaters Project works to connect early childhood providers with legal information, resources and access to MLSA services. Service providers include Human Resource Development Councils, Child Care Resource and Referral Agencies, and Home Visiting Programs.

Youth Homelessness Demonstration Program

YHDP is a new national initiative designed to reduce the number of youth experiencing homelessness. In Montana, HUD has selected 13 different grantee organizations that are working across disciplines in new and innovative ways to support our youth struggling in homelessness.

Sources and Additional Information

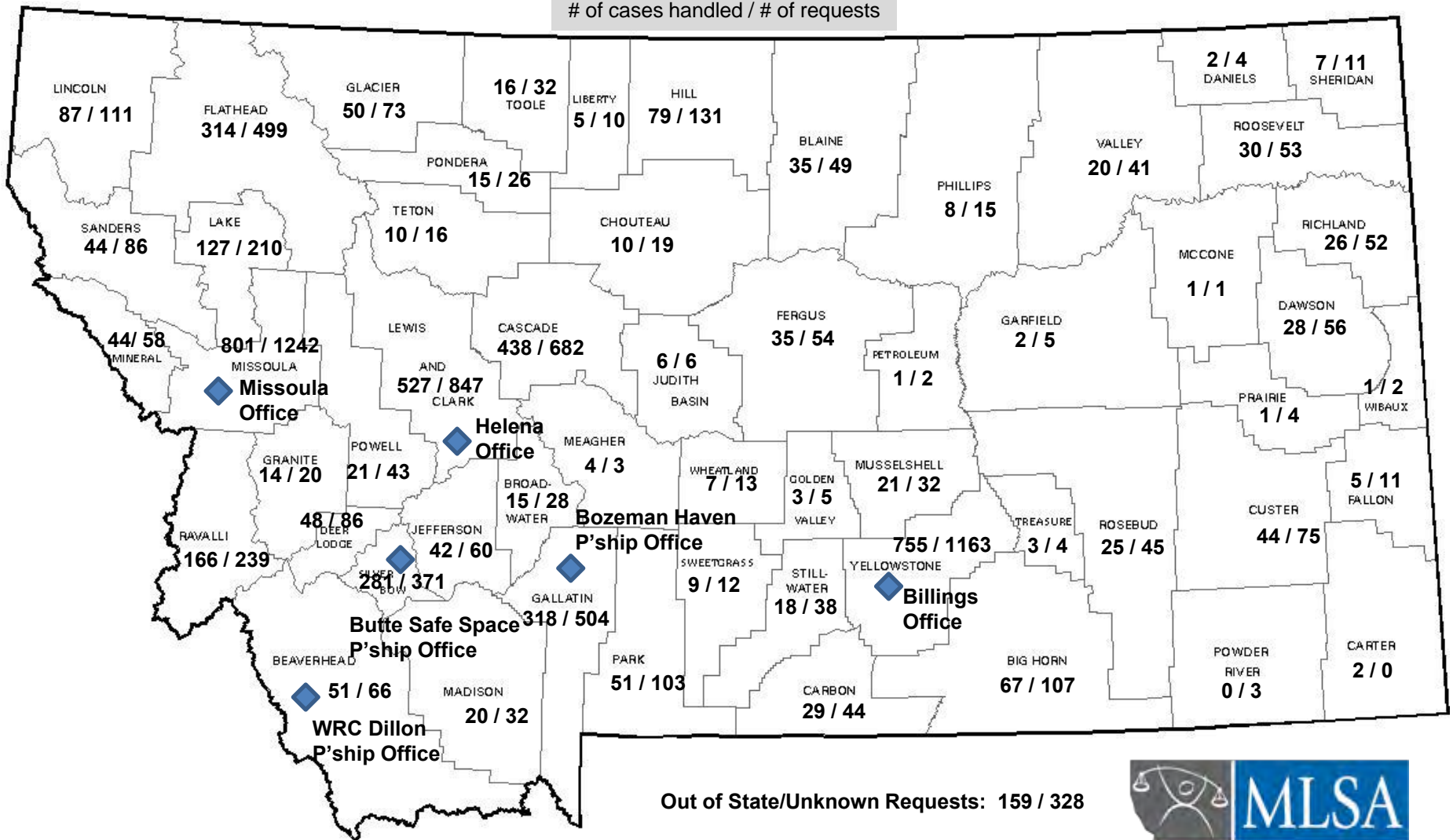
*Funding Medical Legal Partnerships: <https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf>; MLPs and Early Childhood Systems: <https://cssp.org/wp-content/uploads/2019/09/Legal-Partnering-for-Child-and-Family-Health.pdf>; Medical-Legal Partnership in Primary Care: Moving Upstream in the Clinic: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6506975/>; Administration for Children and Families: Civil Legal Advocacy to Promote Child and Family Well-being, Address the Social Determinants of Health, and Enhance Community Resilience <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2102.pdf>



MLSA Number of Cases Handled and Requests for Services by County

For 01/01/2022 – 12/31/2022

of cases handled / # of requests



IMPACT

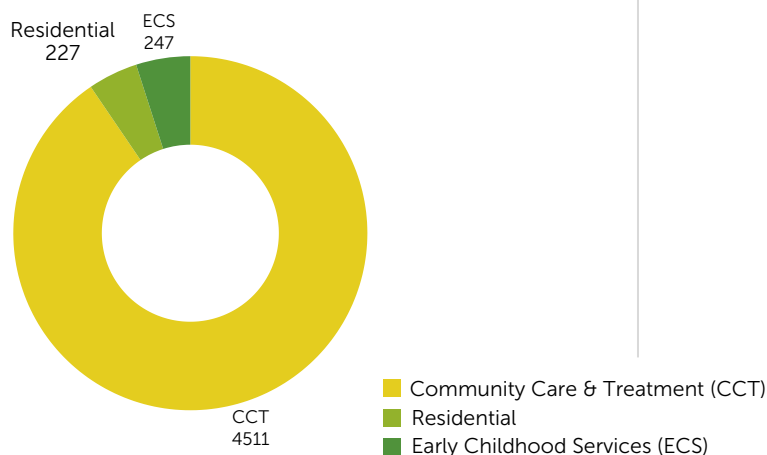
*We Serve
All 56 Counties*



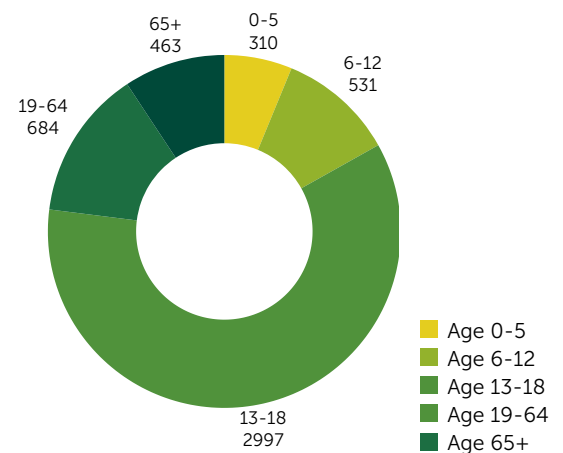
AWARE has main offices in Anaconda, Belgrade, Billings, Butte, Helena, Great Falls and Missoula.

AWARE provided services to
4,985 **unique individuals**

People Served



Ages of People Served



Montana Human Trafficking Hotline Regional Liason - Lewis & Clark Metro

2025 Montana Opioid Abatement Trust Grants-second half of 2025

The LifeGuard Group

Tami Hochhalter
1515 Fairview Ave
STE 100
Missoula, MT 59801

tami@thelifeguardgroup.org
O: 406-529-6915
M: 406-529-6914

Tami Hochhalter

551 Waterhill Lane
Stevensville, MT 59870

tami@thelifeguardgroup.org
O: 406-529-6915
M: 406-529-6914

Application Form

Region Selection

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

Project Name*

Montana Human Trafficking Hotline Regional Liason - Lewis & Clark Metro

You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.

Select Multi County Abatement Region OR Metro Region*

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Lewis & Clark County Metro Region

Regional Funding Request*

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

Abatement Region 1
Abatement Region 2
Abatement Region 3
Abatement Region 4
Abatement Region 5
Butte Silver Bow Metro Region
Cascade County Metro Region
Flathead County Metro Region
Gallatin County Metro Region
Lake County Metro Region
Yellowstone County Metro Region

Application Overview

About the Organization/Program*

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

The LifeGuard Group is a Montana-based nonprofit leading the fight against human trafficking through swift response, compassionate care, and survivor-centered restoration. Although The LifeGuard Group is seven years old, our founders have worked as advocates for human trafficking survivors for 15 years. Our mission is to respond to the hurting, rescue the exploited, restore wholeness, and revive hope through education, intervention, direct services, and long-term support.

In Montana, The LifeGuard Group operates the state's 24/7 human trafficking hotline, offering a critical lifeline to victims, law enforcement, and community responders. Calls to the hotline often result in emergency interventions, coordinated rescues, or connections to urgent care and shelter. The hotline is not only a response tool but also a front door to safety, healing, and justice.

We are seeking funding to expand the impact of this service by hiring regional liaisons in counties across Montana. These liaisons will play a vital role in localizing our statewide response by recruiting and equipping local volunteers and mapping and maintaining an up-to-date list of available direct services—including healthcare, shelter, legal aid, and counseling—within their respective regions.

This effort will significantly enhance our ability to provide timely, community-based solutions to survivors, particularly in rural and underserved areas. Liaisons will act as bridges between survivors, services, and The LifeGuard Group’s statewide support network, ensuring no victim is left without options.

As a survivor-informed, justice-aligned organization, we provide comprehensive care that addresses the root causes of exploitation, including opioid addiction, homelessness, and trauma. Through The LifeHouse, our safehouse and transitional living campus, and through prevention, education, and hotline response, we offer rescue, refuge, and redemption—because every life matters, and every story deserves healing.

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

Treatment

Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

G. PREVENTION PROGRAMS

I. EVIDENCE-BASED DATA COLLECTION & RESEARCH ANALYZING EFFECTIVENESS OF ABATEMENT STRATEGIES

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

B. SUPPORT PEOPLE IN TREATMENT & RECOVERY

C. CONNECTIONS TO CARE

J. LEADERSHIP, PLANNING, & COORDINATION

K. TRAINING

L. RESEARCH

How does the program meet the Opioid Remediation Guidelines*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

The LifeGuard Group’s Montana Human Trafficking Hotline and proposed Regional Liaison Expansion directly align with Montana’s Opioid Remediation Guidelines by addressing the critical intersection of opioid use disorder (OUD) and human trafficking. Traffickers often use opioids to control victims, while many survivors rely on substances to cope with trauma. This program provides a trauma-informed, community-based

response to both crises. The LifeGuard Group is also a member of both RAM (Recovery Alliance of Montana) and NARR (National Alliance of Recovery Residence).

The statewide 24/7 Human Trafficking Hotline serves as an immediate access point for victims—many struggling with active addiction. Staff are trained to respond to opioid-related crises and connect callers to emergency shelter, detox, peer support, and treatment. However, service gaps—especially in rural areas—can delay help.

This grant will fund Regional Liaisons in counties across Montana. Liaisons will (1) recruit and train volunteers for outreach and survivor support, and (2) develop and maintain updated, county-specific resource directories, including OUD treatment, mental health services, and harm-reduction programs.

By embedding trained Liaisons locally, this project enhances access to care, strengthens crisis coordination, and extends the hotline's reach into underserved communities. It supports Opioid Remediation priorities by improving care navigation (A.7, A.8), addressing high-risk populations (B.2), and reinforcing recovery infrastructure (C.2, C.4).

As a survivor-informed, faith-driven organization, The LifeGuard Group delivers wraparound services that address both exploitation and addiction. This expansion bridges urgent gaps in Montana's behavioral health and anti-trafficking systems—offering survivors the support they need to heal, recover, and rebuild their lives.

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*

\$155,761.19

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.

Budget Narrative- Hotline 25 hrs.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 creation of the Regional Liason program for the Montana Human Trafficking Hotline is a new initiative, and at the current time, no additional funds are available for this project. However, we have requested funding for this project for three years and believe that, within that timeframe, the results of the regional

liaison's work will be so apparent that other grantors and funders will take up the mantle and continue the work begun through the opioid abatement funding

Do you have a Fiscal Agent*

No

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.

The purpose of this project is to expand the capacity and reach of The LifeGuard Group's Montana Human Trafficking Hotline through the creation of a Regional Liaison Network. The hotline is a vital, around-the-clock resource for identifying and assisting victims of human trafficking across Montana—many of whom are also struggling with opioid addiction. This initiative responds to the increasing number of trafficking cases tied to opioid use disorder (OUD) and addresses urgent service gaps in rural and underserved counties. The project will prioritize regions lacking coordinated survivor services and expand localized response efforts through the hiring of trained Regional Liaisons. These liaisons will strengthen the state's anti-trafficking infrastructure by:

Recruiting and training county-based volunteers to assist with outreach, hotline follow-up, and peer support for survivors.

Mapping, building, and maintaining a comprehensive, real-time database of direct services available in each county, including OUD treatment programs, mental health services, safe shelter, medical care, and trauma-informed counseling.

Serving as county-level points of contact for law enforcement, service providers, and community partners seeking assistance for potential trafficking victims impacted by opioid addiction.

Improving coordinated care pathways between emergency response (via the hotline) and long-term support services, including housing at The LifeHouse—our trauma-informed transitional living campus.

The objectives of this project are to:

Enhance the speed and effectiveness of hotline responses in rural areas by equipping local liaisons with tools and networks tailored to their county.

Increase access to treatment and recovery options for trafficking victims with OUD, ensuring they are connected to the right care at the right time.

Strengthen Montana's statewide anti-trafficking infrastructure through localized coordination, ultimately reducing the number of survivors who fall through the cracks.

Promote long-term stability and healing for victims through streamlined service connections and regional partnerships.

The intended result of this project is a more responsive, survivor-centered system that ensures trafficking victims—especially those facing opioid addiction—receive immediate, compassionate, and comprehensive support. By investing in regional coordination, this project will help break the cycles of exploitation and addiction and offer survivors a path to safety, recovery, and lasting hope.

Specific Goals*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

The LifeGuard Group's Montana Human Trafficking Hotline and Regional Liaison Expansion project seeks to build a stronger, more coordinated statewide response to human trafficking and opioid addiction. The primary goals of the program are:

Goal 1: Increase the capacity and responsiveness of the Montana Human Trafficking Hotline, especially in rural and underserved counties. The program will hire Regional Liaisons in key counties who will serve as localized extensions of the hotline. These liaisons will improve the speed and accuracy of emergency responses by providing real-time, regional knowledge and contacts, helping the hotline connect victims to the right services without delay.

Goal 2: Strengthen access to opioid-related recovery services for trafficking survivors. Regional Liaisons will build and maintain a county-level directory of available services, including detox programs, medication-assisted treatment, peer recovery networks, and behavioral health resources. This ensures survivors experiencing opioid addiction can be rapidly connected to trauma-informed care and ongoing support.

Goal 3: Build and mobilize a trained, local volunteer base to support trafficking survivors. Each liaison will recruit and train volunteers to assist with outreach, follow-up care, and survivor support in their region. These volunteers will act as trusted community advocates, bridging the gap between survivors and formal services while expanding the reach of The LifeGuard Group's mission.

Goal 4: Improve long-term outcomes for trafficking survivors through coordinated, wraparound support. Through a trauma-informed, survivor-centered approach, the program will connect victims to The LifeHouse (our safehouse and transitional housing campus) and other essential services such as legal advocacy, case management, therapy, and workforce readiness programs. By addressing both opioid addiction and the trauma of trafficking, survivors will have a clear path to healing, recovery, and independence.

This program is designed to offer rapid, local, and lasting impact. By embedding support at the county level and linking it to our statewide infrastructure, we aim to save lives, end exploitation, and break the destructive cycle between opioid addiction and trafficking.

Evaluation Method*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

The LifeGuard Group will evaluate the effectiveness and impact of the Montana Human Trafficking Hotline and Regional Liaison Expansion Project using a comprehensive approach that combines quantitative metrics, qualitative feedback, and performance benchmarks. Our evaluation strategy is rooted in accountability, continuous improvement, and survivor-centered care.

1. Key Performance Metrics We will track essential data points, including:

Hotline Utilization: Number of calls, call types (crisis, referral, follow-up), and opioid-related trafficking cases.

Response Time: Average time from hotline contact to intervention or referral, with comparisons between regions with and without a Regional Liaison.

Service Linkage: Number of survivors connected to detox, housing, mental health, or other services via liaisons.

Volunteer Engagement: Number of trained volunteers per county, hours served, and their roles.

Resource Development: Number of new or updated service providers added to county directories, especially those offering OUD-related care.

2. Survivor Outcomes Case management systems will monitor progress in areas such as:

Participation in OUD treatment or harm-reduction programs

Entry into safe or transitional housing

Engagement in trauma therapy, legal services, or workforce readiness

When available, reductions in re-victimization or relapse

3. Tools and Reporting We utilize secure, cloud-based software to log all hotline interactions, referrals, and outcomes. Regional Liaisons will submit standardized monthly reports documenting volunteer activity, service gaps, and community needs to ensure consistent data collection across regions.

4. Feedback and Quality Improvement We will collect survivor feedback through voluntary, trauma-informed surveys and interviews. Additional input from partners—such as law enforcement, medical providers, and volunteers—will inform program adjustments. Quarterly internal reviews and annual evaluations will guide ongoing improvements and identify emerging trends.

5. Indicators of Success Program success will be measured by increased hotline responsiveness, improved access to OUD treatment, stronger survivor outcomes, and high levels of engagement at the county level. These indicators demonstrate progress in closing service gaps and delivering timely, effective, and compassionate care to trafficking survivors statewide.

Data Source*

What data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

To demonstrate progress toward the goals of the Montana Human Trafficking Hotline and Regional Liaison Expansion Project, The LifeGuard Group will collect and analyze both quantitative and qualitative data aligned with our program objectives. This evidence will demonstrate the program's effectiveness in identifying trafficking victims, connecting them to services—especially opioid treatment—and strengthening local response systems.

1. Hotline Operations Data We will track:

Total call volume, segmented by county or region

Nature of each call (crisis, referral, inquiry, etc.)

Number of calls involving opioid use or substance concerns

Number of trafficking victims identified

Time from initial call to intervention or service referral

2. Regional Liaison Activity Reports Each Liaison will submit monthly reports that document:

Number of volunteers recruited and trained

Volunteer roles and total hours served

Service providers added to the regional directory, with focus on OUD and trauma-related services

Outreach events, public trainings, and local partnerships established

Interagency collaboration and referrals made

3. Survivor Services and Outcomes Survivor data will be collected through secure case management tools, including:

Referrals to detox, OUD treatment, or harm-reduction programs

Housing placements (emergency or transitional)

Participation in trauma therapy, job readiness, or legal advocacy

Repeat hotline calls or requests for continued support

4. System Impact Metrics To evaluate broader system impact, we will monitor:

Reduction in crisis response times in counties with active liaisons

Increased availability and use of local services for trafficking survivors

Partner agency collaboration and satisfaction

Survivor feedback via trauma-informed surveys and voluntary interviews

5. Reporting & Use of Data All data will be securely stored and used to produce quarterly and annual reports with performance indicators, narrative summaries, and progress toward stated objectives. This structured evaluation framework ensures transparency, accountability, and responsiveness to community needs.

