

**LEWIS & CLARK COUNTY METRO REGION
OPIOID ABATEMENT GOVERNANCE COMMITTEE
MARCH 16, 2026
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7. **STORPI 1-Year Report**
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ATTACHEMENT TO COME

APPLICATIONS

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

March 16, 2026 – 11AM- 1 PM

City-County Build Room 326

Zoom link:

<https://us02web.zoom.us/j/82329486555?pwd=vbJ4ZI1bbQ6LSu5SEaBSMkmv403PNB.1>

Committee Members:

Wesley Feist, Committee Chair

Coleen Smith, Committee Vice Chair

Major Emily Dean, City of Helena Representative

Commissioner Andy Hunthausen, Lewis and Clark County Representative

James Petrovich

Staff:

Elisa Fiaschetti, Lewis and Clark County

Ann McCauley, Lewis and Clark County

Nancy Lightner, City of Helena

Amanda Opitz, City of Helena

Agenda

- 1. Call Meeting to Order & Roll Call** – Wesley Feist, Committee Chair
- 2. Minutes for January 14, 2026**– See attached.
- 3. MOAT Updates**- See attached.
- 4. Annual Report update from Coleen**
- 5. Status update on funded projects**
 - a. Good Samaritan January Monthly Report & 6-Month Report- See Attached.
 - b. YWCA 6-Month Report- See Attached.
 - c. STORPI 1 Year Report- See Attached.
 - d. Intermountain Deaconess Children’s Services 6 Month Report- See Attached.
 - e. St. Peter’s Health Foundation 1- Year Report & September 2025 Application: *Attachment to come.*



- i. The Committee reviewed this application in September 2025 and approved the request contingent on review and approval of 1-year report. Funding for this project has already been allocated.

6. Current Available Funding Review- \$469,153.50

- a. \$69,153.51 available now, \$400,000 available after July 1. This is the *full amount* available for both the spring and fall cycles (\$234,638 each).

7. Application review and presentations

- a. Lewis and Clark Public Health- Grow Together
- b. Good Samaritan Ministries- STOPS Campaign
- c. PureView Health Center- Transcranial Magnetic Stimulation
- d. Recovery Friendly Montana
- e. Montana Legal Services- Montana Health Justice Partnership
- f. Prevention Support Services- Community Capacity Building
- g. Lewis and Clark County Sheriff's Office- Medical Provider and MAT Bridges
- h. Helena Indian Alliance- Strengthening cultural Connection

8. Public Comment

9. Adjourn and Next Meeting

- a. Next meeting – March 30, 2026, 1-2PM (Virtual)



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

January 14, 2026 – 12 p.m.

City-County Building, Room 326

<https://us06web.zoom.us/j/81144913197>

DRAFT- Meeting Minutes

Recording Time

The following responded present:

Council Member and Committee Chair Wes Feist
Vice Chair Coleen Smith
James Petrovich
Commissioner Andy Hunthausen
Mayor Emily Dean

Committee staff in attendance:

Ann McCauley, Lewis and Clark County
Elisa Fiaschetti, Lewis and Clark County
Amanda Opitz, City of Helena
Nancy Lightner, City of Helena

Others in attendance:

Sheila Danielson, CFO, City of Helena
JoVonne Wagner, Montana Free Press, online
Dan Bartleson, Acting Executive Director, Good Samaritan
Ministries, online.
Mikayla Kapphan, Ministry and Services Manager, Good Samaritan
Ministries
Eric Kroger, Mission Strategy Manager, Good Samaritan Ministries
Maddie Arnold, Outreach Coordinator, Good Samaritan Ministries

(00:00:02) 1. Call Meeting to Order and Introductions

Chair Feist called the meeting to order at 12:01 p.m.

Amanda Opitz introduced Nancy Lightner, the City's new designated City staff liaison to the Committee, and Sheila Danielson, City CFO.

(00:02:29) 2. Sept. 30, 2025 and Oct. 6, 2025 Meeting Minutes

- a. Chair Feist noted his last name being misspelled in a couple of places on September 30 minutes.
- b. Coleen motions to approve the meeting minutes with the noted changes; Commissioner Hunthausen seconded. All in favor. Motion passes.

(00:03:26) 3. MOAT Correspondence Review

- a. Committee reviewed and discussed the MOAT's December report.

(00:12:53) 4. Election of Chair and Vice-Chair

- a. Commissioner Hunthausen motions to retain our existing Chair and Vice-Chair for the coming year. Mayor Dean seconds. All in favor. Motion passes.

(00:17:34) 5. Status Update on funded projects.

a. Sheriff's Office Detention Center Medical Provider 1-year report: Committee discussed the report. Chair Feist commented that he appreciated the quantitative and qualitative reporting metrics provided in the report. Coleen noted that she was hoping to see more outcome-based information, including a story to share about the impact of the program related to the opioid abatement funding.

- Questions for follow up: Can share some stories? Have PureView visits completely stopped, or has it reduced?

(00:26:27) b. St. Peter's Health Foundation: Committee discussed SPH's report and their recent request to purchase a second vehicle with remaining Year 1 grant funds (~\$60,000).

- Committee Action to approve vehicle purchase: Commissioner Hunthausen motions to approve SPH's request to purchase a second vehicle with the remaining Year 1 grant funds (\$60,000). Mayor Dean seconds. All in favor. Motion passes.
- Follow-up request to provide acknowledgment of opioid abatement funding on the vehicle and its purpose in the community.

(00:32:18) c. Good Samaritan Ministries: Oct and Nov monthly report, and 6-month report.

- Good Samaritan staff provided a summary of work performed through this Street Outreach expansion project. Maddie Arnold noted that a big part of this work is connecting clients to the care and services they need, being a "gap filler." Collaborative opportunities include PureView, St. Peter's Health peer support and BHU, other FUSE partners, Helena Food Share, etc.

(00:46:59) 6. Current FY Available Funding: There is currently \$69,153.51 remaining in FY 26 and an additional \$400,124 will be added July 1 for FY27.

(00:51:28) 7. Notice of Funding Availability:

a. NOFA Review and Approval by the Committee for spring 2026 deadline:

- Chair Feist provided the following comments:
 - Add “re-apply annually” for multi-year requests.
 - Add “we will require periodic reporting to be established at the time of project recommendation.”
 - Change deadlines to March 1 and Sept 1.
 - Committee Priorities: Prevention, particularly Youth Prevention and Treatment and Recovery
 - Recommendation to remove CJS involved persons.
 - Change to “has a priority to fund.”
 - Add text about funding availability timelines: FY funds available now and FY funding available July 1 notes.
 - Maintain “up to 15% IDC” language with an addition of justification of how IDCs will be applied.

Mayor Dean moves to approve NOFA with the discussed comments and edits. James seconds. All in favor. Motion passes.

(01:23:28) 8. FY26 Schedule and Process:

Next meeting: Meet March 16th – 11 am -1 pm

Follow-up second meeting: Meet March 30th – 1 pm virtually.

(01:29:49) 9. Public Comment: No public comment received.

(01:30:00) 10. Meeting Adjourned at 12:31 pm

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, LC County Metro Region Opioid Abatement Governance Committee Meeting Minutes- 1.14.2026

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.

DRAFT





MEMORANDUM

From: Rusty Gackle, Executive Director, Montana Opioid Abatement Trust

To: Abatement Region Governance Structure Committees

Regarding: MOAT Updates & Information

Dated: 3.3.2026

The Montana Opioid Abatement Trust Advisory Committee met on Tuesday January 13th, 2026. During the meeting, the Trustees approved fourteen applications. Meeting minutes are available on the Montana Opioid website montanaopioid.org.

Abatement Region 3

- *Jody Alise Foundation – Telehealth & Youth Resources for Opioid & Drug Abuse Prevention in Roundup, MT ~ \$98,000*
- *The LifeGuard Group – Montana Human Trafficking Hotline Regional Liaison Region 3 ~ Year 1 \$34,960.00, Year 2 \$32,659.00, Year 3 \$32,965.48*
- *Boys & Girls Club of Carbon County – Opioid Resistance & Prevention Program ~ \$45,000.00*
- *Trust for Montana Libraries – AEDs in Every Library Region 3 ~ \$9,245.00*

Abatement Region 5

- *Lincoln County Sheriff's Office – Body Scanner ~ \$141,500.00*
- *Montana Legal Services Association – Montana Health Justice Partnership Recovery Project ~ Year 1: \$15,237.00 ~ Year 2: \$15,164.00 ~ Year 3: \$15,593.00*

Flathead County Metro Region

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

Gallatin County Metro Region

- *Greater Impact Inc. – Recovery Community Organization ~ \$100,000.00*

Lake County Metro Region

- *Salish Kootenai College – Prevention & Wellness Health and Wellbeing Initiative ~ \$51,000.00*
- *Helping Hands Fund – Push Play-Finding Common Ground ~ \$70,000.00*



Montana Opioid
Abatement Trust

Ravalli County Metro Region

- *Bitterroot Cares – Community Prevention Program ~ \$40,000.00*
- *Sapphire Community Health, Inc.- Expansion of Sapphire CHC MAT/SUD program ~ \$134,000.00*
- *Summit Career Center – Case Management/Peer Support ~ \$42,475.00*
- *Ravalli County Sheriff's Office – Wellness Program ~ \$11,198.10*

To date, the MOAT has awarded approximately \$7.2 million across 78 applications. Currently, 75 applications are under evaluation.

As grant volume continues to grow, the MOAT has updated its fund disbursement process. Approved grants will now be distributed in the quarter following approval. For example, grants approved in Quarter 2 will receive funding at the beginning of Quarter 3, provided all required documents have been signed and submitted.

This revised timeline will also align follow-up report deadlines across all grantees, enabling the abatement region committees to review reports more efficiently and effectively.

The MOAT 2026 Advisory Committee will meet on the following dates:

- *Tuesday April 21st, 2026 – (Application deadline: Monday April 6th)*
- *Tuesday July 21st, 2026 – (Application deadline: Monday July 6th)*
- *Tuesday Oct. 20th, 2026 – (Application deadline: Monday Oct. 5th)*

Please ensure all approved applications are submitted by the applicable deadline to be included on the meeting agenda.

The MOAT team appreciates your continued engagement and dedication to this important initiative.

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

Thank you,

Rusty Gackle
Executive Director

STOPS Campaign Monthly Report Template			
Submit by the 15th of each month to Amanda Opitz (AOPITZ@helenamt.gov) and Ann McCauley (AMCCAULEY@lccountymt.gov). Use unduplicated counts where specified. Attach additional documents (e.g., anonymized data, photos with consent) as needed. Ensure narrative sections are concise and address MOAT-funded personnel impact. Save as [Month_Year_STOPS_Report.csv] before submission.			
Section 1: General Information			
Reporting Period (Month/Year)	1/1/2026-1/31/2026		
Organization	Good Samaritan Ministries		
Project Name	Strategic Outreach Peer Specialist (STOPS) Campaign		
Grant Amount	\$100,000		
Prepared By (Name and Title)	Madeline Arnold, Street Outreach Coordinator		
Date Prepared (DD/MM/YYYY)	2/2/2026		
Section 2: Summary of Activities			
Key Achievements	Winter shuttle to and from Our Place day center to God's Love and the library continued. Collaboration with community partners continued to grow through meeting with FUSE community health worker and through participation in the PIT count. Basic needs provided to keep clients warm in winter, ie propane, tents, sleeping bags, and tarps.		
Challenges and Resolutions	Difficulty connecting clients with long term case management as caseloads tend to be full, but open communication with community providers about clients' situations allows them to be seen by providers that can cater to their specific needs.		
Impact of Added Capacity	Ability to reach communities on the outskirts of the county improved. Efforts to connect with clients in Birdseye, Lincoln, the Helena Valley, and East Helena were made and will continue. Staff are able to make regular visits to the BHU to meet clients and begin to bridge the gap in services upon hospital discharge.		
Section 3: Baseline Client Information			
Current Identified Clients (Other Funding)	Total		64
	Breakdown	1 client transitioning into stable housing, 2 in behavioral health unit, 2 clients entered treatment, 1 client connected to provider for CD evaluation	
New Unduplicated Clients (MOAT-Funded)	Total		19
	Intake Evaluations/Needs Assessments		
Clients in Criminal Justice Settings	Total		1
	Support Provided	1 referral to pretrial services, 1 client supported in court	
Demographic Breakdown			
Category	Details	Count/Percentage	Notes
Age	Under 18		0
	18-24		4
	25-34		14
	35-44		13
	45-54		22
	55-64		16

	65+		7
	Data Not Collected		7
Identified Gender	Male		60
	Female		23
	Non-binary		0
	Prefer not to say		0
Veteran Status	Yes		8
	No		75
Identified Disability	Physical		11
	Mental Health		15
	None identified		57
Encampment/Area	BHU		8
	East Helena		5
	Our Place		26
	Prickly Pear		2
	Downtown Helena		20
Additional Notes on Baseline			
Section 4: Service Plans and Activities			
Service Plans Created	Total Unduplicated Clients Served		46
	Services Provided		203
Section 5: Quantitative Data			
Referrals to Collaborative Partners	Category	Count	
	Basic Needs		21
	Benefits and Services Assistance		1
	Birth Certificate		1
	Crisis Intervention		0
	Employment Preparation		3
	Group Counseling		0
	Health Care Referral		0
	Housing Counseling		9
	Identification Card		4
	Information and Referral		3
	Lawyer Referral Services		0
	Occasional Emergency Food Assistance		2
	Peer Counseling		5
	Social Security Card		0
	SUD Education and Prevention		2
	Transportation		152
Section 6: Qualitative Information			
Overall Impact Narratives	<p>Staff participated in the county's PIT count, surveying unhoused individuals and providing support for community partners. Staff continue to connect with clients through FUSE, United Way, and BHU referrals. Outreach to parts of the county that are harder to reach continues, with a few clients in East Helena, the Helena valley, and Prickly Pear. Staff will continue to connect with unhoused individuals in Birdseye, Lincoln, Marysville, and surrounding areas. Plans to connect with HPD for briefings have been made and formal introductions will begin the first week of February.</p>		

Section 7: Financial Accounting			
Total Funds Expended This Month		7,285.12	
Breakdown	Category	Amount	Description
	Personnel (FTE/PTE Salaries/Benefits)	6,281.79	[e.g., FTE Peer Specialist]
	Transportation & Supplies		[e.g., Mileage and gas]
	Administrative Oversight	833.33	[e.g., HR and management]
	Other	170.00	[e.g., Program materials]
Cumulative Funds Expended to Date		41,533.67	
Remaining Balance		58,466.33	
Financial Notes	[e.g., All expenditures aligned with budget; no deviations]		
Signature			
Name and Title	Eric Kroeger - GSM Mission and Strategy Manager		
Date	2/18/2026		

Strategic Outreach Peer Specialist (STOPS) Campaign

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

Good Samaritan Ministries

Mikayla Kapphan
3067 N. Montana Ave
Helena, MT 59601

dbartleson@dohmt.org
O: 406-442-0780
M: 406-594-2765

kathryn Manz

3067 N. Montana Avenue
Helena, MT 59601

kathryn@goodsamministries.org
O: 406-442-0780

FollowUp Form

Grant Details

Project Name*

Strategic Outreach Peer Specialist (STOPS) Campaign

Grant Amount Awarded

\$100,000.00

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.

Staff began in August of 2025 with orientation to Good Samaritan Ministries and collaborative relationship-building with community partners. September allowed for staff to explore encampments and provide outreach in more rural areas, where clients may otherwise not be noticed or seen. In October, staff began recording client data (including referral information) in HMIS to bolster Helena "front-door agency" awareness and collaborative services. Community partnerships continued to develop with a weekly presence at Helena Food Share, Lewis and Clark Public Library, and God's Love shelter, as well as weekly meetings at United Way and frequent communication with Good Samaritan Thrift Store. Staff continued to engage clients and, in November, instituted bi-weekly follow up work to monitor client wellbeing and/or progress.

Project Progress Reports

Project progress narrative*

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

As staff began work in the community, the clients' need for immediate support became abundantly clear. With increased capacity, staff were able to respond to provider referrals in real time rather than delaying assistance. Staff worked directly with community partners to further encourage and support clients, often connecting with Pureview Health Center to complete chemical dependency evaluations and applications for treatment centers and visiting the Behavioral Health Unit at St. Peter's Health to assist with online housing applications and safety planning upon hospital discharge. In addition to these collaborations with Pureview

and St. Peter's, staff attended weekly case conferencing meetings, where "front-door agencies" came together to discuss the Permanent Supportive Housing voucher program and support clients in working toward their housing goals. Collaboration during case conferencing allowed for clients to be surrounded with support from multiple community partners and created more ease with referrals and warm handoffs.

Apart from partnerships with "front-door agencies" in Helena, staff connected with local churches who raised funds for "Project Warmth", a local initiative whose purpose was to provide tents and sleeping bags to the unhoused during the winter. "Project Warmth" provided 95 sleeping bags, 50 sleeping mats, 55 tarps, and 40 tents to be distributed through the winter months, with participation from four local churches rather than the usual one. Staff will continue to supply clients with these items as the cold weather continues. Along with providing winter gear, staff launched a winter shuttle to transport clients to and from God's Love shelter, where meals are served each day, and Our Place day center, where clients receive peer support.

Day to day, staff met with clients, assessed immediate needs, and referred to the appropriate channels to fill those needs. Assistance obtaining IDs, birth certificates, and social security cards remained a priority as most housing and employment opportunities require those documents.

Have you encountered any problems administering the project*

Please explain

Poor public transportation in the community continued to be a challenge. This often made it difficult for clients to access other community providers. Staff attempted to fill this gap in the community by providing transportation to case management appointments, necessary medical appointments, Helena Food Share, employment support (such as Express Employment Professionals), God's Love shelter, and Our Place day center. Additionally, staff found a deficit in the number of providers able to complete chemical dependency evaluations in an appropriate amount of time for clients to apply to treatment centers in the state. As previously mentioned, staff connected clients with Pureview Health Center to complete these evaluations, but a gap still remains as the need is greater than the community can provide.

A final problem staff encountered in the community arose immediately as the lack of immediate, low barrier shelter was extremely apparent. The shelter in the area, God's Love, is not considered to be low barrier as a source of income is required to stay. Because of this, community partners and "front-door agencies" called upon staff to advocate for clients face-to-face. This advocacy brought about a collaborative effort with God's Love to temporarily house the most vulnerable in the community while still aligning with the shelter rules. The lack of immediate shelter also brought forth a collaboration between the Tri-County COAD, local churches, and "front-door agencies" to provide emergency shelter for the unhoused during inclement weather, with staff actively participating in this conversation. As challenges continue to arise, staff are consistently working toward finding solutions that benefit each client as an individual while maintaining the integrity of the program as a whole.

Evaluation Plan & Results*

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

HMIS is the primary source for data collection with all staff inputting client interactions and services provided at any given point. Staff were trained to document every client interaction with a case note and to add a service transaction for what is provided when meeting with a client. The list of service transactions is as follows: basic needs, benefits and services assistance, birth certificates, crisis intervention, employment preparation, group counseling, health care referrals, housing counseling, identification cards, information and referral, lawyer referral services, occasional emergency food assistance, peer counseling, social security cards, substance use disorder education/prevention, and transportation.

Reports pulled have proven transportation to be the most common service provided. Given the nature of public transportation in the community, these numbers seem to match the need of clients and the trend will likely continue. Service transactions such as SUD education/prevention, housing counseling, and basic needs have been trending upward as staff continue to build relationships with community partners and learn what is available to fill the needs of the clients.

Performance Metrics*

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

Since staff began in August of 2025 and using data from HMIS entries,
13 of 52 active clients received direct SUD education/prevention
at least 86 of 267 services provided were transportation to appointments
19 health care referrals were made
33 housing conversations and applications were had and completed
assisted with birth certificates, IDs, or social security cards for 8 individuals
over 20 clients received peer counseling from staff
staff assisted with 3 PSH applications that were later approved by HHA
15 individuals received assistance with benefits and services (SNAP, Medicaid, SSI/SSDI)
33 fulfillments of basic needs/food assistance

Financial Information

Expenditures*

Please upload a comprehensive and itemized accounting report that clearly outlines all expenses incurred. This should include specific categories, dates, vendors and payees, amounts, and descriptions for each transaction, along with any supporting documentation such as receipts or invoices.

6 Month Review - MOAT (thru 11.28.25).pdf

Additional Financial Documentation

6 Month Review - MOAT (thru 11.28.25) (2).pdf

Budget Comments/Supporting Information*

Please describe any variances or explanation in further detail.

The only other charges to the grant are the Admin charges, which do not show up on the P&L here. Those charges are \$3,333.32.

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

Upload #2

Upload #3

File Attachment Summary

Applicant File Uploads

- 6 Month Review - MOAT (thru 11.28.25).pdf
- 6 Month Review - MOAT (thru 11.28.25) (2).pdf

Good Samaritan Ministries

MOAT Grant P&L

July 1 - November 28, 2025

	MONTANA OPIOID ABATEMENT TRUST	TOTAL
Revenue		
Total Revenue		\$0.00
GROSS PROFIT	\$0.00	\$0.00
Expenditures		
5010 Contracted Services		\$0.00
5045 Information Tech	computers for employees of grant (Sotek)	\$385.33
Total 5010 Contracted Services	385.33	\$385.33
5400 Personnel Expense		\$0.00
5410 Wages		\$0.00
5412 Regular Wages	17,821.25	\$17,821.25
Total 5410 Wages	17,821.25	\$17,821.25
5420 Employee Benefits		\$0.00
5423 Health Insurance	1,806.00	\$1,806.00
5424 Life/LTD	Benefit Allocation 76.14	\$76.14
5426 Unemployment	13.48	\$13.48
Total 5420 Employee Benefits	1,895.62	\$1,895.62
5430 Payroll Taxes	1,363.35	\$1,363.35
Total 5400 Personnel Expense	21,080.22	\$21,080.22
Total Expenditures	\$21,465.55	\$21,465.55
NET OPERATING REVENUE	\$ -21,465.55	\$ -21,465.55
NET REVENUE	\$ -21,465.55	\$ -21,465.55

SOTEK Solutions
 400 N California
 Helena, MT 59601
 (866) 533-9888



Bill To:
Good Samaritan Ministries Attn: Theresa Ortega 3067 N. Montana Ave Helena, MT 59601

Date	Invoice
10/02/2025	MSP-19239

Terms	Due Date	PO Number	Reference
Due Upon Receipt	10/02/2025		Monthly Billing for October

Products & Other Charges	Quantity	Price	Amount
Managed Service - Gold: GSAM - Managed IT - Monthly			
SOT-MS-Elite_seat: SOTEK Managed Services - Elite Managed IT service plan per seat per month. Seat calculation is based on numbers of users, workstations and network size and complexity. ***Chandler Rowlings & Ryan Lehman is not included, theirs are prepaid, also excluding Brianna from Seat*** - Domain Server for authentication, network & file & print queue management (\$6,500.00 Value) * Includes Server management and Backup services (\$300/mo Value) - Workstations: * Does NOT include Workstation Accessories; i.e., monitors, mice/keyboards, printers or scanners SOTEK Provided Services: Up to 1 Office 2016/365 per seat - Reduced Project Labor @ \$85/hr (normally \$110-120hr) **Project Labor is labor outside of the scope of any monthly expense services and labor	6.00	\$250.00	\$1,500.00
SOT-Discount: Discount - **Not For Profit Discount**	6.00	-\$75.00	-\$450.00
SOT-Managed NetSec-HaaS: Managed Network and Security - Per Network/Site - Includes: Network Security Appliance; Up to 96 ports of network switching; Up to 4 Wireless APs	1.00	\$290.00	\$290.00
SOT-Managed Bandwidth: Managed Bandwidth	1.00	\$130.00	\$130.00
SOT-Managed Laptop: Laptop Management Support Plan: Customer Owned Laptop/Tablet (GSAMMANAGERLAP) -Unlimited Remote Control Support, Microsoft Application Support Maintenance, Online Asset Management, Online Trouble Ticket Management, Online License Management, Desktop Optimization & Management, Spyware and Adware Removal, VPN Client Management, Security: Windows Patch Management, Antivirus Software Management & Update	1.00	\$35.00	\$35.00
SOT-Managed Miscellaneous: SOTEK Managed Miscellaneous Service - Adobe Acrobat Pro License (3) - Finance PC, Chelsea's PC and James PC - Acrobat Pro DC Single License (1) - Cancelled on 11/4/2021	3.00	\$28.00	\$84.00
SOT-Managed Domain Hosting: SOTEK Domain Name Hosting & Management	2.00	\$4.00	\$8.00
SOT-Managed RemoteAccess-LMI: SOTEK Management of Remote Access via LogMeIn Platform - 3 Users w/ 5 WKS	5.00	\$5.00	\$25.00

SOT-Managed DialTone/Fax-HaaS: Fax Line w/ ATA Device (\$35 per Line)	1.00	\$35.00	\$35.00
SOT-Managed Laptop-HaaS: Laptop as a Service Management Support Plan: (S1941 - Ann B.) -Unlimited Remote Control Support, Microsoft Application Support Maintenance, Online Asset Management, Online Trouble Ticket Management, Online License Management -Desktop Optimization & Management, Spyware and Adware Removal, VPN Client Management Security: Windows Patch Management, Antivirus Software Management & Update	1.00	\$85.00	\$85.00
SOT-Managed Laptop: Laptop Management Support Plan: Customer Owned Laptop/Tablet (S1638 Mark Nay's Laptop) **ESG Cares Grant -Unlimited Remote Control Support, Microsoft Application Support Maintenance, Online Asset Management, Online Trouble Ticket Management, Online License Management -Desktop Optimization & Management, Spyware and Adware Removal, VPN Client Management Security: Windows Patch Management, Antivirus Software Management & Update	1.00	\$35.00	\$35.00
SOT-Managed PhoneSystem-HaaS: Phone System As a Service Per Phone (5 Phone Min.) - Includes Monitoring, Management, Upgrades, Maintenance and Support - Includes Dialtone (4 Lines)	13.00	\$45.00	\$585.00
SOT-Discount: Discount - **10 Plus Phone Discount**	13.00	-\$5.00	-\$65.00
SOT-Managed Laptop: Laptop Management Support Plan: Customer Owned Laptop/Tablet (STELLA & S1383) -Unlimited Remote Control Support -Microsoft Application Support Maintenance -Online Asset Management -Online Trouble Ticket Management -Online License Management -Desktop Optimization & Management -Spyware and Adware Removal -VPN Client Management Security: -Windows Patch Management -Antivirus Software Management & Update	2.00	\$35.00	\$70.00
MS-OfficeApps: Microsoft Teams Essentials for Business - NCE Monthly	1.00	\$10.00	\$10.00
SOT-Managed Laptop-HaaS: Laptop as a Service Management Support Plan: (S2005 - Caitlin & S2006 - Madeline) **Grant Funding** -Unlimited Remote Control Support, Microsoft Application Support Maintenance, Online Asset Management, Online Trouble Ticket Management, Online License Management -Desktop Optimization & Management, Spyware and Adware Removal, VPN Client Management Security: Windows Patch Management, Antivirus Software Management & Update This item has been prorated with a start date of: 09/23/2025	2.00	\$107.67	\$215.33
Total Products & Other Charges:			\$2,592.33
Make checks payable to SOTEK Solutions	Invoice Subtotal:		\$2,592.33
	Sales Tax:		\$0.00
	Invoice Total:		\$2,592.33
	Payments:		\$0.00
	Credits:		\$0.00
	Balance Due:		\$2,592.33

ITs SOTEK Simple

When remitting payment, please include invoice number on the check.

SOTEK Solutions
 400 N California
 Helena, MT 59601
 (866) 533-9888



Bill To:
Good Samaritan Ministries Attn: Theresa Ortega 3067 N. Montana Ave Helena, MT 59601

Date	Invoice
11/04/2025	MSP-19395

Terms	Due Date	PO Number	Reference
Due Upon Receipt	11/04/2025		Monthly Billing for November

Products & Other Charges	Quantity	Price	Amount
Managed Service - Gold: GSAM - Managed IT - Monthly			
SOT-MS-Elite_seat: SOTEK Managed Services - Elite Managed IT service plan per seat per month. Seat calculation is based on numbers of users, workstations and network size and complexity. ***Chandler Rowlings & Ryan Lehman is not included, theirs are prepaid, also excluding Brianna from Seat*** - Domain Server for authentication, network & file & print queue management (\$6,500.00 Value) * Includes Server management and Backup services (\$300/mo Value) - Workstations: * Does NOT include Workstation Accessories; i.e., monitors, mice/keyboards, printers or scanners SOTEK Provided Services: Up to 1 Office 2016/365 per seat - Reduced Project Labor @ \$85/hr (normally \$110-120hr) **Project Labor is labor outside of the scope of any monthly expense services and labor	6.00	\$250.00	\$1,500.00
SOT-Discount: Discount - **Not For Profit Discount**	6.00	-\$75.00	-\$450.00
SOT-Managed NetSec-HaaS: Managed Network and Security - Per Network/Site - Includes: Network Security Appliance; Up to 96 ports of network switching; Up to 4 Wireless APs	1.00	\$290.00	\$290.00
SOT-Managed Bandwidth: Managed Bandwidth	1.00	\$130.00	\$130.00
SOT-Managed Laptop: Laptop Management Support Plan: Customer Owned Laptop/Tablet (GSAMMANAGERLAP) -Unlimited Remote Control Support, Microsoft Application Support Maintenance, Online Asset Management, Online Trouble Ticket Management, Online License Management, Desktop Optimization & Management, Spyware and Adware Removal, VPN Client Management, Security: Windows Patch Management, Antivirus Software Management & Update	1.00	\$35.00	\$35.00
SOT-Managed Miscellaneous: SOTEK Managed Miscellaneous Service - Adobe Acrobat Pro License (3) - Finance PC, Chelsea's PC and James PC - Acrobat Pro DC Single License (1) - Cancelled on 11/4/2021	3.00	\$28.00	\$84.00
SOT-Managed Domain Hosting: SOTEK Domain Name Hosting & Management	2.00	\$4.00	\$8.00
SOT-Managed RemoteAccess-LMI: SOTEK Management of Remote Access via LogMeIn Platform - 3 Users w/ 5 WKS	5.00	\$5.00	\$25.00

SOT-Managed DialTone/Fax-HaaS: Fax Line w/ ATA Device (\$35 per Line)	1.00	\$35.00	\$35.00
SOT-Managed Laptop-HaaS: Laptop as a Service Management Support Plan: (S1941 - Ann B.) -Unlimited Remote Control Support, Microsoft Application Support Maintenance, Online Asset Management, Online Trouble Ticket Management, Online License Management -Desktop Optimization & Management, Spyware and Adware Removal, VPN Client Management Security: Windows Patch Management, Antivirus Software Management & Update	1.00	\$85.00	\$85.00
SOT-Managed Laptop: Laptop Management Support Plan: Customer Owned Laptop/Tablet (S1638 Mark Nay's Laptop) **ESG Cares Grant -Unlimited Remote Control Support, Microsoft Application Support Maintenance, Online Asset Management, Online Trouble Ticket Management, Online License Management -Desktop Optimization & Management, Spyware and Adware Removal, VPN Client Management Security: Windows Patch Management, Antivirus Software Management & Update	1.00	\$35.00	\$35.00
SOT-Managed PhoneSystem-HaaS: Phone System As a Service Per Phone (5 Phone Min.) - Includes Monitoring, Management, Upgrades, Maintenance and Support - Includes Dialtone (4 Lines)	13.00	\$45.00	\$585.00
SOT-Discount: Discount - **10 Plus Phone Discount**	13.00	-\$5.00	-\$65.00
SOT-Managed Laptop: Laptop Management Support Plan: Customer Owned Laptop/Tablet (STELLA & S1383) -Unlimited Remote Control Support -Microsoft Application Support Maintenance -Online Asset Management -Online Trouble Ticket Management -Online License Management -Desktop Optimization & Management -Spyware and Adware Removal -VPN Client Management Security: -Windows Patch Management -Antivirus Software Management & Update	2.00	\$35.00	\$70.00
MS-OfficeApps: Microsoft Teams Essentials for Business - NCE Monthly	1.00	\$10.00	\$10.00
SOT-Managed Laptop-HaaS: Laptop as a Service Management Support Plan: (S2005 - Caitlin & S2006 - Madeline) **Grant Funding** -Unlimited Remote Control Support, Microsoft Application Support Maintenance, Online Asset Management, Online Trouble Ticket Management, Online License Management -Desktop Optimization & Management, Spyware and Adware Removal, VPN Client Management Security: Windows Patch Management, Antivirus Software Management & Update	2.00	\$85.00	\$170.00
Total Products & Other Charges:			\$2,547.00
Make checks payable to SOTEK Solutions	Invoice Subtotal:		\$2,547.00
	Sales Tax:		\$0.00
	Invoice Total:		\$2,547.00
	Payments:		\$0.00
	Credits:		\$0.00
	Balance Due:		\$2,547.00

ITs SOTEK Simple

When remitting payment, please include invoice number on the check.

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **7/28/2025**
Period Ending **8/10/2025**
Check Date **8/14/2025**
Check # **1021912492**

Employee ID **9000476**
Location **5**
Hourly **22.00**

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	2.50	22.00	55.00	55.00
Totals	2.50		55.00	55.00
Total Hours Worked	2.50			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
SS	3.41	3.41
MED	0.80	0.80
Totals	4.21	4.21

This report does not meet the legal requirements for notifying employees of their wages

Time Off	Available To Use	Plan Year Used
Personal Time Off	0.000000	0.000000
Sick Leave	0.000000	0.000000
Vacation	0.000000	0.000000

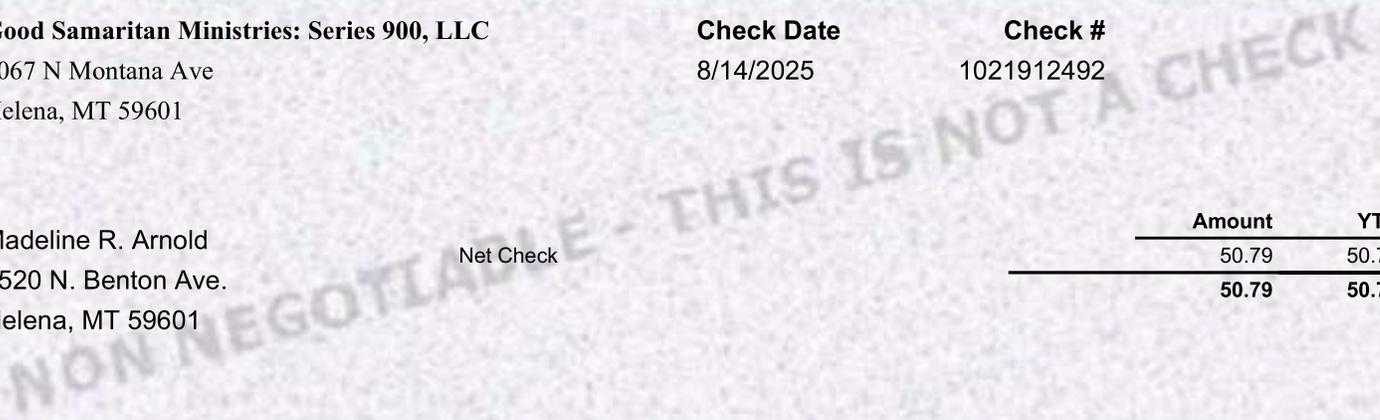
Good Samaritan Ministries: Series 900, LLC
3067 N Montana Ave
Helena, MT 59601

Check Date 8/14/2025
Check # 1021912492

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Net Check

Amount	YTD
50.79	50.79
50.79	50.79



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **7/28/2025**
Period Ending **8/10/2025**
Check Date **8/14/2025**
Check # **1021912493**

Employee ID **9000477**
Location **5**
Hourly **21.00**

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	3.50	21.00	73.50	73.50
Totals	3.50		73.50	73.50
Total Hours Worked	3.50			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
MED	1.07	1.07
SS	4.56	4.56
Totals	5.63	5.63

This report does not meet the legal requirements for notifying employees of their wages

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Date

8/14/2025

Check #

1021912493

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Net Check

Amount	YTD
67.87	67.87
67.87	67.87

NON NEGOTIABLE - THIS IS NOT A CHECK

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **8/11/2025**
Period Ending **8/24/2025**
Check Date **8/28/2025**
Voucher # **3410**

Employee ID **9000476**
Location **5**
Hourly **22.00**

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	69.00	22.00	1518.00	1573.00
Totals	69.00		1518.00	1573.00
Total Hours Worked	69.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
MT	46.00	46.00
FITW	103.76	103.76
MED	22.01	22.81
SS	94.12	97.53
Totals	265.89	270.10

This report does not meet the legal requirements for notifying employees of their wages

Time Off	Available To Use	Plan Year Used
Personal Time Off	0.000000	0.000000
Sick Leave	0.000000	0.000000
Vacation	0.000000	0.000000

Good Samaritan Ministries: Series 900, LLC
3067 N Montana Ave
Helena, MT 59601

Check Date 8/28/2025
Voucher # 3410

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Wells Fargo Ban
Net Check
Net Pay

	Amount	YTD
***6903 Checking	1,252.11	1,252.11
		50.79
	1,252.11	1,302.90



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **8/11/2025**
Period Ending **8/24/2025**
Check Date **8/28/2025**
Voucher # **3411**

Employee ID **9000477**
Location **5**
Hourly **21.00**

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	40.50	21.00	850.50	924.00
Totals	40.50		850.50	924.00
Total Hours Worked	40.50			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
SS	52.73	57.29
MED	12.33	13.40
Totals	65.06	70.69

This report does not meet the legal requirements for notifying employees of their wages

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Date

8/28/2025

Voucher #

3411

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Us Bank NA
Net Check
Net Pay

	Amount	YTD
***8257 Checking	785.44	785.44
		67.87
	785.44	853.31

NON NEGOTIABLE - THIS IS NOT A CHECK

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **8/25/2025**
Period Ending **9/7/2025**
Check Date **9/11/2025**
Voucher # **3455**

Employee ID **9000476**
Location **5**
Hourly **22.00**

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	72.00	22.00	1584.00	3157.00
Totals	72.00		1584.00	3157.00
Total Hours Worked	72.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
SS	98.21	195.74
MED	22.97	45.78
FITW	111.68	215.44
MT	50.00	96.00
Totals	282.86	552.96

This report does not meet the legal requirements for notifying employees of their wages

Time Off	Available To Use	Plan Year Used
Personal Time Off	0.000000	0.000000
Sick Leave	0.000000	0.000000
Vacation	0.000000	0.000000

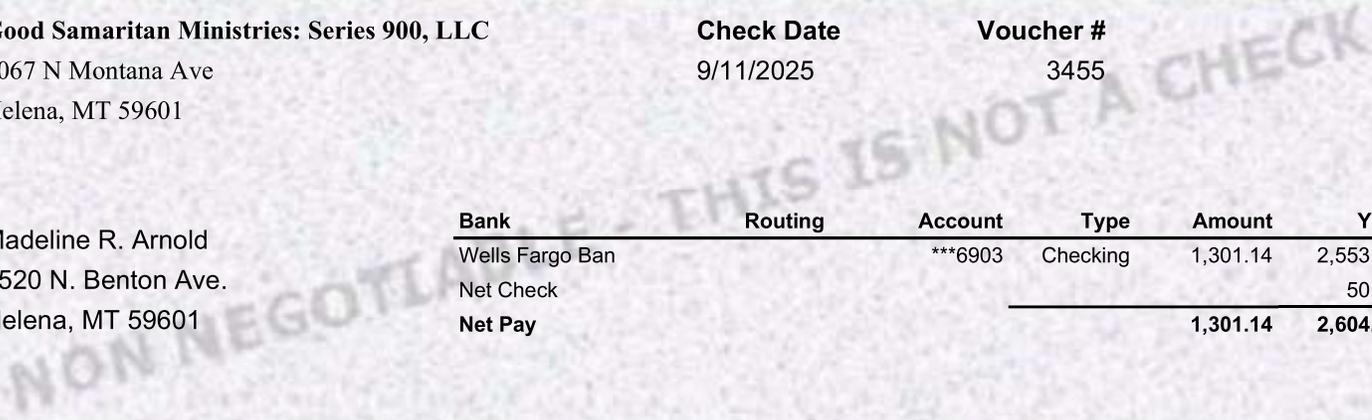
Good Samaritan Ministries: Series 900, LLC
3067 N Montana Ave
Helena, MT 59601

Check Date
9/11/2025

Voucher #
3455

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Wells Fargo Ban		***6903	Checking	1,301.14	2,553.25
Net Check					50.79
Net Pay				1,301.14	2,604.04



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **8/25/2025**
Period Ending **9/7/2025**
Check Date **9/11/2025**
Voucher # **3456**

Employee ID **9000477**
Location **5**
Hourly **21.00**

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	40.00	21.00	840.00	1764.00
Totals	40.00		840.00	1764.00
Total Hours Worked	40.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
MED	12.18	25.58
SS	52.08	109.37
Totals	64.26	134.95

This report does not meet the legal requirements for notifying employees of their wages

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Date

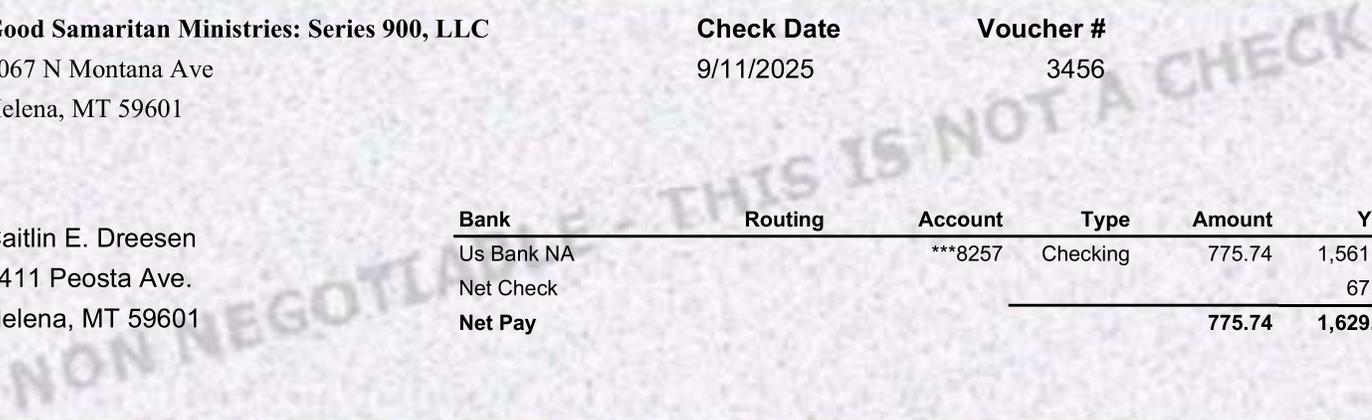
9/11/2025

Voucher #

3456

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Us Bank NA		***8257	Checking	775.74	1,561.18
Net Check					67.87
Net Pay				775.74	1,629.05



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **9/8/2025**
Period Ending **9/21/2025**
Check Date **9/25/2025**
Voucher # **3494**

Employee ID **9000476**
Location **5**
Hourly **22.00**

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	80.00	22.00	1760.00	4917.00
Totals	80.00		1760.00	4917.00
Total Hours Worked	80.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
SS	109.12	304.86
MED	25.52	71.30
FITW	132.80	348.24
MT	60.00	156.00
Totals	327.44	880.40

This report does not meet the legal requirements for notifying employees of their wages

Time Off	Available To Use	Plan Year Used
Personal Time Off	0.000000	0.000000
Sick Leave	0.000000	0.000000
Vacation	0.000000	0.000000

Good Samaritan Ministries: Series 900, LLC
3067 N Montana Ave
Helena, MT 59601

Check Date 9/25/2025
Voucher # 3494

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Wells Fargo Ban		***6903	Checking	1,432.56	3,985.81
Net Check					50.79
Net Pay				1,432.56	4,036.60



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **9/8/2025**
Period Ending **9/21/2025**
Check Date **9/25/2025**
Voucher # **3495**

Employee ID **9000477**
Location **5**
Hourly **21.00**

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	37.50	21.00	787.50	2551.50
Totals	37.50		787.50	2551.50
Total Hours Worked	37.50			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
MED	11.42	37.00
SS	48.83	158.20
Totals	60.25	195.20

This report does not meet the legal requirements for notifying employees of their wages

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Date

9/25/2025

Voucher #

3495

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Us Bank NA		***8257	Checking	727.25	2,288.43
Net Check					67.87
Net Pay				727.25	2,356.30



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **9/22/2025**
Period Ending **10/5/2025**
Check Date **10/9/2025**
Voucher # **3538**

Employee ID **9000476**
Location **5**
Hourly **22.00**

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	80.00	22.00	1760.00	6677.00
Totals	80.00		1760.00	6677.00
Total Hours Worked	80.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
MED	25.52	96.82
MT	60.00	216.00
FITW	132.80	481.04
SS	109.12	413.98
Totals	327.44	1207.84

This report does not meet the legal requirements for notifying employees of their wages

Time Off	Available To Use	Plan Year Used
Personal Time Off	0.000000	0.000000
Sick Leave	0.000000	0.000000
Vacation	0.000000	0.000000

Good Samaritan Ministries: Series 900, LLC
3067 N Montana Ave
Helena, MT 59601

Check Date
10/9/2025

Voucher #
3538

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Wells Fargo Ban		***6903	Checking	1,432.56	5,418.37
Net Check					50.79
Net Pay				1,432.56	5,469.16



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **9/22/2025**
Period Ending **10/5/2025**
Check Date **10/9/2025**
Voucher # **3539**

Employee ID **9000477**
Location **5**
Hourly **21.00**

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	40.00	21.00	840.00	3391.50
Totals	40.00		840.00	3391.50
Total Hours Worked	40.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
SS	52.08	210.28
MED	12.18	49.18
Totals	64.26	259.46

This report does not meet the legal requirements for notifying employees of their wages

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Date

10/9/2025

Voucher #

3539

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Us Bank NA		***8257	Checking	775.74	3,064.17
Net Check					67.87
Net Pay				775.74	3,132.04

NON NEGOTIABLE - THIS IS NOT A CHECK

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **10/6/2025**
Period Ending **10/19/2025**
Check Date **10/23/2025**
Voucher # **3574**

Employee ID **9000476**
Location **5**
Hourly **22.00**

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	80.00	22.00	1760.00	8437.00
Totals	80.00		1760.00	8437.00
Total Hours Worked	80.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
SS	109.12	523.10
MED	25.52	122.34
FITW	132.80	613.84
MT	60.00	276.00
Totals	327.44	1535.28

This report does not meet the legal requirements for notifying employees of their wages

Time Off	Available To Use	Plan Year Used
Personal Time Off	0.000000	0.000000
Sick Leave	0.000000	0.000000
Vacation	0.000000	0.000000

Good Samaritan Ministries: Series 900, LLC
3067 N Montana Ave
Helena, MT 59601

Check Date
10/23/2025

Voucher #
3574

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Wells Fargo Ban		***6903	Checking	1,432.56	6,850.93
Net Check					50.79
Net Pay				1,432.56	6,901.72



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **10/6/2025**
Period Ending **10/19/2025**
Check Date **10/23/2025**
Voucher # **3575**

Employee ID **9000477**
Location **5**
Hourly **21.00**

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	38.50	21.00	808.50	4200.00
Totals	38.50		808.50	4200.00
Total Hours Worked	38.50			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
MED	11.72	60.90
SS	50.13	260.41
Totals	61.85	321.31

This report does not meet the legal requirements for notifying employees of their wages

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Date

10/23/2025

Voucher #

3575

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Us Bank NA		***8257	Checking	746.65	3,810.82
Net Check					67.87
Net Pay				746.65	3,878.69



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **10/20/2025**
Period Ending **11/2/2025**
Check Date **11/6/2025**
Voucher # **3620**

Employee ID **9000476**
Location **5**
Hourly **22.00**

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	80.00	22.00	1760.00	10197.00
Totals	80.00		1760.00	10197.00
Total Hours Worked	80.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
MED	25.52	147.86
FITW	132.80	746.64
MT	60.00	336.00
SS	109.12	632.22
Totals	327.44	1862.72

This report does not meet the legal requirements for notifying employees of their wages

Time Off	Available To Use	Plan Year Used
Personal Time Off	0.000000	0.000000
Sick Leave	25.830000	0.000000
Vacation	0.000000	0.000000

Good Samaritan Ministries: Series 900, LLC
3067 N Montana Ave
Helena, MT 59601

Check Date 11/6/2025
Voucher # 3620

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Wells Fargo Ban		***6903	Checking	1,432.56	8,283.49
Net Check					50.79
Net Pay				1,432.56	8,334.28



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **10/20/2025**
Period Ending **11/2/2025**
Check Date **11/6/2025**
Voucher # **3621**

Employee ID **9000477**
Location **5**
Hourly **21.00**

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	38.00	21.00	798.00	4998.00
Totals	38.00		798.00	4998.00
Total Hours Worked	38.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
SS	49.48	309.89
MED	11.57	72.47
Totals	61.05	382.36

This report does not meet the legal requirements for notifying employees of their wages

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Date

11/6/2025

Voucher #

3621

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Us Bank NA		***8257	Checking	736.95	4,547.77
Net Check					67.87
Net Pay				736.95	4,615.64



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave

Helena, MT 59601

Check Report

Period Begin **11/3/2025**
Period Ending **11/16/2025**
Check Date **11/20/2025**
Voucher # **3656**

Employee ID **9000476**
Location **5**
Hourly **22.00**

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	80.00	22.00	1760.00	11957.00
Totals	80.00		1760.00	11957.00
Total Hours Worked	80.00			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
SS	109.12	741.34
MED	25.52	173.38
FITW	132.80	879.44
MT	60.00	396.00
Totals	327.44	2190.16

This report does not meet the legal requirements for notifying employees of their wages

Time Off	Available To Use	Plan Year Used
Personal Time Off	0.000000	0.000000
Sick Leave	29.520000	0.000000
Vacation	0.000000	0.000000

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave

Helena, MT 59601

Check Date

11/20/2025

Voucher #

3656

Madeline R. Arnold
1520 N. Benton Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Wells Fargo Ban		***6903	Checking	1,432.56	9,716.05
Net Check					50.79
Net Pay				1,432.56	9,766.84



Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Report

Period Begin **11/3/2025**
Period Ending **11/16/2025**
Check Date **11/20/2025**
Voucher # **3657**

Employee ID **9000477**
Location **5**
Hourly **21.00**

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Earnings	Hours	Rate	Current	YTD
Regular	41.25	21.00	866.25	5864.25
Totals	41.25		866.25	5864.25
Total Hours Worked	41.25			

Deductions	Current	YTD
No Deductions		
Totals		

Taxes	Current	YTD
MED	12.56	85.03
SS	53.71	363.60
Totals	66.27	448.63

This report does not meet the legal requirements for notifying employees of their wages

Good Samaritan Ministries: Series 900, LLC

3067 N Montana Ave
Helena, MT 59601

Check Date

11/20/2025

Voucher #

3657

Caitlin E. Dreesen
1411 Peosta Ave.
Helena, MT 59601

Bank	Routing	Account	Type	Amount	YTD
Us Bank NA		***8257	Checking	799.98	5,347.75
Net Check					67.87
Net Pay				799.98	5,415.62

NON NEGOTIABLE - THIS IS NOT A CHECK

Billing Period October 2025

Benefit Allocation Systems, LLC

Location Code

163849

Roman Catholic Diocese of Helena

The Reta Trust

Good Samaritan Ministries

October 2025 Health and Disability Insurance

Employee	MyEnroll ID	Period	Reason	Medical	Dental	Vision	Core LTD	Total
Arnold, Madeline	1601019	202510	Current	\$850.00	\$45.80	\$7.20	\$20.82	\$923.82

October 2025 Life and AD&D Insurance

Employee	MyEnroll ID	Period	Reason	Core Life	Optional Life	Spouse Life	Accident Insurance	Critical Illness	Total
Arnold, Madeline	1601019	202510	Current	\$17.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.25

Billing Period November 2025

Benefit Allocation Systems, LLC

Location Code

163849

Roman Catholic Diocese of Helena

The Reta Trust

Good Samaritan Ministries

November 2025 Health and Disability Insurance

Employee	MyEnroll ID	Period	Reason	Medical	Dental	Vision	Core LTD	Total
Arnold, Madeline	1601019	202511	Current	\$850.00	\$45.80	\$7.20	\$20.82	\$923.82

November 2025 Life and AD&D Insurance

Employee	MyEnroll ID	Period	Reason	Core Life	Optional Life	Spouse Life	Accident Insurance	Critical Illness	Total
Arnold, Madeline	1601019	202511	Current	\$17.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.25

Michelle Robinson

YWCA Helena

YWCA Helena Women Initiating New Growth and Stability (WINGS)

2025 Montana Opioid Abatement Trust Grants

YWCA Helena

Denise King
501 N Park Ave
PO Box 518
Helena, MT 59601

denise@ywcahelena.org
O: 406-634-3487
M: 406-459-8224

Michelle Robinson

501 N Park Ave
PO Box 518
Helena, MT 59601

michelle@ywcahelena.org
O: 406-204-5437
M: 406-438-1419

FollowUp Form

Grant Details

Project Name*

YWCA Helena Women Initiating New Growth and Stability (WINGS)

Grant Amount Awarded

\$50,000.00

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.