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.

Creating public awareness is essential to the success of The LifeGuard Group’s Montana Human Trafficking Hotline and Regional Liaison Expansion Project. This initiative depends on visibility, trusted relationships, and community-based leadership. Our outreach combines local and statewide efforts in a trauma-informed, inclusive manner.

1. Regional Liaison Outreach

Each Liaison will lead county-level awareness through events, coalition participation, and presentations in schools, churches, hospitals, and civic groups. Their outreach will target key stakeholders—law enforcement, educators, healthcare workers—ensuring the hotline is known and trusted, particularly in opioid-affected communities.

2. Community Trainings and Volunteer Engagement

We will host public trainings to educate residents about trafficking, its link to opioid addiction, and how to respond. Attendees will be encouraged to volunteer or serve as program ambassadors, extending awareness through word-of-mouth and action.

3. Print and Digital Media Campaigns

Montana-specific materials (flyers, posters, wallet cards) will be placed in clinics, libraries, schools, and sheriff’s offices. Geo-targeted social media ads will promote the hotline in regions with new liaisons, increasing visibility in high-need areas.

4. Partner Organization Integration

We will work with treatment centers, law enforcement, and victim service agencies to integrate hotline access into their intake and outreach. These partnerships help normalize the use of the hotline and deepen its reach.

5. Storytelling and Testimonies

With consent, anonymized survivor stories will be shared through newsletters, media, and presentations to humanize the statistics and highlight the program’s impact. These stories remind communities that help is real—and recovery is possible.

Through these coordinated efforts, we aim not just for awareness, but for deep and lasting engagement with this life-saving work.

Additional Documents

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

IRS Determination Letter.pdf

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

Hotline 2024 Report 2.pdf

Upload #2

Upload #3

Additional Information

While the core components of The LifeGuard Group's proposal have outlined the programmatic framework, statewide need, and intended outcomes of the Montana Human Trafficking Hotline and State Coordinator Project, there remains a deeper truth—one that data alone cannot capture.

Attached to this application is our 2024 Montana Human Trafficking Hotline Annual Report, which documents the number of calls received, the nature of those calls, the counties and communities they came from, and demographic breakdowns of callers. The report includes data on whether individuals identified as male or female, were victims of sex trafficking or labor trafficking, or were calling on behalf of someone else in crisis. It identifies opioid-related calls and trends, areas of highest activity, and common needs among survivors.

But what no report can ever show is the soul behind the statistics.

Every number is a person. Every call is a cry for help from someone's son, someone's daughter. Every data point has a name.

The hotline does not just log trafficking cases—it bears witness to suffering. It listens to the voices of the 99% who may never be found, and the 1% who are. It records their trauma but cannot convey the weight of it. The statistics don't tell you about "L," who called the hotline from a hospital room after narrowly escaping a trafficking ring. They don't tell you about "A," who reached out after being sold by her own family, brutally beaten, her hair set on fire, and forced into repeated sexual exploitation. They don't tell you how drugs were weaponized against her—forced into her body as a means of control, or taken voluntarily as a way to survive the unspeakable.

No spreadsheet can describe the terror, the betrayal, or the complex grief these survivors carry. Yet we hear it every day on the hotline. We hear their trembling voices, their whispered hopes, and sometimes, their silence when it's too hard to speak.

This is why we're asking for your support. Not simply to grow a program, but to change the trajectory of real lives. The funding requested through this Opioid Abatement Grant isn't just about infrastructure—it's about redemption. It's about using the very resources intended to undo lives—the profits and penalties of opioid misuse—to rebuild those lives instead.

The State Coordinator position will amplify our reach, improve the consistency and speed of care, and guide Regional Liaisons across Montana to ensure that no call goes unanswered, and no survivor slips through the cracks. With this grant, we can strengthen county-level support, expand access to treatment and safe shelter, and build trauma-informed care into every part of the system.

The victims we serve are not faceless. They are brave, broken, resilient human beings who deserve more than survival. They deserve restoration. With your partnership, we can give them something many have never had before: a future.

The 1% who make it out are not statistics—they are stories still being written. And with your help, we can ensure that their next chapter is one of safety, sobriety, and hope.

The creation of the Regional Liason program for the Montana Human Trafficking Hotline is a new initiative, and at the current time, no additional funds are available for this project. However, we have requested

funding for this project for three years and believe that, within that timeframe, the results of the regional liaison's work will be so apparent that other grantors and funders will take up the mantle and continue the work begun through the opioid abatement funding

File Attachment Summary

Applicant File Uploads

- Budget Narrative- Hotline 25 hrs.pdf
- IRS Determination Letter.pdf
- Hotline 2024 Report 2.pdf



Budget Narrative

Montana Human Trafficking Hotline Regional Liaison Program

This budget outlines the necessary costs to support one part-time Regional Liaison under The LifeGuard Group's Montana Human Trafficking Hotline Expansion Project. The position will strengthen county-level response to human trafficking and opioid-related exploitation by recruiting volunteers, mapping local services, and building trusted community partnerships.

YEAR #1

1. Regional Liaison – Part-Time Salary: \$26,000.00

This cost covers compensation for a part-time Regional Liaison working 10 hours per week at a rate of \$20.00/hour. The Liaison will serve as the primary contact and community organizer for their designated county, supporting public awareness events, service coordination, and hotline outreach. The position is **crucial** to ensuring a timely and informed response in local communities.

2. Payroll Taxes, Unemployment Insurance, and Workers' Compensation: \$3900.00

This line item accounts for employer obligations, including payroll taxes (Social Security and Medicare), state unemployment insurance, and workers' compensation coverage for the Regional Liaison. This ensures compliance with employment regulations and provides necessary protections for the employee.

3. Laptop, Equipment, and Technology: \$5,000

To perform their duties effectively, the Regional Liaison will require a computer, phone, mobile hotspot or internet access, and related technology tools for case documentation, communication, and remote meetings. This one-time investment ensures the Liaison is fully equipped to carry out statewide and county-level duties.

4. Travel Expenses: \$6,000

Allocated at \$500/month, this line item supports in-county travel to community events, coalition meetings, service provider visits, and training sessions. Travel is a vital part of relationship-building in rural areas and enables the Liaison to maintain a consistent presence across the region.

5. Training, Printed Materials, and Office Supplies: \$12,000

This allocation—at \$1,000/month—covers the cost of educational materials for public trainings, volunteer recruitment packets, awareness posters, printing of county-specific resource directories, and basic office supplies. It also includes costs associated with trauma-informed training for the Liaison and local partners. These materials will strengthen the public's understanding of human trafficking, increase hotline visibility, and improve the quality of volunteer engagement.



THE LIFEGUARD GROUP

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YEAR #2

1. Regional Liaison – Part-Time Salary: \$27,316.25

Part-time Regional Liaison working 10 hours per week to receive a cost-of-living raise for the second year of service. The Liaison will serve as the primary contact and community organizer for their designated county, supporting public awareness events, service coordination, and hotline outreach. The position is **crucial** to ensuring a timely and informed response in local communities.

2. Payroll Taxes, Unemployment Insurance, and Workers' Compensation: \$4,097.44

This line item accounts for employer obligations, including payroll taxes (Social Security and Medicare), state unemployment insurance, and workers' compensation coverage for the Regional Liaison. This ensures compliance with employment regulations and provides necessary protections for the employee.

3. Phone and Internet: \$2,400

4. Travel Expenses: \$6,000

Allocated at \$500/month, this line item supports in-county travel to community events, coalition meetings, service provider visits, and training sessions. Travel is a vital part of relationship-building in rural areas and enables the Liaison to maintain a consistent presence across the region.

5. Training, Printed Materials, and Office Supplies: \$12,000

This allocation—at \$1,000/month—covers the cost of educational materials for public trainings, volunteer recruitment packets, awareness posters, printing of county-specific resource directories, and basic office supplies. It also includes costs associated with trauma-informed training for the Liaison and local partners. These materials will strengthen the public's understanding of human trafficking, increase hotline visibility, and improve the quality of volunteer engagement.



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Year #3

1. Regional Liaison – Part-Time Salary: \$10,926.50

Part-time Regional Liaison working 10 hours per week to receive a cost-of-living raise for the third year of service. The Liaison will serve as the primary contact and community organizer for their designated county, supporting public awareness events, service coordination, and hotline outreach. The position is **crucial** to ensuring a timely and informed response in local communities.

2. Payroll Taxes, Unemployment Insurance, and Workers' Compensation: \$1,638.98

This line item accounts for employer obligations, including payroll taxes (Social Security and Medicare), state unemployment insurance, and workers' compensation coverage for the Regional Liaison. This ensures compliance with employment regulations and provides necessary protections for the employee.

3. Phone and Internet: \$2,400.00

4. Travel Expenses: \$6,000.00

Allocated at \$500/month, this line item supports in-county travel to community events, coalition meetings, service provider visits, and training sessions. Travel is a vital part of relationship-building in rural areas and enables the Liaison to maintain a consistent presence across the region.

5. Training, Printed Materials, and Office Supplies: \$12,000.00

This allocation—at \$1,000/month—covers the cost of educational materials for public trainings, volunteer recruitment packets, awareness posters, printing of county-specific resource directories, and basic office supplies. It also includes costs associated with trauma-informed training for the Liaison and local partners. These materials will strengthen the public's understanding of human trafficking, increase hotline visibility, and improve the quality of volunteer engagement.

Year #1: \$52,900.00

Year #2: \$51,047.50

Year #3: \$51,813.69

Total Amount Requested: \$155,761.19

This budget reflects The LifeGuard Group's commitment to sustainable, cost-effective programming with high community impact. Each line item is directly tied to program execution and outcomes, supporting our mission to respond to the hurting, rescue the exploited, and restore survivors—particularly those caught in the intersection of human trafficking and opioid addiction.



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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 01 2019**

THE LIFEGUARD GROUP INC
13320 BUNCHGRASS LANE
MISSOULA, MT 59808

Employer Identification Number:
83-0973814
DLN:
17053309303048
Contact Person:
MICHAEL T UPSHAW ID# 17310
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
June 14, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

THE LIFEGUARD GROUP INC

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements



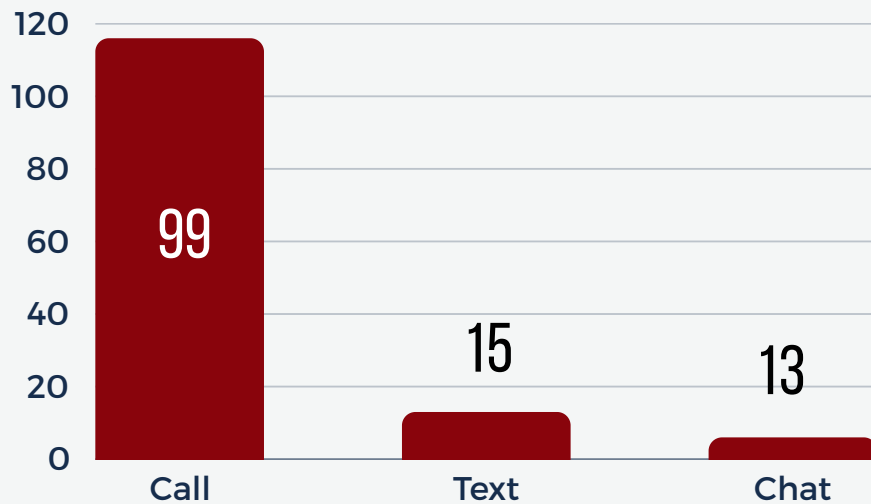
2024

MONTANA
HUMAN TRAFFICKING HOTLINE
ANNUAL REPORT

THE DATA PRESENTED IN THIS REPORT IS A PRODUCT OF INFORMATION VOLUNTARILY SHARED WITH THE MONTANA HUMAN TRAFFICKING HOTLINE THROUGH PHONE CALLS, TEXT MESSAGES, AND ONLINE CHATS. IT'S IMPORTANT TO NOTE THAT INDIVIDUALS SEEKING ASSISTANCE WILLINGLY PROVIDE THIS INFORMATION, AND IT IS NOT A PREREQUISITE FOR RECEIVING HELP. OCCASIONALLY, SOME CALLERS MAY NOT RESPOND TO ALL QUESTIONS, WHICH CAN LEAD TO DISCREPANCIES IN SPECIFIC CATEGORIES AND MAY NOT REFLECT THE TOTAL NUMBER OF CONTACTS DURING THE SPECIFIED TIME PERIOD.



2024 Overview



TOTAL CONTACTS

127

CONTACTS PER MONTH



135

Contacts in 2023

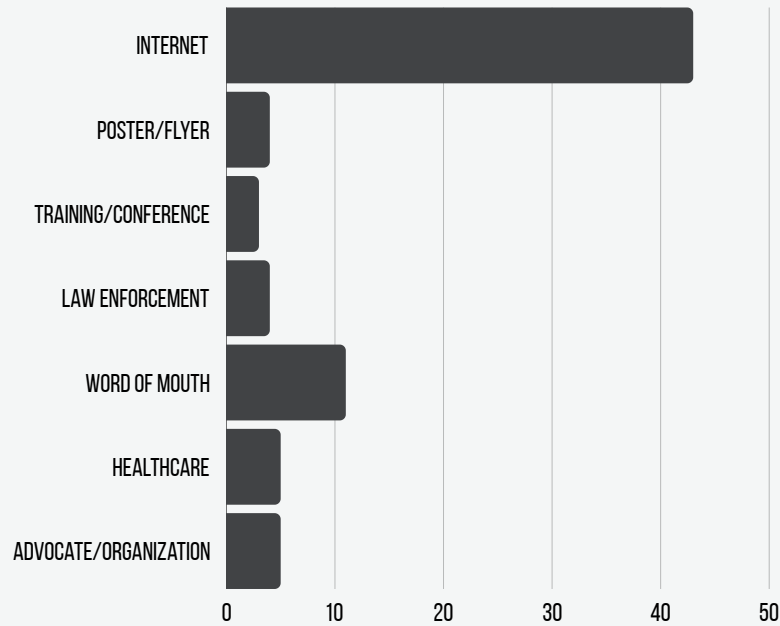


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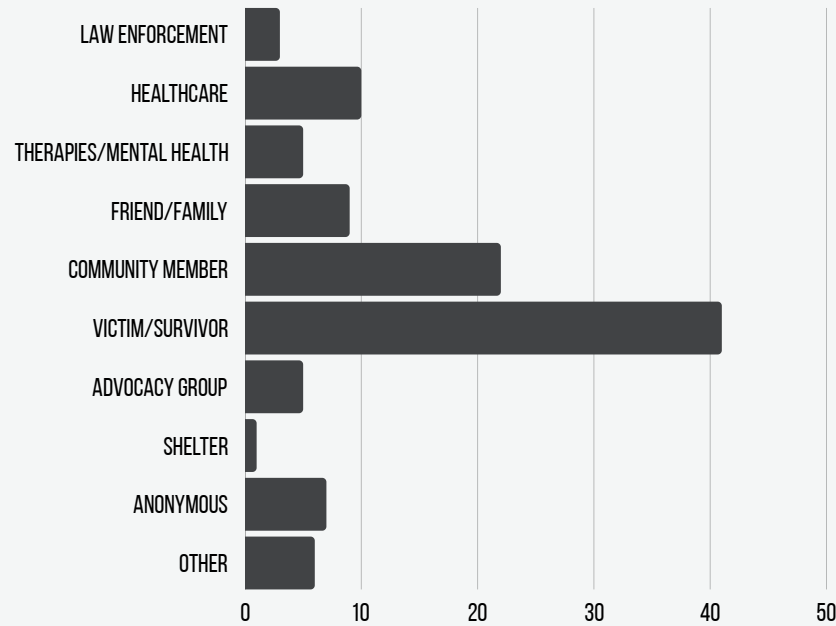
Contacts since launch
(Nov. 2020)

The Caller

HOW DID YOU HEAR ABOUT US?

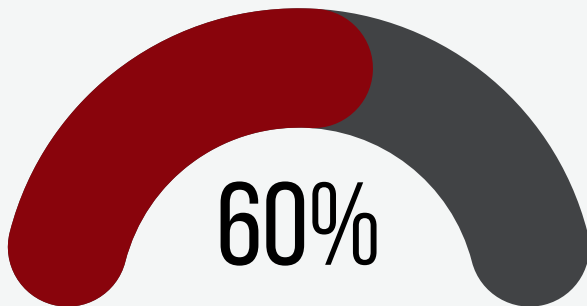


REPORTER AFFILIATION

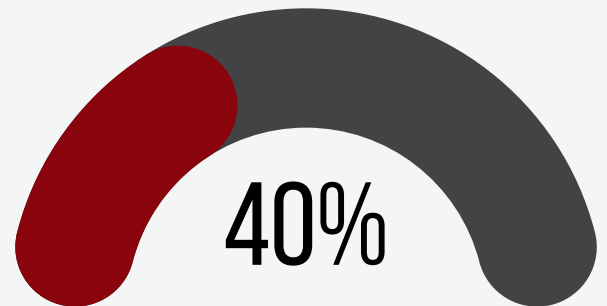


WHO DID THEY CALL FOR?

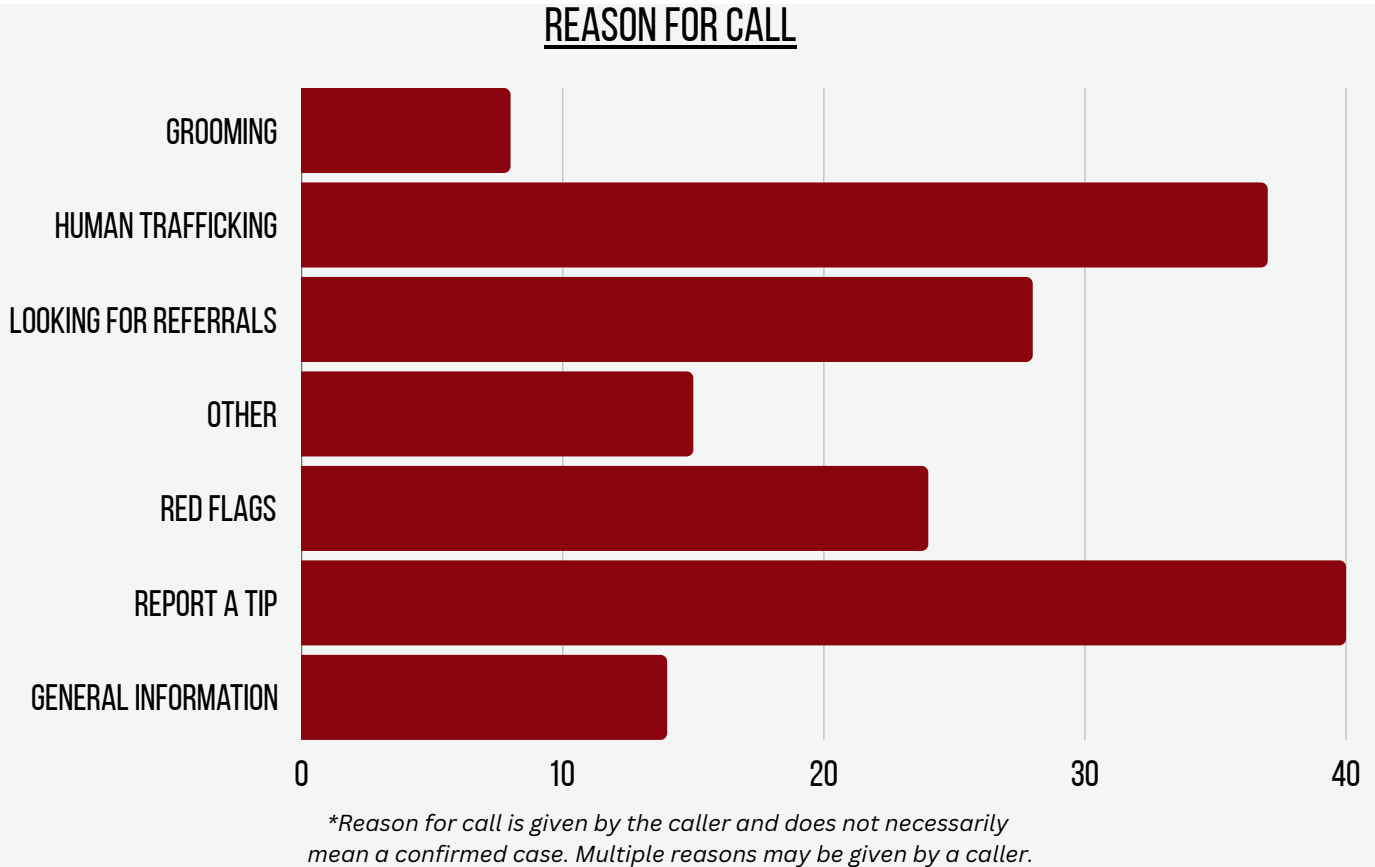
SELF



SOMEONE ELSE



The Caller



ARE YOU IN IMMEDIATE DANGER?

YES

12

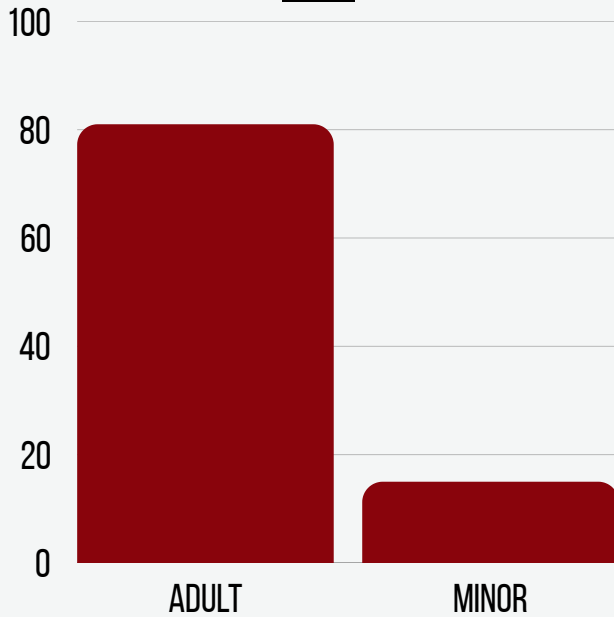
NO

115

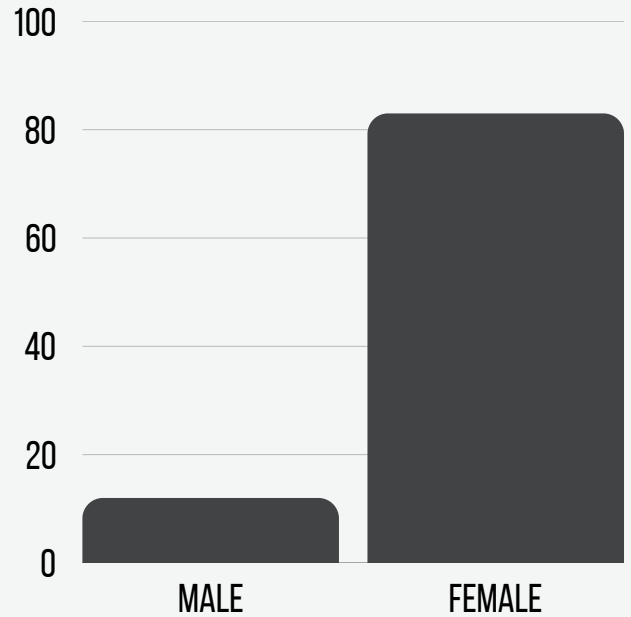


The Victim

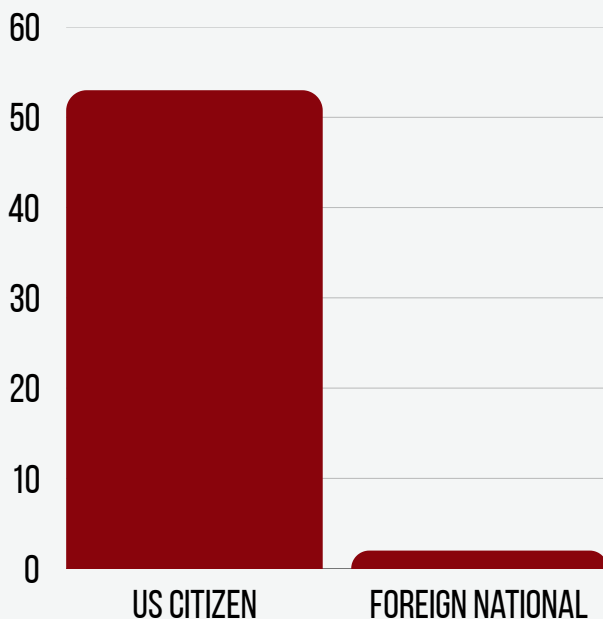
AGE



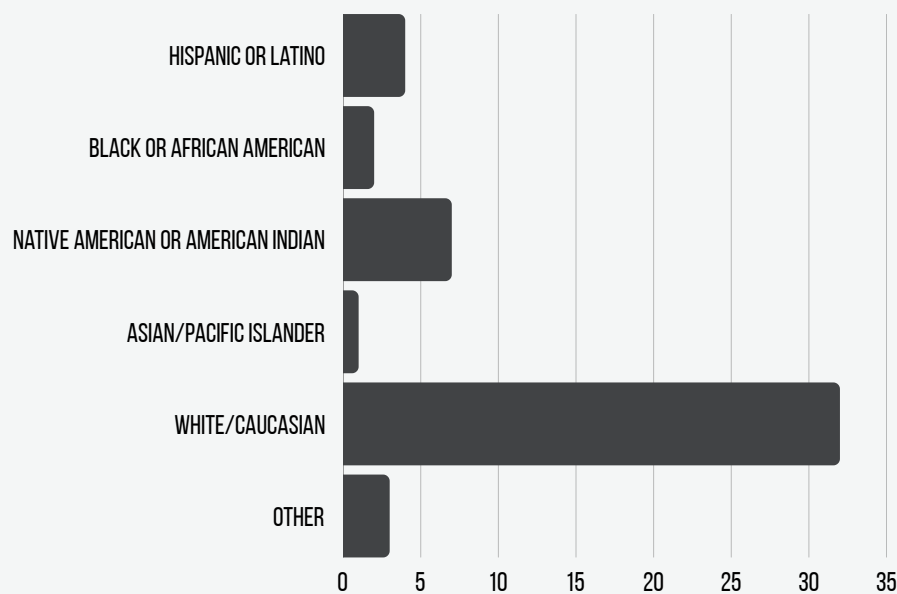
GENDER



CITIZENSHIP

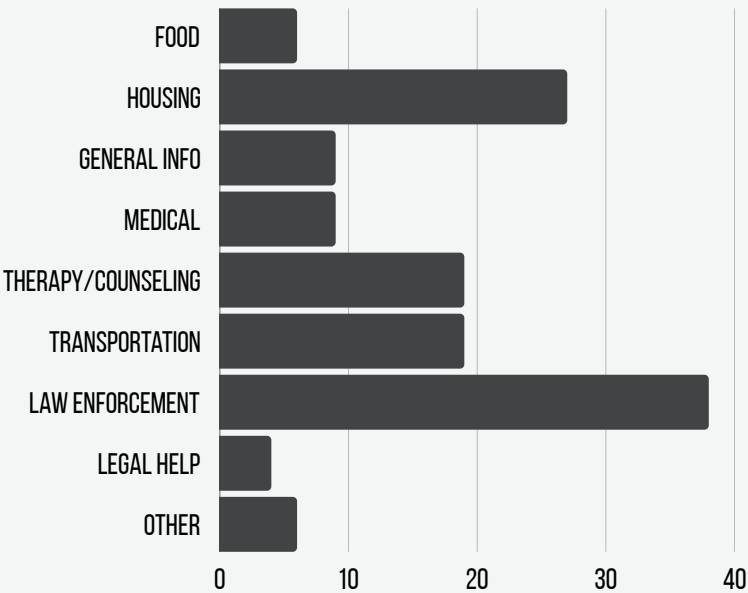


ETHNICITY



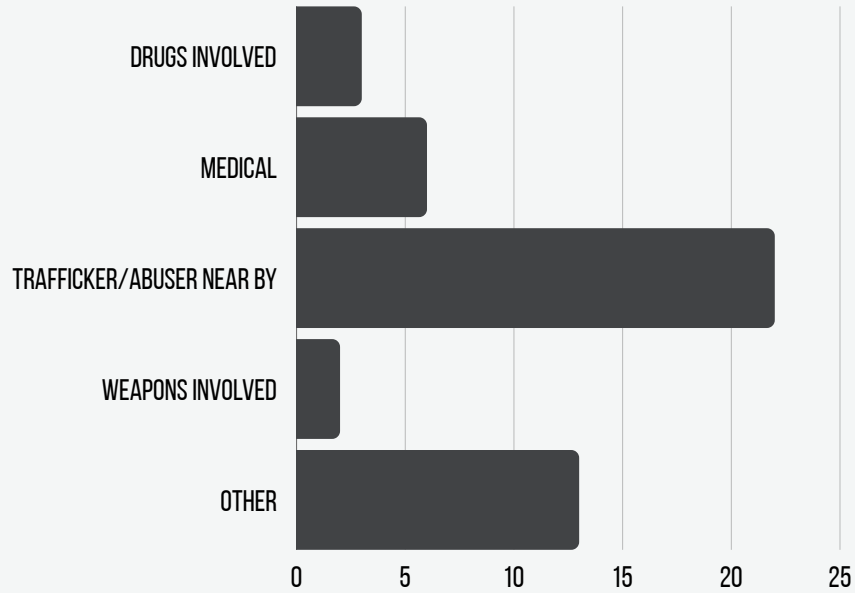
The Victim

CURRENT NEEDS



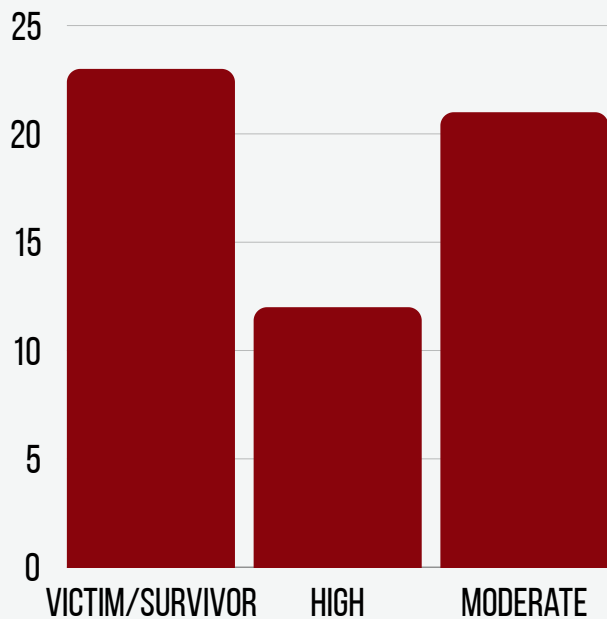
*Multiple needs may be given by a single caller.

SAFETY CONCERNS

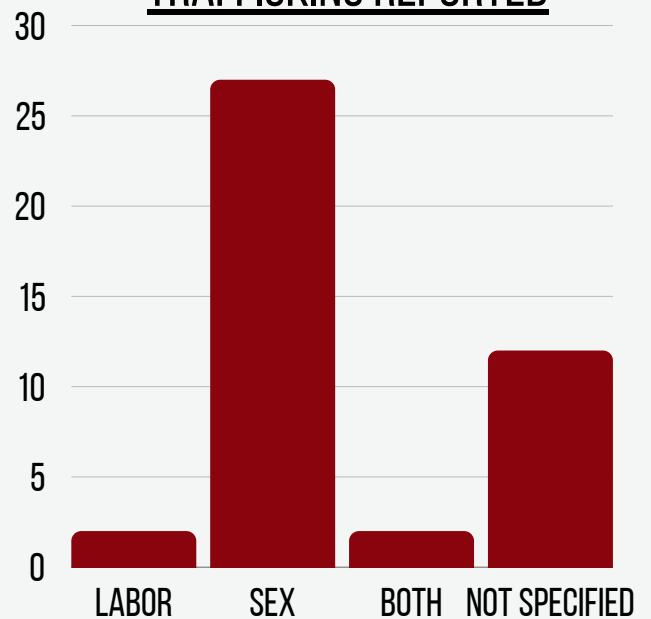


*Multiple concerns may be given by a single caller.

TRAFFICKING INDICATORS



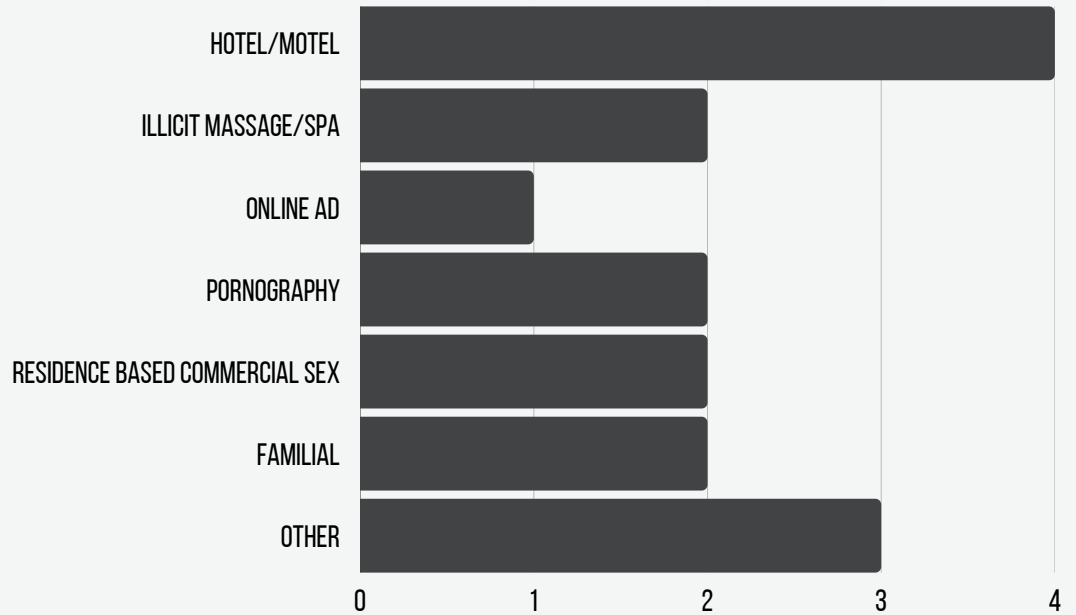
TYPE OF HUMAN TRAFFICKING REPORTED



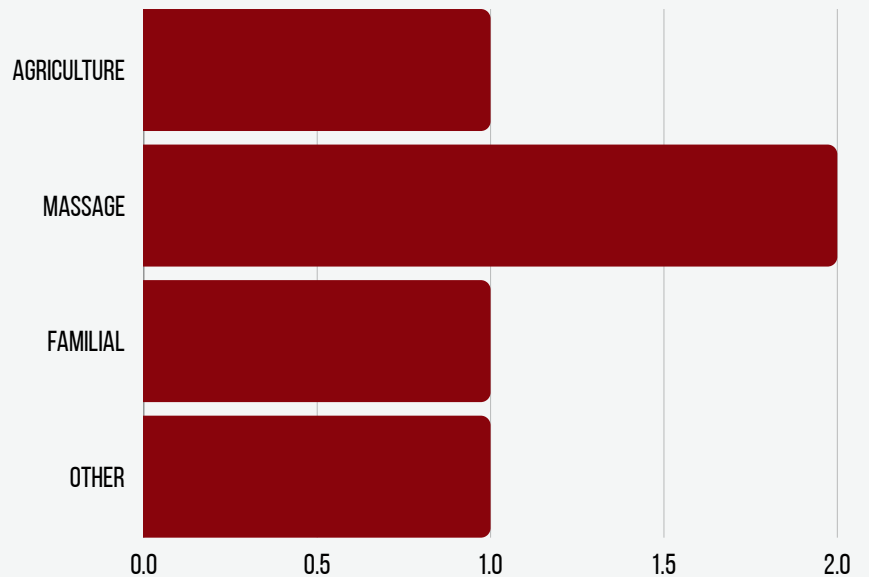
The Victim

REPORTED VENUES FOR HUMAN TRAFFICKING

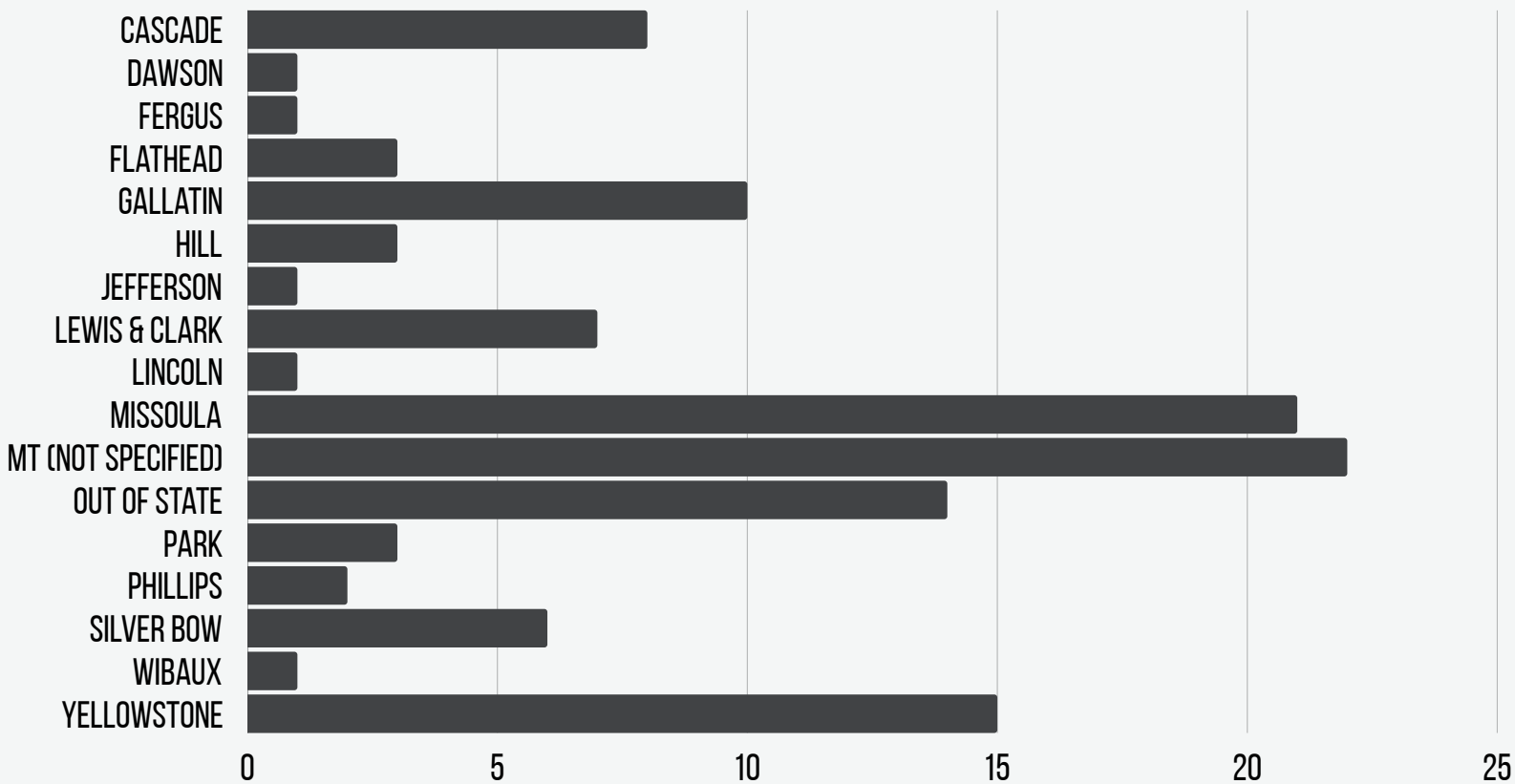
SEX TRAFFICKING



LABOR TRAFFICKING



CONTACTS PER COUNTY



OUR PARTNERS

ATTORNEY GENERAL



AUSTIN KNUDSEN



THE **LIFEGUARD** GROUP



GOVERNOR
GREG GIANFORTE



MONTANA
Department of Transportation



SENTINEL PROJECT



A special thank you to all those who volunteered in 2024 as a Montana Human Trafficking Hotline Advocate.