YWCA Helena is state licensed as both a SUD treatment center and a MH center providing transitional (residential) housing and intensive outpatient services and co-occurring treatment for women in recovery with their children. YWCA Helena has served women and their children for over 100 years and is a critical resource for Lewis and Clark County, particularly in response to women and children who have been deeply affected by the Opioid addiction crisis. WINGS therapeutic model of care provides a safe residence for unsheltered women and their children, combined with critical access to OUD recovery programs for women diagnosed with co-occurring SUD/MH disorders.

YWCA Helena received \$35,000 in MOAT funding to offset up to 25% of the cost to shelter and provide supportive services not covered by government funding, while concurrently investing up to \$15,000 in workforce development skills for our addiction professionals and compliance data evaluation coordinator. Workforce training focused on two primary objectives of workforce retention and career advancement. Offsetting costs of room/board for residents had one primary objective of increasing stability of women by removing financial barriers to allow for a stronger investment in their recovery from SUD/MH and participation in programs to assist with reunifying families.

Project Progress Reports

Project progress narrative*

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

Financial assistance for offsetting costs of room and board has been expended for August 2025 - February 2026. Reporting data is provided (uploaded below) for associated rents of non-employed residents and utility expenses. End of year data reports: YWCA Helena served 32 unique women and 17 unique children in 2025. This is despite operating at 1/2 capacity due to window replacements occurring on the 3rd floor and air conditioning installations throughout the three-story residence, which displaced residents throughout the summer to move from 3rd floor to 2nd floor and then back again to their assigned rooms once construction was completed.

Of the 32 women residing with us in 2025, 100% of our 20 new intakes came from inpatient treatment. In addition, 100% of all residents live below the federal poverty line, 81% are justice system involved and 50% identify as women of color. Three women arrived pregnant and two residents are senior citizens. On a positive note, we experienced 19% of our residents transitioning into stabilized community housing, with an average of 657 nights of shelter for successful graduates.

With MOAT funding in support of training, our clinical staff has continued to obtain certifications and/or credentialing, in support of YWCA Helena's evidence-based WINGS treatment program for OUD, and co-occurring SUD/MH disorders in homeless, single, pregnant, post-partum, justice involved women. Some of the courses have been completed and some are underway. Unfortunately, a few of the trainings we initially requested did not align with the clinician's availability. And in some cases, attending a different training was taken to meet the needs of our current clientele. All trainings underway or those which were completed are/were beneficial to the individual and the agency.

Have you encountered any problems administering the project*

Please explain

Attached below is the revised workforce training spreadsheet noting which trainings were replaced. In addition, we did not retain all of our workforce. Unfortunately, we had one clinician resign to join the Helena Indian Alliance, where she would receive a better compensation & benefit package. We are in the process of recruiting a co-occurring licensed therapist which is noted on our website <https://www.ywcahelena.org/jobs> and was circulated throughout the Montana University System and Healthcare outlets/partnering agency platforms. To date, we have only had one applicant who does not meet minimum qualifications.

Evaluation Plan & Results*

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

YWCA Helena will use the information collected through GPRA, Behave, and PPP for data management and performance monitoring methods to further refine our approach when working with women and young children. We are fortunate to already have experience with these systems and can pull relevant records, which we did most recently for our end of year Impact report (to be printed and mailed as well as host an accessible copy online before end of February). The snapshot of services is provided in the Project Progress narrative of this reporting form. This financial support from MOAT has provided not only reprieve for the women to focus on their recovery, but it has allowed us to use private donor funds to increase our supportive services.

We are tracking the number of workforce development trainings provided to clinical and administrative staff. We are recording the number of participants who attended trainings; total time/length of training; satisfaction with training; pass/fail certifications, continuing education credits attainment as result of training. We are already witnessing how the knowledge learned is incorporated into our daily operations of program support.

Performance Metrics*

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

Training completions were combined and are uploaded along with the revised training worksheet below in the Abatement Region Reporting uploaded files. These were not requested, but we are unable to upload them otherwise. As stated, a portion of the trainings are completed with others in progress.

In addition, we are unable to check the abatement region above for the Lewis and Clark County Metro. The "no" symbol presents when hovering above the check box area(s).

We believe it is too early to tell if the workforce trainings will help with long term retention of staff - given the shortage of skilled workers and lower wages in the nonprofit sector. On the flipside, a positive indicator is that as staff obtains additional certifications and licensure, they have an increased likelihood of salary adjustments. This recently occurred with a candidate who completed their MSW and is now a fully licensed co-occurring therapist. This particular individual is also a former resident of the YWCA Helena.

Financial Information

Expenditures*

Please upload a comprehensive and itemized accounting report that clearly outlines all expenses incurred. This should include specific categories, dates, vendors and payees, amounts, and descriptions for each transaction, along with any supporting documentation such as receipts or invoices.

2.11.26 MOAT Data Rent Reporting.pdf

Additional Financial Documentation

2.11.26 MOAT Utilities Reporting Data.pdf

This document provides a breakdown of expenses for utilities from August 2025- February 2026.

Budget Comments/Supporting Information*

Please describe any variances or explanation in further detail.

Due to the number of new residents, we expended all \$35,000 for offsetting room/board (rent) and overhead expenses not covered by third party insurers or grant funds.

A little over half of the training dollars have been expended with the remaining to be expended before the end of the year's granting period.

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

MOAT Workforce Training Needs Updated 2026.xlsx

Upload #2

Compiled completions for progress report Feb2026.pdf

Upload #3

File Attachment Summary

Applicant File Uploads

- 2.11.26 MOAT Data Rent Reporting.pdf
- 2.11.26 MOAT Utilities Reporting Data.pdf
- MOAT Workforce Training Needs Updated 2026.xlsx
- Compiled completions for progress report Feb2026.pdf

YWCA Helena
MOAT Rent Data Reporting

Resident First 3

Resident Months

10/1/2025	WINGS:*GEBA000002	\$1,050.00
8/1/2025	WINGS:*ROSH000001	\$1,050.00
8/1/2025	WINGS:*ROSM000001	\$1,050.00
10/1/2025	WINGS:*SHCH000001	\$1,050.00
12/1/2025	WINGS:*TALA000001	\$1,050.00
10/1/2025	WINGS:- ANJE000001	\$1,050.00
10/1/2025	WINGS:- BEVM000001	\$1,050.00
11/1/2025	WINGS:- MABO000001	\$1,050.00
11/1/2025	WINGS:- ROMA000001	\$1,050.00
11/2/2025	WINGS:- SATR000001	\$1,050.00
10/1/2025	WINGS:- SHWE000001	\$1,050.00
12/01/2025	WINGS:*VISW000001	\$1,050.00

\$12,600.00

Date	Resident	Subsidized Rent
8/1/2025	WINGS:- ANJE000001	\$213.00
9/1/2025	WINGS:- ANJE000001	\$213.00
10/1/2025	WINGS:- ANJE000001	\$213.00
11/1/2025	WINGS:- ANJE000002	\$195.00
12/1/2025	WINGS:- ANJE000003	\$195.00
1/1/2026	WINGS:- ANJE000004	\$195.00
8/1/2025	WINGS:- BEVM000001	\$300.00
9/1/2025	WINGS:- BEVM000002	\$300.00
10/1/2025	WINGS:- BEVM000003	\$300.00
11/1/2025	WINGS:- BEVM000004	\$300.00
11/1/2025	WINGS:- LIJA000001	\$350.00
8/1/2025	WINGS:- MABO000001	\$300.00
9/1/2025	WINGS:- MABO000002	\$300.00
10/1/2025	WINGS:- MABO000003	\$300.00
11/1/2025	WINGS:- MABO000004	\$300.00
12/1/2025	WINGS:- MABO000005	\$300.00
1/1/2026	WINGS:- MABO000006	\$300.00
11/1/2025	WINGS:- ROMA000001	\$350.00
9/1/2025	WINGS:- SATR000003	\$108.37

Subsidized Rent 1st 3 Months

\$4,606.37 \$12,600.00

MOAT Rent Reporting	\$17,206.37
MOAT Utilities	\$17,793.63
Total	\$35,000.00

YWCA Helena
MOAT Reporting Utilities

Transaction date	Num	Name	Memo/Description	Amount
08/29/2025		NorthWestern Energy	Electric	320.85
08/29/2025		NorthWestern Energy	Gas	77.62
08/29/2025		NorthWestern Energy	Taxes	84.04
08/29/2025		NorthWestern Energy	Electric	416.19
09/12/2025	Sept.	NorthWestern Energy	Electric Sept	805.74
09/12/2025	Sept.	NorthWestern Energy	Gas Sept.	77.17
09/12/2025	Sept.	NorthWestern Energy	Taxes Sept.	98.56
09/21/2025	Aug	Capital Maintenance, Inc.	Cleaning Aug.	1,300.00
09/23/2025	Sept.	Capital Maintenance, Inc.	Cleaning Sept.	1,300.00
09/23/2025	Aug.	City of Helena	City Water - new online system 9.23.25	351.46
10/21/2025	Oct.	Capital Maintenance, Inc.	Oct. Cleaning	1,300.00
10/22/2025	ACH AutoPay	City of Helena	Sept. Water	278.74
10/24/2025	Oct.	NorthWestern Energy	Electric	650.75
10/24/2025	Oct.	NorthWestern Energy	Gas	125.56
10/24/2025	Oct.	NorthWestern Energy	Taxes	88.82
11/11/2025	Nov.	NorthWestern Energy	Electric	551.50
11/11/2025	Nov.	NorthWestern Energy	Gas	507.66
11/11/2025	Nov.	NorthWestern Energy	Taxes	145.34
11/18/2025	Nov.	Capital Maintenance, Inc.	Nov. Cleaning	1,300.00
11/23/2025	AutoPay	City of Helena	hose left on.	647.46
12/23/2025	AutoPay	City of Helena	Nov. Bill	251.40
12/29/2025	Dec.	NorthWestern Energy	Electric	644.23
12/29/2025	Dec.	NorthWestern Energy	Gas	785.23
12/29/2025	Dec.	NorthWestern Energy	Taxes	205.91
01/01/2026	Dec.	Fields Snow Removal	Snow Plowing	80.00
01/14/2026		NorthWestern Energy	Electric	686.44
01/14/2026		NorthWestern Energy	Gas	875.13
01/14/2026		NorthWestern Energy	Taxes	237.83
02/01/2026		Fields Snow Removal	Snow Plowing	80.00
				#REF!
12/23/2025		Affordable Windows / Overhead Door	1st Floor	1,600.00
12/24/2025	25201	Custom Glass and Windows	Compliance	1,920.00
				\$3,520.00
TOTAL				\$17,793.63

Workforce Retention - Need for Training

First, Last Name	Current Credentials	Training name	Name of Training Facility, University or Individual Trainer
Jesse Heide	LCSW	Pharmacology of Psychoactive Substances	Center for Addiction Studies and Research
Jesse Heide	LCSW	Addressing the Specific Needs of Women in Substance Abuse Treatment	Center for Addiction Studies and Research
Jesse Heide	LCSW	MT LAC 30-Hour Gambling/Gaming Disorder Assessment and Counseling Training	Center for Addiction Studies and Research
Jesse Heide	LCSW	Drug and Alcohol Awareness Class	Course for Drugs and Alcohol
Jesse Heide	LCSW	MT LAC 60-Hour Chemical Dependency Assessment and Patient Placement Training	Center for Addiction Studies and Research
Jesse Heide	LCSW	Proposal Writing Bootcamp	Candid Learning
Paige Sutherland	Data & Evaluation coordinator	Excel Specialization	Coursera (Annual Membership)
Paige Sutherland	Data & Evaluation coordinator	Healthcare Law Specialization	
Paige Sutherland	Data & Evaluation coordinator	Medical Billing and Coding Fundamentals Specialization	
Paige Sutherland	Data & Evaluation coordinator	Complete Healthcare Compliance Manual	Book
Mel Griffin	LCSW, LAC	Implicit Psychotherapy	Abi Blakeslee, MFT PhD

ning: Montana Opioid Abatement Trust (MOAT)

duration to complete	Need for training	CEU's &/or Credentials	cost of training	cost of books
45hrs	Understand physical, psychological and pharmacological effects of drug abuse	CEUs	\$ 275.00	\$ -
30hrs	To learn more re the specific challenges faced by women in recovery	CEUs	\$ 195.00	\$ -
30hrs	To meet requirement for my LAC	CEU/LAC	\$ 575.00	\$ -
16hrs	To meet requirement for my LAC	CEU/LAC	\$ 80.00	\$ -
60hrs	To meet requirement for my LAC	CEU/LAC	\$ 480.00	\$ -
2hrs	To learn more about grants	Unknown	\$ 650.00	
	Work towards Certified Healthcare Compliance certificate	CHC	\$ 399.00	
12hrs		CHC		\$ 435.00
4x4 days in person	Understand how to work with implicit memory as a pathway to reinstate secure attachment, address trauma symptoms, and increase emotional and physiological regulation in clients	unsure, APA does not currently recognize somatic approaches	\$ 1,500.00	\$ -

estimated travel	Notes	Purchase Date	Replaced
\$ -	Replace with 30hrs Addictions		X
\$ -			
\$ -	Updated Price	12/22/2025	
\$ -	Replace with 30hrs Addictions		X
\$ -			
		10/1/2025	
		10/1/2025	
\$ 1,000.00	Travel/per diem/lodging in Bozeman		

Jesse Heide

From: success=unyte.com@tm.unyte.com on behalf of Unyte Health Success
<success@unyte.com>
Sent: Tuesday, January 6, 2026 12:34 PM
To: Jesse Heide
Subject: Foundational SSP Training Complete!

Foundational SSP Training Complete!

Congratulations Jesse,

You've successfully completed the Safe and Sound Protocol (SSP) Certification and are now part of a community of over 6,000 trained professionals who have helped tens of thousands of children, youth and adults around the world live more comfortable, productive and empowered lives.

You have an active subscription and now have full access to the SSP Pathways, which includes:

- SSP Connect (Classical Calm, Classical Flow, Freely, Groove, Groove Instrumental, Original, Wonder)
- SSP Core (Classical Calm, Classical Flow, Freely, Groove, Groove Instrumental, Original, Wonder)
- SSP Balance (Classical Calm, Classical Flow, Freely, Groove, Groove Instrumental, Original, Wonder)

Sign in to [MyUnyte](#) to watch the intro video, manage your clients and access numerous useful resources.

You'll also receive Unyte Success Digest, a monthly, provider-only newsletter designed to support your delivery of Unyte Health therapeutic programs by keeping you up to date on the latest news, resources and helpful information.

Congratulations again on successfully becoming an Unyte certified SSP Provider and valued member of our community!

Be well,

The Unyte Health Team



3 Courses

Professionalism in Allied Health

Medical Terminology and the Human Body Fundamentals

Medical Billing and Coding Essentials



Nov 18, 2025

Paige Sutherland

has successfully completed the online, non-credit Specialization

Medical Billing and Coding Fundamentals

Through the Fundamentals of Medical Billing and Coding Specialization, learners developed an understanding of insurance; medical billing processes, including diagnosis, procedure, and reimbursement coding; and performance of front-end medical office duties. Learners also now have the knowledge of human anatomy and physiology terminology necessary to work in a medical environment and to be prepared for professional communications in any healthcare environment.

Jennifer Zabel

Jennifer Zabel
Sr. Instructional Designer
Product Development Team

Barbara Westrick

Barbara Westrick
Allied Health Instructor
Product Development Team

Verify this certificate at:

<https://coursera.org/verify/specialization/6IW1ICGGVDZ>

The online specialization named in this certificate may draw on material from courses taught on-campus, but the included courses are not equivalent to on-campus courses. Participation in this online specialization does not constitute enrollment at this university. This certificate does not confer a University grade, course credit or degree, and it does not verify the identity of the learner.



Nov 18, 2025

Paige Sutherland

has successfully completed

Medical Billing and Coding Essentials

an online non-credit course authorized by MedCerts and offered through Coursera

Barbara L. Westrick

Barbara Westrick
Allied Health Instructor
Product Development Team

COURSE
CERTIFICATE



Verify at:
<https://coursera.org/verify/QFCJWBRDEHDP>

Coursera has confirmed the identity of this individual and their participation in the course.

The Center for Addiction Studies and Research

awards this

CERTIFICATE OF COMPLETION

for

Problem Gambling: 30-hour Required Content Training

to

Jesse MM Heide

who has successfully completed 30 education and training clock hours covering:

prevalence rates, risk factors, screening and assessment issues, relapse prevention, and specialized treatment approaches and modalities

as of

January 2, 2026

Howard Fogel, Ph.D., CASAC

Howard Fogel, Ph.D., CASAC, Educational Director
The Center for Addiction Studies and Research



The Center for Addiction Studies and Research

awards this

CERTIFICATE OF COMPLETION

for

Problem Gambling: 30-hour Required Content Training

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Jesse MM Heide

who has successfully completed 30 education and training clock hours covering:

prevalence rates, risk factors, screening and assessment issues, relapse prevention, and specialized treatment approaches and modalities

as of

January 2, 2026

Howard Fogel, Ph.D., CASAC

Howard Fogel, Ph.D., CASAC, Educational Director
The Center for Addiction Studies and Research



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
Suite 1
Helena, MT 59601

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

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(s)*

Select the Multi-County Abatement Region(s) **and/or** the Metro Region(s) you received grant funding from.

Lewis & Clark County Metro Region

Program Description*

Please provide a brief summary of the project.

This project included a simulation training day and community tabletop discussion in five locations across Lewis and Clark County.

The training day at each location was divided into two parts. A morning simulation exercise that allow medical providers and community response teams to respond to a simulated overdose patient. This provided an opportunity to medical teams to practice their response from beginning to end (first responder through ER visit). This was followed by an afternoon tabletop discussion where medical teams could come together with other community stakeholders to assess their current opioid overdose response plan, learn about tracking tools to predict spikes in opioid overdoses, and modify their community spike response plans as a full team. Each participating facility received an After Action Plan based on the entire experience throughout the day.

In addition, all participants have been invited to the monthly webinars SIM-MT hosts. During the webinars, guest speakers to address a topic related to feedback, concerns or questions from the training event; or on a topic related to opioid overdose treatment and support. Some of the topics to date have included: Learning about the ODMAP tool available to all communities to track overdose spikes, using peer networks to support patients in recovery, best medical practices for treatment of withdrawals as a patient moves to recovery, and more. This webinars are also available as recordings for participants and interested parties who are not able to attend live.

These webinars will be ongoing as long as there are locations in the state participating in STORPI trainings and any/all current and past participants will also be invited to attend so that even if a project is done in a region, those who participated can continue to engage in the topic for their betterment of their communities.

Grant Evaluation

Project Narrative*

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

At the conclusion of this project, we have completed all five on site trainings spanning the region. The events covered the entire region and included multiple opportunities for regional stakeholders to participate in the training.

As the events got underway, we learned a lot about the system flow in Lewis and Clark County and at the board's direction, modified the original host sites plan to better fit the actual flow of patients between providers. As a result, at the conclusion of the project, the five events took place at the following sites: St. Peter's Health hosted two events in order to give their providers all a chance to attend, Lincoln EMS hosted an event to allow stakeholders in Lincoln to participate, Helena College hosted a training event, and East Helena Fire hosted the final training event to ensure providers in that area had a designated time to train in their area. Between these five sites, the region was well covered and all community and medical stakeholders had multiple opportunities to participate.

All participants were invited (and will continue to be invited) to monthly webinars addressing issues that arise as these trainings spread across the state. The webinars give everyone a chance to learn from experts about topics related to opioid use and overdose response, to uncover new resources available to them, and to interact and learn from one another at a statewide level.

In addition, as these training events took place across both Lewis and Clark County and the state, a resource list is being dynamically compiled for all participants to access. This allows communities across Montana to learn about resources that are available that they may not have been aware of. As the program grows and spreads, the resources grow as well. This dynamic list can be viewed on SIM-MT's website at: <https://www.simmt.org/opioid>. Participants will always have access to this growing list of resources even after the conclusion of this project.

Grant Impact*

Were you successful in accomplishing the goals set forth in the grant application. Include any specific achievements or setbacks encountered. Please explain in detail.

We were able to successfully complete all the events outlined in the initial application. One of the challenges was getting all the key players' schedules coordinated to have the right community members at the tabletop discussion.

As we provide healthcare training of all kinds across the state, we are learning that much information can be gleaned beginning with the initial contact with possible participants. In fact, it can be a key indicator as to how often community stakeholders interact with one another to best respond to the needs of their communities. For example, we have found communities where EMS and hospital staff simply refuse to train together due to historical frustrations that have created larger challenges as they went unaddressed over time. While we did not find that to be the case in Lewis and Clark County, there was definitely some initial hesitation outside of the medical teams for other community stakeholders to participate. We encountered resistance and/or lack of willingness to come to the table and engage in the discussion from a decent handful of community stakeholders. Their participation would certainly do a long way to facilitating the most comprehensive plan possible to an opioid spike in the area.

That said, this is not completely uncommon. And it provides key insight into areas where some additional discussion could reap larger benefits. In order to do everything we could to lower resistance, welcome everyone, and educate people about the opportunity, SIM-MT created special marketing materials to send directly to each key stakeholder and followed up with multiple emails and calls to ensure every effort was made to talk one on one with people about the project, address their concerns, and answer any questions. (A sample list of all who were invited is attached)

Slowly as the events unrolled, participation grew with each one. Traditionally there can be a nervousness about participating in a training with your peers. Hesitancy is normal until people begin to see what makes this type of training a safe place to work together to address a common problem. We often find that a first set of trainings can start with lower participation numbers and increase as word spreads and participants share their feedback with others. And in smaller communities like Lincoln, often agencies send one person from the team with the assumption that what is learned will be relayed to others.

Those who were able to participate were fully engaged in the learning experience and thankful for the training opportunity and discussion. They also uncovered areas of success and potentials for improvement as evidenced by a couple of the sample After Action Reports that are attached. Each site received a report like this at the conclusion of their event.

All in all, it was a great start to addressing a solid community response plan to an opioid spike that can be built on from here.

Outcome Measurement*

How did you measure the effectiveness of your program against the goals listed in the grant application?

We measured the effectiveness by securing an evaluation from each participant at the end of each training day. Through this evaluation, participants were able to share their thoughts on the day, the information that was covered, what they learned during the discussion, and the impact of the program. Those responses have been compiled in a document that is attached to this report. The response overall has been positive, with most participants indicating they were pleased to participate in the program and walked away with new information. It also collected information on the licensure of the participants in order to gather the types of people who were in attendance.

These evaluations were reviewed each training day for improvement feedback.

Impact Assessment*

Please provide an analysis of the projects outcomes and overall impact, including qualitative and quantitative data.

Traveling across the region, our team uncovered patterns in areas of strength and areas for improvement. For example, nearly every location talked about rurality and a lack of long term resources being an issue. Medical providers often see repeat patients who suffer from chronic opioid or substance use. While they generally feel adequately prepared to medically respond to an overdose, they feel frustrated by the lack of long term resources available in the state to get patients help beyond the initial response. As a result, there's a fatigue that can set in as they treat the same people over and over who clearly need further support. Connecting them with resources outside their immediate area, like the Peer Network, gives them some guidance/hope on how to better serve patients longer term. Hearing how each community tackles this issue, provides other communities in the area with new ideas and resources.

This project also set out to help communities coordinate a response when there is a spike in overdoses in the area. Sorting through how to disseminate information to the public, track opioid spikes across the state, and build an effective community response plan was a key part of the program. All participants were introduced to the state's ODMAP which is an online tool that uses public input to track overdoses in the state. Keeping an eye on the tool can give communities warning that there may be poor drug products moving through the area that is causing a spike in overdoses. This helps to mobilize a community's response in order to be better prepared for medical events and also to notify community members of the potential danger. The response to this tool was positive. As more people learn about it across the state and input their data, the tool grows in its effectiveness, giving the state a unified tool to use to prevent overdoses. A key first line of defense.

While the training event was a single day, the program was built to have a more sustaining impact. Those who are choosing to participate in monthly webinars can continue to learn more about the issue, engage with experts, and share resources with one another to build on their experience during the training event. These webinars are also recorded for those who cannot attend live and the response at these has also been overwhelmingly positive as participation grows.

Overall, the program has been positive. There has been participation and engagement that continues to grow through the webinars and the dynamic resource list which will provide participants with some ongoing support long after the program is fully complete.

We have no doubt that community members in Lewis and Clark County will benefit from the engagement of every participant, regardless of whether they took advantage of one piece or all the STORPI training project has to offer.

Financial Information

Expenditures*

Please upload a comprehensive and itemized accounting report that clearly outlines all expenses incurred. This should include specific categories, dates, vendors and payees, amounts, and descriptions for each transaction, along with any supporting documentation such as receipts or invoices.

Lewis and Clark Expenses Final Report - Sheet1.pdf

Additional Financial Documentation

[Unanswered]

Budget Comments/Supporting Information*

Please describe any variances or explanation in further detail.

We were able to complete the training at each site at the budget initially stated in the grant application. Expenses for each event included: travel costs; training staff costs; admin coordination for all community stakeholders and participating medical personnel; coordination and facilitation of webinars; marketing costs for event flyers, webinar email invites, and social media staff; simulation supplies and equipment, and a handful of miscellaneous office supplies.

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

Upload #2

Upload #3

Final Report

Program Results*

Please provide a comprehensive narrative of the program, detailing achievements, challenges faced and lessons learned.

One of the best parts about this program is what the experience uncovered at each site. While many providers were proficient in treating an overdose and successfully helping a patient, often it was uncovered that there wasn't a formal plan to address a spike in overdoses. Providers are used to responding to one or two, not a significant spike. This can be a very powerful thing to uncover. Participants learned how challenging it might be to address a surge in a meaningful way. Awareness is the first step to addressing the issue. If a community had not given much thought to what they would do, they left the training day with more tools in their tool belt, a better understanding of what they could put in place to serve their communities, and a clear report of where there are gaps that need to be addressed. Facilities with more resources and who are better equipped to respond due to higher call volume, had a chance to test their plan in a real scenario to assess its strengths and areas that might still need some attention.

Sample After Action Reports from a couple of the sites are attached, but most sites had similar types of responses. When a smaller community is addressing an issue for the first time, it can feel uncoordinated and even clunky in responses. But this is also where the magic happens. It can lead to a-ha moments and real insights into ways they can better serve their population in an opioid crisis.

A similar thing can happen when specific community members are hesitant to participate. While on the surface it feels less than ideal to have key people missing at the table, it can also offer a lot of insight into how well departments are interacting with one another, how the community views opioid overdoses (sometimes there can be a lack of empathy when you see the same people overdose again and again), and even uncover an underlying assumption that it is a topic that doesn't need attention because you "just administer Narcan." Responses like these from on onset, or a lack of desire to participate by certain offices in the community, can be windows into areas that could use improvement. They also open up opportunities for discussion and growth as those who choose to participate begin to share resources and information learned with others.

Often, over time, when trainings like these are repeated in an area, we notice an uptick in participation with each visit as word spreads and pressure mounts for the stragglers (or those unfamiliar with simulation in general as a training tool) hear about the impact from others and lower their resistance.

We feel confident that the participants/sites who participated in the program have taken a forward step in uncovering new resources, new approaches to responding to overdoses, and in working together to build a coordinated response when/if there is a spike in opioid overdoses in their area.

Story

If you would like please share one or more stories that reflect the success or impact of the program as a result of this grant.

Use this section to upload or explain any additional information regarding the program (stakeholder feedback, testimonials from beneficiaries, etc.)

Upload #1

Invite lists - Helena, East Helena, Lincoln.pdf

Upload #2

After Action Reports - St. Peter's and Lincoln.pdf

Upload #3

Evaluation responses.pdf

File Attachment Summary

Applicant File Uploads

- Lewis and Clark Expenses Final Report - Sheet1.pdf
- Invite lists - Helena, East Helena, Lincoln.pdf
- After Action Reports - St. Peter's and Lincoln.pdf
- Evaluation responses.pdf

Six month report - includes all five events	
Event one	15000
Event two	15,000
Event three	15,000
Event four	15,000
Event five	15,000
TOTAL	75,000

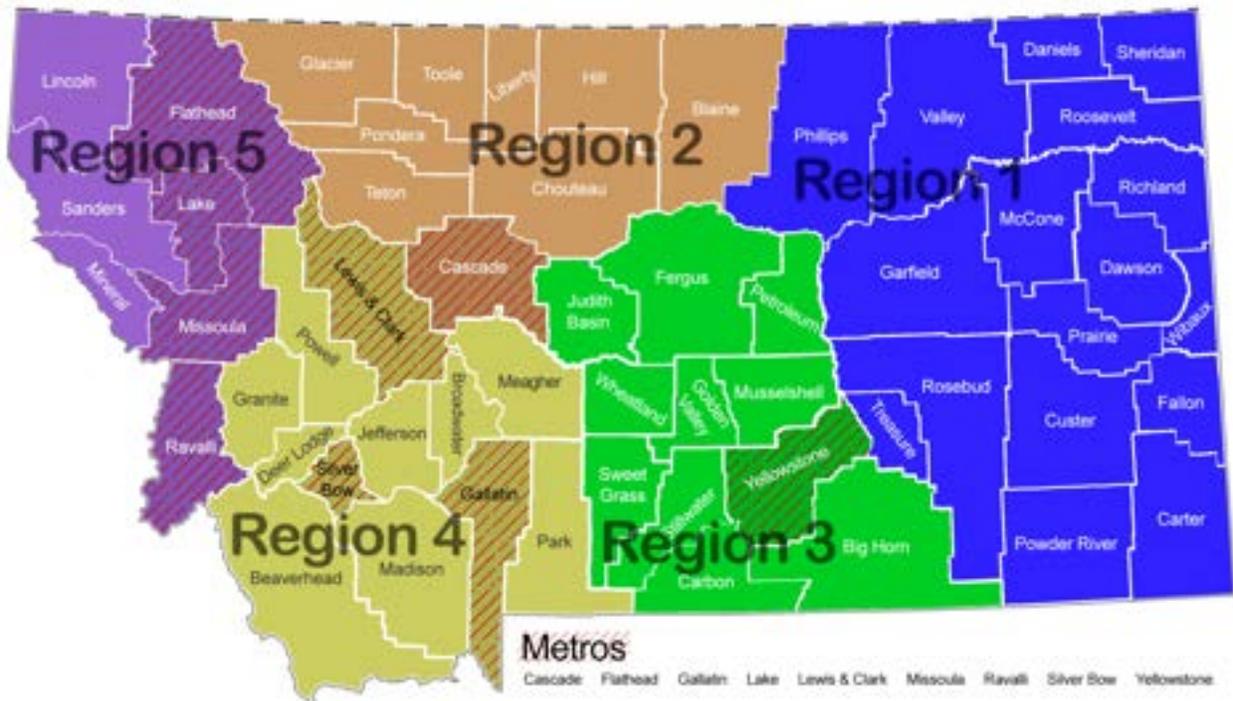
Name/Organization	Title	Phone	Email Address	RSVP status	Address	Notes
Lewis and Clark County Health Department- Julie Burner/Jakob miles		(406) 457-8900	jmiles@lccountymt.gov	Accepted	Place	called 10/8 message left, emails exchanged with Jakob
Drenda Niemann- Public Health	Health Officer	Phone	DNIEMANN@lccountymt.gov	Accepted	Place	Notes
Lewis and Clark County Police		(406) 447-8293		Awaiting response	Place	called 10/8 message left
Lewis and Clark East Helena Police		(406) 227-5321	cityclerk@easthelenamt.us	Awaiting response	Place	10/8 Told to send email with info, interested
Lewis and Clark County Sheriff Department		(406) 447-8293		Awaiting response	Place	called 10/8 message left
Samantha Kelly	Education Coordinator	208.919.8391	sjkelly@sphealth.org	Accepted	Place	Notes
Helena Valley Addiction Services		(406) 422-4933	egilmore@hvacounseling.com	Awaiting response	Place	10/8 Told to send email with info, interested
Colman Community Services		(406) 594-6972	rcarbonell@mtcshelena.com	Awaiting response	Place	10/8 Told to send email with info, interested
Ideal Option		(877) 522-1275		Awaiting response	Place	10/8 interested, did not want email is going to pass along, took my phone number
Pureview		(406) 457-0000	ashley.champagnepost@pureviewhealthcenter.org	Awaiting response	Place	called 10/8 message left, called back 10/9 and wants email info
Helena Fire Department		(406) 447-8472		Awaiting response	Place	called 10/8 message left
East Helena Fire Department		(406) 227-5321	cityclerk@easthelenamt.us	Awaiting response	Place	10/8 Told to send email with info, interested
Community Counseling Solutions		(406) 594-6972	ababcock@mtcshelena.com	Awaiting response	Place	10/8 Told to send email with info, interested
Instar Community Services		(406) 422-4828		Awaiting response	Place	called 10/8 message left
Boyd Andrew Community Services		(406) 443-2343	bdavis@boydandrew.com	Awaiting response	Place	10/8 Told to send email with info, interested
NAMI Montana		(406) 443-7871	colleen@namimt.org	Awaiting response	Place	10/8 Told to send email with info, interested
Addiction Counseling Communications		(406) 498-2975	merickson@mtcshelena.com	Awaiting response	Place	10/8 Told to send email with info, interested
Shodair Childrens Hospital		(406) 444-7500	alistoe@shodair.org	Awaiting response	Place	10/8 Told to send email with info, interested
West Valley Fire Rescue		(406) 201-3078	WestValleyFireRescue@gmail.com	Awaiting response	Place	10/8 Told to send email with info, interested
Gods Love		(406) 442-7000		Awaiting response	Place	called 10/8 message left
Friendship Center of Helena- eric		(406) 442-6800	eric.p@thefriendshipcenter.org	Awaiting response	Place	10/8 Told to send email with info, interested
AWARE		(406) 449-3120		Awaiting response	Place	called 10/8 message left
Anne Mccauley		Phone	AMCCAULEY@lccountymt.gov	Awaiting response	Place	requested to include
Amanda Optiz		Phone	AOPITZ@helenamt.gov	Awaiting response	Place	requested to include
Drenda Niemann	Public Health Officer	Phone	dniemann@lccountymt.gov	Awaiting response	Place	requested to include
Brent Colbert	Undersheriff	Phone	COLBERT@lccountymt.gov	Awaiting response	Place	requested to include
Clint Loss	President	Phone	lcfirecouncil@gmail.com	Awaiting response	Place	requested to include
Jordan Friend	Public Health Analyst	775-430-0679	jfriend@cdcfdoundation.org	Accepted	Place	attending
William Janisch	Drug Intelligence Officer	406-498-7034	William.Janisch@mt.gov	Declined	Place	not attending
Katrina Chaney	Superintendent of Schools	406-447-8344	kchaney@lccountymt.gov	Awaiting response	Place	called 10/8 message left
East Helena School District- Mr Condon		(406) 227-7730	Pcondon@ehps.k12.mt.us	Awaiting response	Place	10/8 Told to send email with info, interested
Jen Busher- Luvita Ketamine Clinic		406-213-7862	support@luvita.us	Awaiting response	Place	10/8 Told to send email with info, interested
Lewis and Clark Advocacy Center		406-417-3592		Awaiting response	Place	called 10/8 message left
PACT		406-417-3633		Awaiting response	Place	called 10/8 message left

👤 Name/Organization	Title	📞 Phone	Email Address	📧 RSVP status	📍 Address	📝 Notes
Lieutenant Shanks	Law Enforcement Officer	<i>Phone</i>	ashanks@helenamt.gov	Accepted	Place	Wanting to attend tabletop, need to email when conference room is nailed down
<i>Name</i>		<i>Phone</i>			Place	<i>Notes</i>
<i>Name</i>		<i>Phone</i>			Place	<i>Notes</i>
<i>Name</i>		<i>Phone</i>			Place	<i>Notes</i>



Overdose Response Strategy

Opioid Overdose and Tabletop After Action Report



EXERCISE OVERVIEW

Exercise Name	STORPI: Opioid Spike and Response
Exercise Date & Location	December 9, 2025
Abatement Region	Lincoln, Montana in Lewis and Clark County, Region 4
Core Capabilities	Public Health, Law Enforcement Partners, Other Public Safety, and Emergency Medical Services, Mental Health, Dispatch, Local Government
Objectives	<ol style="list-style-type: none"> 1. Identify and apply most appropriate interventions for suspected opioid overdose in the Montana population. 2. Rule out other mimics of overdose such as altered mental status, stroke, polypharmacy, trauma,.... 3. Identify best practice updates per local case review of overdose and outcomes. 4. Identify gaps in inter-agency communications, alert protocols, incident command system, intelligence sharing, and coordination in response to an opioid spike in their region. 5. If appropriate, identify changes that need to be made in the interagency opioid spike mobilization strategy. 6. Identify effectiveness of state-supplied response toolkit and Overdose Detection Mapping Application Program (ODMAP). 7. Identify local networks and resources for emergency/urgent substance abuse, mental health care, and social services.
Threat or Hazard	Opioid spike in rural Montana.
Scenario	<p>Over the course of one week, rural hospitals and clinics in Montana report an unprecedented increase in emergency department visits by children and adults with symptoms of drug overdose. The patients' ages range from 6 to 57 years old, and preliminary information points to the ingestion of counterfeit prescription opioids, methamphetamine, and cocaine with potential polypharmacy indications. As the number of cases rises, there is increasing public concern and media scrutiny.</p> <p>The affected areas are characterized by limited healthcare facilities, a lack of specialized treatment options, and minimal resources to address this emerging crisis. Key players include public health departments, law enforcement agencies, emergency medical services, hospitals, schools, community leaders, and non-governmental organizations, and media.</p>

	Overdose Response Strategy (ORS) partners assemble to begin mobilization and intervention efforts in response to an opioid spike in the region.
Participating Organizations	Lincoln Volunteer Ambulance Service
Points of Contact	Simulation team: Priscilla Harris and Amber Olson

EXERCISE OBJECTIVES AND CORE CAPABILITIES

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by CDC and medical best practices, local and state EMS protocols, local public health policy, and local law enforcement policies.

Exercise Objective	Core Capability
1. Identify and apply most appropriate interventions for suspected opioid overdose and or polypharmacy OD in the pediatric population.	Public Safety and Medical Services
2. Rule out other mimics of overdose such as altered mental status, stroke, polypharmacy, trauma,....	Medical Services, Public Health Local Public Health Epidemiologist
3. Identify best practice updates per local case review of overdose and outcomes.	Medical Services, Public Health, Health Epidemiologist, Public Safety
4. Identify gaps in inter-agency communications, intelligence sharing, ICS and coordination in response to an opioid spike in their region.	Public Health, Hospital ED, Public Safety, Local Gov't leadership, Law Enforcement
5. If appropriate, identify changes that need to be made in the interagency opioid spike mobilization strategy.	Public Health, Hospital ED, Public Safety, Local Gov't leadership, Law Enforcement
6. Identify effectiveness of state-supplied response toolkit and Overdose Detection Mapping Application Program (ODMAP).	Public Health, Law Enforcement, and Public Safety
7. Identify local networks for emergency/urgent substance abuse, mental health care, and social services.	Public Health, Mental Health, Social Services

MODULE 2: OD SPIKE RESPONSE TEAM TABLETOP EXERCISE-OD SPIKE

Questions for Table, top/Hotwash

The following questions are provided as suggested subjects that you may wish to address as the tabletop/hotwash progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Address questions from Module 1 as well.