No Wrong Door: Expanding OUD/SUD/COD Treatment Access via Peer Support

2025 Montana Opioid Abatement Trust Grants-second half of 2025

St. Peter's Health Foundation

Stephen Mason
2475 E Broadway Street
Helena, MT 59405

nesmith@sphealth.org
O: 406-444-2370
M: 406-461-3983

Nova Smith

2475 E Broadway Street
Helena, MT 59405

nesmith@sphealth.org
O: 406-457-4167

Application Form

Region Selection

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

Project Name*

No Wrong Door: Expanding OUD/SUD/COD Treatment Access via Peer Support

You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.

Select Multi County Abatement Region OR Metro Region*

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Lewis & Clark County Metro Region

Regional Funding Request*

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

Application Overview

About the Organization/Program*

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

SPH is an independent, rural health system in Helena serving Lewis and Clark, Broadwater, Jefferson, Meagher, and Powell counties with general, specialty, and emergency services. SPH's mission is to improve the health, wellness, and quality of life for the people and communities we serve. SPH leads many community-based programs serving individuals with OUD, SUD, and CODs. Our Frequent Users Systems Engagement (FUSE) program has resulted in tremendous results as it provides community-based interventions led by Community Health Workers (CHWs) to those experiencing housing insecurity and/or homelessness who are high utilizers of emergency services (medical, justice), and often have a OUD, SUD, or COD. The recently launched No Wrong Door program is a community-based initiative aimed at expanding access to treatment for OUD, SUD, and COD in Lewis & Clark County through peer support specialist coverage in the SPH emergency department (ED), Addiction Clinic, and our inpatient Behavioral Health Unit (BHU), and access to peer support vehicles. Peer support isn't new to our community, but it is to SPH where many individuals seek help for these conditions, with 1,687 visits related to OUD/SUD/COD in FY 2024. By positioning peer supports in the ED, Addiction Clinic, and BHU, we ensure patients have access to immediate help when they are most ready for it. The program mirrors the success of the CHW model in the FUSE program, ensuring patients receive the right resources at the right time, ultimately benefiting both individuals and the community. The continuation grant funding will allow us to enhance our program through expanded community awareness, service coordination with our partners, and continued sustainability efforts through partner and infrastructure building to ensure we are ready to bill for peer support if legislation is passed and strong processes in place to track and disseminate program-related cost savings for our organization and the community at large.

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

Treatment

Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

B. SUPPORT PEOPLE IN TREATMENT & RECOVERY

C. CONNECTIONS TO CARE

How does the program meet the Opioid Remediation Guidelines*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

Schedule A (A): We will continue to distribute Narcan kits to patients being discharged from the ED who are at risk for opioid overdose, and SPH EMS will leave behind kits at the scene of opioid-related incidents to increase distribution of naloxone to individuals at risk of overdose. This proactive approach ensures patients and their families have immediate access to life-saving interventions.

(E): Peer specialists are available during peak times in the ED to provide warm hand-offs to addiction medicine and recovery services. They facilitate smooth transitions for patients into ongoing care by providing navigation and support post-discharge, expanding warm hand-off services to recovery services, ensuring continuity of care.

Schedule B (B): Peer specialists assist in connecting patients to ongoing treatment and recovery services, including transportation to appointments, follow-up care, and ensuring comprehensive recovery plans are in place. This approach provides full continuum of care, including peer support, counseling, and access to recovery housing and other supportive services.

C: The program ensures that patients leaving the ED are connected to care, including MAT and behavioral health (BH) services, by utilizing peer specialists. These connections help bridge the gap between emergency intervention and long-term recovery services, ensuring that providers screen for OUD and connect patients to appropriate treatment services.

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*

\$174,835.00

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.

MOAT Continuation Budget 2026.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 program received funding from the Montana Mental Health Trust of \$30,000 to help support Peer Support Specialists salaries that we will expend in entirety by December 31 2025. The BHU peer support is currently funded through the SAMHSA Zero Suicide grant, and thus we are not requesting FTE support through this opportunity for that FTE.

Do you have a Fiscal Agent*

No

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.

SPH is requesting funding for an additional year of support for the recently launched No Wrong Door program. When this initiative was first launched, it was anticipated that only one year of MOAT funding would be needed, as proposed changes to Montana Medicaid policy were expected to enable hospitals to bill for peer support services. Unfortunately, these legislative changes did not occur. Without a sustainable reimbursement mechanism, coupled with anticipated federal healthcare budget reductions, continued grant funding is essential to maintain this vital program.

The No Wrong Door program is a recently launched community-based initiative expanding access to treatment for OUD, SUD, and COD in Lewis & Clark County. By providing peer support specialists in the SPH ED, BHU, and Addiction Medicine Clinic, it ensures patients are immediately connected to addiction medicine and recovery services at a critical moment, and remain successfully engaged.

With generous support from MOAT, we launched this program with incredible speed and organization, hiring three (two funded through MOAT) peer supports within two months of recruitment. The fourth peer support is one of our CHW who received his Peer Support Certificate and works the evening shift and weekend shift in the ER, which we had a difficult time recruiting a qualified candidate for, in addition to his CHW day position. Each peer support was comprehensively onboarded, trained, and certified before providing direct services to ensure program integrity and patient safety. The first peer support, hired on February 23, 2025, played a key role in developing program workflows, protocols, and materials prior to launching ED services on April 1. The program then launched peer support coverage in the Addiction Medicine Clinic in May and the BHU in June. From April 1 to June 25, 2025, the team provided 257 peer support encounters, serving 143 unique patients across all three settings.

The No Wrong Door program will:

- Increase access to addiction treatment by ensuring patients who present at the ED, BHU, and Addiction Med Clinic are connected to care and wrap around supports.
- Reduce repeat ED visits by providing ongoing recovery support and follow-up.
- Lower overdose deaths through Narcan distribution and immediate access to peer supports.
- Remove barriers to treatment by conducting CD evaluations in-house and offering transportation to appointments.
- Improve health outcomes by providing comprehensive support services to address the full continuum of care.

Priorities include warm hand-offs to ensure seamless transitions of ongoing care, naloxone distribution, transportation assistance via the peer vehicle, and continued and expanded outreach activities. See Additional Info section.

Objectives include:

1. Increasing access to treatment.
2. Reducing overdose deaths.
3. Facilitating recovery transitions.
4. Eliminating barriers to CD evaluations and treatment.
5. Supporting Long-Term Recovery.

Specific Goals*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

1. Increase Access to OUD/SUD/COD Treatment:

Goal: Ensure that patients presenting to the SPH ED or BHU with OUD, SUD, or COD are immediately connected to appropriate treatment and recovery services.

How: Peer support specialists will facilitate warm hand-offs from the ED/BHU to addiction medicine and recovery programs. Peer support specialists will engage patients at the point of crisis, ensuring they have the necessary support to transition into ongoing recovery oriented care.

2. Reduce Opioid Overdose Deaths:

Goal: Decrease the number of opioid-related overdose deaths in Lewis and Clark County.

How: Narcan kits will be distributed by peer supports to patients who are at risk for opioid overdose, and EMS teams will leave behind Narcan kits at opioid-related emergency scenes. This will provide immediate access to life-saving tools for patients, their families, and community members.

3. Improve Long-Term Recovery Outcomes:

Goal: Support long-term recovery by providing comprehensive wrap-around services that help individuals stay engaged in treatment and reduce the likelihood of relapse.

How: Peer support specialists will follow up with patients, ensuring they stay connected to addiction medicine, mental health services, and other recovery resources. Additionally, transportation services will be available to ensure patients can attend appointments and recovery programs without transportation barriers.

4. Reduce Repeat ED Visits for OUD/SUD/COD:

Goal: Lower the number of repeat visits to the ED for OUD/SUD/COD-related issues by ensuring patients are effectively transitioned into long-term recovery services.

How: The peer support team will work closely with patients, addiction medicine specialists, and community partners to ensure that patients have a clear recovery plan in place upon discharge. Follow-up services, transportation assistance, and warm hand-offs will all contribute to reducing the need for repeat emergency care.

Evaluation Method*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

Evaluation will focus on both quantitative and qualitative metrics to assess the program's impact on improving access to treatment, reducing opioid overdoses, and supporting long-term recovery outcomes. The following methods will be used:

1. Data Collection and Tracking:

-Patient Encounters: The number of patients who receive peer support services in the SPH ED, BHU, and Addiction Med Clinic and the number of warm hand-offs to addiction medicine and recovery programs. This data will be collected through the hospital's EHR system.

-Naloxone Distribution: The number of Narcan kits distributed to patients will be tracked.

2. Outcome-Based Metrics:

-Reduction in ED Visits: A key evaluation metric will be the reduction in repeat ED visits for patients with OUD, SUD, and COD. By analyzing hospital records before and after the implementation of peer support services, we will track how effective the program is in reducing the need for emergency care by transitioning patients to long-term treatment.

-Treatment Engagement: We will measure the percentage of patients who successfully engage in ongoing addiction medicine or recovery services after being discharged from the ED. This includes tracking whether patients attended follow-up appointments, engaged in MAT programs, completed treatment, or utilized recovery housing or counseling services.

-CD Evaluation Access: We will track the number of CD evaluations completed within SPH services and assess whether the increased access led to faster patient entry into treatment programs, reducing delays in care.

3. Patient and Peer Support Feedback:

-Peer Support Specialist Feedback: Peer support specialists will provide feedback on the challenges and successes of the program through regular team meetings and debrief sessions. This qualitative data will inform adjustments and improvements to ensure the program remains responsive to patient needs.

By using a combination of quantitative data, and outcome-based metrics, the No Wrong Door program will ensure continuous improvement and accountability, helping to meet its objectives of increasing access to care, reducing overdose deaths, and supporting long-term recovery.

Data Source*

What data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

To demonstrate that the program has successfully accomplished its goals, we will collect and analyze a variety of data points from different sources. This data will be used to measure the program's impact on access to treatment, overdose prevention, and patient recovery outcomes. The following are the key data sources:

1. EHR:

- ED Patient Encounters: Total number of patients who presented to the ED with an OUD/SUD/COD and:
 - Had a peer support interaction
 - Had a warm hand-off to addiction medicine, recovery services, or behavioral health care.
- Follow-Up and Recovery Engagement: Total number of patients engaged in SPH follow-up care
- Naloxone Distribution Records:
 - Number of Narcan kits distributed to patients.

2. Patient Surveys:

- Recovery Engagement: We will survey patients at the end of peer support engagement to determine if they have remained engaged in their recovery process after receiving support from the program. This will help us track long-term outcomes and patient success in continuing treatment.

3. Peer Support Specialist Records:

- Peer Support Encounters: Peer support specialists will maintain records of every patient interaction, including the type of support provided and the outcome of the interaction.
- Rides provided to the patient by the Peer Support Specialist as indicated in their documentation

4. Hospital Utilization Data:

- Reduction in ED Visits
- Treatment and Recovery Rates

5. Chemical Dependency (CD) Evaluation Data:

- Total number of CD evaluations conducted system wide

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.

To ensure the community is aware of the No Wrong Door program and its resources, we will implement a multi-pronged approach focused on outreach, education, and collaboration. The goal is to inform the public, healthcare providers, and community partners about the availability of peer support in the ED, as well as the comprehensive services aimed at treating OUD, SUD, and COD.

1. Community Outreach and Education:

- Informational materials about the program will be distributed to high-traffic public areas.

2. Partnering with Community Organizations:

- We maintain strong partnerships with local organizations that frequently interact with individuals affected by OUD/SUD/COD to help spread awareness of the program and refer individuals in need of support. Peer Supports attend weekly outreach events.

3. Provider and Clinician Engagement:

- ED, inpatient, and addiction medicine providers are aware of peer support services and have welcomed their collaboration as a valuable part of patient care. Peer supports are in a unique position to help providers

deepen their understanding of SUD, OUD, and COD, thus fostering more informed and compassionate treatment. Educational materials are shared regularly with healthcare teams to support consistent awareness, referrals, and integration of the program.

4. Social Media and Digital Campaigns:

- We have planned a peer support–led social media campaign for Red Ribbon Week to raise awareness about substance use prevention and promote available recovery resources.
- We are in the process of creating dedicated content for the SPH website that will clearly explain how individuals can access support, request Narcan kits, and connect with peer specialists for ongoing care.

5. Community Events and Presentations:

- We will present the program at local events, and community meetings, engaging directly with residents and stakeholders to explain the importance of peer support services and how to access them.

By implementing these strategies, we will ensure that the community, healthcare providers, and local organizations are fully aware of the resources offered by the No Wrong Door program and how to access them.

Additional Documents

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

IRS 501c3 Determination Letter dated 6.27.22.pdf

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

Program Data and Success Stories.docx

Upload #2

Upload #3

Additional Information

Program Priorities (in more detail):

1. Warm Hand-Offs: Peer supports meet with patients in the ED, or admitted to the inpatient or behavioral health units and guide patients to addiction medicine or recovery services), ensuring seamless transitions to ongoing care, & eliminating barriers to care. The addiction medicine peer support assists with warm hand offs from community partners to SPH addiction medicine.

2. Naloxone Distribution: The peer supports are trained to administer Narcan, and have ample supplies of Narcan to provide to patients in need. Narcan kits will be provided to patients discharged from the ED and we

are working with EMS leadership to initiate a Narcan leave-behind process, providing kits at opioid overdose scenes to help prevent future deaths.

3. Peer Support Vehicles: Transportation assistance via the peer support vehicle purchased with Year 1 MOAT funds continues to play a critical role in ensuring patients can attend follow-up appointments and treatment, improving continuity of care. Since launch, the vehicle has:

- a. Transported 28 patients on 34 rides, including 6 patients taken out of the Helena area to access inpatient treatment.
- b. Logged over 1,200 miles (and counting).
- c. Helped prevent 15 no-shows for addiction medicine follow-up appointments.

While early data suggests there may be a need for a second vehicle, given frequent scheduling conflicts and last-minute transportation requests, it is still early in the program's full implementation, with only one month of all three peer supports operating concurrently. We plan to continue monitoring utilization over a longer period to better assess whether an additional vehicle is warranted. For this grant period, we are requesting funding to support fuel and maintenance costs to keep the existing vehicle safe and operational.

4. The addiction medicine peer support participates in weekly outreach events, rotating between community sites including Our Place, God's Love, the Lewis & Clark Detention Center, Treatment Court, and the Shower Program. These activities aim to engage individuals struggling with substance use and co-occurring disorders, inspire hope for recovery, and connect potential patients with addiction medicine services and other supportive care. Additionally, peer supports are Train-the-Trainer certified in QPR (Question, Persuade, Refer) suicide prevention and lead QPR training sessions for all new SPH employees. Peer supports also actively participate in local coalitions focused on SUD, OUD, and COD to strengthen partnerships and align community efforts.

Program Objectives:

1. Increase Access to Treatment: Peer support specialists will be available during peak hours (Monday-Friday 09:00-02:00, and Saturday-Sunday 12:00-00:00). Due to hiring challenges and fluctuating patient demand, coverage was adjusted to meet needs effectively. Patients presenting to the ED outside of coverage hours receive a follow-up phone call the next business day to provide support and referrals. Current hours are:

- a. ED:
 - i. M, W, F: 8:30 AM-5:00 PM
 - ii. Tuesday, Thursday: 8:30 AM- 9:00 PM
 - iii. Saturday: 9:00 AM- 7:30 PM
- b. BHU and Addiction Medicine Clinic:
 - i. Monday-Friday: 8:30 AM- 5:00 PM

2. Reduce Overdose Deaths: The distribution of Narcan kits will reduce overdose fatalities by providing patients and their families with life-saving tools.

3. Facilitate Recovery Transitions: Warm hand-offs from peer supports will connect patients to appropriate addiction medicine, recovery housing, and mental health services, ensuring continued care.

4. Support Long-Term Recovery: Peer support services, transportation, and follow-up care will help individuals stay engaged in their recovery, reducing the likelihood of relapse.

File Attachment Summary

Applicant File Uploads

- MOAT Continuation Budget 2026.pdf
- IRS 501c3 Determination Letter dated 6.27.22.pdf
- Program Data and Success Stories.docx

St. Peter's Health Foundation
No Wrong Door: Expanding OUD/SUD/COD Treatment Access to Peer Support
One Year Continuation Budget Request
02/01/2026-1/31/2027

Budget Category	Grant Request
Personnel	
Certified Peer Support (James Howland 1 FTE). \$24.69/hr x 40 hrs a week x 52 weeks	\$51,355
Certified Peer Support (Scotty Howard 1 FTE). \$21.13/hr x 40 hrs a week x 52 weeks	\$43,950
Certified Peer Support (Mark Nay .5 FTE). Overtime Rate for evening and weekend shifts at \$41.46/hr x 20 hrs a week	\$43,118
TOTAL PERSONNEL	\$138,424
Fringe Benefits (25% FB Rate)	
Fringe Benefits for 2.5 FTE Peer Support	\$34,606
TOTAL FRINGE BENEFITS	\$34,606
Supplies	
Community outreach flyers to promote program enrollment-printing costs	\$150
TOTAL SUPPLIES	\$150
Travel	
Fuel for current 1 Peer Support vehicle (\$60/fill up x twice a month x 12 months)	\$1,440
TOTAL TRAVEL	\$1,440
Other	
Vehicle Maintenance on current Peer Support vehicle (Annual tire rotation at \$65 and (2) oil changes at \$75/each)	\$215
TOTAL OTHER	\$215
TOTAL: Grant Request	\$174,835

Request from the Montana Opioid Abatement Trust	\$174,835
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Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

ST PETERS HEALTH FOUNDATION
% STEPHEN MASON
2500 E BROADWAY ST
HELENA, MT 59601

Date:
June 27, 2022
Employer ID number:
81-0392270
Form 990 required:
990, YES
Person to contact:
Name: E Kramer
ID number: 1002988929

Dear Sir or Madam:

We're responding to your request dated August 27, 2021, about your tax-exempt status.

We issued you a determination letter in July 1981, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

No Wrong Door Peer Support Program Data: Time Period: April 1, 2025-June 25, 2025

<i>Location</i>	<i>Go-Live</i>	<i>Unique Pts (Per location)</i>	<i>Total Encounters</i>
ED	April 2025	52	80
Addiction Medicine	May 2025	83	142
Behavioral Health Unit	June 2025	20	35

Sampling of Program Success Stories To-Date

- Multiple patient stories from our Addiction Medicine Team on how Peer Supports have been able to build a connection with patients that they have never been able to connect with, and the patients are now successful in their recovery care.
- Our Addiction Medicine Physician credited one of our Peer Supports in saving a patient's life through the support the Peer Support provided this patient in a critical time.
- One of the Peer Supports had a patient's child approach him at a gas station in our community and thanked him for supporting his dad and that this was the first holiday (Father's Day) his dad didn't drink and it was a 'happy event'.
- A patient working with one of our Peer Supports set a goal to get established with identification, get a job, and find a place to live, and he accomplished all those goals with the support of our Peer. The patient was previously living in Basin without a vehicle and getting a ride to and from town was unreasonable so having the peer vehicle to transport him allowed him to navigate getting all his identifications to gain employment as well as a safe place to sleep at night.
- Peer Supports engaged with a patient who was at St. Peter's Health on withdrawals from alcohol and wanted help. The Peer Support team collectively got this patient engaged with a Licensed Addiction Counselor within the community and got this patient involved with Our Place, a peer-ran support program in Helena. Peer support was able to follow up with this patient daily at Our Place and was able to help the patient navigate different inpatient detox centers. With the help of the collective peer support team as well as the rest of his care team at St. Peter's, we were able to get this patient into MCDC and take him there via our peer vehicle purchased with MOAT funds! Peer support will follow up with different sober living houses and get this patient established within one of the houses.
- A Peer Support assisted a family who had been sleeping in their car in the Walmart parking lot, making contact and acquired shelter with Family Promise who provided them shelter until they enter their own housing.
- The Behavioral Health Unit had a patient recently come in from the streets after a personal crisis that led her to unemployment and an extended period of relapse without housing. Once she was discharged Peer Supports were able to obtain a housing voucher from the Helena Housing Authority and get her into an apartment that same week. As things go with addiction she ended up relapsing that weekend and landing in the ED. Fast forward a few weeks of stability and sobriety, a new apartment has become available from the same potential landlord, inspection passed, and we are hoping to sign

the lease (as of the afternoon of 6/30/2025). Finding housing recovery is a difficult and messy process but once someone's basic needs are met it makes the goal much more achievable.

- We had a patient come in to the BHU self-admitting for Suicidal Ideation and alcohol abuse. After a couple weeks of stabilization we were able to get him into Rimrock treatment center for a 30-day stay to continue his journey toward recovery.
- Peer support has been working with a gentleman in the treatment court program who has struggled within that program as well as using for over a year. Peer support was able to share lived experience through that program to help the patient trust the treatment court team as well as staying engaged within the clinic here at St. Peter's. This patient is now staying clean, engaging in recovery in the community, and will be phasing up in the treatment court program soon.
- We have a patient with severe mental and physical health issues that frequents the ED and BHU often. He was recently evicted from his place of stay and went missing for a week without a working phone. A Peer Support dropped off a business card with the patient's wellness doctor that he sees on a regular basis, requesting the staff to have him call the Peer Support the next time the patient comes in. The Peer Support received a voicemail from an unfamiliar number with a message from the patient telling them about his new job at Taco Treat where he is now working part-time. Next step is to schedule a meeting with the SDMI waiver program in attempts to get him in a group home.
- Peer support has been able to engage with the Helena treatment court program, the Hannon House Sober Living, and Our Place Drop In Center to start establishing some connections and bridging the gap with peers either currently or recently struggling with addictions/mental health to get the help needed to start their recovery journey. They have been able to express to peers that we are here for them and believe in them when they felt forsaken and looked down on. Our Peers connect in a way that breaks stigma and lets individuals know that they have a story to tell and that their story has purpose and value.
- Peer support has been coordinating with Alexia at the Helena jail to hopefully bridge the gap between peers getting out of jail and engaging them with the care they need, such as Addiction services at SPH. Peer supports plan to visit peers in jail one day a week to establish connections as well as setting up WRAP plans for when they are released.

Pathways to Care for Women and Families

2025 Montana Opioid Abatement Trust Grants

Florence Crittenton Family Services

Carrie Krepps
3404 Cooney Dr
Helena, MT 59602

savannahc@florencecrittenton.org
O: 406-442-6950

Savannah Cribbs

3404 Cooney Dr
Helena, MT 59602

savannahc@florencecrittenton.org
O: 406-413-7032

Application Form

Region Selection

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

Project Name*

Pathways to Care for Women and Families

You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.

Select Multi County Abatement Region OR Metro Region*

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Lewis & Clark County Metro Region

Application Overview

About the Organization/Program*

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

The mission of Florence Crittenton is to provide innovative, comprehensive services and nurturing programs that engage and empower children, young adults and young families to thrive and build productive lives. Our goal is to intervene with parents, while providing prevention and resiliency building for infants and children. We offer a continuum of care through residential, early childhood education, clinical, and community-based services to meet the unique needs of each family. Residential services consist of the Youth Maternity Home (serving pregnant/parenting youth aged 12-21 and their children), the Recovery Home (serving pregnant/parenting women aged 18-35 and their children), and Transitional Living Program for RH graduates working towards permanent housing and long-term recovery. Early childhood services consist of quality 0-5 childcare and education. Community-support services include parenting classes, home visiting, and supervised visit coaching. Clinical services consist of counseling, treatment, and case management for families facing mental health and/or substance use challenges.

FC proposes to utilize MOAT funds to address barriers faced within our inquiry/application process to better serve young parent families and those struggling with SUD. Due to the specialized nature of our residential programs, we are limited by several factors: eligibility determination, funding restrictions, and capacity for assisting clients in navigating circumstances that prevent access to our programs. We receive far more inquiries than we can effectively process and place within our residential programs; and for many that are accepted, we see barriers to entry with clients leaving difficult and at times dangerous situations. This project will implement improvements to our inquiry tracking systems and dedicate staff time to restructuring admissions processes to more effectively admit eligible clients as well as connect all families with appropriate resources and services.

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

Treatment

Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

- B. "MAT" DISTRIBUTION & OTHER OPIOID-RELATED TREATMENT
- C. PREGNANT & POSTPARTUM WOMEN
- D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME "NAS"
- G. PREVENTION PROGRAMS
- I. EVIDENCE-BASED DATA COLLECTION & RESEARCH ANALYZING EFFECTIVENESS OF ABATEMENT STRATEGIES

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- A. TREAT OPIOID USE DISORDER "OUD"
- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
- E. NEEDS OF PREGNANT/PARENTING WOMEN, BABIES W/ NEONATAL ABSTINENCE SYNDROME
- J. LEADERSHIP, PLANNING, & COORDINATION

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

Sch. A

B. MAT DIST.: MAT is a treatment component of our Recovery Home, overseen by our MD and Nurse Practitioner.

C. PPW: Our target population is pregnant, postpartum, and parenting women and their families. Our unique family-centered approach ensures women and their children receive the care they need.

D. NAS: We are 24-7 staff-supervised facility and clinicians that are trained to identify NAS symptoms and provide supportive care and medication management.

G. PREVENTION: Our comprehensive spectrum of services is designed to provide prevention, early intervention, and intervention services. Our multi-generational approach works to break cycles to prevent substance use and mental health challenges for children related to victimization and trauma.

I. E-B DATA COLLECTION: A central component of this project is to improve our ability to collect and utilize data throughout inquiry, admission, and referral processes to inform service delivery and abatement strategies.

Sch. B

A. OUD: OUD is a diagnosis treated within our Recovery Home and Youth Maternity Home

B. TREAT. & REC.: Our programs are designed to provide appropriate treatment and continue to provide ongoing services and support as needed to promote long-term recovery, as evidenced by our continuum of care.

C. CONNECT TO CARE: This project will allow us to provide break down barriers to care for families that face challenges applying and getting to our residential programs

D. JUSTICE-INVOLVED: Referrals and inquiries often come to us from within the Justice System. The project will help us better connect with placing agencies and break down barriers to entry.

E. NEEDS OF PPW, BABIES W/ NAS: Our program is focused on these populations and ensures that both parents and children receive the care and support they need.

J. LEADERSHIP: This project will focus on planning and coordination in our data gathering and staffing around inquiries, admissions process, and care coordination for accepted clients.

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*

\$94,280.00

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.

MOAT Budget FC.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.

FC utilizes funding from a range of sources, including fees for services, agency contracts, and private fundraising dollars. However, the proposed budget for this project reflects costs that are not covered by another funding source.

The first year of this grant includes technology improvements to our application process and EHR tracking systems. This has been a high priority need within our organization, yet we have experienced challenges accessing funds for this type of work. No agency contract allows this use of funds, and we have been unsuccessful in grant proposals as many funders prefer to allocate grants to direct service delivery, not recognizing the critical role technology and data collection play in our service provision and advocacy for families. Having designated funds for this project would directly result in more families accessing the resources they need.

Contract funds are typically restricted only for the direct care provided to admitted clients; therefore, our Admissions Coordinator position is largely unfunded as reimbursements do not begin until after the admission process is completed. Likewise, our case manager positions are only billable when a client has been fully admitted to our program and for hours they are working directly with the client in very specific areas tied to treatment plans. The proposed work of this project involves case managers taking a designated role in connecting inquiring clients to resources that can help them get out of challenging situations in order to get to our program, working with referring agencies to provide information and pre-intake information to clients, and attend community partner meetings to build referral pathways.

Additionally, this grant will support time for program leadership to engage with community coalitions, partnerships, and referring agencies to ensure that we are addressing the barriers to care for our youth that are experiencing trauma, victimization and substance use. This includes attending case conferencing; meeting with CPS, street outreach and hospital staff, youth court and juvenile probation, homeless coalitions and more; working with the state to create sustainable funding sources for placement in our Youth Maternity Home that will get young families off the street and out of dangerous situations and prevent substance use. None of these activities have designated funding; however, are critical to addressing gaps in services and building financial sustainability.

Do you have a Fiscal Agent*

No

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.

Program Overview: Florence Crittenton has seen an increase in the complexity and challenges facing young families as they seek to request and receive services. These challenges include a lack of access to technology for application purposes, difficult and dangerous situations that prevent a young woman and her children from being able to safely leave their current living situation to attend residential care, and support or understanding of available services from other agencies or providers that may be part of their lives and/or care. Additionally, we continue to see barriers created by a lack of funding for specialized services that, if provided, can prevent prolonged victimization and long-term substance use disorders.

Florence Crittenton proposes to utilize MOAT funds to address barriers and challenges faced within our inquiry/application and admissions processes to better serve all families seeking care. We will also be addressing gaps in data collection around inquiries and partnership building amongst referring partners and the larger integrated health community.

Purpose:

- Address barriers to care by improving our inquiries/application process.
- Improve our ability to properly track and document inquiries
- Assist clients through the application and intake process once accepted to the program.
- Refer all families seeking care to appropriate resources.
- Create stronger awareness and working partnerships within the greater L&C community that will serve at-risk youth and families
- Better advocate at the state and federal level for families

Priorities:

- Improve accessibility and ease for families seeking care
- Break down barriers to entry for families leaving difficult or dangerous situations
- Equip staff with the tools needed to effectively process inquiries
- Improve data collection processes to inform partnership and advocacy efforts

Objectives:

- Create a more user-friendly inquiry and application process that can be done on a phone or computer without the need for printing, scanning, or wet signatures
- Develop a tracking system within our current EHR system so that inquiries and referrals can be tracked for better follow-up and data collection.
- Allocate dedicated time for our admissions coordinator and case managers to work with clients that have been admitted but need assistance in navigating intake into the program.
- Dedicated time for program leadership to participate in community-wide efforts to build awareness, referral pathways, and partnerships.

Intended Results:

Through this project, our intention is that every inquiry we receive results in either successful placement into one of our programs or referrals to appropriate resources. Meeting this goal will mean more young families will receive the care they need to prevent the cycles of substance use and trauma that plague our 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.

Goal 1: 100% of inquiries result in placement in a program or referral to appropriate resources.

-Our current application process can be difficult for those that are homeless or with limited resources to apply, needing to provide wet signatures and the requirement to print and scan the application. In Year 1 of the project, we will reduce barriers by making the application completely electronic so it can be done on a computer or phone. Additionally, these funds will allow for dedicated time for the admissions coordinator to work through an application in person with a potential client.

-Currently our staff are unable to assist a client with challenges they may be planning to and leaving their current living situation. These funds will allow dedicated time for the admissions coordinator and case managers to work with the client to address and break down those barriers to intake.

Goal 2: Break down barriers to accessing necessary services for pregnant and parenting women, particularly young moms and their children.

-Currently we are only able to track our inquiries via spreadsheet that can be difficult to manage, hard to share information, and provides no ability to set next steps and tracking status. The goal will be the status of all inquiries are tracked in a comprehensive manner within our EHR system to ensure all requests for care are addressed. This will be accomplished in Year 1 by working with the technical assistance from our EHR provider, FamCare, to develop a tracking system within our current EHR system so that inquiries and referrals can be tracked for better follow-up and data collection.

Goal 3: Build capacity to serve within our community network and long-term financial stability through advocacy efforts supported by data.

- Due to lack of funding for such efforts currently, our staff has limited capacity to engage on a meaningful level with other community members regarding the needs of pregnant and parenting women and their children, especially young mothers. Provider partnership is particularly important when working with high-risk youth that may be dealing with trafficking or other dangerous situations. This funding would allow for that meaningful engagement with our partners to address barriers to entry in early intervention and prevention-based programs such as our residential programs. Data collection and partnership development informs and shapes our advocacy efforts to address state and/or federal funding and policy changes.

Evaluation Method*

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

-Follow up rates on inquiries: currently we do not have a set manner outside of manual reporting to analyze how often an inquiry is receiving follow up, # of days between follow up, etc. In Year 1 of this project we will help us establish these tools and set our baselines for inquiry follow up. In subsequent years of the project we will begin collecting this data and comparing to baseline and eventually our goals.

-Placement/referral to services rates: similar to follow up rates on inquiries, we will track rates of inquiries that turn to applications, and applications to acceptance or referral to appropriate services. In Year 1 we will establish the tools and baseline, and subsequent years will compare rates to baseline and established goals.

-Rate of intake after admissions acceptance: this will allow us to measure our success in assisting clients that are accepted to the programs to successfully intake. As in the previous metrics, the tracking tool and baseline will be established in Year 1, with subsequent years being tracked against baseline and goals.

-Successful placement: we will track successful placements by tracking the number of days a client is in the program through 3 months, and any reasons for early departure. This metric will assist in assessing if our admissions vetting and acceptance process is helping us accept the appropriate placements.

-Partnership engagement: this will be tracked through the number of community meetings attended, MOU's and other agreements, and through tracking referrals through the inquiry tracking reports created. This information will be reported annually through our Balanced Scorecard, and referrals through the inquiry tracking component of our EHR. Referral data will also be collected through our referral stakeholder survey.

-Funding stability: each year, FC will report on new or increased funding opportunities/increases in rates. This information will be produced annually as part of the upcoming fiscal year's budget process.

All components listed in this section will become part of our Performance Quality Improvement program embedded within the organization. While some of these reports are currently part of the process, the ability to add tracking components and dedicated staff time to this project will significantly improve our data collection and analysis.

-Through improving our EHR ability to track inquiries status, we will be able to better evaluate the effectiveness of our admissions process.

Data Source*

What information are you going to collect or use to demonstrate you have accomplished your goals?

Data collected will include the following metrics:

- Number of inquiries
- Contacts made with applicants
- Time period to process applications
- Placement rates among applicants, and reason for lack of placement
- Number of effective referrals to additional FC or other community-based resources
- Vacancy/turnover rates of residential units

A primary motivating factor in developing this project is in response to our lack of capacity to properly collect data through these metrics in an efficient way. This data is not only important to the evaluation and improvement of our program, but also to justify the level of need in our community and advocate for increased investment in these specialized healthcare services.

Currently, we have some baseline data to draw from, but our inquiry process does not track all of the proposed metrics. We know that in the last fiscal year, we received at least 205 recorded legitimate inquiries for our residential services, and of those, 15 placements were made. While we are limited in our capacity to a maximum of 14 families between RH and YMH at any given time, we know that room availability was not the cause for every unplaced applicant. However, we cannot pull solid data regarding reasons for lack of placement, and what other resources a potential client may be referring to.

By improving the inquiry tracking system within FamCare, we would be able to provide concise data on the number of families that go unplaced due to funding restrictions in conjunction with their circumstances and demographic data, allowing us to better advocate for more effective funding pathways on a federal, state, and local level. We will be able to track the impact of our reach beyond direct placements through referrals to appropriate healthcare, shelter, and other community resources, especially in crisis situations. We will be able to more effectively process applications in a timely manner, reducing unfilled beds and the costs associated with vacancies, which will in turn build the overall sustainability of the program and reduce reliance on private funds. This first year of the grant is proposed to build the infrastructure we need to keep up with our growing capacity and network of services, and we hope to continue to partner with MOAT in subsequent years to provide full years of data analysis while building financial sustainability so that the work our staff does in inquiries and admissions is funded in a permanent way.

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.