For the facilitator: *Please list gaps and strengths identified during the simulation debrief to these questions.*

1. What are your initial interventions after assessing the patient?
 - Stabilizing airway, administration of Narcan, and monitoring
2. What are your rule-outs with an overdose patient?
 - Stroke, diabetes, trauma
3. What history do you need to acquire based on the scenario presentation? Number of kids? Substance of choice?
 - Allergies
 - past medical history
 - substances ingested
 - quantity of substances ingested
 - time substances ingested
4. Do you have an overdose spike plan?
 - no
5. Are your spike triggers appropriate or are you getting spike notifications from ODMAP?
 - Unaware of ODMAP. No spike triggers.
6. Who is in charge of initiating an ICS and when?
 - Highest ranking personnel or first on scene

7. What staff do you have on-hand to manage a surge of OD patients?
 - 26 EMS staff on roster with 5 active EMTs that respond frequently to calls
 - 0 - paramedics
 - 1 – I99
 - 3 advanced EMTs
 - 22 – basic EMTs
 - 3 ambulances
 - 2 quick response units
8. How long can you care for patients within the region before lack of resupply on equipment, supplies, employees becomes an issue? What supplies do you have on hand to manage a surge of these patients?
 - Not long. Would request mutual aid from St Peters Hospital, and notify adjoining counties
9. What community resources can support your mobilization efforts? Who will your agency notify about this situation and what are you asking for?
 - Law Enforcement, St Peters Hospital, adjoining counties
 - Request mutual aid, additional supplies, man power
10. What type of assistance (staff, space, resources, systems) could the DPHHS, DCI, and their partners provide? Are there other partners that you should coordinate with?
 - They could provide supplies but we would need all patients transported out of Lincoln for higher level of care. Community has a FQHC clinic but no hospital.
11. What would the role of Poison Control be in this scenario?
 - Unknown if they would even be contacted as this ambulance service would be transporting patient to accepting facility
12. How will you/your agency maintain situational awareness of the spike as it evolves?
 - Uncertain but perhaps through communication with law enforcement
13. What poisoning exposure training does your EMS/Fire agency staff have?
 - Standard exposure training
14. Does your agency have access to a decontamination policy or SOP for potential exposures? What are your next steps as a result of potential exposure to a toxic substance?
 - There is a shower in the ambulance station but otherwise would decon at hospital
15. What resources do you have to rapidly identify the substance/s involved? I.E. MX908 mass spectrometer

- Use google or drug book
16. Is there interagency awareness or training for protecting the crime scene from contamination? Are there chain of custody forms for the medications removed from the scene?
- Law enforcement manages scene or are notified of the scene
17. How will you determine if the patient needs access to your mental health and social services network and how do you go about gaining access for them?
- That will be identified by the facility we transport the patient to
18. What steps must be taken to prevent further overdoses?
- Community education
19. Will your responders require CISD as a result of multiple pediatric ODs or deaths?
- Internal debrief for all involved will be held. If needed, critical debrief from Helena will be scheduled.
20. When would you cancel the spike alert?
- unknown
21. Other information gathered or concerns/strengths identified by the simulation team
- Dr Binder is the medical director. He responds to calls.
 - Most transports go to Helena or Missoula
 - Weather impacts ability to transport patients
 - Weather impacts ability to transport patient via flight
 - No local hospital
 - Very small tight knit community with lots of tourism
 - Eager EMS staff to improve patient outcomes
 - Volunteer EMS
 - Not registered with ODMAPS

*** attached flyer on next page of AAR***

Flyer was hung on bulletin board and discusses suicide, OD, medication disposal.



**CONCERNED ABOUT A FRIEND
OR FAMILY MEMBER?**

ARE THEY SUICIDAL?

- Depressed, angry, impulsive?
- Going through a set back?
- Using drugs or alcohol more?
- Withdrawing?
- Talking about being better off dead?
- Losing hope? Acting restless?
- Feeling trapped?

**SUICIDES IN MT
far outnumber homicides**

**OVERDOSE IS THE MOST COMMON
METHOD OF SUICIDE ATTEMPTS IN MT**

**ATTEMPTS WITH A GUN
ARE MORE DEADLY
than attempts with other methods**

SAFER COMMUNITIES MONTANA

TAKE BACK UNUSED MEDICATION

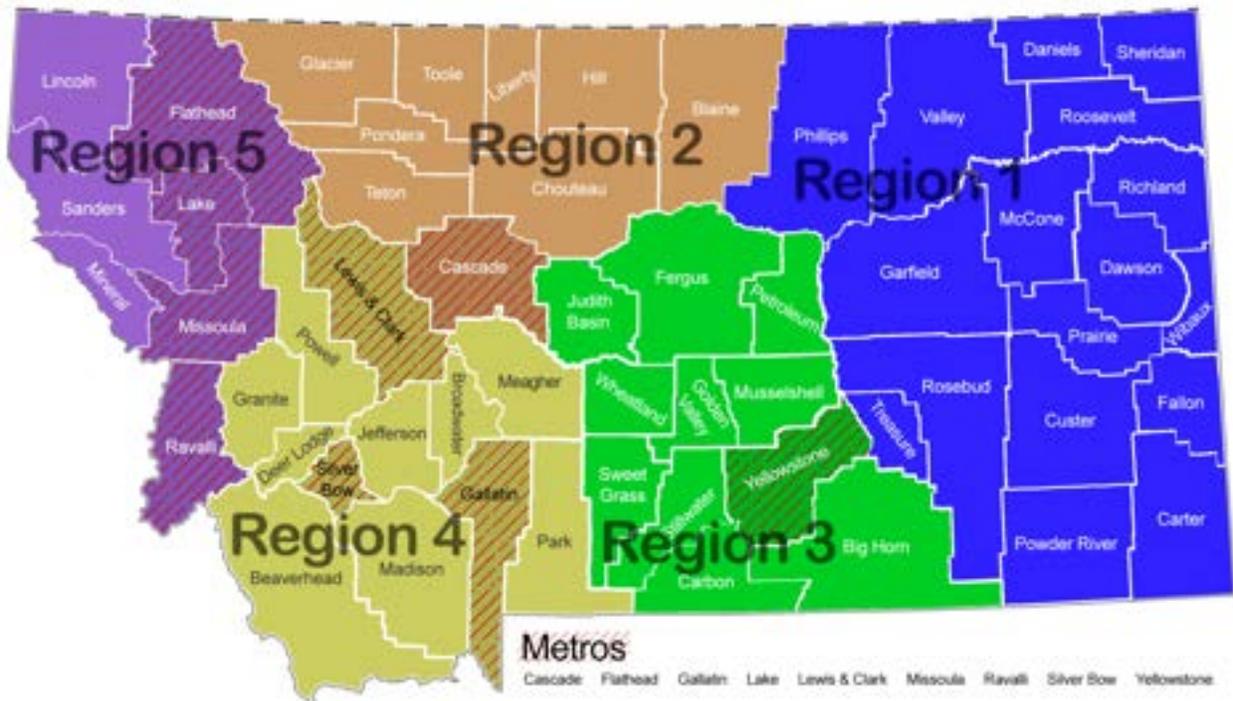
- Dispose of leftover medication and keep all medications locked up, except a one week supply
- Learn more at <https://bit.ly/SaferCommunitiesMT>
- National Suicide Prevention Lifeline: 1-800-273-8255
Press 1 for veterans or text the Crisis Text Line by texting MT to 741-741

Adapted with permission from the New Hampshire Gun Shop Project



Overdose Response Strategy

Opioid Overdose and Tabletop After Action Report



EXERCISE OVERVIEW

Exercise Name	STORPI: Opioid Spike and Response
Exercise Date & Location	October 22, 2025 - ST Peters Hospital Helena, Montana
Abatement Region	Lewis and Clark County Region 4
Core Capabilities	Public Health, Law Enforcement Partners, Other Public Safety, Hospital, and Emergency Medical Services, Mental Health, Dispatch, Local Government
Objectives	<ol style="list-style-type: none"> 1. Identify and apply most appropriate interventions for suspected opioid overdose in the Montana population. 2. Rule out other mimics of overdose such as altered mental status, stroke, polypharmacy, trauma,.... 3. Identify best practice updates per local case review of overdose and outcomes. 4. Identify gaps in inter-agency communications, alert protocols, incident command system, intelligence sharing, and coordination in response to an opioid spike in their region. 5. If appropriate, identify changes that need to be made in the interagency opioid spike mobilization strategy. 6. Identify effectiveness of state-supplied response toolkit and Overdose Detection Mapping Application Program (ODMAP). 7. Identify local networks and resources for emergency/urgent substance abuse, mental health care, and social services.
Threat or Hazard	Opioid spike in rural Montana.
Scenario	<p>Over the course of one week, rural hospitals and clinics in Montana report an unprecedented increase in emergency department visits by children and adults with symptoms of drug overdose. The patients' ages range from 6 to 57 years old, and preliminary information points to the ingestion of counterfeit prescription opioids, methamphetamine, and cocaine with potential polypharmacy indications. As the number of cases rises, there is increasing public concern and media scrutiny.</p> <p>The affected areas are characterized by limited healthcare facilities, a lack of specialized treatment options, and minimal resources to address this emerging crisis. Key players include public health departments, law enforcement agencies, emergency medical services, hospitals, schools, community leaders, and non-governmental organizations, and media.</p>

	Overdose Response Strategy (ORS) partners assemble to begin mobilization and intervention efforts in response to an opioid spike in the region.
Participating Organizations	Providers, nursing staff, CDC foundation, Public Health, Resp Therapy, EMS, Pharmacy (34 participants)
Points of Contact	Simulation team: Priscilla Harris and Charity Stephens

EXERCISE OBJECTIVES AND CORE CAPABILITIES

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by CDC and medical best practices, local and state EMS protocols, local public health policy, and local law enforcement policies.

Exercise Objective	Core Capability
1. Identify and apply most appropriate interventions for suspected opioid overdose and or polypharmacy OD in the pediatric population.	Public Safety and Medical Services
2. Rule out other mimics of overdose such as altered mental status, stroke, polypharmacy, trauma,....	Medical Services, Public Health Local Public Health Epidemiologist
3. Identify best practice updates per local case review of overdose and outcomes.	Medical Services, Public Health, Health Epidemiologist, Public Safety
4. Identify gaps in inter-agency communications, intelligence sharing, ICS and coordination in response to an opioid spike in their region.	Public Health, Hospital ED, Public Safety, Local Gov't leadership, Law Enforcement
5. If appropriate, identify changes that need to be made in the interagency opioid spike mobilization strategy.	Public Health, Hospital ED, Public Safety, Local Gov't leadership, Law Enforcement
6. Identify effectiveness of state-supplied response toolkit and Overdose Detection Mapping Application Program (ODMAP).	Public Health, Law Enforcement, and Public Safety
7. Identify local networks for emergency/urgent substance abuse, mental health care, and social services.	Public Health, Mental Health, Social Services

MODULE 2: OD SPIKE RESPONSE TEAM TABLETOP EXERCISE-OD SPIKE

Questions for Tabletop/Hotwash

The following questions are provided as suggested subjects that you may wish to address as the tabletop/hotwash progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Address questions from Module 1 as well.

For the facilitator: *Please list gaps and strengths identified during the simulation debrief to these questions.*

1. What are your initial interventions after assessing the patient?
 - initial interventions: hospital- secured airway, bvm, o2, nasal adjunct (NPA), bp support with fluid boluses, reversal medications, poison control vitals, xray, ekg, narcan
 - initial interventions: EMS/law enforcement- narcan, vitals, look at scene

2. What are your rule-outs with an overdose patient?
 - hypoglycemia, stroke, trauma, cardiac event

3. What history do you need to acquire based on the scenario presentation?
 - Social history, substances taken, quantity consumed, time consumed, anyone else taking these substances

4. Do you have an overdose spike plan?
 - working towards plan

5. Are your spike triggers appropriate or are you getting spike notifications from ODMAP?
 - 3 in 24 hours. Signed up for OD MAP and is being used.

6. Who is in charge of initiating an ICS and when?
 - It is initiated proactively when a spike is triggered

7. What staff do you have on-hand to manage a surge of OD patients?
 - Code Triage will be initiated. It connects to WhatsApp. The employees are able to notify the facility if they are available to respond. Code Triage also alerts administration. Code Triage is specific for the ER staff but the Nurse in Charge for the day can initiate additional staffing notification to assist with the surge.
 - EMS has additional staff for a backup rig and can assist in ER if not needed to man the rig.
 - Public Health will be notified of surge.

8. How long can you care for patients within the region before lack of resupply on equipment, supplies, employees becomes an issue? What supplies do you have on hand to manage a surge of these patients?
 - Narcan is being purchased by Criminal Justice using a \$75,000 grant.
 - Public Health purchased \$42,000 worth of Narcan.
 - EMS has stock of Narcan.
 - Hospital currently has 96 hours worth of Narcan that can be used to stabilize 8 adult patients.

9. What community resources can support your mobilization efforts? Who will your agency notify about this situation and what are you asking for?
 - Locally we would be notifying: Gods Love, VA, Pureview, Indian Health Alliance, Public Health, Our Place, Hope House, AWARE, law enforcement, fire department
 - surrounding facilities to divert patients to if necessary
 - State: we would contact DES, DCI, poison control, anyone at state level for assistance with supplies

10. What type of assistance (staff, space, resources, systems) could the DPHHS, DCI, and their partners provide? Are there other partners that you should coordinate with?
 - 988 or 211
 - Surrounding facilities to potentially divert patients to if necessary
 - Public health can assist with providing additional Narcan and supplies

11. What would the role of Poison Control be in this scenario?

- Offer recommendations, potentially track patient
12. How will you/your agency maintain situational awareness of the spike as it evolves?
- Continue to communicate with local agencies and monitor OD Map
13. What poisoning exposure training does your EMS/Fire agency staff have?
- Standard scene safety, exposure, and decontamination training
14. Does your agency have access to a decontamination policy or SOP for potential exposures? What are your next steps as a result of potential exposure to a toxic substance?
- Follow current Decontamination SOP
15. What resources do you have to rapidly identify the substance/s involved? I.E. MX908 mass spectrometer
- Unknown. Can send specimens to state lab for identification
16. Is there interagency awareness or training for protecting the crime scene from contamination? Are there chain of custody forms for the medications removed from the scene?
- Law enforcement is contacted to take possession of substances found on patient or in patient belongings.
 - EMS has law enforcement take possession of substances found on scene.
17. How will you determine if the patient needs access to your mental health and social services network and how do you go about gaining access for them?
- Social services would be contacted for potential patient needs
 - 211
 - Public health can be contacted for resources
18. What steps must be taken to prevent further overdoses?
- Public and community education
 - Narcan made more available
19. Will your responders require CISD as a result of multiple pediatric ODs or deaths?

- 6 EAP sessions available each year to all employees
- Formal debriefs are held
- Facility Pastor is available for any employees willing to speak to him
- Therapy dog

20. When would you cancel the spike alert?

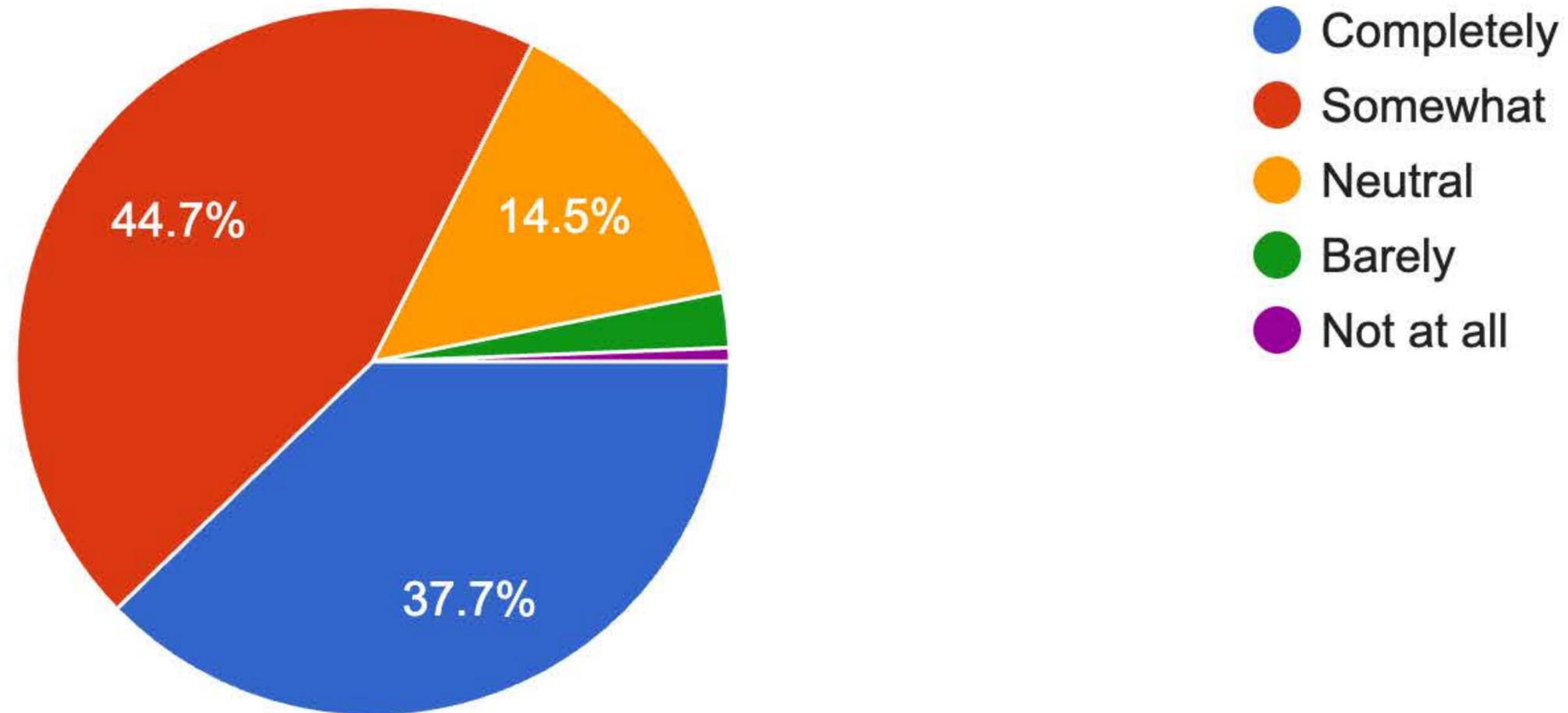
- unknown

20. Other information gathered or concerns/strengths identified by the simulation team.

- + pumps have been programmed for Narcan drips
- + Narcan is available from public health, Pureview Health Center, Recovery Clinics. Vending machines at Academy, Law and Justice, and courthouse
- Narcan is actively given in ER department about 5 to 8 times per week.

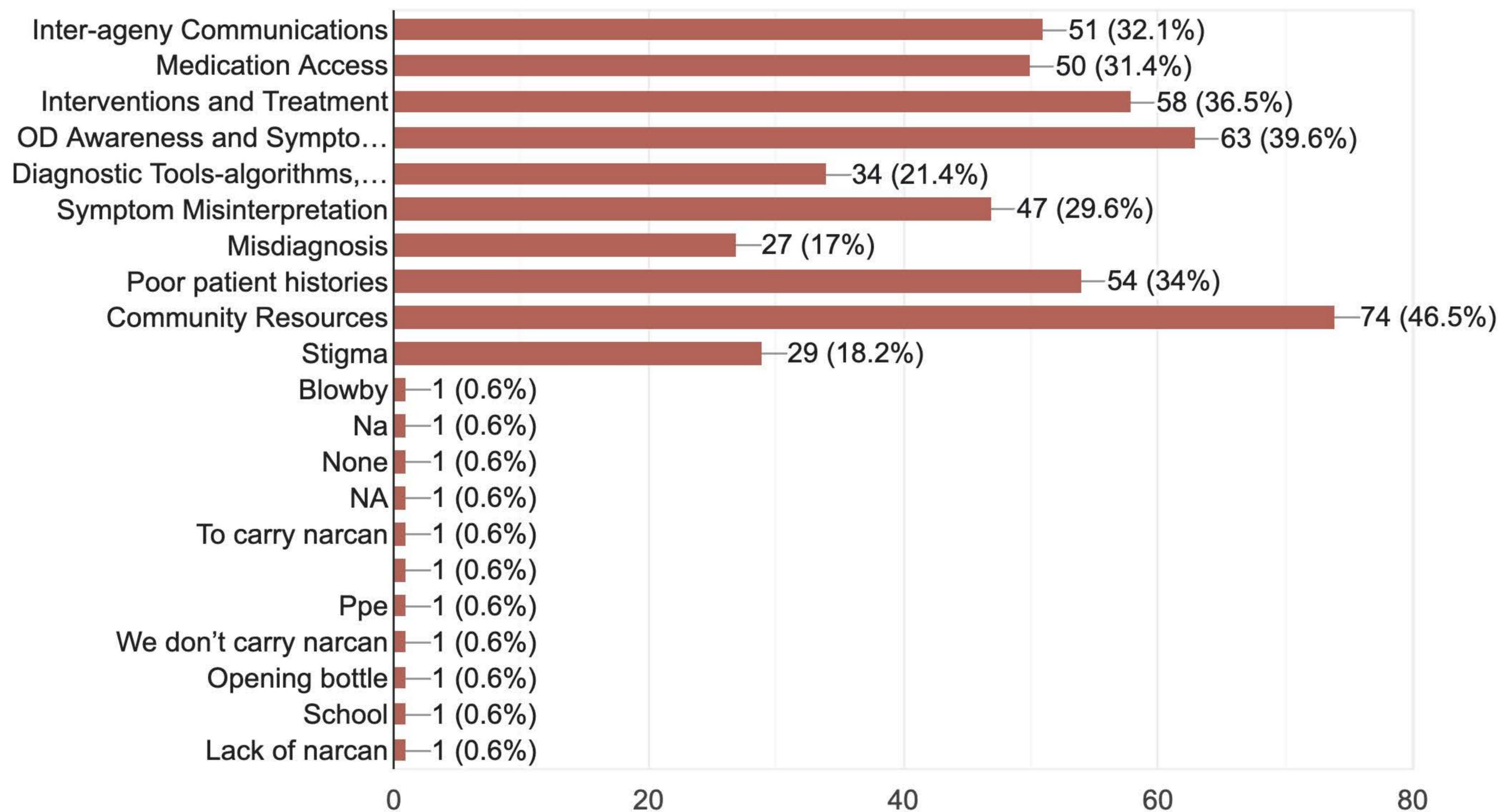
To what extent did this simulation improve your understanding of the systemic and social challenges patients face in rural areas when accessing addiction care?

159 responses



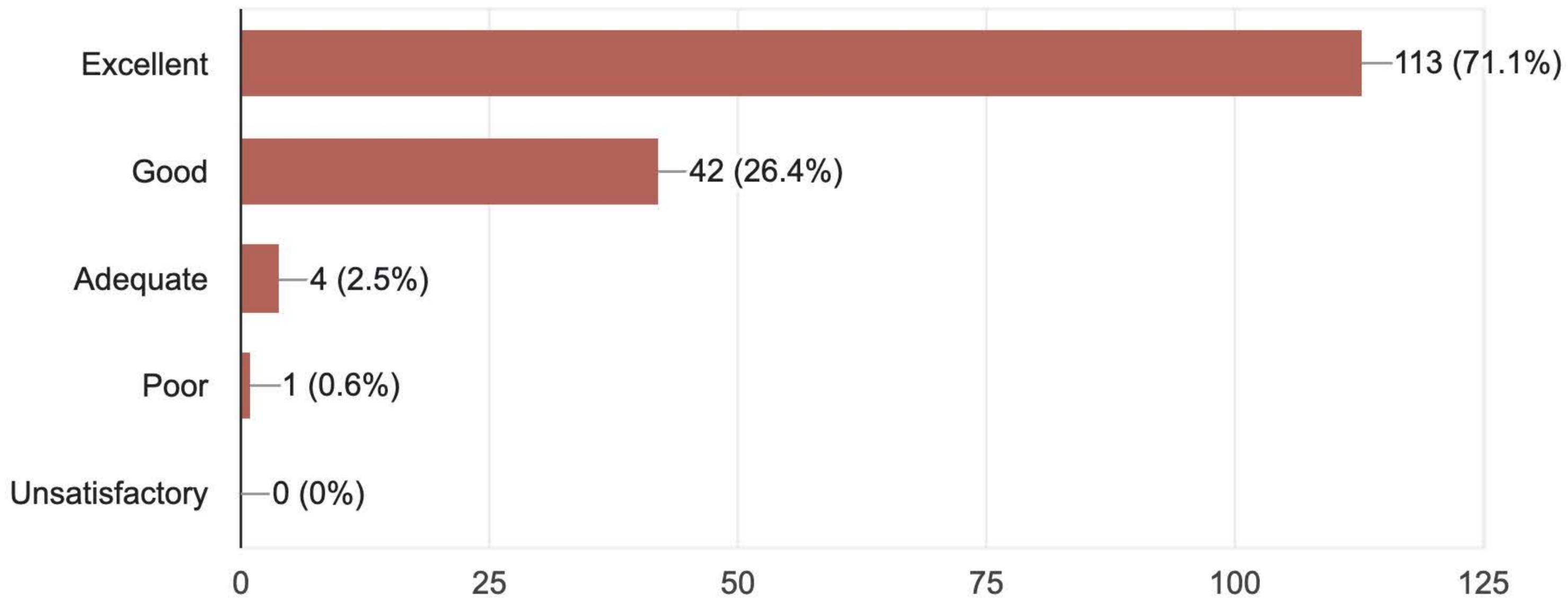
After the debrief, I am newly aware of the following gaps in my organization's or communities' ability to recognize and treat patients experiencing an overdose:

159 responses



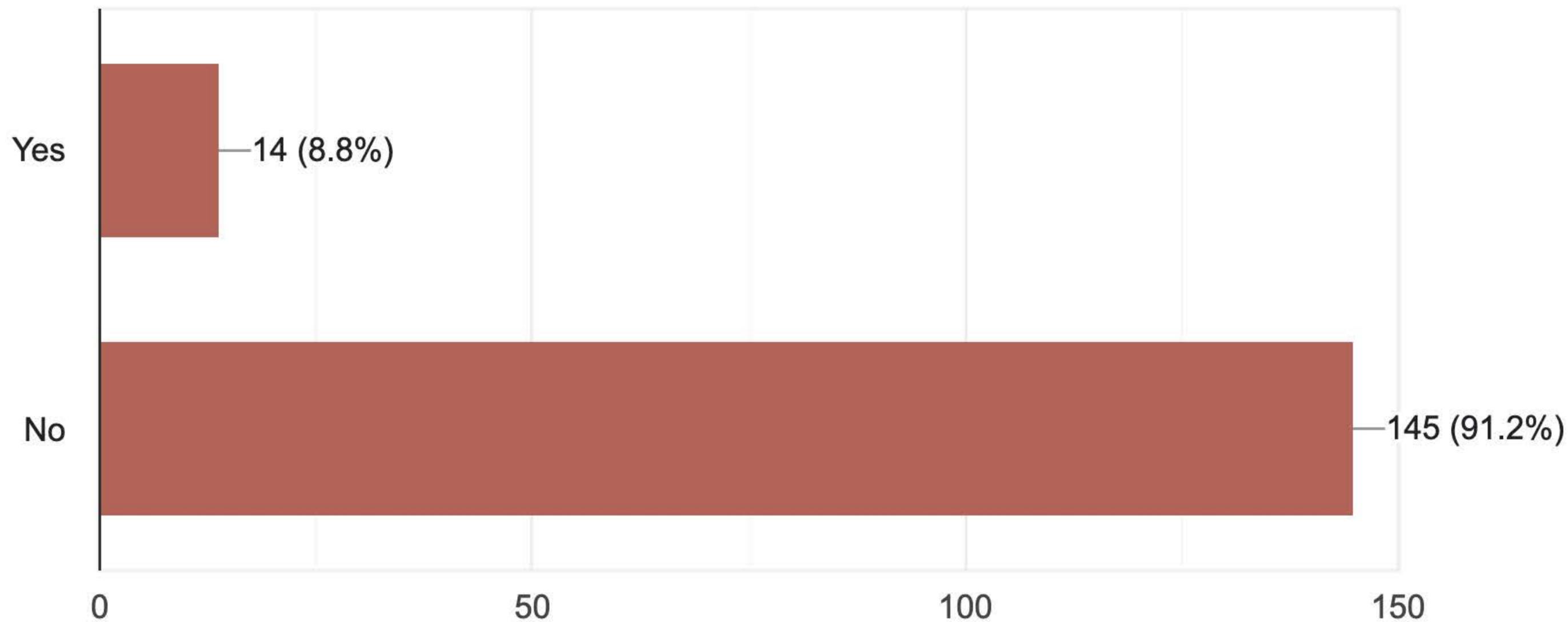
Overall opinion of the simulation:

159 responses



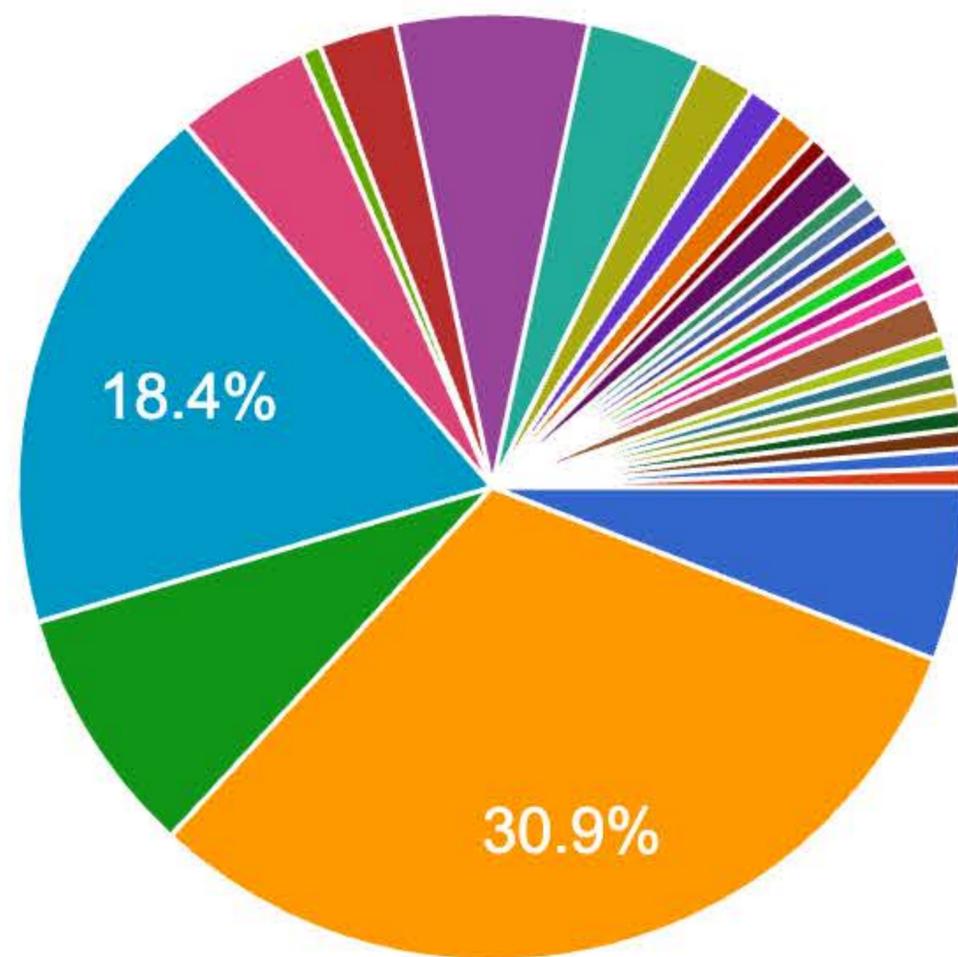
Did you witness an error today in the simulation that could have resulted in fatality or disability in a live patient?

159 responses



Licensure

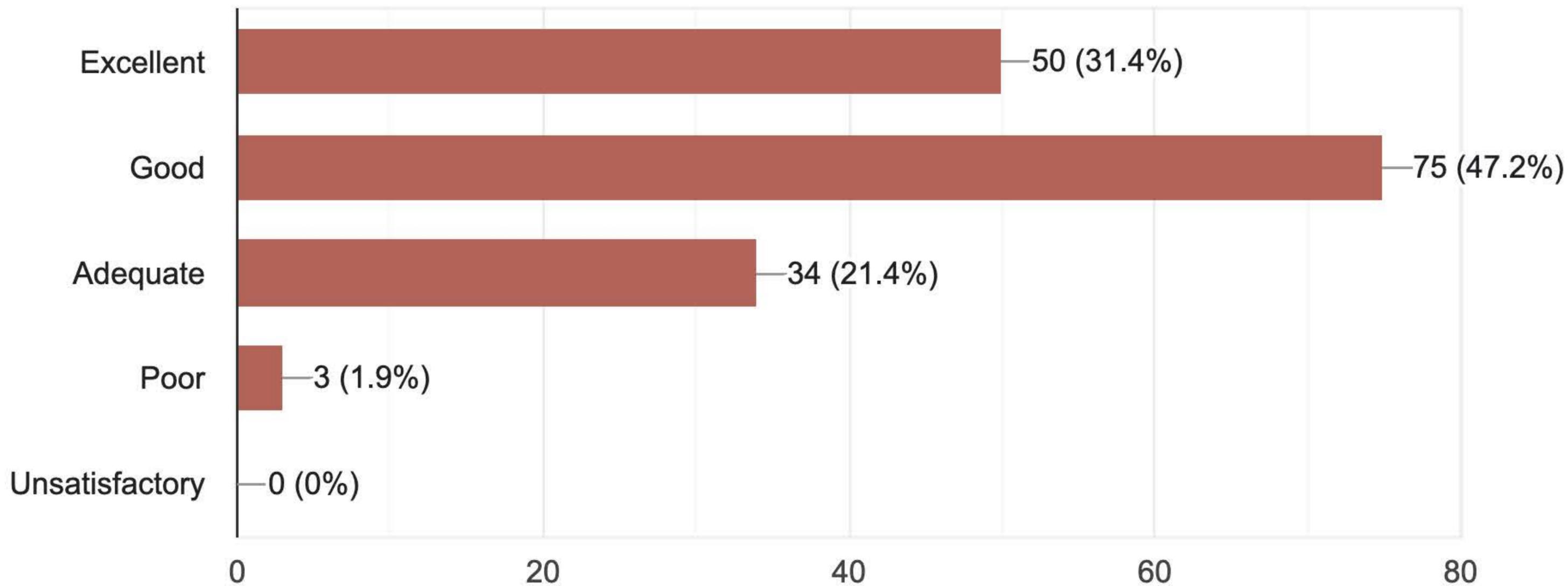
152 responses



- Medical Provider
 - Mental Health Provider
 - Nurse
 - CNA, Medtech
 - Local Counselor or Mental Health Car...
 - Paramedic, EMT, EMR
 - Law Enforcement
 - Hospital Administration
- ▲ 1/5 ▼

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

159 responses



Expansion of Intermountain's Day Treatment Program

*2025 Montana Opioid Abatement Trust
Grants*

Intermountain Deaconess Children's Services

Jamie Palagi
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Helena, MT 59601

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Kati Bono

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FollowUp Form

Grant Details

Project Name*

Expansion of Intermountain's Day Treatment Program

Grant Amount Awarded

\$106,791.00

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.

Intermountain is expanding its Day Treatment program in Lewis and Clark County to provide intensive, trauma-informed behavioral health services for upper elementary and middle school students at high risk for substance misuse, including opioid use. In response to gaps identified by local school districts, including East Helena, the program increases access to early intervention for children experiencing trauma, adverse childhood experiences, emotional dysregulation that interferes with classroom learning, and family instability.

Day Treatment aligns with Opioid Remediation Guidelines by addressing key risk factors associated with future opioid misuse through structured, school-based intervention. Operating in partnership with local districts, the program provides six hours per day of integrated academic instruction and clinical support during the school year, with continued services through the summer months. Behavioral health professionals and specially trained teachers deliver individual, group, and family therapy, skill building, substance use risk assessment, and parenting education.

By embedding services in a least restrictive, community-based setting, Intermountain's Day Treatment program reduces barriers to care, strengthens protective factors, and stabilizes children before behaviors escalate to crisis. This early, relationship-centered approach builds resilience, improves school engagement, and reduces long-term risk for opioid misuse and other substance related harms.

Project Progress Reports

Project progress narrative*

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

Intermountain's expanded Day Treatment program is designed to reduce barriers to care through integrated teams of behavioral health professionals and specially trained teachers who deliver comprehensive support within a community-based school setting. By promoting stability, connection, and continuity of care, the program strengthens protective factors known to reduce long-term risk for substance misuse.

Approximately 50 percent of children enrolled in Intermountain's Day Treatment program present with risk profiles associated with chronic mental health disorders, attachment disruptions, impaired self-regulation, and executive functioning challenges. Many demonstrate elevated behavioral risks including substance use vulnerability, suicidality, aggression, and other high-risk behaviors. Without early intervention, these patterns can lead to chronic disengagement in school and community settings and increased risk of long-term system involvement. Intermountain's Day Treatment model intervenes at this critical stage to disrupt that trajectory.

During this reporting period, key implementation milestones have been achieved. A certified Teacher and a Mental Health Specialist have been hired and are completing onboarding and specialized training to support the therapeutic classroom model. Recruitment for the Therapist position is underway, with interviews currently in progress to expand clinical capacity.

A formal contract is in place with East Helena School District outlining referral processes and collaborative service delivery. The program is fully operational and prepared to accept additional students. While the original plan anticipated enrolling 4 to 6 students by fall 2025, three students have been enrolled to date. Enrollment remains dependent on referrals from the school district, and administrators continue to assess student needs for placement. Intermountain has begun preliminary plans to inform other Lewis and Clark County schools to increase awareness of Day Treatment and support additional referral pathways.

Early therapeutic progress is evident. One student is demonstrating increased openness and reduced anger intensity while processing feelings of loneliness and disconnection. Another has made meaningful gains in processing early childhood experiences and communicating complex emotions. One student has successfully discharged, demonstrating the ability to form healthy relationships, utilize adult support, and sustain emotional growth.

Although enrollment is slightly below projection, there have been no deviations from the service model. Staffing, district partnership, and therapeutic infrastructure are in place, and the program remains positioned for continued growth as referrals increase.

Have you encountered any problems administering the project*

Please explain

Recruitment has presented the primary challenge in administering the Day Treatment program. Because the program operates on a year-round calendar with six-hour instructional days across 210 school days per year, staffing expectations differ from traditional academic settings. This structure is essential to maintaining therapeutic continuity and preventing regression, yet it can narrow the pool of qualified candidates willing to commit to an extended schedule.

Like many behavioral health providers in Montana, we also face broader workforce shortages in both education and clinical roles. These challenges can affect hiring timelines and require proactive recruitment strategies to ensure consistent staffing and program stability.

To address these barriers, Intermountain has strengthened recruitment efforts in several ways. We offer on campus housing for staff who relocate to Helena to serve in the Day Treatment and residential treatment programs, reducing financial and logistical barriers to relocation. Recruitment efforts have also expanded nationally and internationally, including the use of J1 visa placements to attract qualified educators.

Despite recruitment challenges, the program continues to operate effectively. Leadership monitors staffing patterns closely, prioritizes retention through supportive supervision and professional development, and maintains continuity of care for children and families.

Evaluation Plan & Results*

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

Intermountain evaluates the Day Treatment program through a structured mixed methods approach that integrates quantitative data and qualitative feedback. Quantitative measures include enrollment and attendance, service intensity, progress toward Individualized Education Program goals, standardized clinical assessments such as the Youth Outcome Questionnaire, and discharge outcomes.

Baseline intake data indicate that approximately 50 percent of Day Treatment students present with needs suggesting a higher level of care beyond outpatient services, particularly in areas of intrapersonal distress, social problems, and behavioral dysfunction. This reflects the clinical acuity of the population served and reinforces the importance of intensive, community-based intervention. Full pre- and post- YOQ comparison data for this reporting period are not yet available.

Qualitative feedback is collected through caregiver surveys and staff observations. Caregivers report an average rating of 3.6 on a 5-point scale when asked whether their relationship with their child has improved since starting services, indicating moderate to strong perceived improvement in family connection and communication. School staff and therapists consistently report improvements in emotional regulation, classroom engagement, and peer relationships.

Program data are reviewed quarterly by leadership and clinical supervisors. Findings inform service adjustments, staff training priorities, and family engagement strategies, ensuring services remain responsive, trauma informed, and aligned with opioid prevention objectives.

Performance Metrics*

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

During the reporting period of August 2025 through January 2026, total Day Treatment enrollment averaged 19 students. Students received an average of 18 hours of individual therapy and 10 hours of family or caregiver therapy during the reporting period, totaling more than 515 clinical hours delivered. This intensity of service supports the goal of early, trauma-informed intervention for youth at elevated risk for substance misuse.

Educational outcomes demonstrate meaningful academic stabilization and growth. Students receiving Intermountain Day Treatment services show consistent progress toward their Individualized Education Program goals. The majority reflect measurable growth across Reading, Math, and Written Language. Some students do not have goals in certain academic areas based on individualized programming. All students are making progress in their identified goal areas, and two students met academic goals within the first quarter of the 2025 to 2026 school year.

Discharge outcomes reflect stabilization and progress toward reintegration. During this reporting period, two children successfully discharged from the program. One transitioned back to their home school district, and in the other case, parents elected to home school their child following stabilization. These outcomes indicate meaningful progress in emotional regulation, academic engagement, and a reduced need for more restrictive levels of care.

Financial Information

Expenditures*

Please upload a comprehensive and itemized accounting report that clearly outlines all expenses incurred. This should include specific categories, dates, vendors and payees, amounts, and descriptions for each transaction, along with any supporting documentation such as receipts or invoices.

IM 6 Month Expenditures-combined-compressed.pdf

Additional Financial Documentation

Budget Comments/Supporting Information*

Please describe any variances or explanation in further detail.

There are no material financial variances to report during this period. Expenditures remain aligned with the approved budget categories and funding intent, and all grant funds to date have been used in accordance with the project scope and opioid prevention objectives.

There were minor timing variances related to staffing. The Mental Health Specialist position was filled slightly later than originally projected due to recruitment challenges. Conversely, the Teacher position was filled slightly earlier than anticipated. These timing differences do not affect overall budget allocations or total personnel costs, but they did shift the timing of expenditures within the grant cycle.

These staffing adjustments do not alter the program model, service intensity, or implementation milestones. The project remains on track both financially and operationally, and projected expenditures are expected to align fully with the approved budget by the end of the grant period.

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

Upload #2

Upload #3

File Attachment Summary

Applicant File Uploads

- IM 6 Month Expenditures-combined-compressed.pdf



Moat Grant Expenditures Through February 26, 2026

Categories	Dates	Vendors/Payees	Descriptions	Amounts
Salary	9/26/25	H. Stocking	Salary (after deductions) 9/7/25 - 9/20/25	\$1,448.77
Salary	10/10/25	H. Stocking	Salary (after deductions) 9/21/25 - 10/4/25	\$1,312.21
Salary	10/24/25	H. Stocking	Salary (after deductions) 10/5/25 - 10/18/25	\$1,282.94
Salary	11/7/25	H. Stocking	Salary (after deductions) 10/19/25 - 11/01/25	\$1,287.18
Salary	11/21/25	H. Stocking	Salary (after deductions) 11/2/25 - 11/15/25	\$1,208.29
Salary	12/5/25	H. Stocking	Salary (after deductions) 11/16/25 - 11/29/25	\$1,454.79
Salary	12/19/25	H. Stocking	Salary (after deductions) 11/30/25 - 12/13/25	\$1,241.14
Salary	1/2/26	H. Stocking	Salary (after deductions) 12/14/25 - 12/27/25	\$1,378.11
Salary	1/16/26	H. Stocking	Salary (after deductions) 12/28/25 - 1/10/26	\$1,251.80
Salary	1/30/26	H. Stocking	Salary (after deductions) 1/11/26 - 1/24/26	\$1,557.41
Salary	2/13/26	H. Stocking	Salary (after deductions) 1/25/26 - 2/7/26	\$1,132.33
Salary	1/30/26	E. Balicoco	Salary (after deductions) 1/11/26 - 1/24/26	\$431.56
Salary	2/13/26	E. Balicoco	Salary (after deductions) 1/25/26 - 2/7/26	\$1,095.40
Benefits	9/26/25	-	Benefits - 9/7/25 - 9/20/25 - H. Stocking	\$35.43
Benefits	10/10/25	-	Benefits - 9/21/25 - 10/4/25 - H. Stocking	\$97.97
Benefits	10/24/25	-	Benefits - 10/5/25 - 10/18/25 - H. Stocking	\$95.79
Benefits	11/7/25	-	Benefits - 10/19/25 - 11/01/25 - H. Stocking	\$96.37
Benefits	11/21/25	-	Benefits - 11/2/25 - 11/15/25 - H. Stocking	\$90.22
Benefits	12/5/25	-	Benefits - 11/16/25 - 11/29/25 - H. Stocking	\$110.17
Benefits	12/19/25	-	Benefits - 11/30/25 - 12/13/25 - H. Stocking	\$92.76
Benefits	1/2/26	-	Benefits - 12/14/25 - 12/27/25 - H. Stocking	\$93.41
Benefits	1/16/26	-	Benefits - 12/28/25 - 1/10/26 - H. Stocking	\$103.51
Benefits	1/30/26	-	Benefits - 1/11/26 - 1/24/26 - H. Stocking	\$116.66
Benefits	2/13/26	-	Benefits - 1/25/26 - 2/7/26 - H. Stocking	\$83.39
Benefits	1/30/26	-	Benefits - 1/11/26 - 1/24/26 - E. Balicoco	-
Benefits	2/13/26	-	Benefits - 1/25/26 - 2/7/26 - E. Balicoco	\$401.35
Recruiting/Bonuses/Marketing	8/31/2025	Indeed	Indeed Ad Sponsorship - Teacher position	\$1,851.08
Recruiting/Bonuses/Marketing	9/30/2025	Indeed	Indeed Ad Sponsorship - MHS	\$2,315.82
Recruiting/Bonuses/Marketing	10/31/2025	Indeed	Indeed Ad Sponsorship - MHS	\$255.74
Recruiting/Bonuses/Marketing	9/26/2025	H. Stocking	Hiring Bonus	\$500.00
Recruiting/Bonuses/Marketing	11/10/2025	Teachers Council Inc.	J1 placement application - E. Balicoco	\$1,750.00
Recruiting/Bonuses/Marketing	12/5/2025	Teachers Council Inc.	J1 Sponsorship Fee & 6 months insurance - E. Balicoco	\$1,608.00
Training	10/24/2025	-	Internal Training Costs for H. Stocking	\$1,364.00
Training	2/26/2026	-	Internal Training Costs for E. Balicoco	\$1,364.00
Staff Laptop Bundles	2/16/2026	Information Technology Core	(3) HP EliteBook 6 G1a 14in Notebook	\$3,987.00
Funds Expended Through 2/26/26				\$32,494.60

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 09/07/2025
 Period Ending: 09/20/2025
 Pay Date: 09/26/2025

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	18.0000	64.75	1,165.50	6,738.00
Overtime	30.7350	2.00	61.47	393.31
Interim Adjustm			80.00	2,113.78
Nightshift	19.7400	.50	9.87	15,006.07
Nightshift	19.7600	.25	4.94	
Personal Leave	18.0000	14.50	261.00	1,168.50
Retroactive			273.36	273.36
Bonus				500.00
Critical Cov 15				6.75
Holiday				618.75
Nightshift-Ot				758.55
Gross Pay			\$1,856.14	30,046.31

Your federal taxable wages this period are \$1,856.14

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
Max Elig/Comp	1,856.14	30,046.31
Trl Er		0.89
Totl Hrs Worked	67.50	
Extnd Sick Bal		40.27
Personal Bal		45.77

Important Notes

BASIS OF PAY: HOURLY

YOUR HOURLY RATE HAS BEEN CHANGED FROM 15.0000 TO 18.0000.