While this project will not necessarily produce a new program to be marketed to the general public, it will allow Florence Crittenton leadership to engage with community coalitions, partnerships, and referring agencies, attend case conferencing, meet with CPS, street outreach and hospital staff, youth court and juvenile probation, homeless coalitions and more to better engage with and inform these referring agencies of our services and how we can work together to serve this specific client population. Additionally, the data we will be collecting will allow us to better advocate at the local, state, and even federal level the needs of these critical populations and the reasons they are not able to access services that are available.

A few examples of the engagement Florence Crittenton will participate in at the community level include the FUSE project, homeless case conferencing, attendance at the Behavioral Health Court advisory council, the Child & Family Services State Advisory Council, Family Treatment Team meetings at CPS, the HRA monthly meetings, etc.

Additional Documents

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

501 (c) (3).pdf

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

- MOAT Budget FC.pdf
- 501 (c) (3).pdf

Florence Crittenton MOAT Grant

YEAR 1

TECHNOLOGY

Line Item	Notes	Cost/Unit	# of Units	Total Amount
Online admissions application development	create a more user friendly application process that can be done on a phone or computer without the need for printing, scanning, or wet signatures	\$ 3,000.00	1.00	\$3,000.00
FamCare Inquiries Development	Develop a tracking system within our current EHR system so that inquiries and referrals can be tracked for better follow-up and data collection	\$ 8,500.00	1.00	\$8,500.00
TOTAL TECHNOLOGY				\$11,500.00

LABOR

Line Items	Note	Hourly Rate	Benefits	Annual Hours	Total
Admissions Coordinator	Responsible for all inquiries, referrals, managing paperwork, connecting potential clients to assessments, preparing referrals for admissions consideration, creating partnerships with referral resources, connecting to funding sources, referrals to other resources when necessary	\$ 20.00	\$ 3.00	1872	\$ 43,056.00
YMH Case Manager	Working with admitted clients to obtain transportation, connect to resources that can help clients get out of challenging situations to get to FC, working with referring agency to provide information and pre-intake information to clients; case management is not billable until a client has been fully admitted to our program. Will also attend community partner meetings when necessary for clients	\$ 23.00	\$ 3.45	520	\$ 13,754.00
RH Case Manager	Working with admitted clients to obtain transportation, connect to resources that can help clients get out of challenging situations to get to FC, working with referring agency to provide information and pre-intake information to clients; case management is not billable until a client has been fully admitted to our program. Will also attend community partner meetings when necessary for clients; less time needed as these clients typically have more resources to get to treatment	\$ 21.50	\$ 3.23	416	\$ 10,285.60
Director of Clinical & Residential Services	Time engaging with community coalitions, partnerships, and referring agencies to ensure that we are addressing the barriers to care for our youth that are experiencing trauma, victimization and substance use. Includes attending case conferencing, meeting with CPS, street outreach and hospital staff, youth court and juvenile probation, homeless coalitions and more; working with the state to create sustainable funding sources for placement in YMH to get young families off the street and out of dangerous situations and prevent substance use	\$ 46.80	\$ 7.02	208	\$ 11,194.56
TOTAL LABOR					\$ 78,290.16
TOTAL ADMINISTRATIVE COST				10% of total project for grant administration and supervision	\$ 4,489.51
TOTAL REQUEST					\$94,279.67

YEAR 2

LABOR

Line Items	Note	Hourly Rate	Benefits	Annual Hours	Total
Admissions Coordinator	Responsible for all inquiries, referrals, managing paperwork, connecting potential clients to assessments, preparing referrals for admissions consideration, creating partnerships with referral resources, connecting to funding sources, referrals to other resources when necessary	\$ 20.00	\$ 3.00	1872	\$ 43,056.00
YMH Case Manager	Working with admitted clients to obtain transportation, connect to resources that can help clients get out of challenging situations to get to FC, working with referring agency to provide information and pre-intake information to clients; case management is not billable until a client has been fully admitted to our program. Will also attend community partner meetings when necessary for clients	\$ 23.00	\$ 3.45	520	\$ 13,754.00
RH Case Manager	Working with admitted clients to obtain transportation, connect to resources that can help clients get out of challenging situations to get to FC, working with referring agency to provide information and pre-intake information to clients; case management is not billable until a client has been fully admitted to our program. Will also attend community partner meetings when necessary for clients; less time needed as these clients typically have more resources to get to treatment	\$ 21.50	\$ 3.23	416	\$ 10,285.60
Clinical Supervisor - Note change from Director to Clinical Supervisor for Year 1 to Year 2; this will be a transition due to capacity of Director after Year 1	Time engaging with community coalitions, partnerships, and referring agencies to ensure that we are addressing the barriers to care for our youth that are experiencing trauma, victimization and substance use. Includes attending case conferencing, meeting with CPS, street outreach and hospital staff, youth court and juvenile probation, homeless coalitions and more; working with the state to create sustainable funding sources for placement in YMH to get young families off the street and out of dangerous situations and prevent substance use	\$ 36.05	\$ 5.41	208	\$ 8,623.16
TOTAL LABOR					\$ 75,718.76
TOTAL ADMINISTRATIVE COST		10% of total project for grant administration and supervision			\$ 3,785.94
TOTAL REQUEST					\$ 79,504.70

Internal Revenue Service

Date: July 12, 2005

FLORENCE CRITTENTON HOME &
SERVICES
901 N HARRIS
HELENA MT 59601-3000

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Kathy Masters ID# 31-04015
Customer Service Representative

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

81-0231788

Dear Sir or Madam:

This is in response to your request of July 12, 2005, regarding your organization's tax-exempt status.

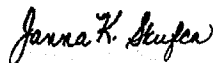
In May 1925 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Battling Fentanyl in Lewis and Clark County

2025 Montana Opioid Abatement Trust Grants-second half of 2025

Intermountain Professionals Foundation

Mltzi Racine
3733 Duck Creek Road
Billings, MT 59101

contact@imcdf.org
O: 406-690-9546
M: 406-690-9546

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3733 Duck Creek Road
Billings, MT 59101

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O: 406-690-9546
M: 406-690-9546

Application Form

Region Selection

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

Project Name*

Battling Fentanyl in Lewis and Clark County

You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.

Select Multi County Abatement Region OR Metro Region*

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Lewis & Clark County Metro Region

Regional Funding Request*

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

Abatement Region 1
Abatement Region 2
Abatement Region 3
Abatement Region 4
Abatement Region 5
Butte Silver Bow Metro Region
Cascade County Metro Region
Flathead County Metro Region
Gallatin County Metro Region
Lake County Metro Region
Lewis & Clark County Metro Region
Missoula Metro Region
Ravalli Metro Region
Yellowstone County Metro Region

Application Overview

About the Organization/Program*

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

The Intermountain Professionals Foundation and Keya Advertising have collaborated to combat the opioid crisis in Lewis and Clark County. Unlike other MOAT applicants that invest very little money in media and advertising, IPF and Keya have made outreach their primary focus. Keya is a full-service advertising and marketing agency, focusing solely on outreach. It's not an afterthought.

Lewis and Clark County has 70,973 residents. Its 3,498 square miles creates communication and span-of-control challenges for the county, which is why IPF and Keya will custom-build a website for the region. Use it to promote events, build a community of interest, host community resources and videos, promote partner organizations, and act as a hub for multi-agency resources. It will be connected to other abatement regions and counties that choose to be part of the Montana Opioid Crisis Network.

Websites store videos, animations, opioid-specific content, social media clip videos, and much more. Website content can include:

- Opioid prevention tips
- Naloxone how-to videos
- Educational services (grade schools, high schools & colleges)
- Community events
- Tribal resources
- Chronic pain alternatives
- Community tools
- Treatment resources
- Family resources
- Emergency response
- Share MOAT “good ideas”
- Multi-agency resources

The Intermountain Professionals Foundation is a nonprofit founded by Mitzi Racine and Dacia Racine in 2023 in Billings, Montana. It assists nonprofits and tribal nations in addressing systemic healthcare disparities in communities. It’s a platform for responsive and innovative programming, especially in rural communities. Their website: www.Intermountain.pro.

Keya LLC, founded by siblings Deborah and Orville Desjarlais, is a full-service advertising and marketing agency. Their mission is to educate, prevent disease, and promote health and wellness. Visit www.keyaadvertising.com to learn more.

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

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

G. PREVENTION PROGRAMS

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

G. PREVENT MISUSE OF OPIOIDS

H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)

How does the program meet the Opioid Remediation Guidelines*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

We request Lewis and Clark County's MOAT financial support of \$165,375 for one year.

Prevention is the most cost-effective investment to save lives in Montana. For every \$1 spent on prevention, Montana saves \$7 in the downstream costs of treatment, child services, law enforcement, and incarceration.

By sophomore year, 50% of college students report that someone offered them an illegal opioid for non-medical use, reported one study.

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*

\$165,375.00

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.

Battling Fentanyl in Lewis Clark County.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.

This new program has no current funding source other than this request for MOAT funding.

Do you have a Fiscal Agent*

No

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.

IPF and Keya will build a custom website that will be independent of the <https://montanaopioid.org/>, which is used for administrative purposes for MOAT, but not intended for use by the general public. The custom website's function will be to educate and inform site visitors, which is perfect for an opioid awareness campaign. More importantly, it provides a central shared space for a variety of viewers like the general public, religious groups, educational institutes, schools, colleges, nonprofits, the state and federal government and businesses interested in helping.

Few companies have the capability to build a custom website, host it, AND provide all its written and graphics content. Keya is able to do this because it spent six years publishing a monthly print magazine for about 100,000 readers nationwide. Keya has more than 110 years of journalism and graphics expertise, which more than covers the experience needed for website content development and sustainment. While on active duty, Orville Desjarlais helped Air Force HQ reconstruct the Air Force News Agency website that had 300,000 visitors a month.

The website will have a video to capture attention. The web team will create a list of navigation buttons that directs viewers to where they want to go. The goal is to make it user friendly, informative and educational.

We will also provide hosting and monthly web operations, website postings, maintenance, support, security, and real-time performance tracking with quarterly reports.

Maintenance includes coding updates and upgrades, monitoring and fixing website errors, search engine optimization, repairing broken links, updating content, regular backups and more. It will include initial training for anyone needing it. Keya will also create guidelines that will help users interact with the website. MOAT members can get customer support at customersupport@keyaadvertising.com. We strongly encourage e-mail correspondence as it will reach our software engineer immediately.

Expanded marketing efforts include posters featuring QR codes that direct people to 30-second social media videos created explicitly for this campaign. Keya uses interactive QR codes to track the number of people who have viewed the poster. Additionally, Keya utilizes the application linked to the QR code to gather metrics, including location, time, and device information, which provides more insight into our target audience.

We'll distribute the posters throughout the county to anyone who will post them, including post offices, stores, shopping centers, schools, colleges, and other locations.

In our past marketing efforts, we've learned that posters remain posted for years after a campaign has finished. It's proven effective in Montana's rural communities.

Specific Goals*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

Set goals that align with the S.M.A.R.T. goal-setting model.

SPECIFIC: Clearly defined outcome.

MEASURABLE: Provide social media data monthly.

ACHIEVABLE: Goals set must be attainable.

RELEVANT: Marketing campaigns should fit the bigger picture..

TIME-BOUND: Keya will set realistic and achievable deadlines.

KEYA'S GOALS include:

1. Finish the website within six months from the grant's start.
2. After website creation, increase organically with search-engine optimization, content marketing and media.
4. Set social media KPIs in the third quarter. Options include reach, impressions, engagement and more.
5. Set KPIs for poster effectiveness in the third quarter to measure foot traffic and location effectiveness.

GENERALIZE GOALS:

- Increase the perceived risk and decrease the perceived benefit of trying opioids so that perceptions reflected accurate information about the drug;
- Promote dialogue about the drug between parents and teens, as such dialogue has been shown to decrease illicit drug use; and
- Stigmatize use, making opioid use socially unacceptable, just as cigarette smoking has become socially unacceptable in recent decades.
- Be mindful that fentanyl has killed many people in Indigenous communities. The Mt. Dept. of Health and Human Services said the drug has a disproportionate effect on those communities. In 2022, the fentanyl overdose rate was 34 per 100,000 among Native people, the department said. Among White Montanans, it was 7.3 per 100,000. More troubling — 2022 reports found the drug overdose rate among Indigenous Americans was a staggering 67.9 per 100,000, compared to the 15.6 among White residents.

TIMELINE:

First Quarter: Secure funding and develop a strategic website plan.

Second Quarter: Film and produce videos for social media.

Third Quarter: Execute limited social media engagements and measure effectiveness.

Fourth Quarter: Provide final report on campaign effectiveness.

Evaluation Method*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

We will use the S.M.A.R.T. method of goal setting. That lets Keya's data scientist track the key performance indicators: reach and impressions. She studies what is and isn't working for communities in real-time and suggests changes as needed.

She will evaluate the effectiveness of social media every month. QR codes can help measure the effectiveness of poster campaigns.

In the final quarter, Keya will provide a summary report of the campaign's effectiveness. Keya will provide this data-filled report annually.

Data Source*

What data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

We will gather performance data once the website and social media campaigns have launched. At the third quarter's end, we will coordinate with MOAT to create realistic goals that focus on Key Performance Indicators.

Our data scientist will present the data in easy-to-read graphs that will help the team decide which KPIs to establish and monitor monthly. QR codes on posters help measure the effectiveness of poster campaigns.

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 create an opioid awareness campaign using these measures:

1. Keya will build, host and provide content for a website for the general public in Lewis and Clark County within six months of getting funding. Use it to promote events, build a community of interest, host community resources and videos, promote partner organizations, and be a hub for multi-agency resources.
2. Use social media to promote opioids prevention and draw viewers to the website. Social media data provides much insight into the community you want to target.
3. Post posters throughout the community to raise awareness. Many times these posters remain in place for years after a campaign has ended.
4. Keya also partners with the Rocky Mountain Tribal Leaders Council and Native American Development Corporation. These companies will help with this fentanyl awareness campaign in Indian Country, including those living in the county.
5. Use media relations to inform the community about the new fentanyl prevention progra

Additional Documents

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

IRS Determination Letter.pdf

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

Lewis_Clark_KEYA BIO.pdf

Upload #2

HUTZEN and Associates.pdf

Upload #3

Letters of Support 4.pdf

Additional Information

KEYA ADVERTISING

With headquarters in Billings, Keya launched its national magazine NativeWellness.Life in 2019. It promoted health and wellness in Indigenous communities across the nation and Alaska. The goal was to reduce the diseases that plagued them. No other publisher has printed a nationwide magazine to promote the health and wellness of Indigenous Americans and sold it in the distinct way we did. It appeared to be a nonprofit business model. Because, unlike publishers that sell single-subscription magazines, ours was a novel idea. We sold the publication in increments of 25, 50, 75, and 100 magazines per order. In essence, grant holders purchased magazines and distributed them free of charge in their communities.

The Montana Medicare program was an early supporter that bought magazine ads to advertise its services to Native Americans. The Montana WIC program followed suit. Other advertisers invested in the magazine to reach a demographic that has historically been difficult to target — rural communities in Montana. The cell phone and internet services are often unreliable. With the downfall of local newspapers, it isn't easy to market services to this segment of society.

While getting magazines to the clients, Keya developed an extensive list of business, tribal and government leaders and program directors at all levels of state and federal governments. So, we have detailed and extensive mailing and key points of contact lists.

When Keya began helping clients with their print ads, it soon expanded to offer advertising and marketing services, in addition to publishing a monthly magazine.

In the spring of 2025, Keya stopped publishing the magazine and focused entirely on advertising and marketing.

In the magazine's first year, Keya dedicated an entire special edition to opioids. On the cover was a moccasin beaded with colorful opioid pills. It gained a lot of attention.

At its peak, the magazine had over 100,000 readers per month. About 90% of all subscribers renewed their annual subscriptions. This is truly amazing because the median renewal rate for annual magazine subscriptions is 27% after the first year. For Keya, content is king, and we know how to deliver it.

In 2020, COVID-19 hit Montana hard. Keya was on the frontlines, warning people about the deadly epidemic. The governor of Montana awarded Keya a \$25,000 grant, DPHHS awarded \$52,700, the Fort Peck Tribe, \$10,000, and Western Native Voice, \$12,000. They did this because Native Americans, with all their preexisting medical conditions, were the most vulnerable group in the nation. Keya mailed the special opioid edition to 36,000 Native American households — about half their Montana population. Keya estimates it reached about 100,000 readers with the three special editions it published.

At the time, prevention and awareness were the only tools available to combat COVID-19. That shows the importance of public education and outreach. Interestingly, the U.S. healthcare system invests only 4% of the \$5 trillion spent on healthcare in prevention.

On the heels of that threat, Montana DPHHS Zero Suicide invested \$900,000 in Keya for a suicide awareness campaign for Native Americans because the suicide rate had doubled in 2021. Studies show that over 50% of all suicides are associated with alcohol or drug dependence. By far, it was Keya's most extensive marketing and advertising campaign. Historically, Montana's suicide rate has always been in the top five in the nation. Studies show that most at risk are Native Americans, farmers, and ranchers. Their commonality lies in the rural areas where they reside. We've successfully used expert marketing techniques to target Native Americans. We can replicate that success in farming, ranching, and college communities.

Here are the links to suicide prevention and vaping campaigns.

Suicide Let's Talk About it (youtube.com)

Suicide Warning Signs (youtube.com)

Both videos aired on the KTVQ "Indian Country" landing page, getting 200,000 hits in two months.

<https://www.ktvq.com/neighborhood-news/indian-country>

Here are links to the vaping campaign and coverage that was used in a 2025 Super Bowl commercial with an estimated 500,000 viewership.