<u>Deductions</u>	<u>Statutory</u>		
Federal Income Tax	-144.33		2,037.51
Social Security Tax	-115.08		1,862.93
Medicare Tax	-26.91		435.68
MT State Income Tax	-66.00		902.00
Other			
Roth 403(B)	-37.12		600.93
Short Trm Disb	-14.98		217.21
VOL LIFE	-2.95		52.30
Net Pay	\$1,448.77		
Checking 1	-1,448.77		
Net Check	\$0.00		

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Advice number: 0000390071
 Pay date: 09/26/2025

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit ABA</u>	<u>amount</u>
HAILEY MADISON STOCKING	xxxxxxxx7604	xxxx xxxx	\$1,448.77

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 09/21/2025
 Period Ending: 10/04/2025
 Pay Date: 10/10/2025

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

Earnings	rate	hours	this period	year to date
Regular	18.0000	78.00	1,404.00	8,142.00
Overtime	27.4888	2.25	61.85	537.63
Overtime	27.4900	3.00	82.47	
Interim Adjustm			80.00	2,193.78
Nightshift	19.7467	.75	14.81	15,045.57
Nightshift	19.7520	1.25	24.69	
Bonus				500.00
Critical Cov 15				6.75
Holiday				618.75
Nightshift-Ot				758.55
Personal Leave				1,168.50
Retroactive				273.36
Gross Pay			\$1,667.82	31,714.13

Your federal taxable wages this period are
 \$1,667.82

Other Benefits and Information	this period	total to date
Max Elig/Comp	1,667.82	31,714.13
Pens Er	66.71	
Trl Er		0.89
Totl Hrs Worked	85.25	
Extnl Sick Bal		41.81
Personal Bal		50.39

Deductions	Statutory		
Federal Income Tax		-121.73	2,159.24
Social Security Tax		-103.40	1,966.33
Medicare Tax		-24.19	459.87
MT State Income Tax		-55.00	957.00
Other			
Roth 403(B)		-33.36	634.29
Short Trm Disb		-14.98	232.19
VOL LIFE		-2.95	55.25
Net Pay		\$1,312.21	
Checking 1		-1,312.21	
Net Check		\$0.00	

Important Notes
 BASIS OF PAY: HOURLY

Additional Tax Withholding Information
 Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES **Advice number: 00000410067**
 Pay date: 10/10/2025

Deposited to the account of	account number	transit ABA	amount
HAILEY MADISON STOCKING	xxxxxxxx7604	xxxx xxxx	\$1,312.21

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 10/05/2025
 Period Ending: 10/18/2025
 Pay Date: 10/24/2025

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	18.0000	78.00	1,404.00	9,546.00
Overtime	27.4960	2.50	68.74	640.75
Overtime	27.5040	1.25	34.38	
Interim Adjustm			80.00	2,273.78
Nightshift	19.7467	.75	14.81	15,085.07
Nightshift	19.7520	1.25	24.69	
Bonus				500.00
Critical Cov 15				6.75
Holiday				618.75
Nightshift-Ot				758.55
Personal Leave				1,168.50
Retroactive				273.36
Gross Pay			\$1,626.62	33,340.75

Your federal taxable wages this period are
 \$1,626.62

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
Max Elig/Comp	1,626.62	33,340.75
Pens Er	65.06	
Trl Er		0.89
Totl Hrs Worked	83.75	
Extnl Sick Bal		43.35
Personal Bal		55.01

<u>Deductions</u>	<u>Statutory</u>		
Federal Income Tax		-116.79	2,276.03
Social Security Tax		-100.85	2,067.18
Medicare Tax		-23.58	483.45
MT State Income Tax		-52.00	1,009.00
Other			
Roth 403(B)		-32.53	666.82
Short Trm Disc		-14.98	247.17
VOL LIFE		-2.95	58.20
Net Pay		\$1,282.94	
Checking 1		-1,282.94	
Net Check		\$0.00	

Important Notes

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Advice number: 00000430068
 Pay date: 10/24/2025

Deposited to the account of	account number	transit ABA	amount
HAILEY MADISON STOCKING	xxxxxxxx7604	xxxx xxxx	\$1,282.94

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 10/19/2025
 Period Ending: 11/01/2025
 Pay Date: 11/07/2025

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	18.0000	73.00	1,314.00	10,860.00
Overtime	27.4836	2.75	75.58	716.33
Extend Sick Lv	18.0000	8.00	144.00	144.00
Interim Adjustm			80.00	2,353.78
Nightshift	19.7467	.75	14.81	15,104.82
Nightshift	19.7600	.25	4.94	
Bonus				500.00
Critical Cov 15				6.75
Holiday				618.75
Nightshift-Ot				758.55
Personal Leave				1,168.50
Retroactive				273.36
Gross Pay			\$1,633.33	34,974.08

Your federal taxable wages this period are
 \$1,633.33

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
Max Elig/Comp	1,633.33	34,974.08
Pens Er	65.33	
Trl Er		0.89
Totl Hrs Worked	76.75	
Extnd Sick Bal		36.89
Personal Bal		59.63

<u>Deductions</u>	<u>Statutory</u>		
Federal Income Tax		-117.59	2,393.62
Social Security Tax		-101.27	2,168.45
Medicare Tax		-23.69	507.14
MT State Income Tax		-53.00	1,062.00
Other			
Roth 403(B)		-32.67	699.49
Short Trm Disb		-14.98	262.15
VOL LIFE		-2.95	61.15
Net Pay		\$1,287.18	
Checking 1		-1,287.18	
Net Check		\$0.00	

Important Notes

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Advice number: 00000450069
 Pay date: 11/07/2025

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit ABA</u>	<u>amount</u>
HAILEY MADISON STOCKING	XXXXXXXX7604	XXXX XXXX	\$1,287.18

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 11/02/2025
 Period Ending: 11/15/2025
 Pay Date: 11/21/2025

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	18.0000	78.25	1,408.50	12,268.50
Overtime	27.4933	.75	20.62	736.95
Interim Adjustm			79.76	2,433.54
Nightshift	19.7467	.75	14.81	15,119.63
Bonus				500.00
Critical Cov 15				6.75
Extend Sick Lv				144.00
Holiday				618.75
Nightshift-Ot				758.55
Personal Leave				1,168.50
Retroactive				273.36
Gross Pay			\$1,523.69	36,497.77

Your federal taxable wages this period are \$1,523.69

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
Max Elig/Comp	1,523.69	36,497.77
Pens Er	60.95	
Trl Er		0.89
Totl Hrs Worked	79.75	
Extnd Sick Bal		38.43
Personal Bal		64.25

Important Notes

BASIS OF PAY: HOURLY

<u>Deductions</u>	<u>Statutory</u>		
Federal Income Tax		-104.44	2,498.06
Social Security Tax		-94.47	2,262.92
Medicare Tax		-22.09	529.23
MT State Income Tax		-46.00	1,108.00
Other			
Roth 403(B)		-30.47	729.96
Short Trm Disb		-14.98	277.13
VOL LIFE		-2.95	64.10
Net Pay		\$1,208.29	
Checking 1		-1,208.29	
Net Check		\$0.00	

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Advice number: 00000470071
 Pay date: 11/21/2025

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit ABA</u>	<u>amount</u>
HAILEY MADISON STOCKING	xxxxxxxxx7604	xxxx xxxx	\$1,208.29

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 11/16/2025
 Period Ending: 11/29/2025
 Pay Date: 12/05/2025

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	18.0000	79.50	1,431.00	13,699.50
Overtime	27.4800	2.00	54.96	791.91
Holiday	18.0000	16.00	288.00	906.75
Interim Adjustm			80.00	2,513.54
Nightshift	19.7600	.50	9.88	15,129.51
Bonus				500.00
Critical Cov 15				6.75
Extend Sick Lv				144.00
Nightshift-Ot				758.55
Personal Leave				1,168.50
Retroactive				273.36
Gross Pay			\$1,863.84	38,361.61

Your federal taxable wages this period are \$1,863.84

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
Max Elig/Comp	1,863.84	38,361.61
Pens Er	74.55	
Trl Er		0.89
Totl Hrs Worked	82.00	
Extnd Sick Bal		39.97
Personal Bal		68.87

<u>Deductions</u>	<u>Statutory</u>		
Federal Income Tax		-145.25	2,643.31
Social Security Tax		-115.56	2,378.48
Medicare Tax		-27.03	556.26
MT State Income Tax		-66.00	1,174.00
Other			
Roth 403(B)		-37.28	767.24
Short Trm Disb		-14.98	292.11
VOL LIFE		-2.95	67.05
Net Pay		\$1,454.79	
Checking 1		-1,454.79	
Net Check		\$0.00	

Important Notes
 BASIS OF PAY: HOURLY

<u>Additional Tax Withholding Information</u>	
Taxable Marital Status:	
MT:	Single
Exemptions/Allowances:	
MT:	0

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES **Advice number: 00000490075**
 Pay date: 12/05/2025

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit ABA</u>	<u>amount</u>
HAILEY MADISON STOCKING	xxxxxxxxx7604	xxxx xxxx	\$1,454.79

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 11/30/2025
 Period Ending: 12/13/2025
 Pay Date: 12/19/2025

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

Earnings	rate	hours	this period	year to date
Regular	18.0000	79.25	1,426.50	15,126.00
Overtime	27.4900	1.00	27.49	840.03
Overtime	27.5066	.75	20.63	
Interim Adjustm			80.00	2,593.54
Nightshift	19.7200	.25	4.93	15,144.32
Nightshift	19.7600	.50	9.88	
Bonus				500.00
Critical Cov 15				6.75
Extend Sick Lv				144.00
Holiday				906.75
Nightshift-Ot				758.55
Personal Leave				1,168.50
Retroactive				273.36
Gross Pay			\$1,569.43	39,931.04

Net Check \$0.00

Your federal taxable wages this period are \$1,569.43

Other Benefits and Information	this period	total to date
Max Elig/Comp	1,569.43	39,931.04
Pens Er	62.78	
Trl Er		0.89
Totl Hrs Worked	81.75	
Extnd Sick Bal		41.51
Personal Bal		73.49

Deductions	Statutory		
Federal Income Tax	-109.92	2,753.23	
Social Security Tax	-97.30	2,475.78	
Medicare Tax	-22.75	579.01	
MT State Income Tax	-49.00	1,223.00	
Other			
Roth 403(B)	-31.39	798.63	
Short Trm Disb	-14.98	307.09	
VOL LIFE	-2.95	70.00	
Net Pay		\$1,241.14	
Checking 1	-1,241.14		

Important Notes

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Advice number: 0000510077
 Pay date: 12/19/2025

Deposited to the account of	account number	transit ABA	amount
HAILEY MADISON STOCKING	xxxxxxxx7604	xxxx xxxx	\$1,241.14

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 12/14/2025
 Period Ending: 12/27/2025
 Pay Date: 01/02/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

<u>Earnings</u>	rate	hours	this period	year to date
Regular	18.0000	63.25	1,138.50	1,138.50
Overtime	27.4850	2.00	54.97	54.97
Holiday	18.0000	16.00	288.00	288.00
Interim Adjustm			80.00	80.00
Nightshift	19.7400	.50	9.87	19.75
Nightshift	19.7600	.50	9.88	
Gross Pay			\$1,581.22	1,581.22

<u>Other Benefits and Information</u>	this period	total to date
Max Elig/Comp	1,581.22	1,581.22
Pens Er	63.25	
Totl Hrs Worked	66.25	
Extnd Sick Bal		43.05
Personal Bal		78.11

<u>Deductions</u>	Statutory	Other
Federal Income Tax	-105.91	105.91
Social Security Tax	-98.04	98.04
Medicare Tax	-22.93	22.93
MT State Income Tax	-50.00	50.00
Roth 403(B)	-31.62	31.62
Short Trm Disb	-17.97	17.97
VOL LIFE	-2.95	2.95
Net Pay	\$1,251.80	
Checking 1	-1,251.80	
Net Check	\$0.00	

Important Notes
 BASIS OF PAY: HOURLY

<u>Additional Tax Withholding Information</u>	
Taxable Marital Status:	MT: Single
Exemptions/Allowances:	MT: 0

Your federal taxable wages this period are \$1,581.22

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INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES **Advice number: 0000010072**
 Pay date: 01/02/2026

Deposited to the account of	account number	transit ABA	amount
HAILEY MADISON STOCKING	xxxxxxxx7604	xxxx xxxx	\$1,251.80

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 12/28/2025
 Period Ending: 01/10/2026
 Pay Date: 01/16/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
926 SIERRA RD W
HELENA MT 59602

<u>Earnings</u>	rate	hours	this period	year to date
Regular	18.0000	78.50	1,413.00	2,551.50
Overtime	27.3600	.50	13.68	144.10
Overtime	27.4363	2.75	75.45	
Holiday	18.0000	8.25	148.50	436.50
Interim Adjustm			70.00	150.00
Nightshift	19.7440	1.25	24.68	54.31
Nightshift	19.7600	.50	9.88	
Gross Pay			\$1,755.19	3,336.41

<u>Other Benefits and Information</u>	this period	total to date
Max Elig/Comp	1,755.19	3,336.41
Pens Er	70.21	
Totl Hrs Worked	83.50	
Extnd Sick Bal		44.59
Personal Bal		82.73

<u>Deductions</u>	Statutory		
Federal Income Tax		-126.79	232.70
Social Security Tax		-108.82	206.86
Medicare Tax		-25.45	48.38
MT State Income Tax		-60.00	110.00
Other			
Roth 403(B)		-35.10	66.72
Short Trm Disb		-17.97	35.94
VOL LIFE		-2.95	5.90
Net Pay		\$1,378.11	
Checking 1		-1,378.11	
Net Check		\$0.00	

Important Notes
 BASIS OF PAY: HOURLY

Additional Tax Withholding Information
 Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

Your federal taxable wages this period are \$1,755.19

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INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES **Advice number: 0000030073**
 Pay date: 01/16/2026

Deposited to the account of	account number	transit ABA	amount
HAILEY MADISON STOCKING	xxxxxxxx7604	xxxx xxxx	\$1,378.11

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 01/11/2026
 Period Ending: 01/24/2026
 Pay Date: 01/30/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
 926 SIERRA RD W
 HELENA MT 59602

Earnings	rate	hours	this period	year to date
Regular	18.0000	49.75	895.50	3,447.00
Overtime	27.4355	2.25	61.73	205.83
Emp Referral			400.00	400.00
Extend Sick Lv	18.0000	29.00	522.00	522.00
Interim Adjustm			70.00	220.00
Nightshift	19.7500	1.00	19.75	79.00
Nightshift	19.7600	.25	4.94	
Holiday				436.50
Gross Pay			\$1,973.92	5,310.33

Your federal taxable wages this period are
\$1,973.92

Other Benefits and Information	this period	total to date
Max Elig/Comp	1,973.92	5,310.33
Pens Er	78.96	
Totl Hrs Worked	53.25	
Extnd Sick Bal		17.13
Personal Bal		87.35

Deductions	Statutory		
	Federal Income Tax	-153.03	385.73
	Social Security Tax	-122.38	329.24
	Medicare Tax	-28.62	77.00
	MT State Income Tax	-73.00	183.00
	Other		
	Roth 403(B)	-39.48	106.20
	Short Trm Disb		35.94
	VOL LIFE		5.90
Net Pay		\$1,557.41	
Checking 1		-1,557.41	
Net Check		\$0.00	

Important Notes

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

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INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES **Advice number: 0000050075**
Pay date: 01/30/2026

Deposited to the account of	account number	transit ABA	amount
HAILEY MADISON STOCKING	XXXXXXXXXX7604	XXXX XXXX	\$1,557.41

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 01/25/2026
 Period Ending: 02/07/2026
 Pay Date: 02/13/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

HAILEY MADISON STOCKING
 926 SIERRA RD W
 HELENA MT 59602

Earnings	rate	hours	this period	year to date
Regular	18.0000	71.00	1,278.00	4,725.00
Overtime	27.3950	2.00	54.79	260.62
Interim Adjustm			64.54	284.54
Nightshift	19.7400	.50	9.87	93.81
Nightshift	19.7600	.25	4.94	
Emp Referral				400.00
Extend Sick Lv				522.00
Holiday				436.50
Gross Pay			\$1,412.14	6,722.47

Your federal taxable wages this period are
\$1,412.14

Other Benefits and Information	this period	total to date
Max Elig/Comp	1,412.14	6,722.47
Pens Er	56.49	
Totl Hrs Worked	73.75	
Extnd Sick Bal		18.62
Personal Bal		91.85

Deductions	Statutory		
Federal Income Tax		-85.62	471.35
Social Security Tax		-87.55	416.79
Medicare Tax		-20.48	97.48
MT State Income Tax		-37.00	220.00
Other			
Roth 403(B)		-28.24	134.44
Short Trm Disb		-17.97	53.91
VOL LIFE		-2.95	8.85
Net Pay		\$1,132.33	
Checking 1		-1,132.33	
Net Check		\$0.00	

Important Notes

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

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INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES **Advice number: 0000070077**
Pay date: 02/13/2026

Deposited to the account of	account number	transit ABA	amount
HAILEY MADISON STOCKING	XXXXXXXXXX7604	XXXX XXXX	\$1,132.33

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 01/11/2026
 Period Ending: 01/24/2026
 Pay Date: 01/30/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

ELVIE BALICOCO
500 SOUTH LAMBORN STREET
HELENA MT 59601

Earnings	rate	salary/hours	this period	year to date
Regular	2076.93	52.00	467.31	467.31
Gross Pay			\$467.31	467.31
Deductions				
Statutory				
Social Security Tax			-28.97	28.97
Medicare Tax			-6.78	6.78
Net Pay			\$431.56	
Net Check			\$431.56	

Other Benefits and Information	this period	total to date
Max Elig/Comp	467.31	467.31
Extn'd Sick Bal		1.08
Personal Bal		3.23

Important Notes

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

Your federal taxable wages this period are \$467.31

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

QC2
Payroll check number: 0086158467
 Pay date: 01/30/2026

94-7074/3212

Pay to the order of:

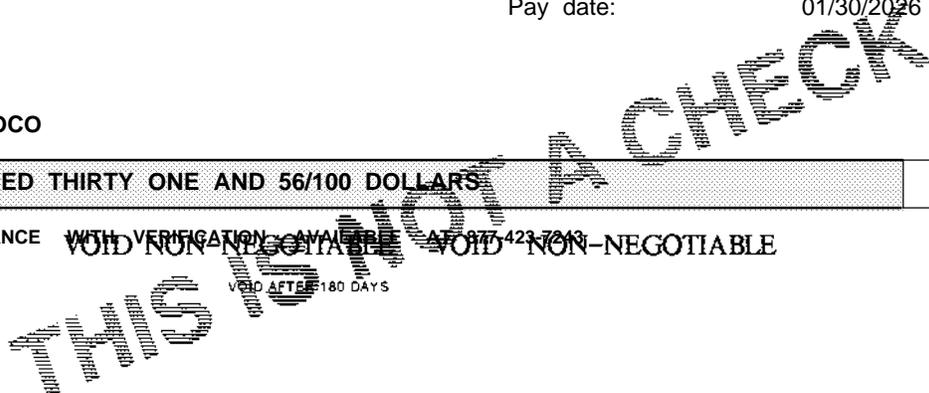
ELVIE BALICOCO

This amount:

FOUR HUNDRED THIRTY ONE AND 56/100 DOLLARS

\$431.56

ASSISTANCE WITH VERIFICATION AVAILABLE AT 877-423-7243
VOID NON-NEGOTIABLE
 VOID AFTER 180 DAYS



Earnings Statement



INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Period Beginning: 01/25/2026
 Period Ending: 02/07/2026
 Pay Date: 02/13/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

ELVIE BALICOCO
500 SOUTH LAMBORN STREET
HELENA MT 59601

<u>Earnings</u>	rate	salary/hours	this period	year to date
Regular	2076.93	80.00	2,076.93	2,544.24
Overtime	38.9424	1.00	38.94	38.94
Gross Pay			\$2,115.87	2,583.18

<u>Other Benefits and Information</u>	this period	total to date
Max Elig/Comp	2,115.87	2,583.18
Extnd Sick Bal		2.62
Personal Bal		7.85

<u>Deductions</u>	Statutory	Other	
Federal Income Tax	-142.63		142.63
Social Security Tax	-126.95		155.92
Medicare Tax	-29.68		36.46
MT State Income Tax	-67.00		67.00
DENTAL	-6.27*		6.27
Housing Deposit	-560.56		
HDHP 3000 EE	-36.02*		36.02
HSA EE	-25.00*		25.00
Roth 403(B)	-21.16		21.16
VISION	-1.12*		1.12
VOL LIFE	-4.08		4.08
Net Pay	\$1,095.40		
Checking 1	-1,095.40		
Net Check	\$0.00		

Important Notes

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
 MT: Single
 Exemptions/Allowances:
 MT: 0

* Excluded from federal taxable wages

Your federal taxable wages this period are \$2,047.46

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES **Advice number: 0000070039**
 Pay date: 02/13/2026

Deposited to the account of	account number	transit ABA	amount
ELVIE BALICOCO	xxxxxx8235	xxxx xxxx	\$1,095.40

THIS IS NOT A CHECK

NON-NEGOTIABLE



Employer Cost – Benefits
Hailey Madison – MHS; Elvie Balicoco - Teacher

COMPANY CODE	NAME	PAY DATE	Total Tax	Total Benefits
QC2	Stocking, Hailey Madison Madison	09/12/2025	112.00	51.82
QC2	Stocking, Hailey Madison Madison	09/26/2025	143.48	35.43
QC2	Stocking, Hailey Madison Madison	10/10/2025	128.92	97.97
QC2	Stocking, Hailey Madison Madison	10/24/2025	125.74	95.79
QC2	Stocking, Hailey Madison Madison	11/07/2025	126.26	96.37
QC2	Stocking, Hailey Madison Madison	11/21/2025	117.78	90.22
QC2	Stocking, Hailey Madison Madison	12/05/2025	144.07	110.17
QC2	Stocking, Hailey Madison Madison	12/19/2025	121.32	92.76
QC2	Stocking, Hailey Madison Madison	01/02/2026	122.23	93.41
QC2	Stocking, Hailey Madison Madison	01/16/2026	135.68	103.51
QC2	Stocking, Hailey Madison Madison	01/30/2026	152.58	116.66
QC2	Stocking, Hailey Madison Madison	02/13/2026	109.16	83.39
Totals For Company Code QC2:			1,539.22	1,067.50

	Tax	Benefits	Total ER cost
Hailey 2/13	109.16	83.39	192.55
Hailey 1/30	152.58	116.66	269.24
Elvie 2/13	158.32	401.35	559.67
Elvie 1/30	36.12		36.12



Itemized Report

Invoice # USI25-04748095
Invoice Date Aug 31, 2025
Invoice Terms Due Upon Receipt
Product Sponsored Jobs

Company	Job Key	Reference Number	Job Title	Location	Quantity	Unit	Average Cost	Total	Currency
Intermountain Deaconess Children's Services	6d15ebdc2fa9be45	G254VP97 EPMFD1M T-920079614 6379_1-920079614 6379_2-en_US-253590:316	Overnight Behavior Specialist	Helena, MT	232	click	4.57	1060.16	USD
Intermountain Deaconess Children's Services	d5ab2df976372b20	G254VP97 EPMFD1M T-920090909 5229_1-920090909 5229_2-en_US-253646:849	Mental Health School Support I	Bozeman, MT	18	click	1.52	27.42	USD
Intermountain Deaconess Children's Services	8074e28ff47855d9	G254VP97 EPMFD1M T-920092358 9047_1-920092358 9047_2-en_US-253590:316	Residential Group Home Supervisor	Helena, MT	227	click	4.31	977.93	USD
Intermountain Deaconess Children's Services	3c4db33892bc6465	G254VP97 EPMFD1M T-920079600 3792_1-920079600 3792_2-en_US-253590:316	Behavior Specialist-Potential Sign on Bonus	Helena, MT	468	click	4.86	2275.80	USD
Intermountain	0ba3d44685f77e6b	G254VP97 EPMFD1M T-920087345 7447_1-920087345	Elementary School Teacher	Helena, MT	129	click	14.35	1851.08	USD

Deaconess Children's Services		7447_2- en_US- 253590:316							
							Total cost	6192.39	USD
							Tax	0.00	USD
							Total amount	6192.39	USD

"This itemized report reflects the cost of each item purchased on the associated invoice."



Itemized Report

Invoice # USI25-05545470
Invoice Date Sep 30, 2025
Invoice Terms Due Upon Receipt
Product Sponsored Jobs

Company	Job Key	Reference Number	Job Title	Location	Quantity	Unit	Average Cost	Total	Currency
Intermountain Deaconess Children's Services	6d15ebdc2fa9be45	G254VP97 EPMFD1M T-920079614 6379_1-920079614 6379_2-en_US-253590:316	Overnight Behavior Specialist	Helena, MT	511	click	4.95	2531.92	USD
Intermountain Deaconess Children's Services	8633dc85786148c8	G254VP97 EPMFD1M T-920094342 1702_1-920094342 1702_3-en_US-253590:316	Residential Case Manager	Helena, MT	59	click	5.78	341.27	USD
Intermountain Deaconess Children's Services	8074e28ff47855d9	G254VP97 EPMFD1M T-920092358 9047_1-920092358 9047_2-en_US-253590:316	Residential Group Home Supervisor	Helena, MT	434	click	6.12	2657.16	USD
Intermountain Deaconess Children's Services	a1b9141926b42059	G254VP97 EPMFD1M T-920094341 2032_1-920094341 2032_3-en_US-253590:316	Mental Health School Support I	Helena, MT	350	click	6.62	2315.82	USD
Intermountain	3c4db33892bc6465	G254VP97 EPMFD1M T-920079600 3792_1-920079600	Behavior Specialist-	Helena, MT	414	click	5.60	2319.83	USD

Deaconess Children's Services		3792_2- en_US- 253590:316	Potential Sign on Bonus						
							Total cost	10166.00	USD
							EVNT Promos: Sponsored Jobs	-9.13	USD
							Tax	0.00	USD
							Total amount	10156.87	USD

"This itemized report reflects the cost of each item purchased on the associated invoice."



Itemized Report

Invoice # USI25-06221871
Invoice Date Oct 31, 2025
Invoice Terms Due Upon Receipt
Product Sponsored Jobs

Company	Job Key	Reference Number	Job Title	Location	Quantity	Unit	Average Cost	Total	Currency
Intermountain Deaconess Children's Services	6d15ebdc2fa9be45	G254VP97 EPMFD1M T-920079614 6379_1-920079614 6379_2-en_US-253590:316	Overnight Behavior Specialist	Helena, MT	203	click	5.77	1171.05	USD
Intermountain Deaconess Children's Services	347694ffb3b25507	G254VP97 EPMFD1M T-920087582 6588_1-920087582 6588_2-en_US-253646:849	School Based Therapist - POTENITAL SIGN ON BONUS!	Bozeman, MT	2	click	1.28	2.56	USD
Intermountain Deaconess Children's Services	8074e28ff47855d9	G254VP97 EPMFD1M T-920092358 9047_1-920092358 9047_2-en_US-253590:316	Residential Group Home Supervisor	Helena, MT	131	click	5.86	767.11	USD
Intermountain Deaconess Children's Services	a1b9141926b42059	G254VP97 EPMFD1M T-920094341 2032_1-920094341 2032_3-en_US-253590:316	Mental Health School Support I	Helena, MT	45	click	5.68	255.74	USD
Intermountain	4f156d0b08b4cd99	G254VP97 EPMFD1M T-920092384 6519_1-920092384	School Based	Bozeman, MT	13	click	8.18	106.36	USD

Deaconess Children's Services		6519_2-en_US-253646:849	Psychotherapist - Bozeman						
Intermountain Deaconess Children's Services	3c4db33892bc6465	G254VP97EPMFD1MT-9200796003792_1-9200796003792_2-en_US-253590:316	Behavior Specialist-Potential Sign on Bonus	Helena, MT	349	click	6.33	2208.78	USD
Intermountain Deaconess Children's Services	e9a74f457603badb	G254VP97EPMFD1MT-9200957783444_1-9200957783444_3-en_US-253590:316	Residential Relief Support Specialist for Group Home	Helena, MT	112	click	12.73	1426.02	USD
							Total cost	5937.62	USD
							Tax	0.00	USD
							Total amount	5937.62	USD

"This itemized report reflects the cost of each item purchased on the associated invoice."



MHS and Teacher Bonus and Training

9/26/2025	Hailey Stocking - \$1,000 Hiring Bonus - initial payment	\$500.00
10/24/2025	Internal Training Costs for H. Stocking	\$1,364.00
2/26/2026	Internal Training Costs for E. Balicoco	\$1,364.00

Teachers Council Inc
 95 Cathedral St Ste 100
 Annapolis, MD 21401 US
 +14439493263
 info@teacherscouncil.com
 www.teacherscouncil.com

Invoice



BILL TO

Intermountain Deaconess Children's
 500 Lamborn St
 Helena, Montana 59601

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
4049	11/10/2025	\$1,750.00	12/01/2025	Due on receipt	

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	J1 Self-Placement Application - Existing School Fee	J-1 Program Application Fee for Elvie Balicoco	1	1,750.00	1,750.00

Payment Methods:

BALANCE DUE

\$1,750.00

1. Please visit <https://teacherscouncil.com/pay/> and follow instructions to make an online payment using PayPal or Credit Card. Please note, online and credit card payments incur a processing fee of 3%

2. International Wire/Bank Transfer: * Please speak directly with your case worker for directions

3. If you (or a friend/family member) are located in the US, you may also mail a check or money order made payable to

Teachers Council, Inc. to:
 ATTN: [Case Manager's Name]
 Teachers Council, Inc.
 95 Cathedral Street
 Suite 100
 Annapolis, MD 21401

Teachers Council Inc
 95 Cathedral St Ste 100
 Annapolis, MD 21401 US
 +14439493263
 info@teacherscouncil.com
 www.teacherscouncil.com

Invoice



BILL TO

Intermountain Deaconess Children's
 500 Lamborn St
 Helena, Montana 59601

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
4099	12/05/2025	\$1,608.00	01/01/2026	Due on receipt	

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Annual J-1 Program Sponsorship Fee, Year 1	Annual J-1 Sponsorship Fee for the 25-26 SY for Elvie Balicoco	1	1,200.00	1,200.00
	J-1 Emergency Health Insurance	6 months of J-1 Insurance for Elvie Balicoco	6	68.00	408.00

Payment Methods:

BALANCE DUE

\$1,608.00

1. Please visit <https://teacherscouncil.com/pay/> and follow instructions to make an online payment using PayPal or Credit Card. Please note, online and credit card payments incur a processing fee of 3%

2. International Wire/Bank Transfer: * Please speak directly with your case worker for directions

3. If you (or a friend/family member) are located in the US, you may also mail a check or money order made payable to

Teachers Council, Inc. to:
 ATTN: [Case Manager's Name]
 Teachers Council, Inc.
 95 Cathedral Street
 Suite 100
 Annapolis, MD 21401



goitc.com

800-461-8715

3701 Trakker Trail Lane , Ste 1B # 297, Bozeman, MT 59718

Quote 000Q6688 HP EliteBook 6 14" Notebook and USB-C Dock

Valid through March 9, 2026 @ 5:00 pm

Prepared For:

Intermountain Children's Home
John Sanchez
500 S Lamborn St
Helena, MT 59601
johns@intermountain.org

Prepared By:

Ken Keller
Phone: 800-461-8715
Email: ken@goitc.com



Handwritten signature of Ken Keller



Below is the interactive version of the quote, you can choose options and see the quote totals.

For a pdf of your quote click here to download. If you have any questions please use the Question section at the bottom of this page.

Line Item Detail

Table with 5 columns: Qty, Description, Image, Unit Price, Ext Price. Contains 4 line items for HP EliteBook 6 G1a 14in Notebooks and HP USB-C Dock G5.

SubTotal: \$3,987.00
Shipping: \$0.00
Sales Tax: \$0.00
Total: \$3,987.00

Payment Options

Table with 2 columns: Payment Method, Amount. Row: Credit Card Purchase (purchase amount \$3,987.00) | \$3,987.00 full payment

<input type="radio"/> eCheck/ACH Purchase (purchase amount \$3,987.00)	\$3,987.00 full payment
<input type="radio"/> Check Purchase (purchase amount \$3,987.00)	\$3,987.00 full payment
<input type="radio"/> Net 30 Terms Purchase (purchase amount \$3,987.00)	\$3,987.00 full payment

◆ **Acceptance Detail**

Order Confirmation

We reserve the right to cancel orders arising from pricing errors or omissions. Additional fees such as taxes and shipping may apply.

I agree to the terms and conditions of the above document and PDF attachment with an electronic signature below.

IP Address 35.131.35.18

PO Number

(Optional: Enter PO Number as your reference only.)

Comments

Email Address

Printed Name

Signature

"signatures" could include: /john smith/; /js/; /js123/, etc

This document was accepted on February 16, 2026 @ 1:12 pm. An email confirmation was sent to johns@intermountain.org.

[Download a copy](#) of what you've signed.

◆ **Payment Details**

Payment History

QUOTE Total: \$3,987.00. Total payments made to date: \$0.00 (\$3,987.00 balance remaining)

◆ **Uploads Area**

◆ **Have Questions?**

Quote Accepted. Have additional questions?

(Note, you will receive a copy of your message by email.)

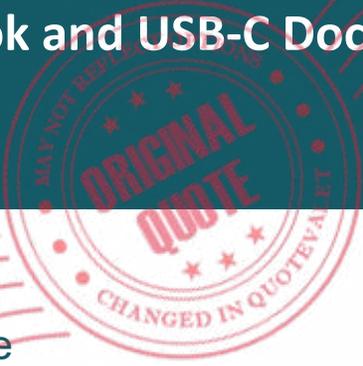
No questions posted yet.

Time expressed in Central Standard Time UTC-06:00

This page was created using [QuoteValet](#) - *The online quote delivery and acceptance vehicle for [QuoteWerks](#).*



HP EliteBook 6 14" Notebook and USB-C Dock



Prepared For

Intermountain Children's Home

John Sanchez

Quote # 000Q6688

Monday, February 16, 2026



3701 Trakker Trail Ste 1B
 #297
 Bozeman, MT 59718
 800-461-8715

QUOTE

000Q6688
 Feb 16, 2026

Quoted To:

John Sanchez
 Intermountain Children's Home
 500 S Lamborn St
 Helena, MT 59601
 4064574815

Prepared By:

KEN KELLER



Phone: 406-459-8073
 Email: ken@goitc.com

Ship To:

Intermountain Children's Home
 500 S Lamborn St
 Helena, MT 59601

Valid Through: **Mar 9, 2026**

Payment Terms: **Net 30**

HP EliteBook 6 14" Notebook and USB-C Dock

	Unit Price	Qty	Ext. Price
HP EliteBook 6 G1a 14in Notebook - AMD Ryzen 5 Pro 230, W11P, 16GB, 512GB, 14" Non-Touch, 1-Year Warranty	\$1,276.00	1	\$1,276.00
HP EliteBook 6 G1a 14in Notebook - Ultra 5 235U, 16GB, 512GB, 14" Non-Touch, 1-Year Warranty	\$1,329.00	1	\$1,329.00
HP 3 year Offsite Notebook HW Supp	\$58.00	1	\$58.00
HP USB-C Dock G5	\$134.00	1	\$134.00

TOTALS

Subtotal	\$2,797.00
Tax	\$0.00
Shipping	\$0.00
Grand Total	\$2,797.00

Payment Options

Select your preferred purchase terms

- Credit Card Purchase (purchase amount \$2,797.00)
- eCheck/ACH Purchase (purchase amount \$2,797.00)
- Check Purchase (purchase amount \$2,797.00)
- Net 30 Terms Purchase (purchase amount \$2,797.00)

Taxes or shipping fees may apply. We reserve the right to cancel orders arising from pricing or availability errors.

Please contact your sales rep or itcsales@goitc.com if you have any questions about this quote.



Montana Opioid Abatement Trust
Lewis & Clark County Metro Region Opioid Abatement
Grant Application Summary

Total Request Amount: \$890,114.48

Available funding: \$469,153.50

- \$69,153.51 available now, \$400,000 available after July 1. This is the *full amount* available for both the spring and fall cycles (\$234,638 each).

Organization: Lewis and Clark Public Health

Request: \$26,181.00

Project Name: Grow Together: Expanding the Universally Offered Home Visiting to Address the Opioid Epidemic

Project Overview: The proposal requests funding to expand community-based recovery and outreach services designed to improve access to care for individuals experiencing substance use and co-occurring mental health disorders in the Helena region. The initiative focuses on strengthening early identification, connection to treatment, and sustained recovery supports through coordinated outreach, peer engagement, and collaboration with healthcare and community partners. Funding would support staffing, outreach infrastructure, and program development to ensure individuals can access services regardless of entry point, while also building longer-term sustainability through partnerships and system alignment. The overall goal is to reduce gaps in care, improve engagement in treatment, and promote stability and recovery outcomes across the community.

Organization: Good Samaritan Ministries

Request: \$135,000.00

Project Name: Strategic Outreach Specialist (STOPS) Campaign

Project Overview: The Strategic Outreach Peer Specialist (STOPS) Campaign seeks support to implement a targeted outreach strategy that connects individuals with substance use and co-occurring disorders to treatment and recovery resources. The program centers on trained peer specialists who conduct proactive engagement in community settings, provide education and harm reduction resources, and facilitate direct referrals into clinical and recovery services. Funding would cover personnel, outreach materials, and operational costs necessary to expand the program's reach and improve coordination among local providers. The campaign aims to increase treatment entry, strengthen continuity of care, and reduce overdose risk by ensuring individuals encounter consistent, relationship-based support throughout their recovery journey.

Notes: Total previous MOAT funding is \$100,000 in FY 25.

Organization: PureView Health Center

Request: \$60,000.00

Project Name: Transcranial Magnetic Stimulation to Support those Recovering from Opioid Use Disorder

Project Overview: This proposal seeks funding to expand access to Transcranial Magnetic Stimulation (TMS) services for individuals experiencing treatment-resistant depression and co-occurring behavioral health conditions, including substance use disorders. The project aims to enhance clinical capacity by supporting equipment, staffing, and service delivery costs associated with providing TMS within an integrated healthcare setting. By increasing access to non-pharmacologic treatment options, the program intends to improve mental health stability, support recovery efforts, and reduce relapse risk for individuals whose untreated or undertreated depression may contribute to substance misuse. The request positions TMS expansion as part of a broader continuum of behavioral health and recovery services.

Organization: Recovery Friendly Montana

Request: \$11,523.48

Project Name: Recovery Friendly Montana

Project Overview: This application requests funding to expand the Recovery Friendly Workplaces initiative within Lewis & Clark County. The program partners with employers to promote supportive workplace environments for individuals affected by substance use disorders through policy review, training, stigma reduction education, and overdose prevention awareness. Funds would support outreach, training delivery, naloxone distribution, and technical assistance to businesses seeking designation as recovery-friendly employers. The initiative aims to reduce workplace stigma, encourage earlier help-seeking, improve employee retention and productivity, and strengthen prevention and recovery supports in non-clinical community settings.

Notes: Missoula based organization. This request is specifically for LCC.

Organization: Montana Legal Services

Request: \$50,324.00

Project Name: Montana Health Justice Partnership

Project Overview: This proposal seeks funding to expand a medical-legal partnership model that integrates civil legal services into healthcare settings to address underlying social and structural barriers that affect individuals with substance use disorders. Through collaboration with healthcare providers, the program identifies legal issues—such as housing instability, benefits access, or employment barriers—that may impede treatment engagement and recovery stability. Grant funds would support attorney time, case management coordination, and outreach within healthcare environments. The goal

is to reduce systemic obstacles that contribute to relapse risk, improve recovery outcomes, and enhance overall stability for individuals impacted by opioid and substance use disorders.

Notes: The Committee tabled an application from this organization that was submitted in September 2025. The initial application was a statewide, multi-year (3yrs) request for \$2,084,969. The initial request went to all abatement regions, not LCC only.

Organization: Prevention Support Services

Request: \$195,000.00

Project Name: Community Capacity Building for Prevention of Opioid Use Disorder

Project Overview: This application requests funding to strengthen regional prevention infrastructure by enhancing coordination, training, and technical assistance for community partners working to reduce substance misuse. The initiative focuses on building local capacity through data-informed planning, coalition support, prevention education, and alignment with state and regional opioid response priorities. Funds would support staffing, training activities, and community engagement efforts designed to increase prevention effectiveness and sustainability. The program aims to improve early intervention efforts, reduce risk factors associated with opioid misuse, and strengthen long-term community-level prevention systems. The programs focus will be on Augusta and Lincoln.

Organization: Lewis and Clark County Sheriff's Office

Request: \$215,318.00

Project Name: Detention Center Medical Provider and MAT Bridges Program

Project Overview: This application requests support to strengthen medical and behavioral health services within the Lewis & Clark County Detention Center, with a focus on medication-assisted treatment (MAT) and reentry coordination for individuals with opioid use disorder. The program aims to ensure continuity of care from incarceration to community release by providing clinical assessment, MAT access, discharge planning, and coordinated referrals to community providers. Funding would support medical staffing, treatment infrastructure, and transition services designed to reduce withdrawal complications, overdose risk following release, and recidivism. The overall objective is to improve health outcomes and stabilize individuals during and after detention through consistent access to evidence-based treatment.

Notes: Total previous MOAT funding for a provider in FY 25 was \$115,200.

Organization: Helena Indian Alliance

Request: \$196,768.00

Project Name: Strengthening Cultural Connection to Prevent Opioid Misuse

Project Overview: This proposal seeks funding to expand culturally grounded prevention and recovery supports designed to reduce opioid misuse and strengthen

protective factors within the Native community in the Helena area. The project centers on increasing access to culturally responsive programming, peer and community engagement, and education that reinforces identity, connection, and resilience as prevention strategies. Funds would support staffing, program activities, and community outreach intended to reduce substance misuse risk, increase awareness of available services, and build stronger connection between prevention, treatment, and recovery resources. The initiative positions cultural connection as a primary strategy for long-term opioid misuse prevention and community wellness.

Outstanding Application

Organization: St. Peters Health Foundation

Request: \$174,835.00

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

Project Overview: The request is to continue and expand a hospital-based peer support program in Lewis & Clark County. The initiative embeds certified peer support specialists within the emergency department, behavioral health unit, and addiction medicine clinic to provide immediate engagement, warm hand-offs to treatment, naloxone distribution, transportation assistance, and ongoing recovery support for individuals with opioid, substance use, and co-occurring disorders. Launched in early 2025, the program has already demonstrated strong early outcomes, serving 143 unique patients through 257 encounters in its first three months while reducing barriers to care and strengthening community partnerships. Continued funding will sustain 2.5 FTE peer support staff, support outreach and transportation, reduce repeat emergency department visits and overdose deaths, and improve long-term recovery outcomes while the organization works toward future Medicaid reimbursement sustainability.

Notes: The Committee review this application in September 2025 and approved the request contingent on review and approval of 1-year report. *Funding for this project has already been allocated.* Total previous MOAT funding for projects is \$215,051.

Grow Together: Expanding the Universally Offered Home Visiting to Address the Opioid Epidemic

2026 Montana Opioid Abatement Trust Grants

Lewis and Clark Public Health

Candace Payne
1930 Ninth Ave
Helena, MT 59601

O: 406-457-8960

Sarah Sandau

1930 Ninth Ave
Helena, MT 59601

ssandau@lccountymt.gov
O: 406-457-8960

Application Form

Region Selection

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

Project Name*

Grow Together: Expanding the Universally Offered Home Visiting to Address the Opioid Epidemic

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.

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.

As the accredited City-County Health Department, Lewis and Clark Public Health (LCPH) has improved and protected the health of Lewis and Clark County residents for more than 80 years. LCPH delivers services to more than 70,000 community members. The County's Finance Department maintains strong internal controls to ensure separation of duties, proper procurement, and sound fiduciary oversight. Approximately half of LCPH's budget is grant funded, and the agency has a demonstrated history of responsible grant management. LCPH's Home Visiting Team provides essential support to pregnant women and families with young children. Home visitors serve as a critical, trusted connection point—particularly for families impacted by the opioid epidemic. Through relationship-based support, home visitors strengthen parent-child bonds, build parental skills and resilience, and connect families to community resources. They are uniquely positioned to coordinate care during pregnancy and postpartum, identify substance use risk, and ensure parents and infants access needed services. The 2024 Community Health Assessment identifies pregnant women and families with young children as a high-risk population. While traditional home visiting serves income-eligible families, many don't meet the eligibility criteria still need connection, leaving a gap. Universally Offered Home Visiting closes this gap by providing the same trusted services to all families, regardless of income or background. Grow Together, LCPH's program, offers every interested pregnant woman and family up to four home visits during pregnancy and the baby's first year. In addition to direct services, Grow Together strengthens coordination between early childhood and substance misuse systems. By embedding a representative within established networks, the program will

identify gaps in the continuum of care, formalize referral pathways, and create smoother warm handoffs between agencies—ensuring families experience seamless care.

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

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

- A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
- C. PREGNANT & POSTPARTUM WOMEN
- E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
- G. PREVENTION PROGRAMS

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- E. NEEDS OF PREGNANT/PARENTING WOMEN, BABIES W/ NEONATAL ABSTINENCE SYNDROME
- G. PREVENT MISUSE OF OPIOIDS
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
- J. LEADERSHIP, PLANNING, & COORDINATION

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

With a focus on early intervention, substance use prevention, care coordination, and support for pregnant and postpartum women and their families, this program is a strong fit for opioid settlement funds. Grow Together directly aligns with and utilizes several core abatement strategies identified in Exhibit E (Attachment A).

Schedule A.A-Goal 1.1 gives every family interacted with at the hospital after birth and every enrolled family receives Naloxone, education on use, and how to request more.

Schedule B.H-Goal 1.2 trains Early Childhood networks on Naloxone. The home visitor (HV) will present on administering Naloxone to the Home Visiting Taskforce. Upon request, the HV will expand Naloxone or other behavioral health trainings to early childhood organizations.

Schedule A.C-Goal 2.1 closes the significant gap in prenatal/postnatal care by expanding the trusted services of existing home visiting programs to all families, regardless of their income, risk factors, or background. Families will receive the expanded, opioid prevention-focused services during home visits. Goal 3.1: SBIRT

screening will be administered to every family during the second home visit to identify any substance use concerns within the household, including partners and other family members.