<https://youtu.be/m5gHzxcPzUQ>

<https://youtu.be/A2XXIGWyAiA>

KTVQ vaping news coverage

'Be smart, don't start': Hardin teen campaigns with Billings organization to fight teen vaping - YouTube

KEYA GRANTS AND PARTNERSHIPS:

- Montana No Kid Hungry, 2020: \$50,000.
- Montana Governor COVID-19 prevention campaign, 2020: \$25,000
- Montana Department of Public Health & Human Services - Covid Awareness campaign 2020-2023: \$52,700
- Western Native Voice, Covid Awareness campaign, 2020: \$12,000
- Montana Zero Suicide, suicide prevention campaign, 2021-2023: \$900,000
- Fort Peck Tribal Health, Covid Awareness campaign, 2021: \$10,000
- Feeding America, Outreach to 4 states 2022-2023: \$229,545
- USDA's Food Distribution Program on Indian Reservations, 2023-2025: \$400,100 total for 3 consecutive years

File Attachment Summary

Applicant File Uploads

- Battling Fentanyl in Lewis Clark County.pdf
- IRS Determination Letter.pdf
- Lewis_Clark_KEYA BIO.pdf
- HUTZEN and Associates.pdf
- Letters of Support 4.pdf

Keya Advertising & IPF Battling Fentanyl in Lewis & Clark County METRO	
DESCRIPTION OF SERVICES	YEAR 1
Marketing Research & Analysis	\$8,000.00
Marketing Strategy	\$13,400.00
Creative Development: Campaign concept & Visual Theme Development Copywriting for ads, scripts, captions Graphic Design for digital, print, and outdoor ads Video production, digital ads, social media Photography and stock images licensing	\$18,000.00
Production Costs: Video shoot and editing, all phases of production	\$11,875.00
Website Development: Campaign WEBSITE, hosting, SEO setup Includes domain and 12-months hosting	\$10,000.00
Website Operations: Posting, maintenance, and security	\$10,000.00
Digital Assets & Collateral: Display banners (various sizes) and Social Media posts	\$5,500.00
Media Buying: (pricing included in Media Placement) Paid Social Advertising: Facebook, Instagram, TikTok... Paid Search: Google Ads Programmatic Display: Targeted display campaigns Outdoor Advertising: Billboards Print Advertising: Posters	
Media Placement Budget: Facebook/Instagramyr 1: \$18,000 yr 2/3: \$21,000 Google Adsyr 1: \$13,000 yr 2/3: \$15,000 Outdoor Billboardsyr 1: \$20,000 yr 2/3: \$22,000 Print Postersyr 1: \$ 5,000 yr 2/3: \$ 5,400	\$56,000.00
Monitoring & Optimization: Real-time performance tracking (internal) Quarterly performance reporting Optimization of underperforming ads	\$6,000.00
Evaluation & Reporting: Quarterly performance reporting. Final campaign report with metrics. Impressions, click-through rates. Awareness lift measured, and recommendations.	\$3,100.00
Project Management & Administration: Dedicated account management Coordination, and Campaign check-in meetings	\$7,000.00

Indirect Costs (10%)	\$16,500.00
TOTAL:	\$165,375.00
To put our pricing in perspective, know that the Wyoming Public Education Campaign invested \$685,000 for an opioid prevention website. Building a custom website from scratch requires an enormous amount of front end. However, the cost of maintaining the website thereafter is much lower. Keya will coordinate with MOAT members to build the website they desire.	
The initial cost given to start the website is, in fact, moderate considering the investments made in the Montana Meth Program. Its annual marketing and advertising budget was between \$2 to \$3 million per year for three years. It demonized the use of meth in TV and radio ads, billboards and a website. Data shows the ads reached 70-90 percent of the state’s teenage population three times per week (methproject.org, 2009).	



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

INTERMOUNTAIN PROFESSIONALS FOUNDATION
3733 DUCK CREEK ROAD
BILLINGS, MT 59101

Date:
12/19/2022
Employer ID number:
88-3163557
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
July 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
July 27, 2022
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053747001392

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



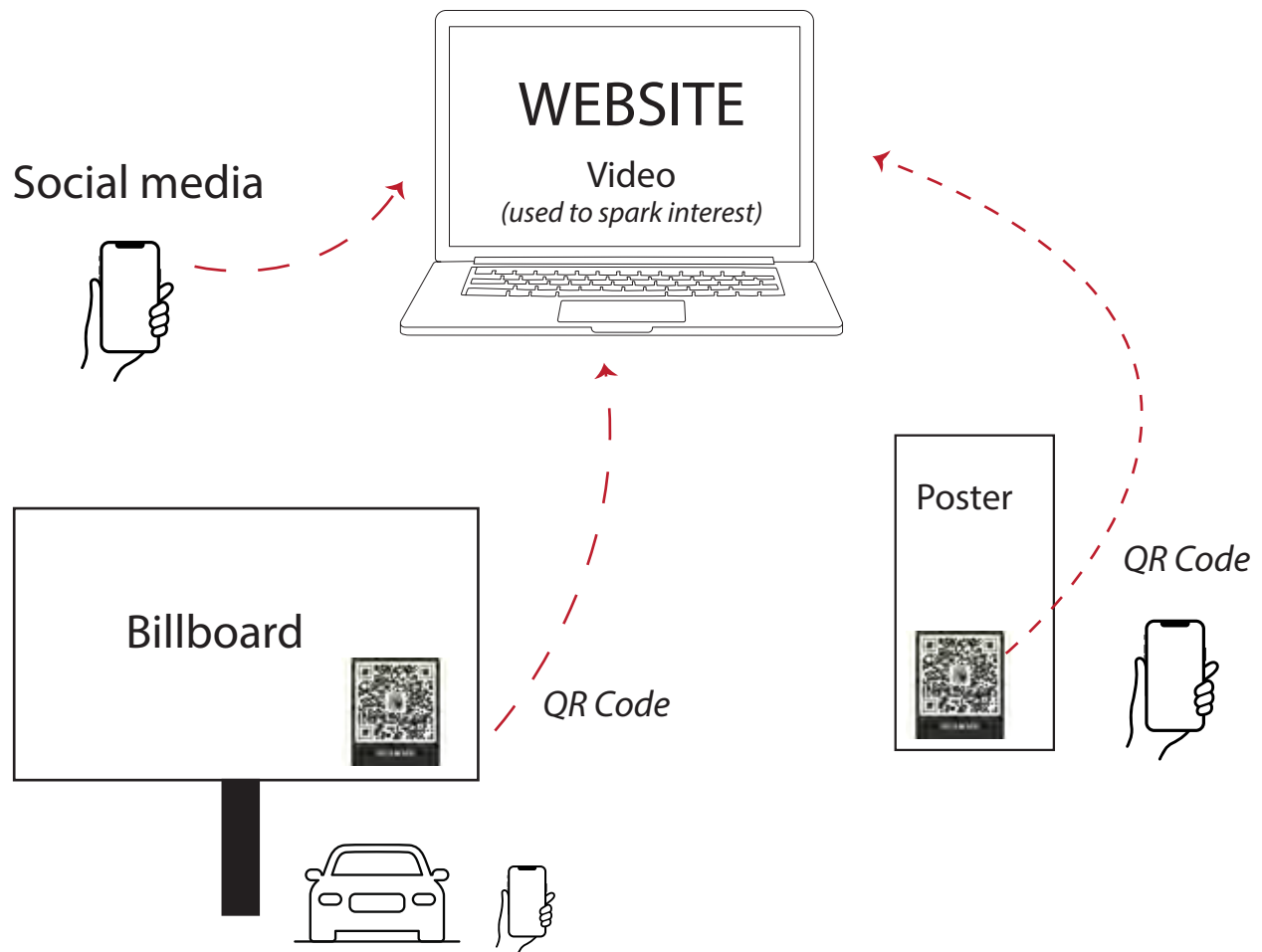
MOAT's current website is used for administrative purposes. Only authorized people can access it.

The website we propose is an outward-facing website intended for use by the general public, religious groups, educational institutes, schools, colleges, nonprofits, the state and federal government, and businesses interested in helping.

Lewis & Clark County Website

Website content ideas:

- Opioid prevention tips
- Nalozone how-to videos
- Educational services (grade school, high schools & colleges)
- Community events
- Tribal resources
- Chronic pain alternatives
- Community tools
- Treatment resources
- Emergency response
- Share MOAT "good ideas"
- Multi-agency resources



Analytics and data captured will be evaluated and reported



KEYA
ADVERTISING

Words are power

SUICIDE: *Let's talk about it*



To watch, copy and paste this link in your browser: <https://youtu.be/-tovnhL7k1g>

“Suicide: Let’s Talk about It” campaign

To combat the stigma, the campaign focused on using tribal leaders to send the message that it’s OK to talk about suicide. Keya made sure a tribal council leader from each tribe was represented. Each reservation tribal member needed to recognize that their leaders were behind this suicide prevention movement.

During a Rocky Mountain Tribal Leaders Council conference, Keya shot a commercial for all tribal leaders. The campaign emotionally moved many tribal leaders. They had endured so many deaths in their communities that they were proud to participate in something as visible as a TV commercial. A few of them cried because they had lost family members to suicide and felt that they were finally doing something positive about it.

The commercial’s call to action urged people to use the new 988 system, which Keya incorporated into every product. Keya combined Zero Suicide with the launch of 988.



KEYA LLC

Councilman
BRYCE KIRK
Assiniboine & Sioux Tribes

WORDS ARE POWER
SUICIDE: *Let's talk about it*

As a Native people, we are responsible for one another. The hurt of one is the hurt of all.

Many of our people suffer from terrible loneliness, despair and depression. The cure is love, compassion and togetherness.

If you know people who are thinking about ending their lives, the most important thing to do is to listen. When you speak, know that your words have power—the power to save a life.

Know someone in a suicidal crisis or emotional distress?
Anyone can call to get help or advice.

Call 988

Walking billboards

During the first commercial’s filming, Keya also took professional photographs of the tribal leaders to use in large-format outdoor posters.

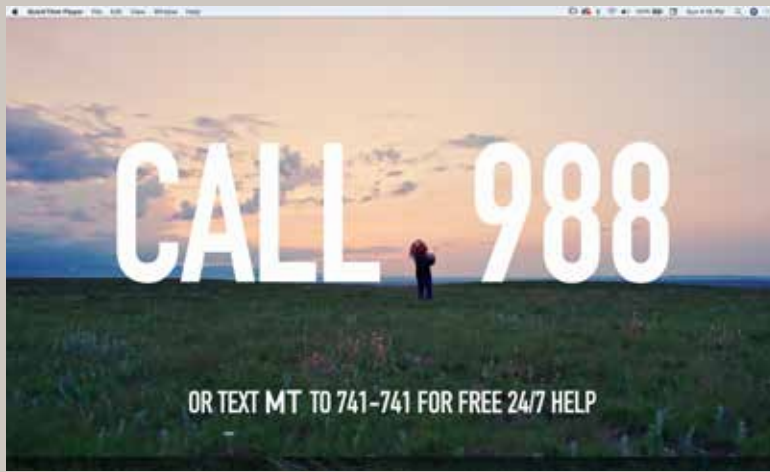
Half of Montana reservation communities live in poverty, and many don’t have transportation. Keya saw an opportunity to use posters to capture the attention of people walking.

The company created a product they called “Walking Billboards” using Nudo boards. These 8-foot by 4-foot signs were placed on plywood and affixed to the windows of a dilapidated building in Billings, Mont., a city with the largest urban Native American population in the state.

The oversized posters accomplished three things:

- * Beautify an ugly building,
- * Prevent future “tagging” of the building or the breaking of windows,
- * Offer a space for suicide prevention awareness.

Tribal council leaders were so impressed that they took selfies in front of the posters and posted them on Facebook for everyone to see.



To watch, copy and paste this link in your browser: <https://www.youtube.com/watch?v=urVdQOmT4Pw>

Television (landing page)

Keya LLC has spent years developing a relationship with a local television station, Scripps (KTVQ). As a result, Keya influenced all Scripps TV stations in Montana to create a landing page on their websites dedicated to promoting positive news in Indian Country: **Indian Country (ktvq.com)**.

Keya LLC felt that news stations spent far too much time reporting on negative news about Native Americans. The landing pages changed that negative news environment. News reporters were looking for positive stories, as opposed to all negative.

KTVQ placed commercials on the landing page, offering many suicide prevention resources.

Commercial #2

After the release of the first suicide prevention commercial, the Keya team traveled 1,300 miles to six reservations to film local experts, who advised about recognizing the signs of suicide. Tribal members of these small communities know and recognize their mental health experts. As such, they're more apt to take notice and listen to them. The film crew highlighted landmarks recognizable to those living there. Again, this enforces the local perspective of the commercials. Viewers recognized the people and the places highlighted in the commercial.

This effort also resulted in remarkable cooperation with everyone involved. The commercials became a point of pride among the mental health experts, who would show the commercials during training and meetings.



By NativeWellnessLife staff

Your best friend isn't acting like the happy person you know, love and honor. Your gut feeling is that something's wrong. That your friend needs help.

So, follow your gut and help, say Cleveland Clinic mental health experts. "If someone ... is exhibiting warning signs for suicide, don't be afraid to ask if he or she is depressed or thinking about suicide," the clinic website states.

Listen, don't judge. Family and friends, clinic experts say, "need to know you care and are willing to hear them talk about how they are feeling." Get them to seek help.

For Native Americans ages 10 to 34, suicide was the

second leading cause of death, the 2019 National Survey on Drug Use and Health shows. Native people are 60% more likely to feel everything's an effort, all or most of the time, compared to non-Hispanic Whites.

To help, Cleveland Clinic experts say learn to spot suicidal behaviors, like these:

Suicide threat; wants to die
Not everyone threatening suicide say so or do it. However, experts say, the bottom line is simple. Take every threat of suicide seriously.

Deep despair
Talks of feeling hopeless,

having no reason to live, being a burden to others, feeling trapped or being in severe emotional pain.

Suffering trauma or life crisis
Like the death of a loved one or pet, divorce or break-up, major illness diagnosis, loss of job or major money problems.

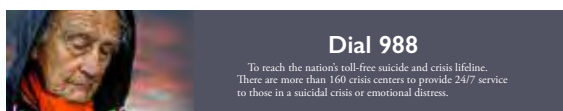
Dangerous behavior
Like reckless driving, unsafe sex or increased drugs and/or alcohol use.

Sad, Moody
Suddenly calm
Long-lasting sadness and mood swings. Depression is a suicide risk factor, as is sudden calm after depression or moodiness.

Withdrawn
Wants to be alone. Avoids friends or social events. Loses interest or pleasure in activities they once liked.

Personality, appearance, sleep changes
Attitude or behavior changes: speaking or moving unusually fast or slow. Not worried about their look. Sleep much more or much less than normal.

Prepare
Begins putting personal business in order. Visits friends and family, gives away personal possessions, makes a will and cleans up their room or home. Often person looks online for ways to die or buy a gun. Some people write a note before attempting suicide.



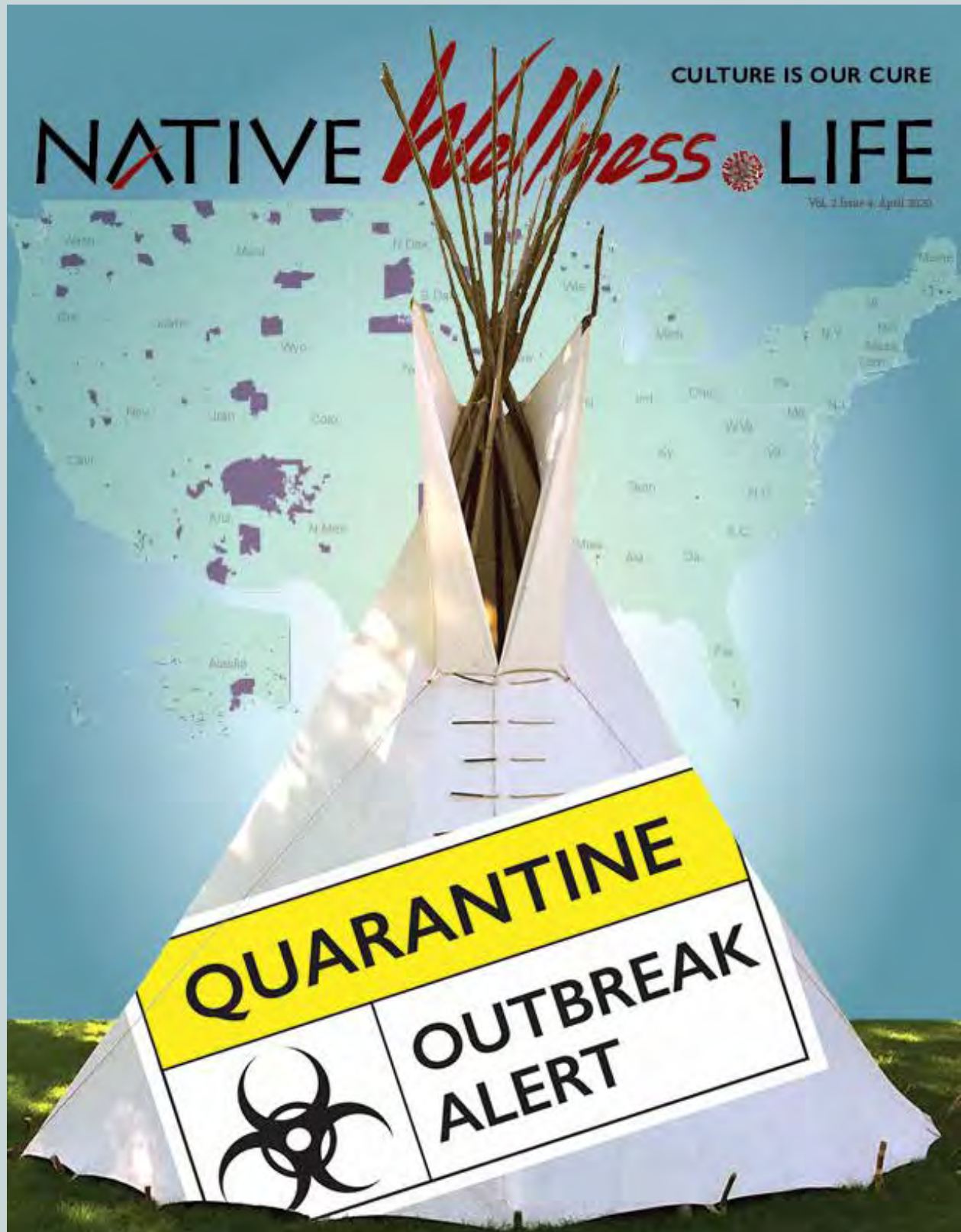
Awareness and education

Ultimately, Keya LLC has created a suicide prevention awareness and education campaign using advertising, marketing, public relations, and knowledge of Native Americans living on reservations and in urban settings.

Building a partnership with Montana media has opened opportunities for more public relations efforts. The campaign also changed the way the news media treated Native Americans.

The feedback from the campaign was tremendous. Unfortunately, the grant didn't include funding to survey the success of the campaign, but tribal leaders are still talking about it, and that is what counts the most.

COVID COVERS



April 2020



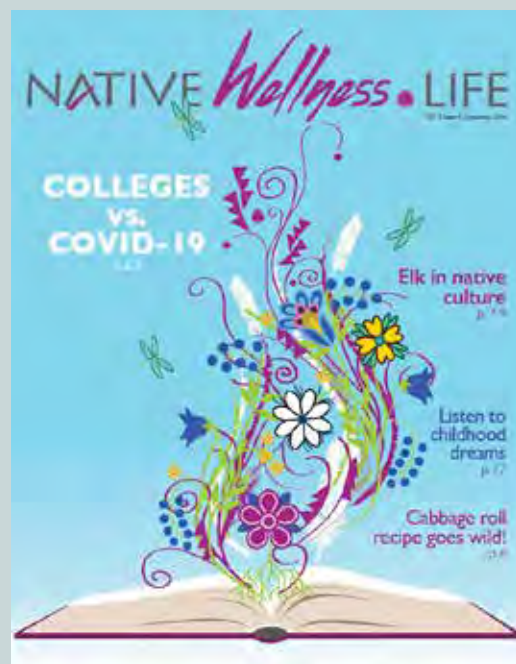
May 2020



Fall 2020



Summer 2020



Sept 2020

Biography's

Debbie Desjarlais

Debbie and her brother, Orville Desjarlais, own Keya LLC (Keya Advertising), a Native- and woman-owned advertising and marketing agency. She's the creative director, specializing in multi-cultural designs. She has more than 20 years of design experience creating brands and marketing for Fortune 100 companies like 3M, Best Buy and Estee Lauder. While at 3M, one of her Scotch Tape logos was chosen and continues to sell internationally.

She is an alum of Montana State University and South Dakota State University.

Keya specialize in positive Native-perspective Public Service Announcements (PSAs), including TV and internet PSAs. Keya has done PSAs on suicide prevention and vaping reduction. Paramount Plus aired one of our vaping commercials during the 2024 Superbowl halftime show to an estimated 203,000 viewers throughout Montana.

EDUCATION

B.S. in Business Finance, May 1988 — Montana State University, Bozeman, MT

B.S. in Graphic Design, May 2002 — South Dakota State University, Brookings, SD

APPOINTMENTS

2019 to present: President and Creative Director for Keya LLC, which includes Keya Advertising and *NativeWellness.Life* magazine

2015 to 2024: Owner, graphic designer, for Debbie Desjarlais Design

ADDITIONAL EXPERIENCE

Graphic designer, Native American Business Developer for DSGW Architects (3 years).

Graphic designer, contractor on site at 3M Company (3 years).

PUBLICATION

2019 to 2025: *NativeWellness.Life* magazine creative designer.

SUBJECT MATTER EXPERT SPEAKING ENGAGEMENTS (recent)

March 2024 - 2025... Keya Advertising. Rocky Mountain Tribal Leaders Council, Billings, MT, Native American anti-vaping campaign.

April 2024..... Keya Advertising. Good Health and Wellness in Indian Country Conference, Albuquerque, NM. Presented Native American anti-vaping campaign.

April 2024..... Keya Advertising. Tribal Public Health, Tulsa, OK. Native American anti-vaping campaign.

May 2024..... Keya Advertising. National Indian Health Board Conference, Rapid City, S.D. Native American anti-vaping campaign.

June 2024..... Keya Advertising. National Tribal Tobacco Conference, Minneapolis, MN. Native American Anti-vaping campaign.

August 2024..... Keya Advertising. Good Health and Wellness in Indian Country, Rocky Mountain Regional Conference, Billings, MT. Presented Native American anti-vaping campaign and tobacco cessation campaign.

GRANTS

Montana No Kid Hungry, 2020.

Montana Governor COVID-19 prevention campaign, 2020.

Montana Zero Suicide, 2021-2023.

MEMBERSHIPS / AFFILIATIONS

Big Sky Economic Development, Chairwoman, 2025 (Billings, MT)

Montana Disadvantaged Business Enterprise Certified, Native American Woman-Owned Business, 2019 - present

Montana Arts Council Advisory Board, 2024

National Endowment of the Humanities Advisory Board, 2024

Small Business Enterprise, 2019 - present

Enrolled tribal member of Turtle Mountain Band of Chippewa Indians

Orville Desjarlais Jr.

Orville is co-owner of Keya LLC.

He and his sister, Debbie Desjarlais, started the magazine to address the health disparities experienced by American Indians. A large part of disease prevention is educating people about the importance of nutrition -- specifically the importance of consuming locally-produced food, gardens, and exercise.

He's a service-disabled, highly-decorated veteran who served in the Air Force for 23 years in Public Affairs. He served in Kuwait, Afghanistan and Iraq. Having earned more than 36 magazine and newspaper awards throughout his military career, his most notable include six Air Force-level awards, three Department of Defense Awards, and four national journalism awards with the National Association of Government Communicators. His final position in the military was as the assistant editor of Airman Magazine, the flagship publication for the Air Force. It had a worldwide readership of 1 million people.

He earned an MBA from the University of Phoenix.



White Sky Integrated Health
SYMPOSIUM

Spot the Signs, Save a Life
Let's Talk About Suicide Prevention

What:
Learn about your
RBHC Integration
Development and
Suicide Prevention

Where:
The Help Lodge

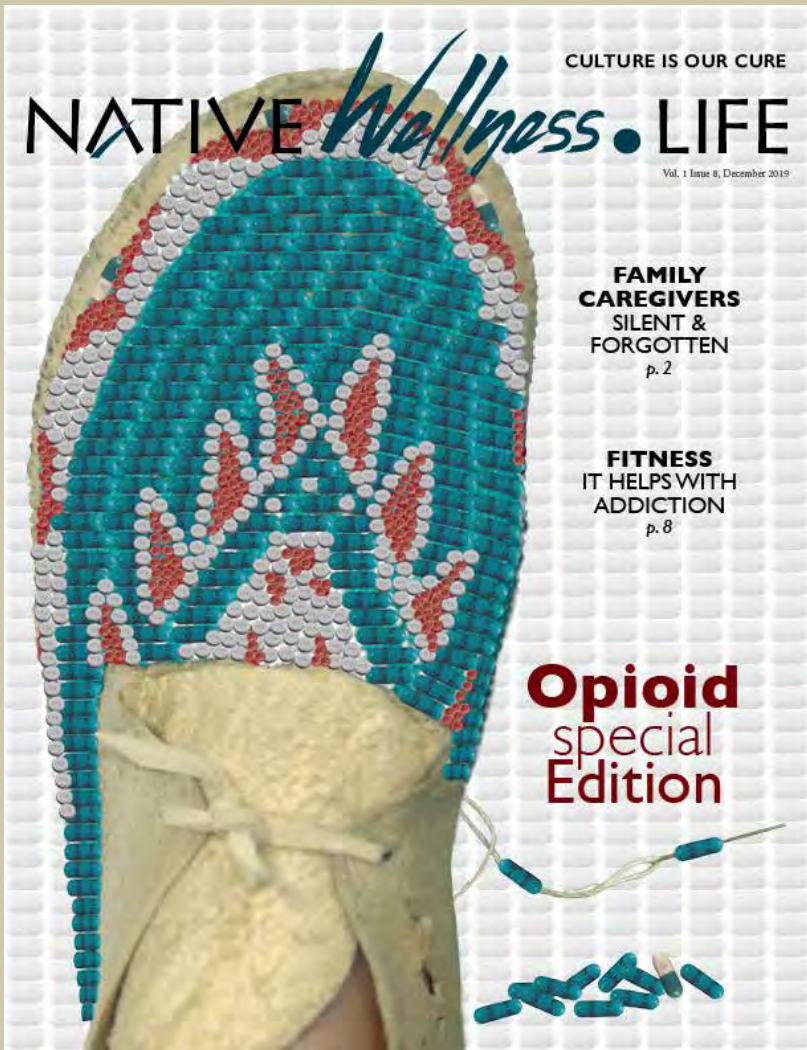
When:
October 25, 2025
8:00 am - 4:30 pm



Breakfast and lunch will be served. Stay to have a chance to win a door prize.

OPIOIDS

December 2019



ON THE COVER

The moccasin on the cover (left) decorated with “beads” are actually opioid pills. It’s an artist’s rendition about how a dangerous drug is working itself into tribal communities across the nation.

It’s our Opioid Special Edition.

Teal pills = 100 mg Morphine
Red pills = 30 mg Oxycodone/
White pills = 10 mg Oxycodone/
Acetaminophen
Tan/Teal capsules = 5 mg Tussinx capsules
Green pills (background) = 5 mg Hydrocodone/Acetaminophen

Below, articles written about Opioids in 2019. This shows how Keya Advertising uses graphics and content to capture attention.



HUTZEN and Associates, LLC

Hutzen and Associates, LLC delivers expert grant writing and strategic funding support for Tribal Nations, health organizations, and rural communities. Below is a selection of successful grants awarded through our work:

Grant Name	Amount Awarded	Award Date
Wellness Center Development – Blackfeet Tribe	\$20,000,000	May 2025
Safe Streets and Roads for All (SS4A) – Blackfeet Tribe	\$2,500,000	April 2025
FY25 COPS Hiring Program – Blackfeet Tribe	\$500,000	May 2025
Tribal Transportation Project – Winslow Indian Health Care Center	\$545,000	June 2025
Purchased/Referred Care Claims Modernization – WHCC	\$300,000	April 2025
Youth Mental Health Fund – Intermountain Professionals Foundation	\$300,000 (3 years)	May 2025
VOCA Victim Services – Sauk-Suiattle Indian Tribe	\$182,696	June 2025
Tribal Transportation Safety – Sauk-Suiattle Indian Tribe (WA DOT)	\$542,636	June 2025
Transitional Housing Assistance – Sauk-Suiattle Indian Tribe	\$350,000 (cont.)	June 2025 (renewal)
WA Department of Health & Human Services – State of Washington	\$40,000	2024
Town Pump Foundation Community Grant	\$500	2024
AJ Blain Foundation Community Support Grant	\$1,000	2024

These awards reflect success across major federal, state, and private sectors—including DOJ, DOT, IHS, VOCA, and regional foundations—addressing tribal justice, public safety, healthcare, transportation, housing, and mental health needs.

To date, **over \$25 million in grants** have been secured through our leadership and expertise in grant strategy, cultural competency, and intergovernmental collaboration.

Mitzi Racine is a seasoned consultant and development strategist with over 19 years of experience supporting Tribal Nations, rural communities, local governments, and nonprofits across the United States. She brings an exceptional depth of knowledge in grant writing, project management, tribal government partnerships, and intergovernmental collaboration. Mitzi has served in diverse leadership roles including Contracts Manager, Project Manager, Executive Director, Development Director, and Business Owner, demonstrating her versatility and commitment to advancing sustainable community development.

Mitzi holds a bachelor's degree from Montana State University Billings, a Master's degree from the University of Mary, and a Ph.D. from Grand Canyon University. Her academic work has focused on public service, behavioral health, and systems-level change, which she integrates into every aspect of her work with tribal and underserved populations.

Throughout her career, Mitzi has led and supported successful proposals across a wide spectrum of federal programs, including but not limited to: the U.S. Department of Justice (DOJ), Department of Health and Human Services (HHS), Indian Health Service (IHS), Economic Development Administration (EDA), Department of Housing and Urban Development (HUD), and Department of Transportation (DOT). Her projects range from infrastructure development and broadband expansion to law enforcement enhancement, tribal justice systems, cultural preservation, transitional housing, and mental health initiatives.

As the owner and lead strategist of Hutzen and Associates, LLC, based in Billings, Montana, Mitzi specializes in empowering clients through capacity building, policy research, budget development, and high-impact grant writing. She is especially committed to supporting tribal sovereignty, Native language revitalization, human rights, and anti-colonial approaches to funding and service delivery.

Mitzi's lived experience in tribal communities—paired with nearly two decades of professional service—gives her a deep understanding of the unique challenges and strengths within Indian Country. Her work is guided by a profound respect for cultural integrity, relationship-building, and systems transformation.

Dacia Racine earned her Bachelor of Fine Arts (BFA) degree from Montana State University Billings in 2018, where she specialized in visual arts with a focus on conceptual illustration, digital media, and immersive design. Her capstone project, *Amalgamation*, was featured in an independent exhibition and explored complex social themes through anthropomorphic and allegorical imagery, highlighting her ability to translate abstract concepts into compelling visual narratives.

Following graduation, Dacia joined Best Buy as a Customer Service Representative, where she developed strong communication and conflict resolution skills in a high-volume retail environment. Her responsibilities included assisting customers with product inquiries, managing returns and exchanges, and ensuring a positive in-store experience through attentive service and technical knowledge of consumer electronics.

In 2020, Dacia transitioned to a more administrative and financial setting at the **Wells Fargo Operations Center**, where she served for two years as a **Banker and Customer Service Liaison**. In this role, she facilitated internal communications between departments, supported customer account maintenance, and ensured compliance with financial protocols. Her attention to detail, professionalism, and client-first mindset allowed her to successfully navigate the complexities of a fast-paced, regulated environment.

In 2023, Dacia became an **invested partner at Hutzen and Associates, LLC**, a planning and grant writing firm that supports tribal and rural organizations across the U.S. At Hutzen, she leads **graphic design and website development**, where she is responsible for creating visual content for presentations, proposals, outreach materials, and web interfaces that align with the cultural values and missions of tribal communities. In addition, she provides **research support** on grant applications, data analysis, and strategic documentation. Dacia's interdisciplinary expertise bridges the creative and analytical, making her a vital asset in both the visual branding and technical preparation of client deliverables.



Chairman
Gerald Gray Jr.

May 28, 2025

1st Vice Chairman
Clarence Sivertsen

2nd Vice Chairman
Leona Kienenberger

Secretary/Treasurer
Colleen Hill

Council Members
Alisa Herodes
Iris Killeagle
Dan Boyer

To Whom It May Concern,

I strongly support the Rocky Mountain Tribes Against Fentanyl Committee that is being established by the Rocky Mountain Tribal Leaders Council in Billings, Mont.

The fentanyl crisis continues to have a devastating impact on tribal communities across the Rocky Mountain region. Once established, the committee will meet quarterly with tribal leaders, healthcare professionals, law enforcement, data experts, and community members to address this crisis through a comprehensive focus on **prevention, care and support, data, and law & judicial systems.**

The committee will serve disadvantaged communities and underserved populations by promoting **equitable access to resources** and ensuring **intentional inclusion and equity** in all aspects of service and advocacy. The committee's goals include building strong, resilient, and healthy Native communities by centering culturally grounded, community-led solutions.

Tribal and nontribal organizations will collaborate in ways not seen in Montana, breaking down common barriers, prioritizing tribal sovereignty, sharing lived experiences, and encouraging interagency collaboration with federal and state agencies like the Department of Homeland Security, Border Patrol, the Drug Enforcement Agency, the FBI, BIA, IHS, and many more.

I fully support this effort and believe it will generate long-term, positive outcomes in the battle against fentanyl and opioid misuse.

Sincerely

Gerald Gray
Little Shell Tribe of Chippewa Indians of Montana



BLACKFEET NATION

P.O. BOX 850 BROWNING, MONTANA 59417
(406) 338-7521 FAX (406) 338-7530

EXECUTIVE COMMITTEE

Rodney "Minnow" Gervais, Chairman
Shelly Hall, Vice-Chairman
Patrick Armstrong, Jr., Secretary
Lionel Kennerly, Treasurer

BLACKFEET TRIBAL BUSINESS COUNCIL

Rodney "Minnow" Gervais
Lyle Rutherford
Shelly M. Hall
Patrick Armstrong, Jr.
Mike Comes At Night
Everett Armstrong
Kristy Bullshoe
Ilf "Scott" Kipp, Sr.
Cleo Main

June 1, 2025

On behalf of the Blackfeet Tribal Business Council, I am writing to express our strong support for the collaborative efforts of Intermountain Professionals Foundation and Keya Advertising in partnership with funding from the Montana Opioid Abatement Trust to combat the fentanyl crisis devastating Indigenous communities across Montana.

Our Tribe has witnessed the growing impact of fentanyl and opioid misuse on our people — a crisis that has taken too many lives and shattered countless families. The Montana Department of Public Health and Human Services has reported that in 2022, the fentanyl overdose rate was 34 per 100,000 among Native people — more than four times the rate among White Montanans. National data from the same year showed a staggering overdose rate of 67.9 per 100,000 among Indigenous Americans, compared to just 15.6 per 100,000 among White residents.

Intermountain Professionals Foundation brings a culturally responsive, trauma-informed, and community-rooted approach to public health and behavioral wellness. Their commitment to Indigenous-led healing, youth mentorship, and community reintegration — especially for those impacted by incarceration and addiction — has made them a trusted partner in many tribal communities. Their work complements the strength of Keya Advertising, a Native-owned media company with a proven track record of delivering effective, culturally grounded public health campaigns.

Keya Advertising has worked with tribal, state, and regional partners for over six years to raise awareness and promote health and wellness in Native communities through its national publication *NativeWellness.Life*, as well as impactful multimedia campaigns. A recent example is the collaboration with the Rocky Mountain Tribal Leaders Council on a vaping awareness commercial aired during the 2025 Super Bowl, reaching over 500,000 Montana viewers — a clear example of their reach and effectiveness.

Together, Intermountain Professionals Foundation and Keya Advertising are uniquely positioned to design and implement comprehensive outreach and prevention strategies tailored to the needs of rural and tribal populations. Their work directly aligns with the Blackfeet Nation's commitment to protecting the health and well-being of our citizens, especially our youth and those returning to our communities after incarceration or treatment.

The Blackfeet Tribal Business Council strongly endorses this partnership. We trust that this team will continue to deliver results, build capacity within Native communities, and help us create long-term solutions in the battle against fentanyl and opioid misuse.

Sincerely,

Rodney Gervais

Rodney Gervais

Chairperson

Blackfeet Tribal Business Council



August 18, 2025

Big Sky Economic Development (BSED) is proud to support the collaborative efforts of the Intermountain Professional Foundation and Keya Advertising to address Montana's opioid crisis.

Opioid addiction undermines the strength of our communities, erodes families, and impacts the workforce that is critical to sustaining a vibrant economy. BSED's mission is to build thriving communities by supporting business growth, workforce development, and quality of life. Combating the opioid epidemic is essential to that mission.

By reducing opioid addiction, we can help restore lives, strengthen families, and return individuals to the workforce where they are needed. Healthier communities—both urban and rural—lead to stronger economies across Montana.

BSED leadership stands firmly behind this work. Debbie Desjarlais, current Board Chair of the Big Sky Economic Development Authority, has been an active member since 2020 and was elected to her position by the Yellowstone County Commissioners. Her leadership reflects our organization's commitment to supporting initiatives that strengthen Montana's communities and economy.

We commend the leadership and partnership of those working to confront this crisis and are committed to supporting these efforts in any way we can.

Warmest Regards,

A handwritten signature in black ink, appearing to read "J. Green", enclosed within a large, loopy oval.

Paul Green,
Executive Director
Big Sky Economic Development



Rocky Mountain Tribal Leaders Council

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Rocky Mountain Tribal Leaders Council

2929 3rd Ave. N., Ste 300

Billings, Montana 59101

Phone: 406-252-2550

Email: info@rmtlc.org

Date: June 18, 2025

To Whom It May Concern,

I strongly endorse Keya Advertising — with funding from the Montana Opioid Abatement Trust — as it battles the fentanyl crisis that plagues Montana.

This council has worked with Keya on several projects that affect Montana communities. All with exceptional results. Keya has led the way in promoting health and wellness in these communities for six years through its monthly national *NativeWellness.Life* magazine.

Keya hit a home run for us with an RMTLC vaping campaign commercial that aired during the 2025 Super Bowl halftime show. Paramount+ estimated that the commercial reached more than 500,000 viewers in Montana.

Fentanyl has killed many people in Indigenous communities. The Montana Department of Health and Human Services said the drug has a disproportionate effect on those communities. In 2022, the fentanyl overdose rate was 34 per 100,000 among Native people, the department said. Among White Montanans, it was 7.3 per 100,000. More troubling — 2022 reports found the drug overdose rate among Indigenous Americans was a staggering 67.9 per 100,000, compared to the 15.6 among White residents.

Like in Montana, the nationwide suicide and drug addiction rates are higher in rural communities than in urban centers, government reports show. Keya specialized in reaching these smaller communities. For six years, the company has built an extensive list of contacts that makes their outreach work much more efficient and effective.

I trust Keya to do the job well, so I fully support this effort. I truly believe Keya will help us create long-term, positive outcomes in this critical battle against fentanyl and opioid misuse.

William F. Snell, Jr.

Executive Director

Rocky Mountain Tribal Leaders Council