Schedule A.E-Goal 4.1 bridges the gap between early childhood networks and substance misuse networks. The home visitor will begin coordination efforts by participating in the Strong Roots Substance Misuse Coalition.

Schedule B.C-Goal 4.2: Grow Together provides four visits to connect families quickly with resources. When ongoing needs are identified, families can be referred to Parents as Teachers, which offers monthly visits until the child enters kindergarten. These extended services help families access treatment, sustain recovery, and strengthen overall well-being.

Schedule B.J-Goal 5.1: LCPH Data Portal will host data across key focus areas related to opioid and substance use prevention efforts.

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*

\$26,181.00

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.

Grow Together Program Budget.pdf

Source of Funding*

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

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

In October 2024, Lewis and Clark Public Health (LCPH) secured an 18-month grant from the Montana Department of Public Health and Human Services (DPHHS) to launch a Universally Offered Home Visiting (UOHV) pilot program. This initial funding, which sunsets March 31, 2026, allowed LCPH to hire a certified postpartum doula to develop and implement the program. LCPH was able to secure funding through local opioid funds, a mini grant from DPHHS, and Mental Health Block Grant funds to keep the program running through August 30, 2026.

Although the program is still in its early stages of development and implementation, it has already demonstrated clear community benefit. The home visitor has begun closing a major gap in prenatal and early childhood services, reaching dozens of families who would not have otherwise qualified for traditional home visiting programs (28 enrolled thus far), and continues to expand awareness, enrollment, and participation across the community.

Additional time and resources are needed to fully implement the program, measure effectiveness, and evaluate long-term impact. Beginning in September 2026, there are no remaining funds to sustain the universally offered home visitor position. LCPH is actively seeking new funding sources to build upon the

program's early successes. We believe the proposed Grow Together program represents a strong fit for and highly effective use of opioid settlement funds.

The expansion of UOHV directly addresses a critical gap in opioid and substance use prevention and aligns with several core opioid abatement strategies outlined in the Opioid Remediation Guidelines (Exhibit E), including substance use prevention, harm reduction, improved care coordination and warm handoffs, and support for all pregnant and parenting families regardless of income or background.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Lewis and Clark County

Fiscal Agent Email Address*

bocc@lccountymt.gov

Program Abstract

Program Description*

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

Grow Together is a universally offered home visiting (UOHV) program within Lewis and Clark Public Health (LCPH) that provides every pregnant woman and family with up to four home visits, regardless of income, across the five-county region of Lewis and Clark, Broadwater, Jefferson, Meagher, and Powell Counties. Visits may occur during pregnancy, postpartum, and through the baby's first year of life.

Home visitors are a vital but often underfunded connection point for pregnant women and families with young children affected by the opioid epidemic. The purpose of Home Visiting is to reach families at the critical time of pregnancy and postpartum, setting them up for success and establishing a strong base for the new baby. Home visitors build close and trusting relationships with families, promote healthy parent-child bonds, and help build parental skills, knowledge, and resiliency. Traditional Home Visiting is limited to families who meet specific eligibility requirements, leaving a large gap. Grow Together closes that gap by offering the needed service to every family, because as we know, substance misuse and opioids don't discriminate who they can affect.

By meeting families where they are, the home visitor builds trust and is uniquely positioned to screen, intervene, and connect families to additional care. During the second visit, the home visitor conducts a focused discussion on substance use prevention and available resources, administers the SBIRT screening, uses motivational interviewing to discuss substance use prevention and treatment, and delivers Naloxone and education on its use. Based on screening results, families are connected through a warm handoff to appropriate services such as substance use treatment, recovery programs, or longer-term home visiting models like SafeCare and Parents as Teachers.

There are many coalitions and networks for both early childhood and substance misuse in LCC. But they don't communicate. This project will help bridge that gap to ensure stronger care coordination.

Specifically, the program's objectives with these funds are to:

1. Prevent overdose deaths by increasing the availability, distribution, training, and education for Naloxone
2. Expand best practice Screening, Brief Intervention, and Referral to Treatment (SBIRT) to pregnant and postpartum women
3. Address the needs of pregnant or parenting women and their families
4. Expand warm handoff referrals to local early childhood organizations and substance use treatment and recovery providers, increasing connections to care
5. Centralize local tracking and reporting of substance use, early childhood, and behavioral health outcomes and indicators

Specific Goals*

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

Program Goal 1: Prevent overdose deaths by increasing the distribution & training for Naloxone

Goal 1.1: Distribute at least 100 boxes of Naloxone

Families enrolled and/or interacted at the hospital post birth will receive Naloxone, education on use, and how to request more supplies during their home visit.

Goal 1.2: Share Naloxone information with Early Childhood partners.

The home visitor will present Naloxone to the Home Visiting (HV) Taskforce. Upon request, the home visitor will expand Naloxone or other behavioral health-related trainings to early childhood organizations.

Program Goal 2: Address the needs of pregnant or parenting women and their families

Goal 2.1: 10% increase in families receiving HV services through the Grow Together Program from FY 26 to FY27

We expect to serve 35 women in FY26. Grow Together will help close the gap in prenatal/postnatal care in our community by expanding HV programs with the opioid prevention-focus to all families, regardless of their income.

Program Goal 3: Expand "SBIRT" to pregnant and post-partum women

Goal 3.1: 75% of enrolled families will complete the Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT screening will be administered to every family during the second visit to identify any substance use concerns within the household, including partners and family members.

Program Goal 4: Expand warm handoff referrals to local early childhood organizations, substance treatment and recovery providers, and increase connections to care

Goal 4.1: The home visitor actively participates in at least 1 existing substance misuse coalition

The home visitor will coordinate efforts by participating in the Strong Roots Substance Misuse Coalition (tracked via minutes).

Goal 4.2: Connect at least 15 new families to Parents as Teachers (PAT) evidence-based HV program

Universal HV provides 4 visits to connect families quickly. When ongoing needs are identified, families can be referred to PAT, which offers monthly visits until the child enters kindergarten. These extended services help families access treatment, sustain recovery, and strengthen well-being. Since the beginning of the program in December 2024, the home visitor has enrolled 30% of participating families in PAT.

Program Goal 5: Centralize local tracking and reporting of substance use, early childhood, and behavioral health outcomes and health indicators

Goal 5.1: Maintain and update a centralized dashboard through the LCPH Data Portal

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.

Grow Together is in its infancy and, therefore, needs a strong evaluation plan and data collection effort to ensure the program meets its short-term and long-term goals for the community.

Our evaluation plan has three main components: 1) tracking program reach and service delivery outputs, 2) visualizing improvements in care coordination and referral pathways, and 3) documenting the expertise shared with us directly by participating families. Together, this will guide continuous quality improvement and inform future program planning.

1. Direct counts of program reach and delivered services:

We will track quantitative measures of the program's impact, including:

- Naloxone kits distributed
- Substance use screenings administered (SBIRT) and related education provided
- Families participating in all home visiting programs
- Non-Medicaid eligible families receiving home visiting services through the Universally Offered Home Visiting Program (UOHV) who would have otherwise not qualified
- Families referred to and enrolled in Parents as Teachers, a longer-term home visiting program that serves families for up to the first five years of their child(ren)'s lives

2. Surveys and Interviews:

To enrich and complement our quantitative evaluations, we will listen to and document insights directly from participating families through surveys and, as capacity allows, one-on-one interviews. We view this approach as more than just a tool for evaluation, but opportunities to: 1) uplift the voices, lived experiences, and expertise of the families served by home visiting programs, and 2) learn from their expertise and adapt our programs responsively to better serve all families.

- Traditional surveys will be administered and filled out by participants either online or in person during home visits, providing quantifiable measures of program impact.
- As funding and capacity allows, we will also conduct one-on-one interviews with participants who volunteer. Interviews will allow us to learn much more from the families we serve: the lived experiences and nuances of program successes and challenges that traditional surveys are unable to capture.

Funding for this evaluation component is essential to ensure that we can request participation ethically and fairly. Recognizing the value of time spent by women and their families, this funding provides a small compensation for the invaluable knowledge and expertise that they share with us.

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.

Program Reach and Service Delivery

The Universal Home Visitor uses a secure internal data system to track program reach and service delivery. Each family contact is logged, and the home visitor documents enrollment, number of visits, and details for each encounter; including, screenings, resources, referrals, and Naloxone distribution.

Participant Expertise and Program Satisfaction

Participant satisfaction surveys will be completed either in person or online using LCPH's HIPAA-compliant JotForm online platform. If capacity allows for one-on-one interviews, LCPH will use secure transcription software to convert recordings to text. Audio files will be deleted after transcription, and anonymized transcripts will be stored on a secure county server.

Secondary Data Sources

Currently, data and program outcomes related to behavioral health and early childhood services are collected and published across multiple agencies and websites. This fragmentation makes it difficult for partners to see the complete picture of our collective impact.

LCPH will compile relevant indicators from partner organizations and the Montana Department of Public Health and Human Services (DPHHS). This data will be shared through the LCPH Data Portal to provide providers, policymakers, and the public with consistent, timely, and actionable data.

Key DPHHS Data Sources:

- Montana Pregnancy Risk Assessment Monitoring System (PRAMS): Maternal health behaviors and outcomes
- Behavioral Risk Factor Surveillance System (BRFSS): Substance use and mental health indicators
- Hospital Discharge Data: Emergency department visits, including infant and behavioral health-related cases
- Vital Statistics: Birth and death data

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 utilize a multifaceted approach to help build awareness of this program, including:

- In-person visits: The home visitor is going into the Women and Children's Unit at St. Peter's Health twice a week to see families who are giving birth. Meeting the families face-to-face makes them more interested in the program and seeing if it is a right fit for them.
- Handouts: All families who give birth at St. Peter's Health are given a packet of materials when they leave the hospital. One of those handouts is a flyer for enrolling in the Grow Together program. This flyer is also given out at outreach events.
- Partner Engagement: The Home Visiting team participates in many coalitions that include early childhood and medical providers, such as the State Home Visiting Coalition, Early Childhood Coalition of the Greater Helena Area, the Home Visiting Task Force, and the Universal Home Visiting Advisory Board. At these group meetings, one goal is to increase early childhood providers' awareness of the program so they can make referrals when they encounter a pregnant or recently postpartum family.
- Video Promotion: The home visiting team has created a video to market home visiting in an accessible and engaging format. This video will be promoted and shared through social media and other online platforms to encourage referrals.
- Other advertising: In the current grant from the Montana Department of Public Health and Human Services, we have funds for advertising the program. That is going to be used for radio and social media advertising.

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.

lcc_irs-determination-letter_2009.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

Attachment A. Table Outlining Goals, Exhibit E, and Objectives.pdf

Upload #2

Attachment B. Need.pdf

Upload #3

Additional Information

We have received funds from local opioid settlement funds for January 2026-June 2026 to start this opioid prevention integration with Grow Together. Our MOAT proposal would build off of the efforts that have started now to deepen and further the work for the next year.

As an update for what we have seen in the first two months of this integration:

Our Universal Home Visitor is distributing Naloxone at the hospital and providing brief education on its use, overdose recognition, and harm reduction strategies. The response has been positive, and it has opened up important conversations about prevention and safety. So far, this has looked like a strong avenue to keep the conversation going.

Within home visiting, Hailey has been consistently administering the SBIRT with clients. The SBIRT has been a valuable tool in normalizing conversations around alcohol and drug use. It allows for early education, prevention messaging, and supportive dialogue before concerns escalate.

Focusing on opioid prevention has strengthened home visiting delivery by increasing proactive screening, reducing stigma around substance use discussions, and equipping families with resources and safety planning information. It has also reinforced our role in prevention rather than only intervention.

This proposal will strengthen, deepen, and further this work that has been started.

File Attachment Summary

Applicant File Uploads

- Grow Together Program Budget.pdf
- lcc_irs-determination-letter_2009.pdf
- Attachment A. Table Outlining Goals, Exhibit E, and Objectives.pdf
- Attachment B. Need.pdf

Grow Together Program Budget

MOAT Portion

To fully implement *Grow Together*, the program requires approximately \$100,000 per year to support staffing, training, supervision, family resources, supplies, and technology.

The request for Montana Opioid Abatement Fund will focus on three key areas:

1. **Providing essential universal home visiting services** with an emphasis on substance misuse prevention and intervention
2. **Enhancing warm handoff and care coordination** among early childhood, behavioral health, and substance use service providers
3. **Providing data collection and evaluation capacity** to measure program outcomes and assess long-term impact

We estimate that approximately one-fourth of the home visitor's time will be dedicated to implementing these opioid abatement strategies. Accordingly, we propose that one-fourth of personnel expenses equaling \$21,871 for the period September 1, 2026, through June 30, 2027 (10 months) be supported by MOAT funds. To align with **Schedule B, Section L** of the opioid remediation guidelines, which emphasizes research, monitoring, surveillance, and evaluation, we are also requesting \$1,930 to strengthen data collection and program evaluation.

In total, we are requesting **\$26,181** in opioid settlement funds to support the implementation and evaluation of the Grow Together program.

Table: Program Budget Detail

Expense	Description	Total
Personnel: Annual Salary / Benefits	(1) Universal Home Visitor 30 hours /week	\$59,699
	(1) Child and Family Health Supervisor 8 hours/week - home visitor supervision, program oversight and outreach	\$23,082
Supplies and resources	Printing, pens, paper, notebooks, technology costs, and other supplies for the home visitor.	\$3,000
Travel	Mileage reimbursements for home visits: 200 miles a month x 10 months x \$.70/mile	\$1,400

Educational Materials	Printed educational material and resources for families: e.g. substance use prevention, safe sleep, car seats, infant nutrition	\$300
	Total Personnel related expenses (will be calculated at ¼ of this total expense)	\$87,481
		\$21,871
Program Evaluation	\$25 gift cards for survey and interview compensation <ul style="list-style-type: none"> 20 home visiting participants (UOHV) 	\$500
	Interview translation and transcription software <ul style="list-style-type: none"> Proposed software: Verbit at \$24 / month x 10 months 	\$240
	Data Dashboard Platform (Shiny Applications) <ul style="list-style-type: none"> Standard Plan to run the data dashboards at \$119/month for 10 months 	\$1,190
Indirect Rate	10% de minimis	\$2,380
	Total Request	\$26,181



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248219411
Oct. 06, 2009 LTR 4076C E0
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BODC: TE

COUNTY OF LEWIS & CLARK
% OFFICE OF COUNTY PERSONNEL
316 N PARK AVE
HELENA MT 59623-0001

Federal Identification Number: 81-6001383
Person to Contact: Laura Botkin
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This responds to your request for information about your federal tax status. Our records do not specify your federal tax status. However, the following general information about the tax treatment of state and local governments and affiliated organizations may be of interest to you.

GOVERNMENTAL UNITS

Governmental units, such as States and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a State are entities with one or more of the sovereign powers of the State such as the power to tax. Typically they include counties or municipalities and their agencies or departments. Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.

ENTITIES MEETING THE REQUIREMENTS OF SECTION 115(1)

An entity that is not a governmental unit but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a State, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may not be tax deductible to contributors.

TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a State, county, or municipal government may qualify for exemption from federal income tax under section 501(c)(3) of the Code, if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that entities may meet the requirements of both sections 501(c)(3) and 115 under certain circumstances. See Revenue Procedure 2003-12, 2003-1 C.B. 316.

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COUNTY OF LEWIS & CLARK
% OFFICE OF COUNTY PERSONNEL
316 N PARK AVE
HELENA MT 59623-0001

022242

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.

0248219411

BODCD-TE

Use for payments

Letter Number: LTR4076C
Letter Date : 2009-10-06
Tax Period : 000000



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INTERNAL REVENUE SERVICE
P.O. Box 2508
Cincinnati OH 45201


COUNTY OF LEWIS & CLARK
% OFFICE OF COUNTY PERSONNEL
316 N PARK AVE
HELENA MT 59623-0001

Table: Program Goals, Description, and ‘*Exhibit E*’ Alignment

Program Goal 1: Prevent overdose deaths by increasing the availability, distribution, training, and education for Naloxone	
Opioid Remediation Guidelines (Exhibit E)	Measurable Program Outcomes and Impact
<p>Schedule A: A: NALOXONE... TO REVERSE OPIOID OVERDOSES</p> <ul style="list-style-type: none"> Increase distribution to individuals who are uninsured or whose insurance does not cover the service needed <p>Schedule B: H: PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)</p> <ul style="list-style-type: none"> Increased availability, distribution, training, and education for naloxone and other drugs that treat overdoses community. 	<p>Goal 1.1: Distribute at least 100 boxes of Naloxone</p> <ul style="list-style-type: none"> Every family interacted with at the hospital after the birth of a new child will receive Naloxone regardless of their enrollment in home visiting. Every enrolled family will receive Naloxone and accompanying education on its use, as well as how to request more supplies if needed, during their first or second home visit.
	<p>Goal 1.2: Share Naloxone education to the Early Childhood Coalitions and Partners</p> <ul style="list-style-type: none"> The home visitor will present on administering Naloxone to the Home Visiting Taskforce. Following certification and upon request, the home visitor will expand Naloxone or other behavioral health–related trainings to early childhood organizations by either (1) directly providing Naloxone training, or (2) connecting the organization to other available trainers, such as Lewis and Clark Public Health’s Opioid Misuse and Suicide Prevention Coordinators.

Program Goal 2: Address the needs of pregnant or parenting women and their families	
Opioid Remediation Guidelines (Exhibit E)	Measurable Program Outcomes and Impact
<p>Schedule A: C: PREGNANT & POSTPARTUM WOMEN</p> <ul style="list-style-type: none"> • Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions. • Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training. 	<p>Goal 2.1: 10% increase in families receiving home visiting services through the <i>Grow Together</i> Program from FY 26 to FY27</p>
	<ul style="list-style-type: none"> • We expect to serve anywhere from 30-50 in FY26. • When the program is at full capacity, we will be able to serve up to 73 families each year. • Universally Offered Home Visiting (UOHV) will help close the significant gap in prenatal and postnatal care in our community by expanding the trusted services of existing home visiting programs (guidance, connection to resources, parental support and skills training) to all families, regardless of their income, risk factors, or background. • Families will receive the expanded, opioid prevention-focused services mentioned across other program goals during home visits: <ul style="list-style-type: none"> ○ SBIRT screenings; Naloxone and Naloxone education; referrals or warm handoffs to substance misuse programs and providers as needed

Program Goal 3: Expand “SBIRT” to pregnant and post-partum women	
Opioid Remediation Guidelines (Exhibit E)	Measurable Program Outcomes and Impact
<p>Schedule A: C: PREGNANT & POSTPARTUM WOMEN</p>	<p>Goal 3.1: 75% of enrolled families will complete the Screening, Brief Intervention, and Referral to Treatment (SBIRT)</p>

<ul style="list-style-type: none"> Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) to non-Medicaid eligible or uninsured pregnant women 	<p>The best practice SBIRT screening will be administered to every family during the second home visit to identify any substance use concerns within the household, including partners and other family members.</p>
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Program Goal 4: Expand warm handoff referrals to local early childhood organizations, substance treatment and recovery providers, and increase connections to care

<p>Opioid Remediation Guidelines (Exhibit E)</p>	<p>Measurable Program Outcomes and Impact</p>
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<p>Schedule A: E: EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES</p> <ul style="list-style-type: none"> Expand warm hand-off services to transition to recovery services 	<p>Goal 4.1: The home visitor joins and actively participates in at least (1) existing substance misuse coalition</p>
<p>Schedule B: C: CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</p>	<ul style="list-style-type: none"> The home visitor will begin coordination efforts by joining and participating in the Strong Roots Substance Misuse Coalition Meeting attendance and discussion contributions will be reflected in the coalition’s minutes published on their website
<ul style="list-style-type: none"> Hire additional social workers or other behavioral health workers to facilitate expansion of services Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) 	<p>Goal 4.2: Connect at least 15 new families to Parents as Teachers evidence-based home visiting program (an additional, longer-term home visiting program)</p> <ul style="list-style-type: none"> Universal Home Visiting provides four (4) short-term visits to connect families quickly with essential support and resources. When ongoing needs are identified, families can be referred to Parents as Teachers, which offers monthly or bi-monthly visits until the child enters kindergarten These extended services help families access treatment, sustain recovery, and strengthen overall family well-being throughout the critical development period of children.

	<ul style="list-style-type: none"> • Since the beginning of the Universal Home Visiting Program in December 2024, the home visitor has connected and helped enroll 30% of participating families in Parents as Teachers
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Program Goal 5: Centralize local tracking and reporting of substance use, early childhood, and behavioral health outcomes and health indicators	
Opioid Remediation Guidelines (Exhibit E)	Measurable Program Outcomes and Impact
<p>Schedule B: J: LEADERSHIP, PLANNING AND COORDINATION</p> <p>Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination...</p> <ul style="list-style-type: none"> • A dashboard...(c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid or health-related indicators and supports 	<p>Goal 5.1: Maintain and update a centralized dashboard through the Lewis and Clark Public Health’s Data Portal</p> <p>The LCPH Data Portal will host data across key focus areas related to opioid and substance use prevention efforts, including:</p> <ul style="list-style-type: none"> • Behavioral and Mental Health: Metrics from the Mobile Crisis Response Team (MCRT) and Local Advisory Council (LAC); indicators related to substance use, suicide, behavioral health-related emergency department visits, and mortality rates. • Parenting and Early Childhood Support: Number of families served through Universal and Traditional Home Visiting, Parents as Teachers, WIC; distribution of naloxone; vital statistics such as births and birth rates.

Attachment B: Background and the Need for MOAT Funds

Program Overview

Home Visitors are a Missing Link to Addressing the Opioid Epidemic

Home visitors are a vital but often underfunded connection point for pregnant women and families with young children affected by the opioid epidemic. It takes a community working collaboratively to raise a child. The purpose of Home Visiting is to reach families at the critical time of pregnancy and postpartum, setting them up for success and establishing a strong base for the new baby. Home visitors build close and trusting relationships with families, promote healthy parent-child bonds, and help build parental skills, knowledge, and resiliency. Because of this, home visitors are uniquely positioned to facilitate timely, quality care-coordination in both the prenatal and postnatal periods, identify substance use and assess risk for substance use, and ensure that pregnant and parental caregivers and their infants connect to the services and resources they need during a critically important stage of life for both the parents and the child(ren).

“Home visitors can play a significant role in mitigating today’s opioid addiction crisis by reducing the stress that parents feel. They can help the parents while they are getting [sober], and staying [sober], by enhancing parents’ motivation to do better for children. They can screen and assess for substance use, and they can promote treatment readiness.”¹

Lorraine Swanson Lucinski

Director, National Home Visiting Improvement Action Center Team

Children exposed to Adverse Childhood Experiences (ACEs), such as parental addiction or housing and financial instability, face higher risks of chronic disease, mental health challenges, and substance use disorders later in life.²

What is equally well-documented and remarkably hopeful is that early intervention can change this trajectory. By fostering positive childhood experiences and environments,

¹ **Education Development Center.** (2019, April 25). *Addressing the opioid crisis through home visiting.* <https://edc.org/insights/addressing-the-opioid-crisis-through-home-visiting/>

² **Centers for Disease Control and Prevention.** (2025, September 25). *Adverse Childhood Experiences.* [About Adverse Childhood Experiences | Adverse Childhood Experiences \(ACEs\) | CDC](#)

home visiting programs can help buffer the effects of adversity and lay the groundwork for stronger families and healthier childhood development, reducing risks to later substance use. Home visiting is not just an investment in improving the well-being of individual families and children; they are also an investment in the future of our entire community.

Home Visiting is a proven best practice for prevention and early intervention with the priorities of:

- Improving maternal and infant health outcomes
- Increasing screening for postpartum depression, substance use, and developmental milestones
- Strengthening family connections to community resources
- Reducing child abuse and neglect

National research shows that for every \$1 invested in quality home visiting programs, there is a return of “up to \$5.70 in reduced mental health and criminal justice costs, decreased dependence on welfare and social services, and increased employment” (Pew Charitable Trusts, 2012).³

Traditional home visiting programs provide vital support to low-income families who often lack the financial and social safety nets available to many higher-earning families. At Lewis and Clark Public Health and in our Lewis and Clark Community, there are programs such as Parents as Teachers, Nurse Family Partnership, and Safe Care that serve some of our lower-income and higher-risk families. These programs have capacity to serve up to 71 families. Yet, many families who do not qualify for income-based programs still need support, leaving a significant gap in prenatal and postnatal care in our community.

Universally Offered Home Visiting closes this gap by offering the same trusted services (guidance, connection to resources, parental support and skill-building) to all families, regardless of their income or background. By reaching all families, not just those in crisis, universal models reduce stigma and ensure that every child gets a strong start.

Further, it is well-documented that those living in rural areas are less likely to get preventative screenings, have a primary care provider, access to prenatal and postpartum care, or behavioral healthcare services. While there is a myriad of barriers our community has identified to healthcare access, proximity and transportation to services is a major challenge for those living in more rural areas in Lewis and Clark and surrounding counties.

³ **Pew Charitable Trusts.** (2012). *The business case for home visiting*. Pew Center on the States. https://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs_assets/2012/hvbusinessleadersbriefinalpdf.pdf

Home visitors meet families where they are, at the hospital and at their homes, reducing the transportation barrier often faced by those living in more rural areas in Lewis and Clark and the surrounding region.

The Critical Need for Universally Offered Home Visiting

Two things are abundantly clear to anyone who has been, or spoken with, a new parent or guardian:

- **Pregnancy and caring for a newborn are challenging for everyone**, regardless of income or education. All new parents and caregivers need support. Concerns around postpartum depression, social isolation, and lack of parenting knowledge can affect any family.
- **The opioid crisis affects families across every income level**. Every parent should have access to a trusted home visitor who can connect them to prevention and treatment resources when needed.

Building Upon What Works:

Home Visitors will Strengthen Care Coordination

Warm handoffs and a cohesive continuum of care are key to supporting families affected by substance misuse. However, that can only happen if strong communication, collaboration, and referral pathways are implemented across organizations. Lewis and Clark County is home to dozens of existing organizations and coalitions working diligently to improve behavioral health, family support, and substance use prevention, treatment and recovery. Many of those partners have expressed a shared need for more streamlined and efficient coordination among them.

To address this need, Grow Together will build upon existing partnerships by including a home visitor representative within established coalitions and networks. The home visitor will actively participate in coalition meetings and strengthen relationships with addiction recovery organizations and providers, Lewis and Clark County Criminal Justice Services, Lewis and Clark Public Health's Opioid Misuse Coordinator, and other key partners. Through this role, they will help identify gaps in the continuum of care, formalize referral processes, and promote smoother, more consistent warm handoffs between agencies.

This collaboration will also extend to capacity-building efforts. The Universal Home Visitor will present about Naloxone to the Home Visiting Task Force to serve as a resource not

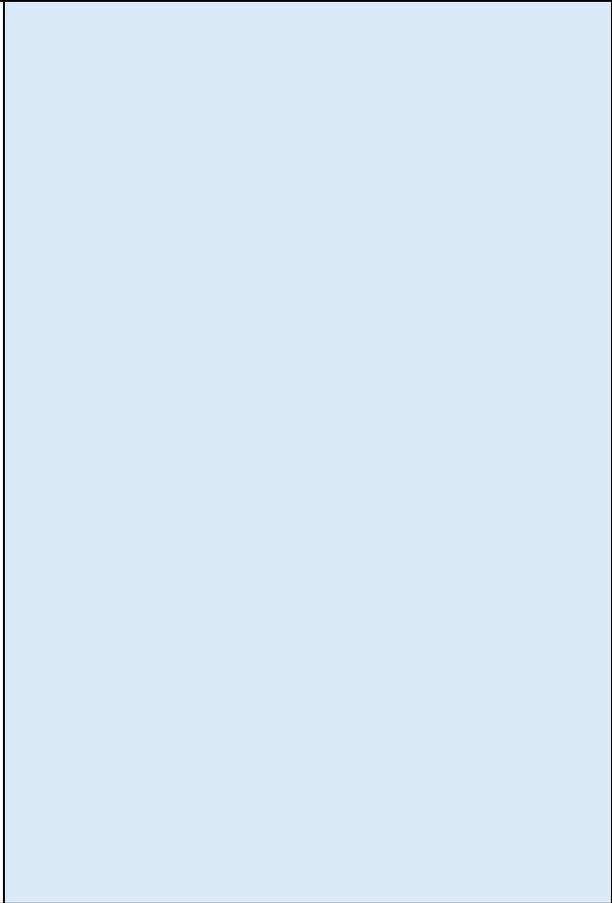
only to families but also to professionals across the county. When early childhood organizations request Naloxone or mental health training, the home visitor can work closely with the Opioid Misuse Coordinator and Suicide Prevention Coordinator to ensure that staff receive the support and resources they need.

Coordination will also be strengthened through continued participation in the Family Support Team (FST) partnership with Child Protective Services (CPS). These structured meetings bring home visitors together with families, many of whom are experiencing substance use challenges, along with CPS and other partners. The meetings provide a shared space for families and providers to address concerns collaboratively, develop plans that promote child safety and stability, and work toward preventing out-of-home placements or supporting safe reunification.

Table: Bridging the Gap between Substance Misuse and Early Childhood Organizations

<p style="text-align: center;">Early Childhood and Home Visiting Coalitions (currently active members in)</p>	<p style="text-align: center;">Substance Misuse Coalitions and Partners (to coordinate with and bridge the gap)</p>
<p>Universal Home Visiting Advisory Board:</p> <ul style="list-style-type: none"> • Advises and guides the implementation of the <i>Grow Together</i> Program. <p>Home Visiting Taskforce:</p> <ul style="list-style-type: none"> • Coordinates all home visiting programs in Lewis and Clark County. <p>Statewide Home Visiting Coalition:</p> <ul style="list-style-type: none"> • Collaborates on home visiting topics statewide. <p>Early Childhood Collective of the Greater Helena Area:</p> <ul style="list-style-type: none"> • A community network working to streamline services and connect families to resources that support the health, safety, care, and education of children from prenatal age through eight years of age. <p>Family Support Team (Child Protective Services):</p>	<p>Behavioral Health Local Advisory Council (LAC):</p> <ul style="list-style-type: none"> • Advises on improvements to behavioral health services in Lewis and Clark County and provides recommendations to the Service Area Authorities (SAA). <p>Strong Roots Substance Misuse Coalition:</p> <ul style="list-style-type: none"> • Works to improve the substance use continuum of services (prevention, early intervention, treatment, and recovery) by bringing together partners to alleviate gaps in care, provider coordination, and policy change in Lewis and Clark County.

- Collaborates across agencies to ensure families involved with CPS receive coordinated support and timely connections to community resources.



Strategic Outreach Peer Specialist (STOPS) Campaign

2026 Montana Opioid Abatement Trust Grants

Good Samaritan Ministries

Mikayla Kapphan
3067 N. Montana Ave
Helena, MT 59601

dbartleson@dohmt.org
O: 406-442-0780
M: 406-594-2765

Mikayla Kapphan

3067 North Montana Ave
Helena, MT 59601

mikayla@goodsamministries.org
O: 406-442-0780
M: 406-594-2765

Application Form

Region Selection

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

Project Name*

Strategic Outreach Peer Specialist (STOPS) Campaign

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.

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.

Good Samaritan Ministries, motivated by Catholic Social Teaching, works in our community to advance family life, human dignity, and the common good. We provide services to meet the physical, social, emotional, and spiritual needs of the individuals and families of all faiths, especially those in need.

In the realm of opioid-use recovery, GSM primarily supports unhoused individuals through expanded peer support at Our Place, resource navigation, and street outreach. We link individuals who are seeking recovery to steady, continuous care and help them access housing options, treatment referrals, peer support groups, mental health services, and opportunities for employment, education, and volunteering.

GSM strengthens the Helena community by connecting individuals and families to essential resources through coordinated networks of care. For more than 30 years, we have supported local residents and contributed over \$25 million in assistance. Through partnerships with area non profits, we provide warm hand-offs to medical providers, employers, government and police agencies, and housing authorities to meet both immediate and long term needs.

Good Samaritan Ministries (GSM) is a series 900 LLC under our parent corporation The Roman Catholic Diocese of Helena, a 501(c)(3). Although owned by the Diocese, GSM has its own advisory board and does its own banking.

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
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
- G. PREVENTION PROGRAMS

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
- 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

STOPS conducts proactive, street-based outreach, meeting individuals where they are in the community to reduce harm, build trust, and create pathways to care. After assessing immediate needs and personal goals, we assist them in taking the first steps to find primary care physicians, case management, LAC services, MAT programs, and addiction treatment programs. We follow each individual through the entire process to ensure warm handoffs are made and that they feel supported every step of the way.

Staff work directly alongside individuals to schedule chemical dependency evaluations, complete treatment applications, and navigate the intake process. STOPS also maintains communication with treatment providers before, during, and after treatment to support individuals as they transition back into the community and continue their sobriety journey. Outreach staff guide individuals to Our Place, where they are able to meet one-on-one with certified peer support staff and participate in daily peer-run recovery groups. We provide Naloxone, fentanyl and xylazine test strips, and medication disposal kits to the individuals we meet on a daily basis if substance use is reported or observed.

Additionally, STOPS connects with unhoused individuals in the Behavioral Health Unit to encourage continued recovery upon discharge and works with staff at the county detention center to ensure individuals receive adequate support to meet their needs upon release. STOPS helps remove transportation barriers in

the community by providing rides to court hearings, Pretrial Services appointments, the Public Defender's office, and any necessary doctor's appointments.

Using trauma-informed, culturally responsive approaches, we deliver accessible community messaging, timely intervention, and coordinated wrap-around supports that reduce barriers to care and promote long-term stability and healing.

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*

\$135,000.00

Program Budget*

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

26-27 FY Opioid Grant - Proposed Budget.pdf

Source of Funding*

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

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

This funding will be used to continue our STOPS campaign, which we launched last year through MOAT. The funds will support retaining our current outreach staff, including our part-time Resource Navigator and full-time Street Outreach Coordinator, the purchase of necessary equipment, and the provision of program materials and training needed to effectively implement and evaluate the STOPS campaign.

The GSM Street Outreach Lead position was originally funded through ESG funds. During a period of organizational transition, we made the decision not to continue utilizing ESG funding. At that time, a private donor stepped forward to provide financial support to sustain the GSM Street Outreach position for an additional year. This funding allowed our Street Outreach Lead, who had planned to remain with the organization for only one more year, to continue in his role during that time. Throughout that year, he provided comprehensive training and mentorship to the full-time Street Outreach Coordinator and the part-time Resource Navigator, both of whom are funded through MOAT. We have now reached the end of the donor-funded period, and the Street Outreach Lead position is no longer financially supported. However, the knowledge transfer and staff development that occurred during this time has strengthened our outreach program and ensured continuity of services through the trained Coordinator and Resource Navigator.

The STOPS Campaign is currently funded through a \$100,000 one-year MOAT grant, which supports a FTE Street Outreach Coordinator and a PTE Resource Navigator. This funding has allowed us to expand our capacity to provide consistent, community-based outreach and coordinated wrap-around support for

individuals experiencing homelessness and substance use challenges. We recognize that this was a one-year grant with the possibility of an extension for an additional year. We respectfully request consideration for a second year of funding, with an increase in support that would allow us to expand our field capacity and ensure consistent communication with clients. We hope to hire an additional PTE Street Outreach Worker to backfill behind a previously donor-funded position and continue this critical support. This added position would significantly strengthen our ability to connect with other communities in Lewis and Clark County, meet community needs, increase our presence in the field, and ensure the continued sustainability and impact of these services.

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.

Our Outreach Program is designed to engage individuals who are at high risk for drug overdose, focusing on those who are unsheltered or unstably housed. These high risk populations include: individuals re-entering the community from correctional settings; individuals in rural and isolated areas, including encampments in Prickly Pear, East Helena, Birdseye, and Lincoln; tribal populations; veterans; individuals with opioid use disorder (OUD); individuals with physical or developmental disabilities; individuals suffering with mental health conditions; and individuals who have experienced trauma, toxic stress, or adverse childhood experiences (ACEs).

Good Samaritan Ministries' STOPS Campaign is designed to meet unhoused individuals where they are, assess their immediate needs, and connect them to the appropriate services through well-coordinated community partnerships. The overarching goal of this project is to connect individuals to OUD treatment, recovery support services, and coordinated care of the whole person in order to prevent OUD, stimulant use disorder, and opioid-related deaths.

Our current Outreach Team identified 42 of 70 unhoused individuals in Helena and the surrounding rural communities who are actively engaged in addiction, early recovery, or seeking recovery and treatment services. As data from the recent Point-in-Time count becomes available for Lewis and Clark County, outreach efforts to more specific rural areas, such as Rimini, Marysville, and Canyon Creek, will become consistent as the need in those areas is identified.

A core component of our outreach work is the provision of basic needs support, harm-reduction tools, and peer recovery support to individuals who often have little or no access to services and who may feel isolated or alienated from the community. Outreach staff serve as a bridge to care, advocates for the individuals we serve, and educators for community members seeking to better understand the realities of homelessness and addiction. This includes elevating awareness of the root causes of substance use disorder and reducing stigma through community engagement and education.

For more than 35 years, Good Samaritan Ministries has demonstrated effectiveness through responsive, community-based outreach that adapts to identified needs. Thousands of lives have been positively impacted through increased access to services, strengthened community connections, and pathways toward stability, recovery, and healing.

Our strategy is to continue to fund one FTE Street Outreach Coordinator and one PTE Resource Navigator to conduct outreach on the streets, in jail, at encampments, at Our Place program site, and throughout the community. Additionally, we hope to fund another PTE Street Outreach Worker to assist with these services.

We are requesting continued funding to sustain the STOPS Campaign work that was started through this grant while also expanding our capacity to meet the growing need in the community.

Specific Goals*

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

Sustainability:

By the end of the grant period, STOPS will operate and sustain a three-person outreach team consisting of one FTE Street Outreach Coordinator, one PTE Street Outreach Worker, and one PTE Resource Navigator, maintaining outreach services across Lewis and Clark County, including Helena and identified rural areas. STOPS will achieve this goal by maintaining 100% of funded outreach positions through the grant period to prevent service gaps and preserve expanded outreach capacity. Outreach staff will complete a minimum of 5 new client intakes per month. Timely monthly reports will be submitted to document outreach engagements, warm handoffs, and service linkages. This program will utilize MOAT funding to support salaries, mileage, and operational costs necessary to directly support opioid abatement efforts by ensuring continued engagement of high-risk, unsheltered individuals.

Consistency:

STOPS will implement a structured, weekly outreach schedule covering key community sites, ensuring predictable engagement opportunities for individuals at high risk of opioid-related harm. Outreach staff will provide consistent presence in the community and follow-through support by conducting a minimum of 16 scheduled community site visits per month and maintaining a warm handoff protocol. Staff will complete at least 20 documented follow ups per month and will aim to achieve a 70% linkage rate to treatment, housing navigation, and/or benefits among clients. This consistency will build trust and improve recovery and housing stabilization outcomes as implementation will begin immediately upon grant period and will continue throughout the year.

Safety:

By month one of the grant cycle, STOPS will implement a safety and communication protocol that includes company-issued cell phones and service plans for each Street Outreach employee to ensure consistent, secure, and uninterrupted client communication. GSM will purchase and activate three cell phones with monthly service plans for the grant period. This protocol will maintain 100% uninterrupted client access to consistent program phone numbers. Staff will document all communication through standardized reporting procedures and conduct quarterly safety check-ins to ensure staff and client safety is top priority. Secure avenues of communication will enhance staff safety, protect staff privacy, reduce service disruption that may come with turnover, and ensure reliable client access to necessary outreach services.

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 evaluate the STOPS Campaign using both quantitative and qualitative methods to demonstrate effectiveness and ensure continuous improvement. Quantitatively, we will use the Homeless Management Information System (HMIS) to track client encounters, outreach contacts, referral pathways, service utilization, treatment engagement, and housing-related progress. HMIS also allows us to compare year-over-year changes, showing how added outreach capacity affects overall system access and outcomes. Additional quantitative measures will include the number of peer interactions in encampments, BHU and jail contacts, completed intakes, warm handoffs, and follow-through on appointments.

Qualitatively, we will use narrative documentation from outreach staff, including case notes, client stories, patterns identified in field engagement, and feedback from community partners. These narratives help us capture client trust-building, reductions in stigma, barriers to care, and the lived experiences of people in rural and high-risk settings that are not easily reflected through numeric data alone. We will also review participant feedback, informal conversations, and partner input to identify unmet needs and guide program adjustments.

By combining HMIS-based outcome tracking with ongoing narrative evaluation, STOPS will be able to document increases in engagement, consistency of outreach, and improvements in access to OUD treatment, navigation services, and overall stability demonstrating the continued value of funding this expanded outreach model.

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.

Our measurable outcome data is collected on a monthly basis. The report is pulled from HMIS and includes the following data:

Baseline information and demographics:

- Number of current identified clients

- Number of new clients

- Number of clients supported in criminal justice settings (in jail, in court, Pretrial Services, Public Defender's office)

- Age

- Gender

- Veteran status

- Identified physical or developmental disability

- Encampment/area where initial service/intake took place

Services provided:

- Number of clients served

- Number of total services provided

- Number of services provided, separated by service activity

Service activities are as follows: basic needs, benefits and services assistance, birth certificates, crisis intervention, employment preparation, group counseling, health care referrals, housing counseling, ID cards, information and referral, lawyer referral services, occasional emergency food assistance, peer counseling, social security cards, SUD education/prevention, and transportation

Our reports will also include the impact of our added capacity and a brief narrative describing the key achievements and main challenges we experienced throughout the month.

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 build community awareness of the STOPS Campaign through grassroots outreach, strong partner collaboration, and direct engagement in the places where individuals most at risk for opioid-related harm live, gather, or seek services. Awareness efforts will focus on strengthening relationships with community partners including United Way, St. Peter's Health, PureView Health Center, God's Love, local nonprofits,

downtown businesses, and faith-based organizations. Staff will provide regular updates to these partners and share information on available peer support, navigation services, and outreach schedules.

In addition, information about the program will be shared through existing community channels such as flyers, word-of-mouth outreach, newsletters, resource tables at community events, and direct communication during street outreach and visits to encampments, the BHU, jail settings, and rural areas across Lewis and Clark County. Outreach staff will continue to respond to community inquiries and provide education about opioid harm reduction and treatment options to increase general awareness and reduce stigma.

As GSM is rebranding and restructuring our organization, we plan to supply outreach staff with branded gear to wear out in the community. It is our hope that by having the name of GSM Street Outreach on our clothing and on our vehicles, we will let the community know who we are and what we are doing to support the unhoused individuals in Lewis and Clark County.

These community-based approaches ensure that residents, service partners, and high-risk populations understand what the program offers and how to access support.

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.

GSM Tax Exempt 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

GSM EIN.pdf

Upload #2

Good Samaritan Ministries.pdf

Upload #3

STOPS Diagram.pdf

Additional Information

File Attachment Summary

Applicant File Uploads

- 26-27 FY Opioid Grant - Proposed Budget.pdf
- GSM Tax Exempt Letter.pdf
- GSM EIN.pdf
- Good Samaritan Ministries.pdf
- STOPS Diagram.pdf

Opioid Abatement Grant
Strategic Outreach Peer Specialist Campaign
7.1.26 to 6.30.27 Funding Period

	Monthly	Annual	
Personnel - 1FTE (40 hours per week)	9,767.27	117,207.22	1FT Street Outreach Coordinator; 1 PT Street Outreach Coordinator; 1 PT Resource Navigator - Wages, taxes, and benefits.
Transportation and Outreach Supplies	357.73	4,292.78	Fuel and regular maintenance, as needed, for vehicle used for grant. 3 Phones and Phone Service for employees.
Admin Funds	1,125.00	13,500.00	Payroll, HR, and other financial services, including recruiting, hiring, training, tracking, management, and reporting.
	11,250.00	135,000.00	

Salaries

Employee	Rate	Hours/yr	Annual - yr 1
Street Outreach - FT	\$ 24.25	2080	\$ 50,440.00
Street Outreach - PT	\$ 21.00	1040	\$ 21,840.00
Resource Navigator - PT	\$ 21.00	1040	\$ 21,840.00
			<u>\$ 94,120.00</u>

<u>Taxes/Retirement</u>	<u>Year 1</u>
SS/Medicare	7,200.18
State Unemployment	75.30
Work Comp 1.14%	1,072.97
403B - 3%(FT Only)	2,823.60
	<u>11,172.04</u>

<u>Health Benefits</u>	
Health	11,436.00
Life & ADD	226.98
Disability	252.20
	<u>11,915.18</u>

<u>Personnel Expenses</u>	
Salaries	94,120.00
Taxes	7,275.48
Benefits	12,988.15
	<u>114,383.62</u>
403B	2,823.60
	<u>117,207.22</u>

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 2, 2017

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your June 2, 2017, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2017*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2017* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

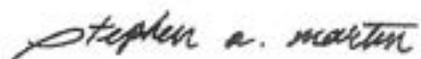
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Transcranial Magnetic Stimulation to Support those Recovering from Opioid Use Disorder

2026 Montana Opioid Abatement Trust Grants

PureView Health Center

Michelle Marten
1930 9th Avenue
Helena, MT 59601

O: 406-457-0000
M: 406-799-8715

Michelle Marten

1930 9th Avenue
Helena, MT 59601

michelle.marten@pureviewhealthcenter.org
O: 406-500-2089
M: 406-799-8715

Application Form

Region Selection

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

Project Name*

Transcranial Magnetic Stimulation to Support those Recovering from Opioid Use Disorder

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.

N/A

Application Overview

About the Organization/Program*

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

Rural communities face persistent barriers to accessing appropriate health care, contributing to poorer outcomes and widening disparities. In the region served by Pureview Health Center, these challenges are especially acute for individuals recovering from opioid use disorder (OUD), many of whom suffer from comorbid depression, anxiety, and trauma-related disorders. Untreated or treatment-resistant mental health conditions are strongly associated with relapse, overdose, and increased mortality. When depressive symptoms remain unaddressed, patients are significantly less likely to remain engaged in medication-assisted treatment and recovery services.

Pureview Health Center's mission is "To provide the communities we serve with quality, patient-centered, accessible healthcare with comfort." As a Federally Qualified Health Center, we deliver integrated behavioral health, primary medical, pharmacy, and dental services, positioning us to treat the whole person in a coordinated model of care—an essential component for sustainable OUD recovery.

Transcranial Magnetic Stimulation (TMS) is a safe, evidence-based treatment for depression and other mood disorders that have not responded to medication or psychotherapy. TMS is currently unavailable in our region, leaving low-income and underserved patients without access to advanced psychiatric care. By integrating TMS into our opioid recovery program, we will directly target comorbid, treatment-resistant depression—reducing relapse risk, improving retention in recovery, and ultimately decreasing overdose and

mortality. Grant funding will allow us to launch a sustainable TMS program that strengthens long-term recovery outcomes in our rural community.

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

Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

F. TREATMENT FOR INCARCERATED POPULATION

G. PREVENTION PROGRAMS

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

Our proposed TMS program at Pureview Health Center aligns closely with Opioid Remediation guidelines by strengthening evidence-based, integrated care for individuals with opioid use disorder (OUD) and co-occurring substance use and mental health conditions.

Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system:

Pureview Health Center delivers medication-assisted treatment (MAT) within a fully integrated behavioral health model. Adding Transcranial Magnetic Stimulation (TMS), an FDA-cleared, evidence-based treatment for major depressive disorder, enhances this continuum by addressing treatment-resistant depression and other mood disorders that significantly increase relapse, overdose risk, and mortality. This is particularly critical for individuals transitioning from incarceration, who face elevated vulnerability due to untreated psychiatric illness and gaps in continuity of care.

Broaden scope of recovery services to include co-occurring SUD or mental health conditions:

Comorbid depression, anxiety, and trauma-related disorders are major drivers of relapse in OUD. Integrating TMS expands our recovery services beyond traditional therapy and medication management by providing advanced neuromodulation for patients who have not responded to standard treatments, strengthening engagement and long-term stability in recovery.

Expand availability of treatment for OUD and any co-occurring SUD/MH conditions: TMS is currently unavailable in our rural region. Embedding this service within our existing MAT, counseling, primary care, and pharmacy infrastructure expands access to advanced psychiatric care locally, reducing barriers for underserved and justice-involved populations and improving retention in treatment.

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*

\$60,000.00

Program Budget*

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

Montana Opioid Abatement Trust Grant PureView Budget Narrative.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.

Pureview Health Center is actively pursuing multiple complementary funding sources to ensure the successful launch and long-term sustainability of our Transcranial Magnetic Stimulation (TMS) program. In addition to this request, we are applying for support through the American Medical Association and the Montana Healthcare Foundation.

Grant funds will primarily support the initial capital investment required to purchase a TMS device, as well as the essential start-up costs associated with implementation. This includes specialized clinical training and protected staff time for a TMS technician during the program's establishment phase, when patient volume is still building and reimbursement has not yet reached sustainability. These investments are critical to ensuring safe, high-quality, and evidence-based delivery of care from the outset.

Importantly, these funds will not replace or supplant existing funding streams. Pureview Health Center will continue to support its core behavioral health and medication-assisted treatment services through established operational revenue and reimbursement structures. Instead, grant funding will expand our scope of services by adding a new, currently unavailable treatment modality to address comorbid mental health conditions in individuals recovering from opioid use disorder. This approach ensures responsible stewardship of funds while building a sustainable program that will ultimately be supported through ongoing clinical revenue.

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.

PureView Health Center is a Federally Qualified Health Center in Helena, Montana providing comprehensive medical, behavioral health, dental, and pharmacy services to individuals across Lewis and Clark County and the surrounding region. As a safety-net provider, PureView delivers care regardless of insurance status or ability to pay and collaborates closely with community partners, including St. Peter's Health and Helena Indian Alliance, to coordinate care for vulnerable populations.

PureView serves a substantial number of individuals with opioid use disorder (OUD) and co-occurring mental health conditions. We routinely provide medication-assisted treatment (MAT), addiction counseling, peer support services, group therapies, psychiatric medication management, and integrated primary care as part of a comprehensive recovery-oriented model. This integrated approach positions us as a central provider of OUD treatment in our region and equips us to deliver coordinated, whole-person care. However, despite these robust services, many patients continue to struggle with treatment-resistant depression, anxiety, and trauma-related disorders—conditions that significantly increase relapse risk, overdose, and mortality even when patients are engaged in MAT.

To strengthen OUD prevention and long-term recovery support, PureView proposes to establish a Transcranial Magnetic Stimulation (TMS) program embedded within our existing addiction and behavioral health services. TMS is a safe, FDA-approved, evidence-based treatment for individuals with depression who have not responded to first- or second-line interventions. By directly addressing persistent depressive symptoms that undermine recovery, TMS can improve treatment engagement, enhance stability, and reduce the likelihood of relapse. Access to TMS in our community remains extremely limited, particularly for low-income and rural patients. The primary barrier to implementation is the upfront cost of equipment acquisition; however, once operational, TMS is well reimbursed and expected to become financially sustainable. Given the size of our behavioral health and OUD population, we anticipate achieving full utilization within six to twelve months.

Implementation will include hiring and training a full-time TMS technician under psychiatric supervision, followed by rapid integration into our existing recovery services. Outcomes will be tracked using validated measures such as the PHQ-9 to assess symptom response and remission. By embedding TMS within our established MAT, peer support, addiction counseling, and integrated care infrastructure, PureView Health Center will expand access to advanced mental health treatment, reduce relapse and overdose risk, and strengthen long-term recovery outcomes for individuals with OUD in our rural community.

Specific Goals*

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

Goal 1: Support the recovery of individuals with opioid use disorder (OUD)

How the program will accomplish this:

The Transcranial Magnetic Stimulation (TMS) program at PureView Health Center will be integrated into our existing addiction treatment services, which include medication-assisted treatment (MAT), addiction counseling, peer support, psychiatric care, and primary care. Many patients in recovery experience persistent depression that increases relapse and overdose risk. By treating these symptoms, TMS will improve emotional stability, increase engagement in care, and support sustained recovery.

Goal 2: Treat comorbid mental health conditions for those with OUD

How the program will accomplish this:

Depression, anxiety, and trauma-related disorders are common among individuals with OUD and often drive relapse when inadequately treated. TMS is an FDA-approved, evidence-based treatment for depression that has not responded to standard therapies. Our psychiatric team will identify appropriate patients and monitor outcomes using validated tools such as the PHQ-9. Treating these underlying mental health conditions will improve functioning, quality of life, and long-term recovery outcomes.

Goal 3: Create a self-sufficient and stable TMS clinic

How the program will accomplish this:

Grant funding will support equipment, staff training, and technician time during program launch. Once established, TMS is reimbursed by Medicare, Medicaid, and commercial insurers, creating a sustainable revenue stream. Given our large behavioral health and OUD population, we anticipate reaching full utilization within six to twelve months, allowing the program to operate independently without ongoing grant support.

Goal 4: Strengthen our patient-centered medical home for individuals with OUD

How the program will accomplish this:

PureView provides fully integrated medical, behavioral health, pharmacy, and addiction services. Adding TMS expands access to advanced psychiatric treatment within this coordinated model. Offering TMS on-site improves access, enhances care coordination, and strengthens our ability to provide comprehensive, recovery-oriented care for individuals with OUD.

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.

PureView Health Center will use a structured, data-driven approach to evaluate both the clinical effectiveness of Transcranial Magnetic Stimulation (TMS) and its broader impact on opioid use disorder (OUD) recovery outcomes. As a routine part of care, we will track depressive symptom severity using validated clinical tools such as the Patient Health Questionnaire-9 (PHQ-9). Scores will be collected at baseline, throughout treatment, and upon completion to measure individual patient response and remission. Based on established research, we anticipate response rates ($\geq 50\%$ reduction in symptoms) of approximately 70–80% and remission rates (PHQ-9 < 5) of approximately 40%. These measures will allow us to objectively assess symptom improvement and overall treatment effectiveness.

Beyond psychiatric symptom improvement, we will evaluate the program's impact on OUD recovery by tracking key clinical outcomes. These include relapse rates, overdose events, hospitalizations, and mortality among our OUD population. Outcomes will be compared between patients receiving TMS and those receiving standard treatment alone to assess whether treatment of comorbid depression improves recovery stability and reduces adverse events. We will also monitor treatment engagement, including retention in medication-assisted treatment (MAT) and behavioral health services, as improved mental health is strongly associated with sustained recovery.

To assess program reach and overall impact, we will track operational metrics including the total number of patients treated, total number of TMS sessions delivered, treatment completion rates, and program utilization over time. These data will help quantify the scale of services provided and inform future program expansion.

Together, these clinical, recovery, and operational measures will allow us to evaluate both individual patient outcomes and population-level impact. This comprehensive evaluation framework will ensure program quality, demonstrate effectiveness in supporting OUD recovery, and guide ongoing improvements to maximize benefit for our community.

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.

PureView Health Center will use validated clinical assessment tools and standard health screenings to objectively measure patient improvement and demonstrate the effectiveness of TMS in supporting opioid use disorder (OUD) recovery.

Depression severity will be tracked using the PHQ-9, and anxiety symptoms will be measured using the GAD-7, both at baseline, during treatment, and after completion of the TMS course. These tools allow us to quantify symptom severity, response to treatment ($\geq 50\%$ reduction in scores), and remission. Improvements in these scores will provide clear, evidence-based measures of enhanced mental health, which is strongly associated with improved recovery stability and reduced relapse risk.

We will also use the Opioid Risk Tool (ORT) and routine substance use assessments to evaluate changes in relapse risk and overall recovery stability. These measures, combined with regular behavioral health evaluations, will help identify reductions in risk factors associated with opioid misuse and recurrence.

In addition, standard health screenings conducted as part of our integrated primary care model—including assessments of sleep, pain, physical health, and overall functioning—will help us evaluate broader improvements in patient well-being. We will also track treatment retention in medication-assisted treatment (MAT), relapse events, hospitalizations, and other clinical outcomes.

Together, these validated tools and clinical indicators will provide objective, measurable evidence that TMS improves mental health, strengthens recovery, and enhances overall patient health and functioning.

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.

PureView Health Center will promote awareness and utilization of the TMS program primarily through proactive screening and engagement within our existing clinical population, where the need for advanced mental health treatment is already substantial. As a Federally Qualified Health Center providing integrated primary care, behavioral health, and medication-assisted treatment (MAT), we serve a large number of patients with opioid use disorder (OUD) and co-occurring depression, anxiety, and trauma-related disorders. Our providers routinely use validated screening tools such as the PHQ-9 and GAD-7, allowing us to systematically identify patients with treatment-resistant symptoms who may benefit from TMS. This ensures that appropriate candidates are identified efficiently and offered treatment as part of their ongoing care.

We will also raise awareness through direct provider education within our organization, ensuring that medical, behavioral health, and addiction treatment staff understand the benefits, eligibility criteria, and

referral process for TMS. This internal referral network will serve as the primary driver of program enrollment.

In addition, we will collaborate with established community partners, including St. Peter's Health and Helena Indian Alliance, to share information about the program and facilitate referrals for patients in need of advanced depression treatment. These partnerships will help ensure access for underserved and high-risk populations, including those receiving care outside our immediate system.

Given our role as a safety-net provider and the significant unmet need within our current patient population, we do not anticipate requiring extensive external marketing. Instead, our focus will be on systematic screening, internal referrals, and targeted outreach through trusted clinical and community relationships to ensure timely access for those most likely to benefit.

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 Tax-exempt form PureView Health Center.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

PureView Org History and Budget Narrative.pdf

Upload #2

Letters of Support.pdf

Upload #3

Additional Information

We would like to include specific information on how we plan on using these funds if granted. The primary cost associated with establishing a Transcranial Magnetic Stimulation (TMS) program is the acquisition of a TMS device. TMS systems are highly specialized medical devices that deliver precisely calibrated magnetic pulses to the dorsolateral prefrontal cortex, a brain region strongly implicated in depression and other mood disorders. These devices require advanced engineering, precise targeting capability, and ongoing technical support to ensure safe and effective treatment delivery.

While multiple FDA-approved TMS manufacturers are available and clinical outcomes are comparable across devices, key differentiators include ease of use, accuracy of cortical targeting, and the quality of vendor-provided training and technical support. Because TMS equipment requires routine maintenance and ongoing staff training, most programs utilize a fixed leasing model rather than outright purchase. Leasing significantly

reduces upfront capital costs, ensures continued equipment maintenance and software updates, and provides ongoing technical support, all of which are essential for program sustainability.

PureView Health Center proposes leasing a BrainsWay Deep TMS system, which is well suited for a community health center setting. Deep TMS technology allows for reliable targeting of the dorsolateral prefrontal cortex with streamlined protocols and reduced operational complexity. The annual lease cost is approximately \$98,000 for a four-year term. With initial grant support, this cost is expected to be fully offset by third-party reimbursement within the first year of operation, even under conservative utilization estimates of approximately 24 patients annually. A full treatment schedule could accommodate 48 or more patients per year, further strengthening sustainability.

Additional costs include salary support for a full-time TMS technician. This role does not require prior medical training beyond vendor-provided certification and operates under psychiatric supervision. Physician time required for treatment initiation and oversight is billable using established TMS reimbursement codes and does not reduce overall clinic productivity, as time can be flexibly allocated across patient care services. Given strong clinical evidence and reliable reimbursement, the TMS program is expected to be financially self-sustaining after initial startup costs. Grant funding will enable PureView to establish this critical service and provide long-term access to effective, evidence-based treatment for individuals with severe mood disorders in our rural community.

File Attachment Summary

Applicant File Uploads

- Montana Opioid Abatement Trust Grant PureView Budget Narrative.pdf
- IRS Tax-exempt form PureView Health Center.pdf
- PureView Org History and Budget Narrative.pdf
- Letters of Support.pdf



2026 Montana Opioid Abatement Trust Grant

PureView Health Center Budget Narrative

PureView Health Center proposes leasing a BrainsWay Deep TMS system, which is well suited for a community health center setting. Deep TMS technology allows for reliable targeting of the dorsolateral prefrontal cortex with streamlined protocols and reduced operational complexity. The annual lease cost is approximately \$98,000. With initial grant support, this cost is expected to be fully offset by third-party reimbursement within the first year of operation, even under conservative utilization estimates of approximately 24 patients annually. A full treatment schedule could accommodate 48 or more patients per year, further strengthening sustainability.

Name of organization: PureView Health Center

Budget completed by: Dr. Julian Thorne, MD and Joelle Selk, Quality Improvement Director

Contact email: julian.thorne@pureviewhealthcenter.org

Contact phone: 406-558-3032

Personnel FTE	Requested Support Amount	Institutional In-Kind Amount
Psychiatrist (0.1 FTE)		\$ 30,873
BrainsWay Clinical Technician (1 FTE)		\$ 42,742
Subtotal Salary		\$ 73,615
Subtotal Fringe		\$ 9,516
Total Personnel contribution		\$ 83,131
Equipment and supplies		
BrainsWay Deep TMS System	\$60,000	
Totals	\$60,000	\$ 83,131

Other Funding Sources

We are applying to the Montana Healthcare Foundation for additional funding.



Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0255881224
Oct. 29, 2020 LTR 4168C 0
81-0494674 000000 00

00014799

BODC: TE

PUREVIEW HEALTH CENTER
% DELLA AHEARN
1930 9TH AVE
HELENA MT 59601

030386

Employer ID number: 81-0494674
Form 990 required: Yes

Dear Tax-Exempt Organization:

We're responding to your request dated Oct. 22, 2020, about your tax-exempt status.

We issued you a determination letter in January 1995, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

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 of this letter, 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 990EZ, 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 990-EZ
- 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.,

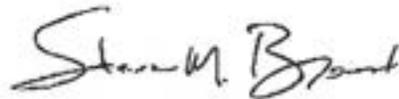
0255881224
Oct. 29, 2020 LTR 4168C 0
81-0494674 000000 00
00014800

PUREVIEW HEALTH CENTER
% DELLA AHEARN
1930 9TH AVE
HELENA MT 59601

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Steve M. Brown, Operations Manager
Operations 3-CIN





PureView Health Center Organizational History

Origin

PureView Health Center began its operations in 1994, originally known as the Cooperative Health Center, through a partnership with Lewis & Clark County. The health center operates as a Federally Qualified Health Center (FQHC) through a 330 grant from the Health Resources and Services Administration.

Development and Expansion

Throughout its first two decades of operation, the health center expanded services in primary care, dental, behavioral health, pharmacy, insurance enrollment, and case management.

Transition Toward Independence

In June 2019, PureView Health Center announced plans to transition into an independent nonprofit organization. This strategic restructuring was intended to improve flexibility in a changing healthcare environment.

On March 1, 2020, PureView officially separated from Lewis & Clark County, and assumed responsibility for accounting, HR, benefits, and operational systems. PureView continued providing services at four sites in Helena, East Helena, Lincoln, and the God's Love shelter.

Growth and New Facilities

On January 3, 2022, PureView opened a new clinic site designed to double its operational capacity. The location expanded access to medical, dental, mental health, substance use, pharmacy, and case management services and is strategically located near a homeless shelter to improve access for underserved populations.

PureView has continued to expand services and sites, providing behavioral health care in three school-based sites and the YWCA. As the Helena community grows, PureView remains committed to its mission to provide high-quality, affordable care to patients.



2026 Montana Opioid Abatement Trust Grant

PureView Health Center Budget Narrative

PureView Health Center proposes leasing a BrainsWay Deep TMS system, which is well suited for a community health center setting. Deep TMS technology allows for reliable targeting of the dorsolateral prefrontal cortex with streamlined protocols and reduced operational complexity. The annual lease cost is approximately \$98,000. With initial grant support, this cost is expected to be fully offset by third-party reimbursement within the first year of operation, even under conservative utilization estimates of approximately 24 patients annually. A full treatment schedule could accommodate 48 or more patients per year, further strengthening sustainability.

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Contact email: julian.thorne@pureviewhealthcenter.org

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Totals	\$60,000	\$ 83,131

Other Funding Sources

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PureView Health Center, Inc

PUREVIEW NON-COMPETE FY2026 3.1.2026 - 2.28.2027

PUREVIEW HEALTH CENTER - FY2026 NON-COMPETE BUDGET NARRATIVE	YEAR ONE			PRIOR YEAR Budget	81%	19%
	Federal	Non-Federal	TOTAL		CHC	HCH
REVENUE						
Program Income (fees, premiums, 3rd party reimbursements, and payments generated from the projected delivery of services)		16,058,911	16,058,911	14,838,668	13,007,718	3,051,193
State Government (Big Sky Care Connect HIE)		15,000	15,000	-	12,150	2,850
Local Government (Lewis and Clark County Homeless Services Task Force Funding, Ryan White B, and Mobile Van)		307,111	307,111	255,904	248,760	58,351
Private Grants / Contracts (MT Health Care Foundation - School Based MH Clinic, Ryan White C), MT Primary Care		52,900	52,900	20,000	42,849	10,051
Contributions		-	-	-	-	-
Other (Interest earned, various pharmacy rebates and etc)		77,500	77,500	12,000	62,775	14,725
Applicant (Retained Earnings)		-	-	-	-	-
Other Federal		-	-	-	-	-
Non_Compete 330 Grant Funding Request	2,697,470	-	2,697,470	2,697,470	2,184,951	512,519
Total Revenue	2,697,470	16,511,422	19,208,892	17,824,042	15,559,203	3,649,690
EXPENSES						
Personnel						
Administration	-	2,294,845	2,294,845	1,996,260	1,858,824	436,021
Medical Staff	1,386,425	1,631,612	3,018,037	3,096,890	2,444,610	573,427
Dental Staff	381,157	532,067	913,224	1,014,449	739,711	173,513
Mental Health Staff	253,125	970,587	1,223,712	1,268,185	991,207	232,505
Substance Use Disorder Staff	-	-	-	88,325	-	-
Enabling Staff	51,592	427,949	479,541	419,257	388,428	91,113
Other Staff	-	1,450,148	1,450,148	1,290,354	1,174,620	275,528
TOTAL PERSONNEL	2,072,299	7,307,208	9,379,507	9,173,720	7,597,400	1,782,106
Fringe Benefits						
SS @ 6.20% - nominal	128,482	453,047	581,529	549,950	471,039	110,491
Medicare @ 1.45%	30,048	105,955	136,003	133,098	110,162	25,841
Unemployment @ 1.42%	29,427	103,762	133,189	97,514	107,883	25,306
Workers Compensation @ .358%	7,419	26,160	33,579	32,833	27,199	6,380
Health Insurance @ 15%	310,845	1,096,080	1,406,925	1,244,499	1,139,610	267,316
Retirement @ 5.74%	118,950	419,434	538,384	526,714	436,091	102,293
TOTAL FRINGE @ 28.17%	625,171	2,204,438	2,829,609	2,584,608	2,291,984	537,626
Travel						
Board Training Out Of State travel: Nothing anticipated	-	-	-	3,420	-	-

Officers Training Travel: - Lodging (\$300 per night x 21 nights x 3 employees); - Airfare (\$1,500 plane ticket x 2 trainings x 3 employees); - Meals & Incidental (\$134.40 per day x 21 days of travel x 3 employees)		36,367	36,367	8,000	29,457	6,910
Provider Continuing Education Travel: - \$2,740.89 per 1 FTE Provider (including pharmacists) x 37.89 FTEs		103,852	103,852	100,470	84,120	19,732
Travel for day to day business all staff, including travel to the remote site locations (\$.70 per mile x 22,667 miles): - Travel to and fom Parker Clinic (2363 MT Highway 200 West Lincoln - 60 miles away) - Travel to and from Clinic for Homeless Population (533 N. Last Chance Gulch Helena - 2.5 miles away) - Travel to and from Seeley Clinic (630 N. Last Chance Gulch Helena - 3 miles away) - Various travel, including meetings off-site		15,867	15,867	12,960	12,852	3,015
Travel for Board Meetings: No expense anticipated		-	-	-	-	-
Travel for day to day business and trainings all staff, including travel to the remote site locations using PureView cars: - \$0.3 per mile x 12,000 miles		3,600	3,600	3,600	2,916	684
Gas expense - pharmacy prescription delivery service using PureView car covering two pharmacy locations: 1)Murray Clinic and Seeley Clinic (\$0.0923 per mile x 100 miles a day x 5 days a week x 52 weeks x 2 locations)		4,800	4,800	4,800	3,888	912
Case manager travel to assit patients with various needs (\$0.2308) per mile x 40 miles a day x 5 days a week x 52 weeks)		2,400	2,400	2,400	1,944	456
Staff local travel: - Parking spaces at Seeley Clinic: 15 parking spots x \$110 per month x 12 months 10 parking spots x \$75 per month x 12 months		28,800	28,800	32,160	23,328	5,472
TOTAL TRAVEL	-	195,687	195,687	167,810	158,506	37,180
Equipment						
None	-	-	-	-	-	-
TOTAL EQUIPMENT	-	-	-	-	-	-
Supplies						
Medical Supplies (\$11.95 per visit x 33,512 visits; \$11.95 includes costs of minor clinical equipment (less than \$5,000 per unit)	-	400,409	400,409	388,217	324,331	76,078

Dental Supplies (\$13.298 per visit x 5,211 visits; \$13.298 includes costs of minor clinical equipment (less than \$5,000 per unit) \$10,000 for compressor and vacuum	-	79,296	79,296	124,748	64,230	15,066
Office supplies (\$3.01 per visit x 38,723 visits; for 4 sites, includes minor (less than \$5,000 per item) office equipment and furniture)	-	116,556	116,556	170,749	94,411	22,146
Computer replacements: - Desktops - useful life cycle 4 years (\$1,600 per desktop x 4 desktops) - Laptops - useful life cycle 4 years (\$2,600 per desktop x 4 desktops) - Laptops Refurbished - useful life cycle 3 years (\$800 per laptop x 10 laptops)	-	24,800	24,800	16,500	20,088	4,712
Pharmacy 340B RXs prescriptions: - \$28.55 per prescription x 40,982 prescriptions (1930 9th Ave Helena) - \$28.55 per prescription x 20,604 prescriptions (630 N. Last Chance Gulch Helena) Pharmacy Non-340B RXs prescriptions: - \$68.03 per prescription x 12,998 prescriptions (1930 9th Ave Helena) - \$68.03 per prescription x 9204 prescriptions (630 N. Last Chance Gulch Helena)	-	2,878,742	2,878,742	2,446,577	2,331,781	546,961
Patient hygiene supplies	-	7,839	7,839	7,839	6,350	1,489
BLANK		-	-	-	-	-
BLANK		-	-	-	-	-
TOTAL SUPPLIES	-	3,507,642	3,507,642	3,154,630	2,841,190	666,452
Contractual						
BLANK		-	-	-	-	-
BLANK		-	-	-	-	-
BLANK		-	-	-	-	-
YWCA Contracted Staff		450,000	450,000	-	364,500	85,500
Employed through staffing agency: A2Z and WeStaff: HR (20 hr/wk @ \$32.60 x52) and AR Temp (20 hrs/wk @ \$24.73 x 52 weeks)		62,431	62,431	-	50,569	11,862
E.H.R. (eClinicalWorks - eCW) Maintenance Contract: - Quarterly \$29,496.50 Monthly variable costs \$7000		113,497	113,497	78,854	91,933	21,564
Pharmacy Poineer software contract for maintenance and support (\$3,000 per month x 12 months x 2 Locations)		72,000	72,000	28,800	58,320	13,680

Access & Maintenance and support contract for Business Software: - NetSuite (\$4,000/month) - HR/Payroll ADP Cloud-Based Software (\$39,526.87 +\$1,482 per year) - Relias - Training Cloud-Based Software (\$20,000 per year) - Azara - QI Measures Reporting Cloud-Based Software (\$20,000 per year) + \$15,500 ACC module - ScoreCard Software - Stratigic Management and QI measure tracking (\$7,680 per year) -Modio \$6,720/year -Mutual of Omaha \$3,887.40/year - Dragon - text to speech - EHR progress notes dictation (\$99per month x 12 months x 29 providers) - \$34,452 - Planet DDS - Dental Imaging Software \$2,686.20/year		199,934	199,934	159,053	161,947	37,988
Patient Legal Support Services with Montana Legal Services Association to provide civil case assistance to PVHC patients: - Patient legal assistance (\$22,742 per year)		22,742	22,742	22,742	18,421	4,321
RPH Innovations contract in assistance with managing 340B program and coordination of compliance with 2 contracted pharmacies: - CVS Program Management (\$2,200 per months x 12 months) - Walmart Program Management (\$2,500 per month x 12 months)		56,400	56,400	48,600	45,684	10,716
Billing Services through Waystar: - Patient statements management (\$0.84 per single page x 47,277 pages; and \$0.24 per additioanal page x 23,639 pages;		45,386	45,386	45,386	36,763	8,623
Waystar contract for pharmacy: - insurance management (\$179 per month x 12 months) x 2 pharmacies - claims reconciliation (\$320 per month x 12 months) x 2 pharmacies		11,976	11,976	11,976	9,701	2,275
BLANK		-	-	-	-	-
Dex Imaging Copiers Maintenance Contracts - multiple clinics		15,000	15,000	16,920	12,150	2,850
BLANK		-	-	-	-	-
IT contracted - Civic Foundry \$290,340/year		290,340	290,340	391,617	235,175	55,165
Software add-on through Waystar: - eClaims and insurance eligibiity check capability (\$129 per provider per month x 34 providers x 12 months)		52,632	52,632	52,632	42,632	10,000
Contracted services for Medicare Cost report preparation		10,500	10,500	10,000	8,505	1,995

TOTAL CONTRACTUAL	-	1,402,839	1,402,839	866,580	1,136,299	266,539
Construction						
None	-	-	-	-	-	-
TOTAL CONSTRUCTION	-	-	-	-	-	-
Other						
Facility Rent: - Lease contract with L&C County of Building Rent @ 1930 9th Ave Helena (estimated \$31,221.87 per month x 12 months, all inclusive) - Lease contract with Seeley Building LLC of Building Rent @ 630 N. Last Chance Gulch Helena-(\$273,228.24) - Rent for clinic for homeless @ 533 N. Last Chance Gulch Helena (\$500 per month x 12 months) - Rent for Parker Clinic @ 2363 MT Highway 200 West Lincoln (\$1 per year)		653,892	653,892	622,202	529,652	124,239
Advertisements (\$15,082.17 per month x 12 months): - Local magazines and local phone book with provider phone numbers and specialties - Social Media - Billboards / Newspaper / Magazines / TV - Various ads		180,986	180,986	180,986	146,599	34,387
Financial Audit Service (audit firm has not been selected yet) costs are estimated based on some non-profits audit costs of the same size		73,500	73,500	40,000	59,535	13,965
General Liability Insurance, including personal property		18,384	18,384	19,213	14,891	3,493
Other insurances: - PayneWest D&O Insurance \$12,808 per year - PayneWest GAP Insurance \$25,787.5 per year - PayneWest Cyber Security Insurance \$15,696.42/year		54,292	54,292	73,325	43,977	10,316
Telephone services (Ring Central \$12 per phone per month x 167 phones x 12 months)		24,048	24,048	77,470	19,479	4,569
Additional telephone services: - Verizon pharmacy cell phone, peer support, mobile van, medical \$156 per month		1,872	1,872	4,440	1,516	356

<p>Internet services: 1) Centurylink - Murray Clinic - Main internet provider services 1 GB capacity (\$800 per month x 12 months) 2) Spectrum- Murray Clinic - Backup line internet provider services (\$399 per month x 12 months) 3) Lincoln Telephone Company - Back up internet provider @ remote 2363 MT Highway 200 West Lincoln location (\$180 per month x 12 months) 4) Spectrum - Gods' Love Clinic - Main Internet (\$205 per month x 12 months) 5) Centurylink - Seeley Building - Main Internet (\$866 per month x 12 months) 6) Spectrum - Seeley Building - Backup Internet (\$300 per month x 12 months)</p>		33,000	33,000	47,105	26,730	6,270
<p>Bank Fees/Credit Card Fees / Other Transactional Fees (\$3,451.42 per month x 12 months)</p>		60,500	60,500	41,417	49,005	11,495
<p>Postage and mail delivery: - Non-contracted courier services for RX deliveries and documents deliveries between main Helena location and remote Lincoln location (60 miles distance) (\$1000 a month x 12 months for pharmacy & \$1000 a month x 12 months for documents) - Non-contracted courier services for Lab deliveries between main Helena location and remote Lincoln location (60 miles distance) (\$2,000 a month x 12 months) - Other postage costs (FedEx, Postal Service) (\$2,091.33 per month x 12 months)</p>		73,096	73,096	55,096	59,208	13,888
<p>Board meeting expenses, excluding mileage reimbursement</p>		3,000	3,000	3,000	2,430	570
<p>Membership Dues: - National Association of Community Health Centers (NACHC) \$20,000 per year - Montana Primary Care Association (MPCA) \$14,000 per year - Community Health Association of Mountain / Plains States (CHAMPS) \$3,000 per year - Montana Health Plus (VBC insurance and other insurance management) \$10,000 per year - Local Chamber of Commerce \$500 per year - SAM.gov \$500</p>		48,000	48,000	48,000	38,880	9,120

Membership Dues - Provider Memberships in organizations like 1) American Acedemy of Family Physicians, 2) American Medical Association, 3) American Acedemy of Nurse Practitioners, 4) Dental Association and etc.		25,500	25,500	25,500	20,655	4,845
Board Members Training Registration - Nothing antcipated		-	-	1,000	-	-
Officer Training Registration: (\$1,000 per training x 2 trainings x 2 employees) + CEO tranings \$5,000 for 6 trainings		9,000	9,000	4,000	7,290	1,710
Provider Continuing Education Training registration: - \$1,036.55 per 1 FTE Provider (including pharmacists) x 36.66 FTEs - \$3,000 x 4 (Behavior Health Director, Program Management Director, Pharmacy Director, Quality Improvement Director) - \$2,500 x 2 (Integrated Behavioral Health Care Manager, School Based Health Program Manager)		55,000	55,000	55,000	44,550	10,450
Training costs: - Medical Staff (including nurses, medical assistants) \$7,350 - Dental Staff (including dental assistants) \$1,476 - Fiscal & Billing Staff \$1,500 - Front Desk & Clinical Admin Supp Staff \$3,175 - Admin Supp Staff \$700 - Enabling Staff \$7,500 - Managers & Supervisors \$16,300 - Pharmacy Supp Staff \$2,000 - All Staff Quarterly Meeting Trainings (\$1,000 per quarter x 2 quarters)		42,001	42,001	48,791	34,021	7,980
Other employee expense (EE vaccinations, EE retention, uniforms and etc)		33,000	33,000	33,000	26,730	6,270
Legal consultaions, non-contractual (on as needed basis)		18,000	18,000	18,000	14,580	3,420
Outreach / Promotion (includes promotional logo items, patient mailings, community events and etc)		-	-	-	-	-
Medical waste management services (\$1,100 per month x 12 months) for 4 sites		13,200	13,200	13,200	10,692	2,508
Prescription Costs 340B Program that are managed and dispensed through 2 contracted pharmacies (Walmart and CVS)		107,072	107,072	90,640	86,728	20,344
Staff Recruitment for various positions due to regular personnel turn over: - Estimated at \$120.72 per FTE x 107.7 projected FTEs		11,000	11,000	13,007	8,910	2,090

Professional Licenses for providers and nursing staff: - Medical providers \$5,340 - MH Providers \$685 - Dental providers \$1,408 - Nursing staff (LPNs, RNs) \$1,950 - Business license \$20		9,403	9,403	9,403	7,616	1,787
Utilities (including water, electricity, sewer and etc): - Parker Clinic (2363 MT Highway 200 West Lincoln) (\$1,443 per month x 12 months) - Seeley Clinic Building (630 N. Last Chance Gulch Helena) (\$1,750 per month x 12 months) -Murray - \$15,000 for air conditioning in server room		53,316	53,316	47,610	43,186	10,130
Vehicle maintenance costs - \$1,360 per year for 2 vehicles		1,360	1,360	2,040	1,102	258
Building maintenance, including janitorial, security, shredding and etc estimate: - Parker Clinic (2363 MT Highway 200 West Lincoln) (\$1,278.13 per month x 12 months) - Seeley Clinic Building (630 N. Last Chance Gulch Helena) (\$4,140 per month x 12 months) - Murray Clinic Building (1930 9th Ave Helena) (\$575 per month x 12 months)		71,918	71,918	117,817	58,253	13,664
Microsoft 365 Licenses (including Microsoft Office) (\$9 per month per account x 12 months x 185 accounts) and \$4,800 Security Software		24,780	24,780	21,036	20,072	4,708
Software licenses: - E.H.R. (eClinicalWorks - eCW) new provider licenses (\$5,000 per full time provider license x 2 new providers) - 360 Fee Analyzer (local prevailing rates) \$1,200 per year - Zoom (\$700 per month x 12 months) - \$8,400 per year - Adobe (\$840 per month x 12 months) - \$10,080 per year - Ability (Medicare FISS add on software) (\$700 per month x 12 months plus \$2,000 yearly fee) - \$10,400 per year - eCW ad on's \$22,000 per year		62,080	62,080	41,580	50,285	11,795
Patient transportation assistance (bus passes, bus tokens, taxis) provided to the patients who are in need of this assistance to get to our appointments		22,299	22,299	21,441	18,062	4,237
Interpretation services (phone line service)		-	-	6,000	-	-
Nutrition patient support (food cards)		9,705	9,705	9,332	7,861	1,844
Blank		-	-	-	-	-
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Addition to Board Reserve to support any emergency deficits		100,405	100,405	86,043	81,328	19,077
TOTAL OTHER	-	1,893,608	1,893,608	1,876,694	1,533,823	359,786
TOTAL DIRECT CHARGES	2,697,470	16,511,422	19,208,892	17,824,042	15,559,202	3,649,690
Indirect Cost Rate - NA	-	-	-	-	-	-
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	2,697,470	16,511,422	19,208,892	17,824,042	15,559,202	3,649,690



St. Peter's Health
MEDICAL GROUP
BROADWAY CLINIC

2550 Broadway
Helena, MT 59601
406-457-4180

February 20, 2026

sphealth.org

To Whom It May Concern,

I am writing to offer my strong support for the establishment of a Transcranial Magnetic Stimulation (TMS) program at PureView Health Center. As a psychiatrist at St. Peter's Health with direct experience providing TMS, I have seen firsthand the profound impact this treatment can have on patients suffering from treatment-resistant depression and other mood disorders. Expanding access to TMS within our community is both urgently needed and clinically appropriate.

Our region faces a significant shortage of advanced psychiatric treatment options, particularly for individuals with complex mental health and substance use disorders. Many patients, including those recovering from opioid use disorder, experience persistent depression and anxiety that do not respond adequately to conventional medications or psychotherapy. Untreated depression is a major contributor to relapse, hospitalization, and increased mortality. Currently, access to TMS remains limited, and many patients face barriers due to cost, transportation, or lack of local availability. Expanding access through PureView Health Center will significantly improve the availability of this evidence-based treatment for underserved and high-risk populations.

PureView Health Center has long been a trusted and essential partner in our local healthcare system. We work collaboratively to ensure continuity of care for patients with complex behavioral health needs, and their integrated model of primary care, behavioral health, and addiction treatment positions them exceptionally well to implement a safe and effective TMS program. Their experienced clinical leadership, strong infrastructure, and commitment to serving vulnerable populations give me full confidence in their ability to successfully establish and sustain this service.

TMS is a safe, FDA-approved, and highly effective treatment with well-established response and remission rates for individuals with treatment-resistant depression. In my clinical experience, TMS can be life-changing, significantly reducing depressive symptoms, improving functioning, and restoring hope for patients who have not benefited from other treatments. It is especially valuable for individuals with co-occurring substance use disorders, as it provides a non-pharmacologic treatment option that supports recovery and long-term stability.

The addition of TMS at PureView Health Center will address a critical gap in our continuum of care and will greatly benefit our shared patient population. I strongly support this initiative and believe it will have a meaningful and lasting impact on the health and recovery of individuals in our community. Please feel free to contact me if you require any additional information.

Sincerely,

Bridgid Crowley, MD
St. Peter's Health



1930 Ninth Avenue, Helena MT 59601

Phone: 406-457-8900

Fax: 406-457-8990

publichealth@lccountymt.gov

www.LewisAndClarkHealth.org

Montana Opioid Abatement Trust
Billings, MT 59101

February 26, 2026

Dear Members of the Review Committee:

Lewis and Clark Public Health (LCPH) is writing to express our strong support for PureView Health Center's application for the Montana Opioid Abatement Trust grant. We are excited about the opportunity this grant presents to enhance the delivery of behavioral health services to clients in Lewis & Clark County.

In the 2025-2027 Community Health Improvement Plan, behavioral health was identified as one of three priority areas for our community. CDC data shows that Montana had the second highest suicide rate in 2023, and the highest in 2022. Montana continues to be in the top five states of suicide rates. Statistics also show that the county has between 22-24% of residents diagnosed with depression, which has remained consistent over the past decade (from 2011-2022, Montana Behavioral Risk Factor Surveillance System).

LCPH partners with local agencies to increase community programs and efforts to improve access to behavioral health services. PureView is a member of the Behavioral Health Systems Improvement Leadership Team, composed of leaders from 4 agencies and city and county officials to improve crisis and behavioral health systems. PureView also holds the contract from LCPH to provide behavioral health and medical services on the mobile health clinic van, through LCPH's Health Resources and Services Administration grant.

Thank you for your consideration of this application. If I can provide any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Drenda Niemann".

Drenda Niemann, MPA, CPH
Health Officer
Lewis and Clark Public Health
1930 9th Avenue
Helena, MT 59601
406-457-8910



Helena Indian Alliance / Leo Pocha Memorial Clinic

501 Euclid Avenue, Helena, MT 59601 • (406) 442-9244 • (406) 449-5796

February 26, 2026

Members of the Review Committee:

The Helena Indian Alliance has partnered with PureView Health Center for decades to provide comprehensive behavioral health services in the Helena Community. We support PureView's efforts to expand treatment modalities to include Transcranial Magnetic Stimulation (TMS) for individuals with treatment-resistant depression, mood disorders, and substance use disorders.

We encourage your financial support in fostering PureView's efforts to broaden behavioral health treatment options in our community.

Respectfully,

A handwritten signature in blue ink, appearing to read "Todd J. Wilson". The signature is fluid and cursive.

Todd J. Wilson

Executive Director

Helena Indian Alliance

002636.432270.85360.378 1 MB 0.485 530




GOOD SAMARITAN MINISTRIES SERIES
THERESA ORTEGA SOLE MBR
3067 N MONTANA AVE
HELENA MT 59601

Date of this notice: 05-04-2022

Employer Identification Number:
88-2045140

Form: SS-4

Number of this notice: CP 575 H

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

002636

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-2045140. This EIN will identify your entity, accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please visit, www.irs.gov/einnotrequested.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is GOOD. You will need to provide this information, along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. If you do not need to write us, do not complete, and return this stub.

Thank you for your cooperation.



002636

Keep this part for your records.

CP 575 H (Rev. 1-2022)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 H

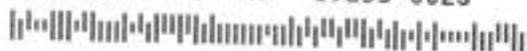
0509905424

Your Telephone Number () Best Time to Call

DATE OF THIS NOTICE: 05-04-2022
EMPLOYER IDENTIFICATION NUMBER: 88-2045140
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

GOOD SAMARITAN MINISTRIES SERIES
900 LLC
THERESA ORTEGA SOLE MBR
3067 N MONTANA AVE
HELENA MT 59601



Diocese of Helena

(*Diocesis Helenaensis*)



Most Reverend

GEORGE LEO THOMAS, D.D., PH.D.

Bishop of Helena; ordained May 23, 1976; appointed Auxiliary Bishop of Seattle November 19, 1999; appointed Bishop of Helena March 23, 2004; installed June 4, 2004.

Chancery: 515 N. Ewing, P.O. Box 1729, Helena, MT 59624-1729. Tel: 406-442-5820; Fax: 406-442-5191.

Web: www.diocesehelena.org

Email: chancery@diocesehelena.org

ERECTED MARCH 7, 1884.

Square Miles 51,922.

Comprises the western part of the State of Montana, and is made up of the following Counties: Lewis and Clark, Glacier, Fonder, Flathead, Lake, Lincoln, Missoula, Mineral, Sanders, Powell, Granite, Roselli, Deer Lodge, Silver Bow, Jefferson, Broadwater, Gallatin, Madison, Beaverhead, Meagher, Wheatland and parts of Teton and Toole.

Diocesan Legal Title—Roman Catholic Bishop of Helena, Montana, a Corporation Sole.

For legal titles of parishes and diocesan institutions, consult the Chancery Office.

STATISTICAL OVERVIEW

Personnel			
Bishop	1		
Priests: Diocesan Active in Diocese	35		
Priests: Diocesan Active Outside Diocese	3		
Priests: Retired, Sick or Absent	32		
Number of Diocesan Priests	70		
Religious Priests in Diocese	4		
Total Priests in Diocese	74		
Extern Priests in Diocese	11		
Ordinations:			
Diocesan Priests	1		
Transitional Deacons	2		
Permanent Deacons in Diocese	43		
Total Brothers	1		
Total Sisters	25		
Parishes			
Parishes	57		
With Resident Pastor:			
Resident Diocesan Priests	30		
Resident Religious Priests	2		
Without Resident Pastor:			
Administered by Priests	22		
Administered by Deacons	1		
Administered by Religious Women	1		
Administered by Lay People	1		
Missions	38		
Professional Ministry Personnel:			
Brothers	1		
Welfare			
Catholic Hospitals	3		
Total Assisted	235,442		
Day Care Centers	3		
Total Assisted	99		
Special Centers for Social Services	2		
Total Assisted	2,600		
Educational			
Diocesan Students in Other Seminaries	10		
Total Seminarians	10		
Colleges and Universities	1		
Total Students	1,430		
High Schools, Diocesan and Parish	2		
Total Students	314		
Elementary Schools, Diocesan and Parish	4		
Total Students	770		
Elementary Schools, Private	1		
Total Students	72		
Catechesis/Religious Education:			
High School Students		739	
Elementary Students		2,282	
Total Students under Catholic Instruction		5,617	
Teachers in the Diocese:			
Priests		2	
Brothers		1	
Sisters		1	
Lay Teachers		203	
Vital Statistics			
Receptions into the Church:			
Infant Baptism Totals		605	
Minor Baptism Totals		105	
Received into Full Communion		65	
First Communions		545	
Confirmations		460	
Marriages:			
Catholic		80	
Interfaith		65	
Total Marriages		145	
Deaths		749	
Total Catholic Population		45,418	
Total Population		606,475	

Former Bishops—St. Revs. JOHN B. BRONDEL, cons. Bishop of Victoria, V.I., Dec. 14, 1879; appt. Vicar Apostolic of Montana, April 17, 1883; Bishop of Helena, March 7, 1884; died Nov. 3, 1900; JOHN P. GARDNER, D.D., cons. Bishop of Helena, Dec. 21, 1904; died Nov. 4, 1925; Most Rev. GEORGE J. FENNIGAN, C.S.C., D.D., cons. Bishop of Helena, Aug. 1, 1927; died Aug. 14, 1932; RALPH L. HAYES, D.D., cons. Bishop of Helena, Sept. 21, 1933; transferred to Rectorship North American College, Rome, Italy, Sept. 11, 1935; transferred to Titular See of Hierapolis, Oct. 26, 1935; transferred to Davenport, Nov. 16, 1944; appt. Assistant at the Pontifical Throne, April 30, 1958; transferred to Titular See of Naraggara and retired, Oct. 20, 1965; died July 4, 1979; JOSEPH M. GILMORE, S.T.D., cons. Bishop of Helena, Feb. 19, 1936; died April 2, 1962; RAYMOND G. HUNTHAUSEN, ord. June 1, 1946; appt. July 8, 1962; cons. Bishop of Helena, Aug. 30, 1962; transferred to Archdiocese of Seattle, Feb. 25, 1975; installed Archbishop of Seattle, May 22, 1975; retired Aug. 21, 1991; ELDER F. CURTIS, D.D., ord. May 24, 1958; appt. March 4, 1976; cons. Bishop of Helena, April 28, 1974; transferred to Archdiocese of Omaha, May 4, 1993; installed Archbishop of Omaha, June 25, 1993; ALEXANDER J. BRUNY, Ph.D., ord. July 13, 1958; appt. April 19, 1994; cons. Bishop of Helena, July 6, 1994; transferred to Archdiocese of Seattle Oct. 25, 1997; installed Archbishop of Seattle Dec. 28, 1997; ROBERT C. MORLINO, ord. June 1, 1974; cons. Bishop of Helena Sept. 21, 1995; transferred to Diocese of Madison May 28, 2003; installed Bishop of Madison Aug. 1, 2003.

Vicar General—Rev. Magr. KEVIN S. O'NEILL, V.G., Email: kooe@diocesehelena.org.

Episcopal Vicar for Clergy—Mailing Address: 7304 Miary's Way, Missoula, 59801. Tel: 406-395-3811.

Rev. GARY W. RELLER, (Retired), Email: greller@diocesehelena.org.

Director for Ministry to Priests—Rev. THOMAS P. HAPPEY, 2109 Farragut, Bozeman, 59701. Tel: 406-723-4355; Email: spahappy@bresnan.net.

Episcopal Vicar for Senior Status Priests—Rev. Magr. JOSEPH D. HARRINGTON, (Retired), 1601 N. Benton Ave., Helena, 59625. Tel: 406-447-4459.

Episcopal Vicar for Canonical Services—Rev. JOHN W. ROBERTSON, P.O. Box 1729, Helena, 59624. Tel: 406-442-5820; Fax: 406-442-1085; Email: jrobertson@diocesehelena.org.

Chancery Services—515 N. Ewing St., P.O. Box 1729, Helena, 59624. Tel: 406-442-5820; Fax: 406-442-5191; Email: chancery@diocesehelena.org; Web: www.diocesehelena.org.

Director—St. RITA MCGINNIS, S.C.L.
Administrative Assistant—KRISTI IRWIN.
Chancellor—Rev. JOHN W. ROBERTSON.
Pastoral and Renewal Services—St. RITA MCGINNIS, S.C.L.

Pastoral Planning Services—St. RITA MCGINNIS, S.C.L.; KRISTI IRWIN, Administrative Asst.
Archivist—St. DOLORES BRUNDEL, S.C.L.

Financial Services—JIM CARNEY, Diocesan Financial Svcs. Officer, 515 N. Ewing St., P.O. Box 1729, Helena, 59624. Tel: 406-442-5820; Fax: 406-442-5191.

Development Services—Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820; Fax: 406-442-5191. JOHN BARNES, Dir.

Stewardship Services—GLENDIA SEPP, Dir. Stewardship & Annual Giving, Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820; Fax: 406-442-5820; Tel: 406-442-5820; Fax: 406-442-5191.

Diocesan Tribunal—Rev. JOHN W. ROBERTSON, P.O.

Box 1729, Helena, 59624. Tel: 406-442-5820; Fax: 406-442-1085.

Nuncios (Titular)—JOANNA HADDON; KRISTI IRWIN.
Judicial Vicar—Rev. JOHN W. ROBERTSON.

Associate Judges—Revs. THOMAS P. HAPPEY; MATTHEW P. HUBER; PATRICK C. MCGURK, (Retired).
Prosecutor of Justice—Rev. ROBERT GROSCH, J.C.L.
Defenders of the Bond—Revs. JEFFREY M. FLEMING; ROBERT C. NOONAN, (Retired); GARY W. RELLER, (Retired).

Diocesan Consultants—Rev. Magr. KEVIN S. O'NEILL, V.G.; Revs. PATRICK BERETTA; BRIAN BERGERON; EDWARD HESLOP; RODRICK ERMATINGER; THOMAS P. HAPPEY; GARY W. RELLER, (Retired); BART TOLLESON; VALENTINE D. ZOLLA; JOHN W. ROBERTSON, Chancellor & Sec.

Presbyteral Council—Rev. Magr. KEVIN S. O'NEILL, V.G.; Revs. EDWARD KOHLER; GARY W. RELLER, (Retired); BART TOLLESON; VALENTINE D. ZOLLA; PATRICK BERETTA; THOMAS P. HAPPEY; EDWARD HESLOP; THOMAS M. O'DONNELL; BRIAN BERGERON; JOSEPH CARVER, S.J.; RODRICK ERMATINGER; St. RITA MCGINNIS, S.C.L., Consultant; Rev. JOHN W. ROBERTSON, Chancellor & Sec.

Diocesan Finance Council—JIM CARNEY; TERRY B. COCHRANE, Chm.; LOUI MURPHY-MOULLET; Rev. Magr. KEVIN S. O'NEILL, V.G.; JOSEPH D. HARRINGTON, (Retired); CATHY GUYLER; PETER JOHNSON; Rev. JOHN W. ROBERTSON; St. RITA MCGINNIS, S.C.L.; RON SCHAFFER.

Diocesan Pastoral Council—PERRY ANDERSON; DEACON STEPHEN HARRY; TRICIA BARTY; AMANDA BELL; JIM BELLANDI; Rev. BRIAN BERGERON; ELAINE BLOMQUIST; RITA CHRISTENSE; MIKE CONNELL; DEACON DOUG COCHRANE; DAVE CURRY; NELS DEBRUYCKER; PIEL JOHNSON; St. RITA MCGINNIS, S.C.L.; KEVIN MOLM; JOE MOORE; Rev. Magr.

KEVIN S. O'NEILL, V.G.; DAVID ORR; Sr. MARY JO QUINN, S.C.L.; DAN RAPSON; Rev. JOHN W. ROBERTSON; KELLY RUBY; LAUREY SMITH; MEGAN STOUT; DAN THIEL; KRISTY IREIN.

Deoneries—Rev. EDWARD KOHLER, Coored.; Rev. Magr. KEVIN S. O'NEILL, V.G., Helena; Revs. EDWARD HILLOP, Missoula; CRAIG HANLEY; THOMAS P. HAPPEY, Butte; VALENTINE D. ZOLLA.

Parsonal Board—Rev. Magr. KEVIN S. O'NEILL, V.G.; Revs. GARY W. KELLER, (Retired); THOMAS P. HAPPEY; Rev. Magr. JOSEPH D. HARRINGTON, (Retired); Revs. LEO J. PROXELL; JOHN DANRAGH, (Retired); DOUGALD McCALLUM; MARC J. LINDSEMAN; SEAN RAFFIS; JOHN W. ROBERTSON; Sr. RITA MCGINNIS, S.C.L.

Interdiocesan Organizations

Montana Catholic Conference—Mailing Address: 1313 12th Ave., P.O. Box 1705, Helena, 59624. Tel: 406-442-5761; Fax: 406-442-5047; Email: director@montanacc.org; Web: www.montanacc.org. MATTHEW BROWER, Exec. Dir.; JEAN SAYR, Exec. Asst.

Catholic Social Services for Montana, Inc.—ROSEMARY MILLER, Exec. Dir., 1301 11th Ave., P.O. Box 907, Helena, 59624. Tel: 406-442-4130; Fax: 406-442-4192; Email: rosemary@csam.org; Web: www.csam.org. Coordinates and supervises all Catholic social welfare in the State of Montana.

Helena Office—Mailing Address: P.O. Box 907, Helena, 59624. Tel: 406-442-4130. ROSEMARY MILLER, Dir., Adoptions; TWILA COSTIGAN, Social Worker; ALLISON SYVER, Exec. Asst.; SUSAN GLINN, Rachel's Hope Prog. Coord.

Billings Office—1049 N. 30th St., Billings, 59101. Tel: 406-252-3359. Social Workers: MICHELE FERENCK, (Billings); CLAUDIA JANICEK, (Billings).

Great Falls Office—410 Central Ave., Ste. 601, Great Falls, 59401, VACANT.

Missoula Office—420 W. Pine St., Missoula, 59802. JENNY GREENWOOD, Social Worker, Tel: 406-728-5428.

Diocesan Offices and Organizations

Borromeo Pre-Seminary Program—Rev. MARC J. LINDSEMAN, 1601 N. Benton Ave., Helena, 59625. Tel: 406-447-4809.

Catholic Campaign for Human Development—Deacon JAMES BUTTS, P.O. Box 277, Bigfork, 59911.

Catholic Committee on Scouting—MARC MORGAN, Mailing Address: 23 Laurin Loop, Sheridan, 59745. Tel: 406-842-5585.

Catholic Youth Coalition—DOUG TOOME, Contact, Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820.

Charismatic Renewal—VACANT, P.O. Box 1729, Helena, 59624.

Christian Family Movement—VACANT, Contact, P.O. Box 1729, Helena, 59624.

Continuing Formation of the Clergy—Rev. THOMAS P. HAPPEY, Dir., 2100 Farragut, Butte, 59701. Tel: 406-723-4303.

Delegate for Religious—Sr. RITA MCGINNIS, S.C.L., Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820.

Caravillo Movement, Journey and Search—Deacon DOUG CAMERON, P.O. Box 1729, Helena, 59624. Tel: 406-442-5820.

Daughters of Isabella—CAROLYN SMITH, Regent, 51100 Mt. Hwy. 200, Ovando, 59554.

Diocesan Attorney—WILLIAM DRISCOLL, Mailing Address: Franz & Driscoll, P.L.L.P., P.O. Box 1155, Helena, 59624. Tel: 406-442-0005.

Diocesan Buildings—Mailing Address: P.O. Box 1729, Helena, 59624. JIM CANNY, Mgr.

Diocesan Council of Catholic Women—ANTOINETTE LABELLE, Mailing Address: P.O. Box 603, Bozeman, 59702. Tel: 406-258-5378.

Diocesan Ecumenical Officer—Diocese of Helena: P.O. Box 1729, Helena, 59624-1729. Tel: 406-442-5820. DAN BARTLESON, Email: dbartleson@diocesahelena.org.

Friends of the Catholic University—Rev. Magr. JOSEPH D. HARRINGTON, Chm., (Retired), 1601 N. Benton Ave., Helena, 59625. Tel: 406-447-4659.

Guatemala Missions—KRISTY IREIN, Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820.

Holy Childhood Association—VACANT.

Legendary Lodge (Diocesan Summer Camp)—DAN BARTLESON, Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820.

CLERGY, PARISHES, MISSIONS AND PAROCHIAL SCHOOLS

CITY OF HELENA

(LEWIS AND CLARK COUNTY)

1—CATHEDRAL OF ST. HELENA (1866) Rev. Magr. Kevin S. O'Neill, V.G.; Rev. Christopher Letsock, Parochial Vicar; Deacon Bob Fishman; Michael Vreeberg, Pastoral Assoc.; Dale Fleck, Pastoral Assoc. Office: 530 N. Ewing St., 59601. Tel: 406-442-5825; Fax: 406-449-5113; Email: konoil@stheleena.org. Catechesis Religious Program—David Pepper, Parish Youth Min. & Parish Junior High Coord. Students 252.

Good Samaritan Thrift Store—3057 N. Montana Ave., 59601. Tel: 406-442-0780. Theresa Ortega, Dir. (Assistance to those in need).

2—ST. MARY (1810) Rev. Richard FRENCH; Deacon Michael Seipp. Office: 1700 Missoula Ave., 59601. Tel: 406-442-5258; Fax: 406-449-0660; Email: smc@stmaryhelena.org. Catechesis Religious Program—Deb Krulick, D.R.E. Students 74.

3—OUR LADY OF THE VALLEY, Rev. Daniel B. Shea; Deacons Randy Fraser; Stephen Barry. Office: 1802 Shirley Rd., 59602. Tel: 406-456-6114; Fax: 406-456-6179; Email: olv@mt.net. Catechesis Religious Program—David Casey, Youth Min. Students 174. Mission—Sacred Heart, Wolf Creek, Lewis and Clark Co.

OUTSIDE THE CITY OF HELENA

ANACONDA, DEER LODGE CO.

1—ANACONDA CATHOLIC COMMUNITY (1860) Serves the entire community of Anaconda. Rev. Dougald McCallum. Office: 217 W. Pennsylvania, Anaconda, 59711. Tel: 406-543-5405; Fax: 406-562-5912; Email: anacondacatholic@qwestatf.com. Worship Sites—Holy Family—St. Peter, 409 Alder St., Anaconda, 59711. Catechesis Religious Program—Students 120.

2—ST. JOSEPH'S (1957) Closed. 1977. For inquiries for parish records contact Anaconda Catholic Community, Anaconda.

3—ST. PAUL'S (1858) Closed. 1980. For inquiries for parish records contact Anaconda Catholic Community, Anaconda.

4—ST. PETER'S (1898) Closed. 1980. For inquiries for parish records contact Anaconda Catholic Community, Anaconda.

BELGRADE, GALLATIN CO., ST. JOHN VANNY PARISH 403 Quaw Blvd., Belgrade, 59714. Email: sjvbldgrd@gmail.com. Rev. Eric C. Gilbaugh; Deacon Warner Holm.

Catechesis Religious Program—Students 118. BIGFOUR, PLAYHEAD CO., SAINT JOHN PAUL II (1958) Mailing Address: P.O. Box 277, Bigfork, 59911. Email: johnpaul2@centurylink.net. Rev. Craig Hanley; Deacon James Butts, Pastoral Assoc.

Church & Office: 195 Coverdell Rd., Bigfork, 59911. Catechesis Religious Program—Deacon James Butts, D.R.E.; Sierra Butte, Parish Youth Coord.; Fred Weckers, Parish Youth Coord. Students 57.

BONNER, MISSOULA CO., ST. ANN (1940) Rev. Michael P. Peole. Res: P.O. Box 1028, Bonner, 59823. Tel: 406-258-6815; Fax: 406-258-2943; Email: stannparish0@gmail.com.

Catechesis Religious Program—Students 40. Mission—Living Water, 182 S.O.S. Rd., P.O. Box 995, Seelye Lake, Missoula Co., 59865.

BOULDER, JEFFERSON CO., ST. CATHERINE (1894) Rev. Magr. Kevin S. O'Neill, V.G.; Rev. Christopher Letsock, Parochial Vicar. Res: 214 S. Elder St., P.O. Box 205, Boulder, 59632. Tel: 406-225-3223; Fax: 406-225-9182.

Catechesis Religious Program—Mission—St. John the Evangelist, Boulder Valley, Jefferson Co.

BOZEMAN, GALLATIN CO. 1—HOLY ROSARY (1860) Rev. Leo J. Proxell. Office: 220 W. Main St., P.O. Box 96, Bozeman, 59711-0096. Tel: 406-587-4551; Fax: 406-582-0348; Email: hrc@holyroarybozeman.org.

Catechesis Religious Program—Laura Kuntz, Parish Elementary Coord.; Kelly Ruby, Parish Youth Ministry Coord. Students 192.

2—RESURRECTION (1866) (Newman Parish) Rev. Valentine D. Zolla; Diane Dwyer, Admin.; Deacon Steven Bockner. Office: 1725 S. 11th Ave., Bozeman, 59715. Tel: 406-586-9243; Fax: 406-586-2886; Email: resparadmin@bressan.net.

Catechesis Religious Program—Students 75. BROWNING, GLACIER CO., LITTLE FLOWER PARISH (1904) Rev. Edward Kohler; Deacons John Gebert; Ronald Running Crane.

Office: P.O. Box 529, Browning, 59417. Tel: 406-338-5715; Fax: 406-338-5566; Email: lfp@rivera.net.

Church: 204 First St. N.W., Browning, 59417. School—De La Salle Block/After Middle School,

Marriage Encounter—CHRIS STOKES; ANGE STOKES, 1718 Wicks Ln., Billings, 59105. Tel: 406-534-2391.

Office of Das Process—Rev. JOHN W. ROBERTSON, P.O. Box 1729, Helena, 59624. Tel: 406-442-5820.

Permanent Deacons—Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820. Deacon MICHAEL SEIPP, Dir.

Program of Formation for Lay Ministry—DAN BARTLESON, Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820.

Program of Formation for the Permanent Diaconate—Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820. Deacon MICHAEL SEIPP, Dir.

Liturgical Commission—Rev. EDWARD HILLOP, Chm., 1475 Easton St., Missoula, 59801. Tel: 406-721-2465. Members: JOSEPH BRANDELL; Deacon JAMES BUTTS; DALE FLECK; Rev. JEREMY M. FLEMING; Sr. MARY AGNES HOGAN, S.C.L.; TERRY ORR; Deacon BERNARD MCCARTHY; Sr. MARY JO QUINN, S.C.L.; VICKI BUNGMER; Rev. BRIAN BERGMAN; Sr. GRETCHEEN WAGNER, C.S.J. Consultant: Rev. MICHAEL DRISCOLL.

Propagation of the Faith—Mailing Address: Diocese of Helena, P.O. Box 1729, Helena, 59624-1729. Tel: 406-442-5820; Email: chancery@diocesahelena.org.

Catholic Formation Department—DOUG TOOME, Dir., 515 N. Ewing St., P.O. Box 1729, Helena, 59624. Tel: 406-442-5820.

Superintendent of Schools—TIMOTHY UHL, Ed.D., 1513 11th Ave., P.O. Box 1705, Helena, 59601. Tel: 406-442-5761; Fax: 406-443-9047.

Third Order of St. Francis—TOMY POELMAN, 1702 Peoria, Helena, 59601.

Victim Assistance Coordinator—HELEN BRANDELL, Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820; Email: victimassistance@diocesahelena.org.

Vocations Office—Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820. Rev. MARC J. LINDSEMAN, 1601 N. Benton Ave., Helena, 59625. Tel: 406-447-4889.

Communications Director—DAN BARTLESON, Mailing Address: P.O. Box 1729, Helena, 59624. Tel: 406-442-5820; Email: dbartleson@diocesahelena.org.

(Grades 4-8), P.O. Box 1489, Browning, 59417. Tel: 406-338-5290. Bro. Dale Mooney, F.S.C., Pres.; Michael O'Brien, Prin.; Shelly Hall, Librarian.

Catechesis Religious Program—Toni Running Fisher, D.R.E. Students 85. Mission—Sacred Heart—Starr School. Chapel of the Assumption, East Glacier, Glacier Co. BUTTE, SILVER HOW CO.

1—ST. ANN (1917) Revs. Thomas P. Haffey; Elias Kabuk, Parochial Vicar; Deacon John Uggett. Res: 2100 Farragut Ave., Butte, 59701. Tel: 406-723-4303; Fax: 406-723-5172; Email: stannparish@bressan.net.

Catechesis Religious Program—Rae's Stimatz-Richards, D.R.E. Students 91.

2—BUTTE CATHOLIC COMMUNITY CENTRAL, includes St. Joseph and St. John the Evangelist Parishes. See individual listings. 1500 Cobban St., Butte, 59701. Rev. Robert Hall, Admin.

3—BUTTE CATHOLIC COMMUNITY NORTH, includes Immaculate Conception and St. Patrick Parishes. See individual listings. Revs. Patrick Beretta; Elias Kabuk, Parochial Vicar; Deacon Bernard McCarthy. Office & Res: 102 S. Washington, Butte, 59701. Tel: 406-723-5407; Fax: 406-723-5408; Email: bcm@diocesahelena.org.

Catechesis Religious Program—Seasons Proseperant, D.R.E. Students 51.

4—ST. HELENA (1921) Closed. 1966. For inquiries for parish records contact Butte Catholic Community North, Butte.

5—HOLY SAVIOR (1904) Closed. Closed in 1974. For inquiries for parish records contact Butte Catholic Community North, Butte.

6—HOLY SPIRIT (1978) Revs. Thomas P. Haffey; Elias Kabuk, Parochial Vicar; Deacon Doug Cameron. Office: 2930 E. Lake St., Butte, 59701. Tel: 406-494-5678; Fax: 406-494-5726; Email: holyspiritbutte@q.com.

Catechesis Religious Program—

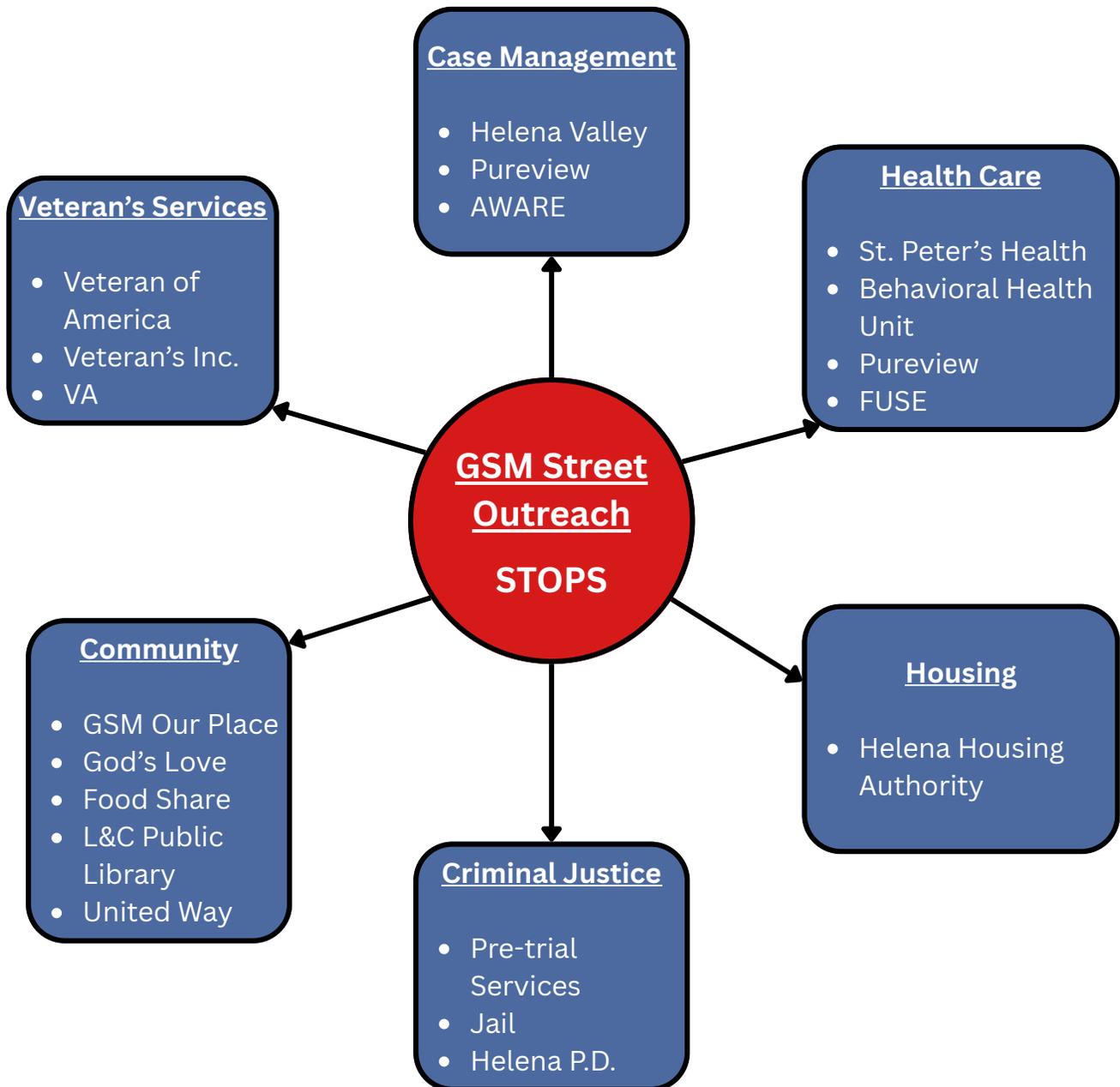
7—IMMACULATE CONCEPTION (1907) (Butte Catholic Community North) Revs. Patrick Beretta; Elias Kabuk, Parochial Vicar. Office & Res: 102 S. Washington, Butte, 59701. Tel: 406-723-5407; Fax: 406-723-5408.

Church: Western & Celestine St., Butte, 59701.

8—ST. JOHN THE EVANGELIST (1917) (Butte Catholic Community Central) Rev. Robert Hall, Admin. Office: 1500 Cobban St., Butte, 59701. Tel: 406-782-8349; Email: stjohparish@bressan.net.

STOPS Campaign

Community Connections



Recovery Friendly Workplaces

2026 Montana Opioid Abatement Trust Grants

Recovery Friendly Montana

Shannan Sproull
3933 Chelsea Drive
Missoula, MT 59808

ShannanSproull@gmail.com
O: 406-214-4130
M: 406-214-4130

Shannan Sproull

3933 Chelsea Drive
Missoula, MT 59808

ShannanSproull@gmail.com
O: 406-214-4130
M: 406-214-4130

Application Form

Region Selection

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

Project Name*

Recovery Friendly Workplaces

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.

N/A

Application Overview

About the Organization/Program*

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

Recovery Friendly Montana (RFMT) oversees the Recovery Friendly Workplace (RFW) initiative. The initiative engages businesses and organizations to adopt evidence-based policies and practices to support employees in recovery from substance use disorders (SUDs), including Opioid Use Disorder (OUD).

RFWs commit to intentionally fostering a safe, supportive, and non-stigmatizing environment for their employees who may be in recovery, while also opening the door to provide information and support for those who may be struggling with substance misuse or addiction. In addition, the RFW initiative also promotes strategies for both prevention and risk-reduction.

Recovery Friendly Montana helps businesses review their workplace policies and review their business practices to identify ways that they can become more "recovery-friendly." RFMT provides a number of trainings to businesses on topics like OUD and SUDs/addiction in general.

The Recovery Friendly Workplace initiative, like all other RFWs across the U.S., DOES NOT CHARGE employers to participate in the initiative, for any technical assistance, or trainings. Ultimately, the initiative seeks to:

- Reduce employer costs related to absenteeism, turnover and healthcare costs and increase productivity
- Encourage employee retention and productivity
- Promote health, safety and wellness for employers and employees

- Empower workplaces to provide support for employees in recovery and those impacted by SUDs, and
- Reduce stigma surrounding SUDs, including OUD.

The initiative seeks to help workplaces support and retain the employees they already have, but can also be 'leveled-up' to help with recruitment of new hires.

Our Vision:

Building safe, inclusive, Recovery Friendly work environments in Montana.

Our Mission:

To provide connections, education and resources about recovery and addiction to Montana's workforce in order to develop and maintain stigma-free and supportive Recovery Friendly workplaces.

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

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- 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

*A.A.2. RFMT provides each designated business with naloxone (who doesn't already have it). This increases both distribution and awareness through new unique avenues. This also provides additional safety measures for the business, and also for their clients/customers.

*B.B.11. RFMT has worked with both MT Dept of Labor & Industry (DLI) and DPHHS' Disability Employment and Transitions Division (DETD) to provide training on addiction, recovery and stigma to staff and better inform them on how to interact with and support individuals with OUD and other SUDs/MH. This opens the door to for future trainings that could include opioid-specific training as well.

*B.B.12. RFMT strongly promotes the concept of stigma reduction surrounding OUDs, SUDs and mental health by providing training, education and awareness on these topics.

*B.B.13. RFMT supports culturally appropriate services and programs (incl. info about Helena Indian Alliance and/or Wellbriety programs) to all RFWs and their employees through trainings and information-sharing.

*B.C.11. By engaging businesses to become RFWs and teach employees how to respond to recovery or treatment needs, we can increase the concept of “warm hand-offs” to include those interactions within a business that lead HR or a manager to help an employee find appropriate services.

*B.G.3., B.H.3., B.H.6., B.H.7. RFMT promotes and implements our “Overdose Prevention & Response” training for businesses which includes what opioids are, how they act in your body, what an overdose is, symptoms, what naloxone is, and how to respond to an emergency overdose with naloxone. We also cover information about immunity and the Good Samaritan law as well as how/where to appropriately dispose of medications, esp. opioids. We share similar information via social media as well as direct messaging to businesses, who then share with their employees. Promote Drug Take-Back Day 2x/year and Overdose Awareness Day Aug. 31 via social media and direct messaging.

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*

\$11,523.48

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.

DRAFT RFW Budget 2026 - LCC MOAT.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.

We currently operate under a three-year Montana State Opioid Response (SOR) grant in the amount of \$50,000/year. Executive Director is the only employee, at .60 FTE. We are currently in Year 2 of this cycle. We also were just awarded an OD2A grant for just under \$5,000 to cover the cost of creating and implementing an asynchronous, online version of our "Overdose Prevention and Response" training, so that it can reach more people.

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 Recovery Friendly Workplace (RFW) Initiative empowers businesses to foster supportive work environments for employees in or seeking recovery from substance use disorders (SUDs), OUD and mental health challenges. By offering FREE training, resources, and stigma-reduction education to businesses, the program helps businesses and organizations reduce absenteeism, turnover and healthcare costs while simultaneously increasing employee morale, productivity and loyalty. In turn, this helps to create a healthier, safer, and more supportive workplace culture where employees who need support can feel safer to seek it.

In order to achieve these goals, our specific objectives in L&CC will be accomplished by offering (a) education and training on topics of substance use, OUD, addiction, treatment, recovery, and/or mental health and suicide topics; (b) stigma reduction education and awareness information; (c) assisting employers in developing and implementing workplace policies that support recovery and employee well-being; and (d) targeted/tailored assistance in implementation. The RFW Initiative does not charge ANY fees for participation, education, training or assistance. This is a cornerstone of all RFW initiatives throughout the U.S. Therefore, the organization is not fee-for-service, but reliant on grants and gifts. This was a decision made in 2018 in order to reduce barriers to employers' participation.

According to data from the National Survey on Drug Use and Health (NSDUH) for 2023-24, the Prevalence rate of Montanans engaging in either Opioid Use Misuse or (more specifically) Prescription Opioid Misuse or in the previous year (age 18+) was just 2.93% (in the lowest 20% of all states, while the criteria for the more general category of "Substance Use Disorder" for age18+ was just over 23% -- putting Montana at the third highest prevalence rate behind the District of Columbia and Colorado. In this case the Substance Use Disorder category includes marijuana, cocaine, heroin and meth, and maybe include individuals who engage in polysubstance use (using more than one drug at a time), including opioids.

According to the U.S. Department of Labor's Recovery-Ready Workplace website, "the majority of Americans with substance use disorder (SUD) are employed—predominantly full-time" (approximately 77%) and HRCI (Human Resource Certification Institute) research indicates that "while many organizations recognize the need for recovery-friendly workplaces, they often lack the policies and training to effectively support employees, with 64% citing lack of knowledge and 59% citing stigma as major barriers." HRCI emphasizes proactive, supportive cultures over punitive measures to manage substance use disorders.

Specific Goals*

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

The goals of the RFW Initiative include:

- Expand number of RFW businesses located in Lewis & Clark County. Currently, there are six businesses in Helena that are designated RFWs (incl. Lewis and Clark Public Health, PureView Health, St. Peter's Health, DoubleTree Hotel, DPHHS' Disability Employment & Transition Division and YWCA) representing 2600 employees. Our goal would be to double the number of businesses in Lewis and Clark County within the grant period. This would be accomplished through direct outreach, giving presentations at conferences, or to small groups (e.g. a hotelier group, local Elks Club, referrals from existing RFWs, etc.). Once a business expresses interest, we would go through the onboarding steps to become designated as a RFW.

- Continue to offer and engage businesses in trainings such as: Overdose Prevention & Response, Reducing Stigma in the Workplace, Substance Use Disorder 101, Responding to Addiction, Recovery Basics, Know Your Resources, Talk Saves Lives, workplace edition (suicide prevention).
- Distribution of information and awareness materials to RFW businesses on: OUD and SUDs, how to dispose of unused medications, promoting Drug Take-Back Day and Overdose Awareness Day as well as information on adjacent topics such as: mental health, suicide prevention and similar topics via social media and newsletters. Distribution may occur through direct emails, mailing list, newsletters and/or social media.
- Build partnerships with local and state agencies/organizations to better serve RFWs. Recovery Friendly Montana has established relationships with the Disability Employment & Transitions Division, Lewis and Clark Public Health and members of the Dept of Labor and Industry, and the Montana Building Industry Association located in Helena. We aim to continue these partnership and seek additional collaboration as appropriate. Exec Dir was appointed by Governor to the State Rehabilitation Council.
- Distribute a minimum of two boxes of naloxone per business onboarded and replace as/if needed.
- Specifically promote RFWs completing the Overdose Prevention & Response training and Know Your Resources trainings.
- Support culturally appropriate services and programs for people with OUD by promoting connections to Helena Indian Alliance, Wellbriety programs and any other known culturally-based supports.

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.

* A.A.2.: Track how many boxes of naloxone are distributed.

* B.B.11. Track how many and which trainings presented to DETD and/or DLI and how many unique individuals participated. Gather feedback via post-training evaluation.

* B.B.12. Track how many stigma-related trainings given and how many unique individuals participate. Gather feedback post-training.

* B.B.13. Track number of times information about HIA, Wellbriety and/or other culturally-based services and type of information is distributed and how distributed.

* B.C.11. Track how many businesses/individuals participate in the Get to Know Your Resources” training. Gather post-training evaluation for learning. Gather qualitative stories on referrals/usage through employer and/or employee survey.

* B.G.3., * B.H.3., * B.H.6., * B.H.7. Track how many times Overdose Prevention & Response training is offered, how many participants, and evaluation of learning through pre-post surveys. As information about OUD, drug disposal, TakeBack Day and IOAD is distributed through emails, newsletter and/or social media – track what/when/how information is disseminated and any stats on viewing/engagement.

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 utilize our own tracking systems to collect data on (1) which trainings we offer to L&CC RFW businesses; (2) how many trainings we offer; (3) how many participants attend said trainings; (4) number, type and content of information re: OUD and/or opioid-related information disseminated via newsletter and social media; (5) how many boxes of naloxone distributed to L&CC businesses/individuals, and (6) how many L&CC businesses we onboard during the year of this grant. In addition, we will gather qualitative data through training surveys/evaluations.

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 communicate with L&CC RFWs via email, newsletters and to the general public through social media. We share a variety of information including: progress of RFMT, new RFWs, upcoming applicable trainings (whether offered through RFMT or another entity), significant monthly awareness events (e.g. National Prescription Drug TakeBack Days, Opioid Overdose Awareness Day, National Recovery Month) and sharing information/promoting other related events on social media. We also share educational-based information, such as: how/where to appropriately dispose of medications, overdose awareness information, messages about stigma, and much more.

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.

RFMT IRS Determination Letter.jpg

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

RFW Info and Resource poster samples.pdf

Upload #2

RFW Partner Supports for RFW.pdf

Upload #3

Additional Information

If one in six individuals meets the criteria for a substance use disorder, that could be extrapolated to estimate that substance use affects almost 12,000 individuals in Lewis and Clark County. Statistics show that one in every THREE individuals is "affected by" substance use -- maybe not you or me, but a spouse, a parent, a child or a friend. Recovery Friendly Workplace has the ability to not only provide information and training to

employees, but knowing that information, knowledge and awareness can extend to apply to their loved ones. It is a unique approach to addressing the continuum of substance use that is not, to our knowledge, being addressed by anyone else. We appreciate your time and efforts to review this, and all, applications for funding.

File Attachment Summary

Applicant File Uploads

- DRAFT RFW Budget 2026 - LCC MOAT.pdf
- RFMT IRS Determination Letter.jpg
- RFW Info and Resource poster samples.pdf
- RFW Partner Supports for RFW.pdf

Personnel										
Salary (\$28.85/hr)	\$5,539.20		16 hours (2 days) x 6x/year = 96 hrs for travel to/from, and meetings in, Helena 8 hours/month x 12 mos = 96 hrs/year for communications (emails, meetings, trainings, posting on social media re: L&CC/Helena) Total hours to dedicate to L&CC = 192 hrs (9% of work hours/year)							
Fringe Benefits (22%)	\$1,218.62									
Subtotal		\$6,757.82								
						x .725 c/mi	x trips/year	Hotel @110/night x trips/year	per diem meals (*\$55.50/day)	
Travel (hotel, per diem, mileage)	\$2,441.00		Missoula - Helena	6x/year	226 mi RT	163.85	\$983.00	*132.00	\$792.00	\$666.00
Subtotal		\$2,441.00	*The following counties are considered high-cost and vary in their allowed standard rate: Flathead, Gallatin, Park, Lewis and Clark, and Missoula.							
Marketing and advertising										
-- Printing of materials	\$250.00		printing of Resource posters, certificates, etc.							
-- marketing/advertising (incl. social media)	\$600.00		\$50/mo for targeted social media ads re: overdoses, naloxone, RFW, etc.							
Subtotal		\$850.00								
Communications and Utilities										
-- internet/cell phone	\$240.00		10% of cost of yearly cell phone/internet bills							
Subtotal		\$240.00								
SUBTOTAL		\$10,288.82								
Indirect Costs - x 12%		\$1,234.66								
TOTAL		\$11,523.48								



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

RECOVERY FRIENDLY MONTANA
3933 CHELSEA DRIVE
MISSOULA, MT 59808-5637

Date:
05/17/2024
Employer ID number:
99-2875333
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(v)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
March 14, 2024
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053537003184

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

Letter 947 (Rev. 2-2020)
Catalog Number 351521

Recovery Friendly Montana

Board of Directors



Shannan Sproull, MA – Executive Director
Recovery Friendly Montana



Leah Fitch-Brody, MA – President
Substance Use Prevention Specialist, Missoula Public Health



Kellyann Deniger – Vice President/Treasurer
Manager, Missoula Job Service



Kaylee Blackwell, SWLC, LAC (Secretary)
Clinical Director, Crosswinds Recovery



Zac Cannada, LAC, CBHPSS, NCPS
Co-Owner Beautiful Minds Recovery



Chyrel Garding, CBHPSS
Business Development/Community Outreach, Rimrock Foundation



Josiah Hugs, CBHPSS
Senior Organizational Consultant, Billings Clinic



Jacob Kuntz
Program Specialist, Vocational Rehabilitation and Blind Services



Dorothy Young, M.A.
Manager, Vocational Rehabilitation and Blind Services

Overview



Montana's Recovery Friendly Workplace (RFW)

A Recovery Friendly Workplace (RFW) is a place of work in which the employer, in collaboration with employees, establishes, maintains, and continually enhances policies, practices, and a culture and work environment that are supportive of current and prospective employees in recovery from, or otherwise affected by, substance use disorders.

Background

- In a 2016 report, the annual economic impact of substance misuse was estimated to be **\$249 billion** for alcohol misuse and **\$193 billion** for illicit drug use. (Office of the Surgeon General, 2016). These costs are related to the loss of productivity of individuals and businesses, as well as criminal justice, health care, and other related costs. Further, in a more recent 2021 report, a study conducted by the CDC estimated that opioid use disorder alone and fatal opioid overdoses cost the U.S. economy **\$1.02 trillion** in 2017.
- There are an estimated 87,000 Montanans (2019) who have a substance use disorder, and 92% of them are not receiving treatment. **How many of them work for you?** People who need treatment and who are in recovery are our employees, our customers, our friends, and our family members.
- Prevention, treatment, and recovery supports and services save lives and save resources.
- Launched in 2023, the Recovery Friendly Workplace initiative encourages healthy and safe work environments where employers, employees, and communities can collaborate to create positive change, eliminate stigma, and support those in recovery.

Benefits of Participation

GET CONNECTED to substance misuse and behavioral health information, resources, trainings, and services to meet the needs of businesses and organizations of all sizes and levels of readiness.

RECEIVE SUPPORT from Recovery Friendly Montana and your Recovery Friendly Advisor to provide assistance with additional, customized workplace policy, training, or education related resources.

RETAIN a healthier, more productive, and more motivated workforce through the delivery of evidence-based health and safety programs, policies, and practices.

RECEIVE OFFICIAL DESIGNATION as a Recovery Friendly Workplace by Recovery Friendly Montana. By joining this initiative, you will send a strong message to current and potential employees about the positive culture of your workplace.

Learn More

- **VISIT [RecoveryFriendlyMT.org](https://www.RecoveryFriendlyMT.org)** to learn more about becoming a Recovery Friendly Workplace. Submit an Intent Form to get started and check back frequently for the latest resources and toolkit materials to support your workplace.

RFW FAQs



Montana's Recovery Friendly Workplace (RFW)

A Recovery Friendly Workplace (RFW) is a place of work in which the employer, in collaboration with employees, establishes, maintains, and continually enhances policies, practices, and a culture and work environment that are supportive of current and prospective employees in recovery from, or otherwise affected by, substance use disorders.

Frequently Asked Questions (FAQs)

What is a Recovery Friendly Workplace?

A Recovery Friendly Workplace (RFW) is a business that chooses to go above and beyond for its employees by creating a workplace culture that supports people in recovery from Substance Use Disorder (SUD), as well as all those impacted by substance misuse.

How much does it cost to become a Recovery Friendly Workplace?

There is no out-of-pocket cost for a business or organization to become a designated RFW. The resources and assistance provided by Recovery Friendly Montana and Recovery Friendly Advisors (RFAs) are provided at no cost. Services will include support and guidance throughout the entire process.

How long does it take to get designated?

Businesses and organizations will receive the RFW designation after completing the first three items on the Checklist, generally 30–60 days.

What is the Checklist?

The Checklist was created to provide a simple, straightforward process for businesses of all sizes to become designated as Recovery Friendly. It includes a list of required components that must be completed initially and within a one-year timeframe. In addition, the Checklist includes other optional steps that are recommended, but not required.

What is a Recovery Friendly Advisor?

Recovery Friendly Advisors (RFAs) are a resource to businesses and organizations that wish to become designated as Recovery Friendly.

What does "Recovery Friendly" mean?

When a Recovery Friendly environment is created, people in recovery and those impacted by SUDs can thrive. A Recovery Friendly Workplace shines a light on employee health, wellness, and safety, and demonstrates commitment to reducing the stigma often associated with addiction.

What are the benefits of becoming a Recovery Friendly Workplace?

There are over 87,000 people in recovery in Montana (2019). By becoming a Recovery Friendly Workplace, you are supporting your employees and creating a healthier environment for them, but also showing customers and community members that your business is a proactive, valued community partner. In addition, workplaces that implement evidence-based health and safety policies and programs recruit and retain a healthier, more productive, and more motivated workforce.

Who makes up the Recovery Friendly Montana Advisory Board?

The Recovery Friendly Montana Advisory Board is a group of business leaders that includes: Job Service, Vocational Rehabilitation, Public Health, and substance use treatment and recovery professionals. These community members help shape this initiative and continue to provide guidance and support to promote Recovery Friendly Workplaces.

What additional resources are available?

Workplaces of all sizes and readiness levels will benefit from participation in this initiative. Resources are customized to meet the diverse needs of Montana workplaces. Resources will include toolkits, materials, trainings, and support for supervisors, as well as safety policies and programs to recruit and retain a healthier, more productive, and more motivated workforce and employees. RFW staff will ensure workplaces are well connected to the most current prevention, treatment, and recovery-related resources to best support their employees. Visit www.RecoveryFriendlyMT.com for all of the latest information.

Recovery Friendly Montana Four Pillars Model

The Four Pillars Model of Recovery Friendly Businesses



Engagement & Communications: Employers actively engage employees and other stakeholders as allies in creating and maintaining a recovery-ready workplace, communicating internally and externally that they are recovery-ready, and ensuring internal and external stakeholders understand what that means.

Source: U.S. Department of Labor, Recovery Ready Workplace Toolkit, Nov. 2023

Training Topics - Available to every Employer/Employee at No Cost

- P1. JustFive -- SUD/ODU awareness/education modules
- P1. Overdose Prevention and Response training
- P1. Talk Saves Lives: Suicide Prevention in the Workplace
- P2. Knowing Your Resources: 211, 988, RFW, DPHHS
- P2. Stigma Reduction: Language Matters
- P3. Taking a Look: Assessing Your Workplace
- P3. Appropriate Accommodations for People in Recovery (in development)
- P4. Responding to Addiction
- P4. Recovery Basics: Foundational Information for Everyone

Are you or a loved one in need of addiction or recovery resources?



Scan this code for treatment resources including:

- Local recovery support
- Treatment Service Providers
- Where to obtain Naloxone
- Other substance use treatment and mental health resources



www.RecoveryFriendlyMT.org



Recovery Friendly Montana

Online or In-Person

OVERDOSE PREVENTION & RESPONSE TRAINING

Overdoses can happen to anyone!

Learn about what opioids are, how they interact with a person's body, signs and symptoms of an overdose and how to respond in case of an emergency overdose.



MULTIPLE DATES AVAILABLE

- Wed, July 30 at 12:00 -- online
- Thur, July 31 at 5:30 pm -- online
- Tue, Aug 12 at 9:00 am -- online
- OR – schedule an in-person training for your workplace

REGISTER HERE:

[HTTPS://FORMS.GLE/KJ74FKEXL11AGVZA8](https://forms.gle/KJ74FKEXL11AGVZA8)



Sat. October 25, 2025

National Prescription

Drug Day

The 27th National Prescription Drug Take-Back Day is
Saturday, Oct. 25, 2025 - 10AM to 2PM

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.



Most Pharmacies Accept Medication Drop-offs on Take-Back Day or ANYTIME during pharmacy hours!

**Keep them safe.
Clean them out.
Take them back.**

As of 10/18/2025, the following Montana Collection sites will be open:

Take Back Day: Saturday, October 25, 2025
10:00 am - 2:00 pm

COLLECTION SITE	
If you do not find a collection site near you, please check back frequently, sites are added every day.	
MONTANA STATE UNIVERSITY POLICE DEPARTMENT 101 HUFFMAN BUILDING	Map
BOZEMAN POLICE DEPARTMENT BOZEMAN POLICE DEPARTMENT	Map
MISSOURI RIVER DRUG TASK FORCE GALLATIN COUNTY SHERIFF'S OFFICE	Map
STILLWATER COUNTY SHERIFF'S OFFICE STILLWATER SHERIFF'S OFFICE	Map
LINCOLN COUNTY SHERIFF'S OFFICE-NORTH EUREKA LAW CENTER	Map
RAWALLI COUNTY SHERIFF'S OFFICE RAWALLI COUNTY PUBLIC HEALTH	Map
LAKE COUNTY SHERIFF'S OFFICE LAKE COUNTY SHERIFF'S OFFICE	Map
CARBON COUNTY SHERIFF'S OFFICE CARBON COUNTY SHERIFF'S OFFICE	Map
MUSSELSHELL COUNTY SHERIFF ROUNDUP MEMORIAL HOSPITAL	Map
MUSSELSHELL COUNTY SHERIFF MUSSELSHELL COUNTY SHERIFF	Map
MINERAL COUNTY SHERIFF'S OFFICE MINERAL COUNTY SHERIFF'S OFFICE	Map
If you do not find a collection site near you, please check back frequently, new sites are added every day.	

Safe Disposal

Saves Lives

To see if your community is registered to host a collection site: <https://www.dea.gov/takebackday>

Recovery Friendly Workplaces



WHAT KEY PARTNERS HAVE TO SAY:

U.S. DEPARTMENT OF LABOR - RECOVERY-READY WORKPLACE HUB

"Research suggests that the adoption of recovery-ready workplace policies can result in increased productivity, decreased healthcare costs, reduced turnover and related costs, and reduced exposure to substance-related accidents. These policies can also help employers tap into tight sectors of the labor force to build their organizational capacity. In addition to making good business sense and helping employees, the adoption of recovery-ready workplace policies permits employers to be a force for positive change and a model of community leadership and good corporate citizenship."

"The majority of Americans with substance use disorder (SUD) are employed—predominantly full-time.¹ SUD in the workforce is costly to employers, resulting in absenteeism, lost productivity, increased healthcare costs, and elevated liability exposure. Workers with SUDs take nearly 50 percent more days of unscheduled leave than other workers and have an average annual turnover rate 44 percent higher than that for the workforce as a whole."

-U.S. DOL Recovery-Ready Workplace Hub

NATIONAL SAFETY COUNCIL

"Employees who are in recovery have equal or lower health care costs, absenteeism and job turnover compared to employees who never report an SUD.² Employers who help employees complete treatment are likely to see a high return on investment when working with employees throughout treatment to achieve recovery. Supporting employees in recovery creates clear reasons and culture for job satisfaction and loyalty in the workforce."

HRCI

(Human Resource Certification Institute)

"The numbers tell us that Substance Use Disorder is an issue every organization will confront. The question is whether we do it proactively, with constructive policies, or whether we will allow crises to dictate our decisions. Smart employers will get out front and support employees on their journey to recovery. This is an area where HR can provide leadership."

Dr. Amy Dufrane, CEO of HRCI

WHITE HOUSE

"With tens of millions of Americans in recovery from substance use disorder, we know that employers play a critical role in supporting the recovery journey."

- White House Drug Control Policy Director Dr. Rahul Gupta

Montana Health Justice Partnership - Recovery Project in Lewis & Clark County

2026 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
O: 406-442-9830
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 in Lewis & 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.

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 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 60 years, MLSA has provided free legal assistance (such as legal information, advice, and 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 common civil legal problems 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, one hospital, MOAT Region 5, VA Healthcare, and the Montana Consortium for Urban Indian Health 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 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 helps OUD patients build healthy lives and stay in recovery. The primary partners for this

expanded Recovery Project in Lewis & Clark Metro Region are Aware, Inc., Pureview Health Center, Fort Harrison VA Medical Center, the Friendship Center, and the Helena Indian Alliance.

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

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

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

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 Montana Health Justice Partnership-Recovery Project meets the 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 in the Lewis & Clark Metro Region 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 safe, supportive, and stable environment a person needs in order 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 the Lewis & Clark Metro Region.

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*

\$50,324.00

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.

2026 MLSA Budget L&C MOAT 2.27.2026 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 funding to dedicate 0.21 FTE attorney time and 0.1 Intake Navigator time to focus on OUD clients, along with associated costs. In turn, this investment will be supported by the existing infrastructure of the current MHJP Project, which does not currently have the capacity to focus on OUD patient referrals or add referral partners.

The statewide MHJP has a solid reputation and support in Montana and over the years has received funding from private foundations and federal agencies. The MHJP is also supported by a financial commitment from all partners, who provide a yearly cash amount to help cover project costs, and through allocations of MLSA's general operating grants. These statewide funding sources will help ensure that the Lewis & Clark Metro Region Recovery Project has a solid foundation in a thriving medical-legal partnership. MOAT funding will not replace or supplant existing funding, but will instead expand the current local partnership by increasing capacity for legal services to people living with an OUD, to add the partnership with Aware, and to integrate these services into the core medical-legal partnership.

2026 Statewide MHJP Annual Cost for current services including Lewis & Clark County is \$588,028; received funding for 2026 is \$521,019:

MHJP Partner Contributions: \$184,190

W.K. Kellogg Grant: \$100,000

St. Patrick's Providence Hospital Contribution: \$210,000

Montana Healthcare Foundation Grant: \$50,000

Legal Services Corporation Grant: \$6,636

VA Homeless Veteran Grant: \$5,461

Montana Consumer Protection Grant: \$4,000

Office of Violence Against Women Grants/Subgrants: \$5,000

Office of Victims of Crime Grant: \$2,000

Montana Justice Foundation Grant: \$3,731

Private Individual Donations being cultivated and grant applications pending

Although these funding sources allow MHJP to provide services to hundreds of clients each year, including in Lewis & Clark County, additional funding is needed to scale up to meet the true potential for Montanans vulnerable to overdose death. The MHJP needs support from the Lewis & Clark Metro Region MOAT, such as has been provided by Region 5 MOAT, to implement services specifically for local OUD referrals, to add additional mental health care partners, and to incorporate client navigation services to help patients living with an OUD and co-occurring SUD/Mental Health condition. 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 Lewis & Clark 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 Lewis & Clark residents with an OUD and co-occurring SUD/mental health conditions, prioritizing high-risk populations, including families with children and at-risk youth and young adults. The intended results will be to increase the number of clients with an OUD who receive civil legal services by directly partnering with Pureview, Helena Indian Alliance, VA Hospital, the Friendship Center, and Aware (a non-profit mental health provider annually serving 230-957 people in Lewis & Clark County). The Project will be fully integrated into MLSA's existing medical legal partnership and will add Aware as a partner. In 2025, MLSA served 504 clients in the Lewis & Clark Metro Region, helping 1,158 clients and their family members, including 497 children. The MHJP served 72 cases in Lewis and Clark County, including 2 involving substance abuse, impacting 127 clients and family members (including 36 children).

To meet the legal needs of patients with an OUD, MLSA will dedicate 0.21 FTE attorney time to provide dedicated legal services to OUD clients and 0.1 FTE Intake Navigator time to provide legal advocacy, intake, support, and referral to OUD clients. The MHJP Supervising Attorney will provide staff supervision and mentoring. The Navigator will: (1) accept referrals and conduct intake interviews with local residents with an OUD; (2) support the Project Attorney with legal tasks; (3) refer OUD clients to other service organizations for additional supportive services; (4) build community outreach to Metro area residents; and (5) collect and evaluate detailed outcomes about improved recovery, health, and legal outcomes. The Project Attorney will: (1) provide legal advice, limited scope services, and full representation to clients with an OUD on civil legal issues that impact their housing, safety, and economic stability; (2) work with local recovery service providers to build an active referral process for OUD clients; and (3) provide technical assistance to Aware and other referral 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.

Specific Goals*

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

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

- (1) 1 consultation, training, 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 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 anticipated results of these outcomes will be: (1) accurate screening of OUD patients for legal needs and referral to MLSA for services; (2) efficient triage of legal needs, assessment of eligibility, and level of services needed; (3) positive impact of OUD client/patient health and support of recovery; and (4) adding Aware as a partner will enhance the long-term sustainability of better health outcomes for low-income, vulnerable, patients with OUD and co-occurring SUD/Mental Health conditions, including for families and children.

Through the MHJP-Recovery Project, the medical, mental health, shelter, and MLSA partners will work together to holistically address the health, social, financial, and environmental needs that otherwise can prevent OUD patients from staying in recovery, with a particular focus on building a sustainable program able to address OUD in the Metro Region over the long term. This project will enable 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, strengthening local capacity to address these issues.

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.

MLSA will evaluate the MHJP-Recovery Project in the Lewis & Clark Metro Region 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. MLSA will employ a formative evaluation to examine the implementation of the project to improve process, structure, and implementation of the project. Both qualitative and quantitative methods will assure depth, scope, and the dependability of findings. Through the evaluation process, MLSA will seek input and data from all partners and directly from clients for evaluation of impact on health-harming civil legal needs and better OUD recovery outcomes of patients and clients, using baseline data to compare against final outcomes.

Ten years of evaluation data from our medical legal partnerships proves that our clinic Medical Legal Partnership model works. In 2024 alone 94% of MLSA's clients experienced improved health and/or stress after receiving legal services. MLSA's medical legal partnership clients received \$251,773 in direct economic amounts and had an 83% success rate of maintaining public benefits such as Medicaid, TANF, SSI, SSDI, and SNAP; an 87% success rate on preventing eviction; and a 100% success rate on improving safety of domestic violence clients and reducing risk to children. Of these clients served, 64 had households impacted by substance abuse issues – a number which we anticipate will grow once our outreach and referral system is set up to identify and serve people living with a OUD.

MLSA will annually compile the data described below to present, evaluate, and improve the project processes during the implementation to ensure the Recovery Project meets project goals in the Lewis & Clark Metro Region.

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.

In order to assess project implementation and results, 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, Pureview, Helena Indian Alliance, VA Fort Harrison Hospital, the Friendship Center, 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 in the Lewis & Clark Metro Region. MLSA will incorporate MLSA's 2025 baseline substance use data at the start of the project in order to determine the project's full impact. 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.

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 Pureview, the Fort Harrison VA Medical Center, the Helena Indian Alliance, and the Friendship Center mean that strong community relationships and awareness are built

into the project foundation. MLSA will expand partnerships and outreach efforts to include Aware 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, implementing specific procedures will enable MLSA to more effectively connect legal services with Aware's 230-957 annual Lewis & Clark County 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 current partners and will seek to establish relationships with other OUD service organizations. These healthcare providers 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 general civil legal aid organization in the Metro Region, MLSA also works closely with other community partners to connect with low-income Montanans, including those with OUD. These partners include the existing partners; a Justice for Montanans AmeriCorps program with a self-help desk in Helena; Volunteers of America Northern Rockies in Helena; Montana Primary Care Association; the Montana Board of Crime Control; and more. These partnerships leverage the outreach strengths of multiple organizations and allow awareness of MLSA's services to reach the people with OUD who need them. MLSA staff also regularly attend local events like the Strengthening Supportive Services Summit at St. Peter's Health, communicating directly with potential OUD clients and service providers.

MLSA also uses technology to meet low-income Montanans from their own home. We regularly post articles to MontanaLawHelp.org and to social media to raise awareness, 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

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.

MLSA IRS 501c3 ltr 1967.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

MLP Factsheet.pdf

Upload #2

Mental Health Opioid Crisis Legal Partnership Factsheet.pdf

Upload #3

Additional Information

Because legal issues are often particularly complicated for low-income and vulnerable clients such as those with an OUD, MLSA needs additional funding to prioritize the referrals and legal services needed to support OUD recovery. Our hope is to build an annual recovery project in each MOAT region, and we have started already with funding in MOAT Region Five. Neither MLSA nor AWARE have the resources to partner together to screen all AWARE patients in the Lewis & Clark Metro Region for OUD related legal needs nor to provide services to patients referred to MLSA. The existing MHJP Health Clinic partners do already screen patients for care and refer those with OUD related legal needs to MLSA. There is currently funding from the Health Clinic Partners and MLSA to provide advice only services to referred patients, but often times OUD related legal needs are complex and require full representation to achieve positive outcomes. The MHJP Recovery Project request will enable (1) AWARE and MLSA to form a partnership for screening, referral, and provision of legal services; and (2) full representation to current Lewis & Clark Metro Region Health Care Partners referred clients with OUD related legal needs. With these additional partnerships and services in place, the MHJP Recovery Project partners can work together to holistically address the health, social, financial, and environmental needs that prevent OUD patients from staying in recovery.

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.) For families impacted by OUD/SUD, access to civil legal aid can result in greater stability for children, with studies finding that when parents have access to legal services, child health, access to food, and access to income supports improved, while parents reported reduced stress and increased wellbeing (Weintraub. et al "Pilot study of medical-legal partnership to address social and legal needs of patients." Journal of Health Care for the Poor and Underserved, 2010; Ryan et al. "Pilot study of impact of medical-legal partnership services on patients' perceived stress and wellbeing," Journal of Health Care for the Poor and Underserved, 2012). 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 in the Lewis & Clark Metro Region 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 annual timeline is as follows:

Month 1: (1) Initial meeting of Aware and MLSA to coordinate partner schedules, roles, and responsibilities; (2) MHJP Supervising Attorney to work with Aware staff to establish screening and referral protocols; and (3)

MLSA to update screening and referral protocols for Pureview, Fort Harrison VA Health Center, the Friendship Center, and Helena Indian Alliance.

Months 1-2: MLSA to provide trainings to Aware staff and updated training to current local referral partners.

Months 2-12: 1) Aware, Pureview, Fort Harrison VA Health Center, the Friendship Center, and Helena Indian Alliance, and other OUD treatment partners to screen and refer patients with legal needs, with particular focus on patients in OUD recovery treatment; 2) MLSA 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 in Lewis & Clark County; 10) MHJP Coordinating Attorney and Project Attorneys to identify training needs and provide screening and referral trainings; 11) MHJP Supervising 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, Pureview, Fort Harrison VA Health Center, the Friendship Center, and Helena Indian Alliance, 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.

At a programmatic level, MLSA has the staff capacity to provide direct services to OUD client referrals. With 17 attorneys working statewide to provide legal assistance to clients and 60 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.

With support from the Lewis & Clark Metro Region MOAT, the MHJP-Recovery Project will increase capacity for legal services for OUD clients and 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, including families with children and at-risk youth and young adults, 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 Lewis & Clark Metro Region.

File Attachment Summary

Applicant File Uploads

- 2026 MLSA Budget L&C MOAT 2.27.2026 submission.pdf
- MLSA IRS 501c3 ltr 1967.pdf
- MLP Factsheet.pdf
- Mental Health Opioid Crisis Legal Partnership Factsheet.pdf

Montana Opioid Abatement Trust: Lewis & Clark Metro Region

Montana Legal Services Association: Montana Health Justice Partnership - Recovery Project

	Calculated Budget	Cost per	Time Frame	Multiplier	Multiplier Type	Year
Personnel						
MHJP Supervising Attorney	\$ 2,428	80,940	per year	0.03	Supervisor FTE	1
Staff Attorney	19,175	76,700	per year	0.25	Attorney FTE	1
Communications Manager	1,698	56,614	per year	0.03	Non-Atty Supervisor FTE	1
Intake Navigator	7,290	48,600	per year	0.15	Non-Attorney FTE	1
Fringe Benefits						
MHJP Supervising Attorney	748	31%	Fringe %			
Staff Attorney	6,100	32%	Fringe %			
Communications Manager	621	37%	Fringe %			
Intake Navigator	2,953	41%	Fringe %			
Total Personnel	\$ 41,013					
Non-Personnel						
Travel						
Mileage (used on gas & maintenance of MLSA owned vehicle, reimbursement, or rental vehicle)	218	0.725	cents/mile	300	miles per year	1
Supplies						
Printing	100	100	per year	0.46	FTE	1
Office Supplies/Postage	100	100	per year	0.46	FTE	1
Other Costs						
Library	161	350	per year	0.46	FTE	1
Translation Services	345	750	per year	0.46	FTE	1
Computer Assisted Legal Research Services	216	864	per atty annually	0.25	Attorney	1
Client/Litigation Costs	345	750	per year	0.46	FTE	1
Online and media outreach	1,500	1,500	per project	1	Outreach Project	
State, Local & Tribal Bar Fees	174	695	per atty	0.25	Attorney FTE	1
Total Non- Personnel	\$ 3,159					
Total Direct Costs	\$ 44,172					
Indirect Costs						
MLSA's Rate for 2025 is 30.94%, capped to 15%	6,152	15.00%	Lewis & Clark Metro Region MOAT cap amount			
Total Budget	\$ 50,324					



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR
P. O. BOX 1177
HELENA, MONTANA 59601

FEB 2 - 1967

IN REPLY REFER TO
Form L-178
Code 414:ME
HEI-EO-67-3

Montana Legal Services Association
Room 608, Power Block
Helena, Montana 59601

PURPOSE Charitable and Educational	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE	
Helena, Montana	
FORM 990-A RE-REQUIRED	ACCOUNTING PERIOD ENDING
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	June 30

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

Nelson L. Seeley
Nelson L. Seeley
District Director

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 2024, Montana Legal Services Association handled 4,502 cases, helping 10,823 clients and their families (including 4,604 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

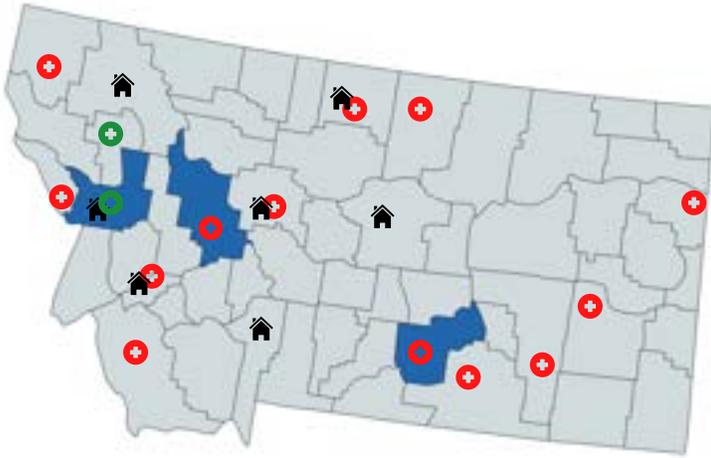
Medical Legal Partnerships are a proven, effective model to improve health and reach our most vulnerable community members. The Montana Health Justice Partnership has a 50% reach into rural communities. In its first year, the medical-legal partnership resulted in a 184% increase in legal services provided 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?

HRSA Funds: the federal Health Resources & Services Administration **recognized civil legal aid as an enabling service health care providers can include in federal grants.** In at least seven states, funding legal services is included in a Medicaid managed care contract or other value-based payment arrangement.

Emergency Department Cost Savings: In 2021, patients who rent their homes and whose care plan included legal intervention from MLSA reduced their mean Emergency Department utilization from 2.78 visits per month to 1.22 visits per month. This is a **56.1% reduction in use of the ED.**

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, Montana Consortium for Urban Indian Health, and seven Federally Qualified Health Care Centers. Since 2015, this MLP has expanded, with Health partners deciding 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 Resilient Parenting 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>





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

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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.

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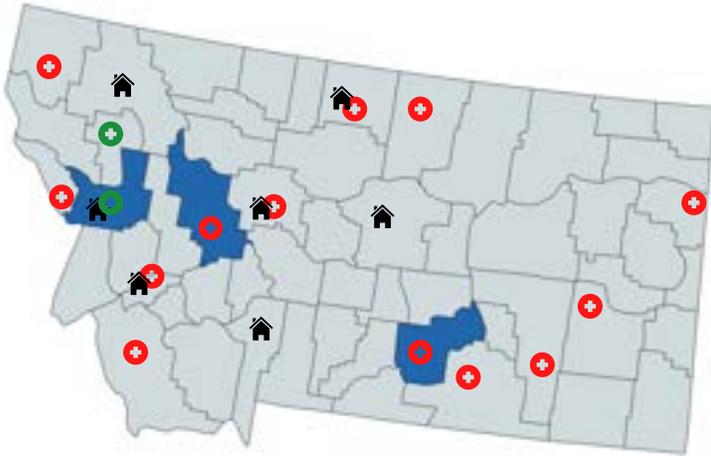
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How can we fund MLPs in Montana?

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

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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.

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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.

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Community Capacity Building for the Prevention of Opioid Use Disorder

2026 Montana Opioid Abatement Trust Grants

Prevention Support Services

Nicole Hackley
PO Box 4572
Helena, MT 59604

O: 406-480-5385
M: 406-480-5385

Nicole Hackley

PO Box 4572
Helena, MT 59604

nicole@preventionsupport.org
O: 406-480-5385
M: 406-480-5385

Application Form

Region Selection

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

Project Name*

Community Capacity Building for the Prevention of Opioid Use Disorder

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.

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.

Youth Connections Foundation, DBA Prevention Support Services (PSS), is a nonprofit organization dedicated to preventing substance misuse through collaboration, training, and technical assistance. We believe prevention is most effective when communities are supported and equipped to lead lasting change. Our mission is to partner with leaders and prevention professionals to build sustainable prevention systems that promote healthier, more resilient communities.

Founded in 2003 as a program of the Helena School District, PSS became a 501(c)(3) nonprofit in 2013 to ensure the continuation of prevention services across Montana. Since 2019, PSS has served as the statewide provider of training and technical assistance for substance use prevention specialists under contract with the Montana Department of Public Health and Human Services, Behavioral Health and Developmental Disabilities Division (BHDD). As this statewide infrastructure was newly established, we developed a comprehensive onboarding and support system grounded in best practices and evidence-based prevention strategies, while fostering peer connections across communities with shared risk and protective factors.

PSS has extensive experience supporting community coalitions through technical assistance, data-informed planning, and system-building. We work closely with local partners, particularly in rural communities, to strengthen prevention capacity through relationship-building and locally driven solutions.

Our team consists entirely of certified prevention specialists with more than 100 years of combined experience in community-level prevention, training, and technical assistance. PSS is the only organization in Montana certified to deliver Strategic Prevention Framework Application for Prevention Success Training

(SAPST) and Core Competencies training. Our work is grounded in a deep commitment to people, partnerships, and the long-term wellbeing of the communities we serve.

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

J. LEADERSHIP, PLANNING, & COORDINATION

K. TRAINING

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

This proposal aligns with opioid abatement remediation uses identified in Exhibit E of the Montana Opioid Settlement, including support for evidence-based prevention programs, community engagement, training, media campaigns, and cross-sector coalition development. It advances core prevention strategies such as funding evidence-based media, evidence-based prevention in schools, and training local partners to build sustainable systems that reduce opioid-related risks. Our project enhances local capacity by engaging community sectors, including nonprofits, faith organizations, schools, healthcare providers, and public safety partners, in coalition work that reflects Montana's priorities for prevention and community-driven planning. This supports regional planning to address the root causes of opioid misuse, identifies local needs, and ensures efficient use of abatement resources.

We provide training in the Strategic Prevention Framework (SPF) and ongoing technical assistance to prevention professionals to ensure implementation of evidence-based practices. Training and guidance directly build prevention skills, support implementation fidelity, and increase community readiness, aligning allowable prevention and capacity-building uses outlined in Exhibit E.

We also support development of best-practice awareness efforts that reduce stigma and avoid scare tactics, particularly for youth and families, and assist communities in identifying and implementing evidence-based curricula that strengthen youth skill-building and wellness. These efforts align with Exhibit E's emphasis on evidence-based prevention strategies including media campaigns and school-based programs.

Rural communities continue to experience elevated risk for opioid misuse and limited access to prevention and support services. Our regional, coordinated strategy will ensure partners work together to maximize impact, leverage data, and implement sustainable approaches to abate the opioid epidemic in Montana.

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*

\$195,000.00

Program Budget*

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

L&C METRO REGION BUDGET .pdf

Source of Funding*

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

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

There is currently no dedicated funding supporting primary prevention efforts focused on opioid misuse in the Lewis & Clark region. Primary prevention is defined as preventing substance misuse before it begins by reducing risk factors and strengthening protective factors at the community level.

Existing state prevention funding, primarily federal in origin, is restricted to addressing underage alcohol use, underage marijuana use, and adult binge drinking. In recent years, prevention allocations have been reduced by more than half, significantly limiting community capacity. Lewis and Clark County was previously allotted two full-time positions, but both were cut as of September 2025. As a result, one prevention specialist now covers multiple counties while facilitating coalitions, building partnerships, supporting policy initiatives, delivering presentations, organizing drug-free events, and assisting with evidence-based curricula in schools. Given these existing responsibilities, there is no remaining capacity to implement comprehensive opioid primary prevention strategies.

Historically, funding streams such as Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) and Partnership for Success (PFS) have not permitted dedicated opioid prevention activities. Consequently, opioid-related prevention efforts have been limited and fragmented, without consistent alignment to prevention science or structured frameworks such as the Strategic Prevention Framework (SPF).

At the federal level, primary prevention funding has declined in recent years, while opioid settlement resources have largely been directed toward treatment and recovery services. While treatment services may be reimbursable through Medicaid or insurance, primary prevention has no reimbursement mechanism and depends entirely on public or grant funding. Without dedicated investment, upstream prevention efforts cannot occur.

Although many substance use prevention strategies overlap, effective opioid prevention requires targeted activities such as stigma reduction, prescription misuse education, overdose risk awareness, and coordinated

community-level planning. Current prevention staff do not have the capacity to add this focused work without additional funding.

This request represents the only viable funding source to establish and sustain comprehensive, evidence-based opioid primary prevention in the region, ensuring communities can proactively reduce misuse and prevent future overdose.

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.

Prevention Support Services seeks funding to hire a Prevention Specialist to expand and strengthen coalition-based substance misuse prevention efforts with a specific focus on opioid prevention in the rural communities of Augusta and Lincoln. These communities face unique challenges related to geographic isolation, limited access to services, and increased risk factors associated with substance misuse. By building upon existing coalition infrastructure, this project will enhance local capacity to increase protective factors and reduce risk factors related to opioid misuse.

This project will be implemented in collaboration with existing coalition partners, as well as partners including schools, healthcare providers, law enforcement, EMS, community organizations, and state prevention initiatives. PSS will also coordinate with other opioid abatement regions to share resources, align strategies, and maximize impact. These partnerships will ensure a comprehensive, coordinated approach to opioid prevention across systems and communities.

This project will utilize a data-driven approach grounded in the Strategic Prevention Framework (SPF), incorporating overdose mapping data, Prevention Needs Assessment (PNA), Youth Risk Behavior Survey (YRBS), and other relevant local and state data to assess community need and guide planning. Evidence-based and evidence-informed tools from the National Overdose Prevention Network (NOPN) will be used to implement strategies tailored to rural contexts. Through strong partnerships with state prevention efforts and other opioid abatement regions, this initiative will promote coordinated, sustainable, and community-driven opioid prevention.

Prevention Support Services will utilize tools and resources from the National Overdose Prevention Network (NOPN) that have demonstrated effectiveness in reducing overdose risk and increasing community awareness and protective behaviors. These tools support evidence-based approaches such as stigma reduction, community education, harm reduction-informed prevention, and improved help-seeking pathways.

Strategies will be adapted to fit rural contexts and will emphasize community engagement, peer influence, and practical prevention approaches that resonate with local values. The use of NOPN resources ensures alignment with national best practices while allowing for local customization.

Specific Goals*

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

Goal #1: Increase local capacity to address opioid prevention throughout dedicated staffing and technical support.

Objectives: (1) PSS will hire and support a Prevention Specialist to coordinate opioid prevention efforts in Helena, East Helena, Augusta and Lincoln. (2) The specialist will provide technical assistance to partners, facilitate regular meetings, support strategic planning, and build leadership among community partners. (3) Training will be offered to increase knowledge of prevention science, the Strategic Prevention Frameworks and evidence-based practices.

Goal #2: Use data to identify priority risk and protective factors related to opioid misuse .

Objectives: (1) Collect and analyze local data, including surveys, public health indicators, school data, and community input. (2) Identify and engage 12 community sectors through Community Mapping. (3) Develop a one-page community case statement outlining local impacts of opioid use and contributing factors.

Goal #3: Implement evidenced-based primary prevention strategies tailored to community needs.

Objectives: (1) Select and implement evidenced-based strategies focused on preventing misuse before it begins. Strategies may include information dissemination, prevention education, positive activities, community-based processes, environmental policies, or problem identification and referral programs. Examples of these are: youth engagement initiatives, and stigma-reduction messaging, focusing on the positive. Efforts will focus on strengthening school connectedness, family engagement, and community norms that discourage misuse. Implementation will include clear action steps, timelines, and evaluation measures.

Goal #4: Strengthen coordination with state-wide prevention initiatives and regional opioid abatement efforts.

Objectives: (1) Actively participate in state and regional prevention networks. (2) Align local strategies with statewide priorities. (3) Coordinate with other opioid abatement planning groups. (4) Conduct regular communication and shared reporting to leverage resources and ensure consistent messaging. This coordination will maximize impact and position local communities to benefit from broader prevention investments.

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 be embedded throughout the project and aligned with the Strategic Prevention Framework to ensure continuous quality improvement and measurable impact. Both process and outcome evaluation methods will be used to assess effectiveness.

Process measures will track implementation fidelity, community engagement, and partnership development. Metrics will include number and diversity of sector representatives engaged through community mapping; meeting attendance and participation; trainings delivered; technical assistance hours provided; and progress on action plan goals. Documentation tools will include sign-in sheets, training evaluations, coalition self-assessments, and implementation tracking logs. These measures ensure that strategies are delivered as intended and that infrastructure and capacity are strengthening over time.

Outcome measures will assess short- and intermediate-term changes in knowledge, attitudes, behaviors, and protective factors related to opioid misuse. Pre- and post-training surveys will measure changes in participant knowledge and confidence. Community-level indicators will be monitored using multiple data sources, including the Youth Risk Behavior Survey (YRBS) and the Prevention Needs Assessment (PNA) to track youth perceptions of risk, substance use behaviors, and protective factors such as school connectedness and family support. Overdose trends and related incident data will be reviewed using ODMAP (Overdose Detection Mapping Application Program) to monitor patterns and inform timely response efforts. Additional indicators may include implementation of prevention-focused policies, increased help-seeking behaviors, and improved cross-sector coordination. The one-page community case statements will be updated annually to reflect data trends and progress.

Data will be reviewed regularly with partners to guide decision-making, adjust strategies as needed, and ensure resources are directed toward the most impactful approaches. Evaluation findings will be shared with local and state partners to promote transparency, accountability, and alignment with broader opioid prevention efforts.

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.

Data will be collected from multiple sources to demonstrate achievement of program goals and objectives. Coalition records and attendance logs will document engagement of sector partners, meetings held, and collaborative activities. Training evaluations and pre/post surveys will measure changes in knowledge, attitudes, and confidence related to risk and protective factors associated with opioid prevention. Community mapping documentation and action plans will show cross-sector participation and implementation of strategies tailored to local needs. One-page community case statements will serve as evidence of data analysis and community awareness efforts.

Outcome data will include Youth Risk Behavior Survey and Prevention Needs Assessment results to track trends in youth substance use, perceptions of risk, and protective and risk factors over time. For example, Prevention Needs Assessment data on school and family protective factors, such as low levels of school connectedness and emotional well-being, provide baseline indicators for improvement and help guide strategies that strengthen youth resilience and reduce risk for substance misuse. Overdose and incident data will be reviewed using ODMAP and other public health sources to monitor patterns and inform prevention strategies. Additional metrics may include help-seeking behaviors, adoption of prevention policies, and participation in community education activities.

Documentation such as technical assistance records, implementation tracking logs, and progress reports will demonstrate fidelity to planned activities and achievement of milestones. Data will be analyzed regularly and shared with coalition partners to guide continuous improvement and ensure accountability. These combined data sources provide a comprehensive picture of program performance and community impact.

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.

Prevention Support Services (PSS) will create awareness of this program through a coordinated community outreach approach that leverages local partners and existing coalition networks. Outreach efforts will be tailored specifically to the communities of Augusta and Lincoln to ensure messaging is accessible, culturally appropriate, and aligned with local norms.

PSS will conduct community mapping in each location to intentionally identify and engage representatives from the 12 community sectors, when present. This process will ensure broad, cross-sector representation and strengthen partnerships. Using local data and partner input, PSS will develop a concise, one-page community case statement outlining how opioid use affects each community and the county overall, including impacts on families, schools, healthcare systems, and public safety. Case statements will be shared with partners to build awareness, increase shared understanding, and foster collective ownership to address the problem of opioid use. PSS will collaborate with partners to develop coordinated, data-informed action plans that address community risk factors and strengthen protective factors.

PSS will work with coalition members, schools, healthcare providers, EMS, faith-based organizations, and businesses to share information through established communication channels, including community meetings, school events, newsletters, and local radio.

Awareness activities will prioritize brief presentations at existing gatherings, such as school functions and community meetings, rather than stand-alone events, which can limit participation in rural settings.

Messaging will focus on the positive, reducing stigma, and promoting help-seeking behaviors related to opioid

misuse prevention. Utilizing the quarterly YC magazine that goes to all Helena and East Helena school kids is one part of the overall media plan to expand awareness and outreach. Youth and community members will help develop outreach materials such as flyers and social media content. Evidence-based tools and guidance from the National Overdose Prevention Network will inform messaging to ensure alignment with best practices. Digital outreach will complement in-person strategies through social media, email lists, and partner websites, while recognizing not all residents have reliable internet access. Information will also be distributed through trusted physical locations such as libraries, community centers, and healthcare facilities.

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.

501c3 from IRS (1).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

csap_strategies.pdf

Upload #2

Upload #3

Additional Information

Organizational Capacity & Sustainability (Montana Opioid Settlement Alignment)

This initiative strengthens rural prevention infrastructure so communities can address opioid risk factors before misuse occurs, an allowable remediation strategy under Montana opioid settlement priorities. Settlement guidelines emphasize evidence-based prevention, community capacity building, and systems change to reduce substance-related harm. Primary prevention resources for opioid-specific efforts remain limited, particularly in rural areas, creating gaps in proactive prevention capacity. This project addresses those gaps by embedding prevention knowledge within local coalitions and systems rather than relying on temporary programming.

Sustainability is achieved through capacity building and local ownership. Community partners will receive training in prevention science, data-driven planning, and community-based strategies so prevention expertise remains within the community after the funding period. By developing local champions and strengthening cross-sector collaboration, communities will be better equipped to identify emerging risks, mobilize resources, and sustain prevention activities. This approach creates durable systems that continue to function beyond the life of a grant cycle and reduces dependence on external funding.

The project aligns with Montana's opioid settlement goals by advancing upstream prevention and community resilience. Settlement resources are intended to remediate the harms of opioid misuse and prevent future impacts through evidence-based strategies. Primary prevention, stopping misuse before it begins, is a critical

component of remediation because it reduces long-term demand for treatment and recovery services. Rural communities often experience higher barriers to prevention due to geographic isolation, transportation and limited staffing, making capacity building essential for equitable access to prevention resources.

Systems alignment with statewide prevention infrastructure enhances long-term sustainability. Activities mirror the Strategic Prevention Framework and coordinate with state and regional prevention networks, ensuring consistency with Montana's public health strategies. Collaboration with statewide partners promotes knowledge sharing and resource alignment, reducing duplication and maximizing impact. This systems-based approach strengthens prevention infrastructure at both local and state levels, supporting durable change rather than isolated interventions.

Leveraging the expertise of Prevention Support Services reduces startup time and costs because established prevention infrastructure and experienced specialists are already in place. Rural communities frequently lack dedicated prevention professionals and technical support, creating gaps in service delivery and planning capacity. Rather than building programs from the ground up, the project builds upon existing coalitions and partnerships to accelerate implementation and improve efficiency. This approach maximizes public investment by expanding prevention capacity where it is most needed.

Long-term sustainability in rural communities depends on local leadership and systems integration. Training and technical assistance will empower community partners to lead prevention efforts, analyze data, and implement evidence-based strategies. By embedding prevention knowledge within local systems, the initiative creates durable solutions that persist beyond the funding period. Communities will gain the skills needed to adapt strategies to emerging challenges, maintain coalition engagement, and continue prevention work without reliance on external resources.

This capacity-building model advances Montana's opioid remediation goals by addressing root causes and strengthening community resilience. Rural areas often face limited access to prevention services and higher vulnerability to substance misuse due to social and geographic factors. Investing in local prevention infrastructure reduces these disparities and supports long-term public health improvements. Evidence-based primary prevention is cost-effective compared to downstream treatment and recovery expenses, making it a strategic investment for communities and the state.

By focusing on systems change and rural capacity, the project fulfills the intent of opioid settlement remediation and community investment. It addresses the documented absence of opioid-specific primary prevention funding while maximizing the impact of settlement resources. Communities will gain tools and knowledge to prevent substance misuse, strengthen protective factors, and build healthier futures. This approach ensures settlement dollars create lasting benefits and sustainable prevention systems.

File Attachment Summary

Applicant File Uploads

- L&C METRO REGION BUDGET .pdf
- 501c3 from IRS (1).pdf
- csap_strategies.pdf

**LEWIS & CLARK METRO REGION BUDGET
PREVENTION SUPPORT SERVICES**

EXPENSE	JUSTIFICATION	YEAR 1	YEAR 2
Wages	One FTE TOTAL = \$106,080	\$52,000.00	\$54,080.00
Benefits	Year 1: Federal Taxes (7.39%) = \$3,842.80 Work comp (1.06%) = \$551.20 Unemployment (1.22%) = \$634.40 Health/vision/dental insurance \$791.09/mo = \$9,493.08 Retirement (3%) = \$780 <i>(eligible after 6 months)</i> Year 2: Federal Taxes (7.39%) = \$3,996.51 Work comp (1.06%) = \$573.25 Unemployment (1.22%) = \$659.78 Health/vision/dental insurance \$791.09/mo = \$9,493.08 Retirement (3%) = \$1,622.40 TOTAL = \$31,646.50	\$15,301.48	\$16,345.02
Communication, Supplies, Equipment	Year 1: Communications/Internet = \$125/mo = \$1,500.00 Zoom = \$190 Computer = \$800 Printer = \$200 General Office Supplies = \$240 Ink = \$12.99/mo x 12 mos = \$155.88 Year 2: Communications/Internet: \$125/mo = \$1,500.00 Zoom = \$190 General Office Supplies = \$240 Ink = \$12.99/mo x 12 mos = \$155.88 TOTAL = \$5,171.76	\$3,085.88	\$2,085.88

<p>Prevention Activities</p>	<p>Information Dissemination/Media: Printing of informational/promotional materials, PSA ad placement</p> <p>Prevention Education: Curriculum, books, activity materials</p> <p>Activities: Activity materials</p> <p>Community-Based Process: Coalition partner support projects</p> <p>Environmental Approach: Items to support policy enforcement</p> <p>Problem Identification & Referral: Supplies for schools to implement referral programs</p> <p>Training/Workforce Development: Registration, training</p>	<p>\$16,906.24</p>	<p>\$19,782.70</p>
<p>Evaluation</p>	<p>Year 1: Process Evaluation = \$3,000 Outcome Evaluation = \$3,500</p> <p>Year 2: Process Evaluation = \$3,000 Outcome Evaluation = \$3,500</p> <p>TOTAL = \$13,000</p>	<p>\$6,500</p>	<p>\$6,500</p>
<p>Travel</p>	<p>Year 1: <i>Augusta</i> (4 trips/yr) 154 miles/trip x 4 trips @ \$.725/mi = \$446.60</p> <p>Lincoln (4 trips/yr) 112 miles/trip x 4 trips @ \$.725/mi = \$324.80</p> <p><i>Helena</i> Meetings w/ schools, coalitions, stakeholders, media, etc.</p> <p>50 miles/mo x 12 mos @ \$.725/mi = \$435.00</p>	<p>\$1,206.40</p>	<p>\$1,206.40</p>

	<p>Year 2: <i>Augusta</i> (4 trips/yr) 154 miles/trip x 4 trips @ \$.725/mi = \$446.60</p> <p><i>Lincoln</i> (4 trips/yr) 112 miles/trip x 4 trips @ \$.725/mi = \$324.80</p> <p><i>Helena</i> Meetings w/ schools, coalitions, stakeholders, media, etc.</p> <p>50 miles/mo x 12 mos @ \$.725/mi = \$435.00</p> <p>TOTAL = \$2,412.80</p>		
Requested amount	\$195,000 for a 2-year project	\$95,000.00	\$100,000.00

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

DEPARTMENT OF THE TREASURY

Date: NOV 25 2016

YOUTH CONNECTIONS FOUNDATION
1025 NORTH RODNEY
HELENA, MT 59601

Employer Identification Number:
46-2455282
DLN:
17053218301016
Contact Person:
SHAWNTEL R SANDERS ID# 31456
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
November 15, 2015
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.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

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

Letter 947

YOUTH CONNECTIONS FOUNDATION

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

CSAP STRATEGIES

The Center for Substance Abuse and Prevention (CSAP) strategies were developed and approved by the Substance Abuse Mental Health Services Administration (SAMHSA).

Category	Examples of Programs/Activities
<p>Alternative Activities (Cultural Programs): Activities that involve participation by targeted groups/individuals that purposefully exclude alcohol and other substances by way of providing prosocial and healthy alternatives.</p>	<ul style="list-style-type: none"> • Youth Cultural Program • Community Drop-In Centers • Community Service Activities • Drug-Free Social Recreational Activities • Mentoring Programs • Youth/Adult Leadership Activities
<p>Community-Based Process: Providing an organized forum to enhance prevention activities by forming a group. The group organizes, plans, and implements prevention activities through this format.</p>	<ul style="list-style-type: none"> • Community Team Building • Systematic Strategic Planning • Multi-agency Coordination & Collaboration/Coalition • Community Prevention Coalition
<p>Education: Activities to provide education to identified group/individuals aimed at teaching decision-making skills, refusal skills, parental management skills, social skill development etc. Education activities involve two-way communication and involve an educator teaching participants.</p>	<ul style="list-style-type: none"> • Traditional Teaching • Ongoing Classroom &/or Small Group Sessions • Parenting & Family Management • Peer Leader/Helper Programs • Preschool ATOD Prevention Programs • Other Education Activities
<p>Environmental: Establish or change community attitudes, norms, and policies that can influence substance use occurrence within the community.</p>	<ul style="list-style-type: none"> • Promoting Establishment/Review of School/Workplace Policies • Public Policy Efforts • Social Marketing Campaign • Social Norms Campaign
<p>Information Dissemination: Provide information about drug use, misuse, and abuse, effects of substance use on individuals. Provide information on prevention related programs and resources available.</p>	<ul style="list-style-type: none"> • Brochures, Fact Sheets, Newsletters & Handouts • Information Resource Centers • Health Fairs, Other Health Promotion • Information Lines/Hotlines • Media Campaign • Radio & TV Public Service Announcements • Speaking Engagements
<p>Problem Identification and Referral: Identify individuals with misuse/abuse of substances in order to provide interventions that can deter those individuals of continued misuse through education and motivation strategies.</p>	<ul style="list-style-type: none"> • DUI Education Programs • Employee Assistant Programs • Student Assistant Programs

Resources:

Efforts to Outcomes (ETO) Data Collection Resource: IOM Classifications and CSAP Primary Prevention Strategy Definitions. Colorado Division of Behavioral Health. 10/6/2010

Prevention Definitions and Strategies. Delaware Health and Social Services
<http://www.dhss.delaware.gov/dsamh/files/pds.pdf>

Principles of Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, Center of Substance Abuse Prevention, Division of Knowledge Development and Evaluation. DHHS Publication No. (SMA)01-3507. 2001

Detention Center Medical Provider and MAT Bridges Program

2026 Montana Opioid Abatement Trust Grants

Lewis and Clark County Sheriff's Office

Troy Christensen
221 Breckenridge Street
Helena, MT 59601

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

Troy Christensen

tchristensen@lccountymt.gov

Application Form

Region Selection

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

Project Name*

Detention Center Medical Provider and MAT Bridges Program

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.

N/A

Application Overview

About the Organization/Program*

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

The Detention Center Medical Provider and MAT Bridges Program is a collaborative initiative between Lewis and Clark County's Sheriff's Office and Department of Criminal Justice Services. The program operates in the Lewis and Clark County Detention Center and is designed to provide evidence-based medical and behavioral health services to incarcerated individuals with a focus on addressing opioid use disorder and co-occurring conditions.

The mission of the Lewis and Clark County Sheriff's Office is to provide professional law enforcement services in partnership with the community. Its vision is to enhance the quality of life in Lewis and Clark County through progressive law enforcement, quality personnel, innovative training, and the incorporation of the latest technology. The Department of Criminal Justice Services operates under the mission of the Lewis and Clark County Criminal Justice Coordinating Council, which exists to improve community safety and ensure the equitable and efficient treatment of defendants, offenders, and victims.

Through this partnership, the Detention Center Medical Provider and MAT Bridges Program supports shared goals of public safety, equity, and community well-being by providing on-site medical care within the detention setting with a focus on individuals experiencing or at risk of opioid use disorder. Program services include medical assessments and treatment provided by a contracted medical provider, delivery and management of medications for opioid use disorders through the Medication Assisted Treatment (MAT) Bridges Program, treatment of co-occurring mental health and substance use disorders, and coordination of care during detention and at release. The program also includes behavioral health coordination to support continuity of care and linkage to community-based treatment and recovery 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

- Treatment
- Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

- B. "MAT" DISTRIBUTION & OTHER OPIOID-RELATED TREATMENT
- F. TREATMENT FOR INCARCERATED POPULATION

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

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 Detention Center Medical Provider and MAT Bridges Program have three main components:

- 1) Continuation of our Year 1 MOAT funding to support a contracted medical provider to offer medical services in the Detention Center. The medical provider shall conduct clinical assessments, initiate or continue MOUD services, manage co-occurring conditions within scope, and provide primary care services to incarcerated individuals with medical needs. This comprehensive medical care advances Schedule B-D by ensuring access to stabilization and necessary healthcare for a population disproportionately impacted by substance use and unmet medical needs. Grant funds are requested to support a second year of contracted medical provider services in the Detention Center.
- 2) The MAT Bridges Program provides evidence-based treatment for opioid use disorder (OUD) within the Detention Center. Through this program, individuals diagnosed with OUD receive medications for opioid use disorder (MOUD), clinical oversight, and coordinated care during incarceration. By delivering MOUD within a correctional setting, the program fulfills Schedule A-B, Schedule A-F, and Schedule B-A through direct provision of evidence-based OUD treatment to detained individuals. Grant funds are requested to cover the cost of MOUD and necessary co-occurring mental health medications to reduce financial and systemic barriers to treatment access.
- 3) A Behavioral Health Case Manager housed in the Detention Center to coordinate the MAT Bridges Program, support treatment engagement during detention, and facilitate linkage to community-based MOUD and recovery services upon release. This position advances Schedule B-B and Schedule B-C. Grant funds are requested to support 0.25 FTE of this position. Overall, grant funds are requested to sustain and strengthen a

comprehensive, evidence-based program that reduces barriers to treatment and improves health outcomes for justice-involved individuals.

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*

\$215,318.00

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.

Lewis and Clark County_MOAT Budget_Year 2.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 MAT Bridges Program was previously funded through the federal Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) from October 2020 through September 30, 2025. COSSUP funding supported medications for opioid use disorder (MOUD) and co-occurring medications, and a portion of the Behavioral Health Case Manager's time dedicated to coordinating the MAT Bridges Program.

Following the end of COSSUP funding, the Behavioral Health Case Manager position continues to be supported in part by the Montana Healing and Ending Addiction through Recovery and Treatment (HEART) Fund; however, HEART funding supports general behavioral health services and does not include dedicated effort toward coordination of the MAT Bridges Program. Continued funding is needed to support 0.25 FTE specifically allocated to MAT Bridges Program coordination.

Since October 2025, the cost of MOUD and co-occurring medications has been temporarily covered using County opioid settlement funds. This funding source is limited (ends June 30, 2026) and not sustainable long-term.

The contractual medical provider position is presently funded through Year 1 with Montana Opioid Abatement Trust (MOAT) funding and is not supported through the County's general fund or other ongoing funding streams.

Additional MOAT funding is being requested to sustain the medical provider services, cover MOUD and co-occurring medication costs, and support dedicated behavioral health case management time necessary to operate the MAT Bridges Program.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Sherryl Martin

Fiscal Agent Email Address*

smartin@lccountymt.gov

Program Abstract

Program Description*

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

The Detention Center Medical Provider and MAT Bridges Program is designed to provide evidence-based medical and behavioral health treatment to incarcerated individuals, with a primary focus on addressing opioid use disorder (OUD) through the MAT Bridges Program. The purpose of the project is to ensure access to medications for opioid use disorder (MOUD), coordinated medical care, and continuity of treatment for justice-involved individuals during detention and upon release, a population that is disproportionately impacted by opioid-related harm.

The program's priorities are to stabilize individuals with OUD during incarceration, ensure safe and appropriate medical care within the detention setting, address co-occurring behavioral health conditions that impact treatment engagement, and strengthen connections to community-based treatment. By integrating medical provider services, behavioral health coordination, and medication support, the program seeks to reduce gaps in care that commonly occur during incarceration and reentry.

Grant funds will support a contractual medical provider who delivers medical care within their scope of practice to incarcerated individuals, excluding dental and other specialty services. The medical provider conducts clinical assessments, prescribes and manages MOUD, monitors treatment effectiveness, and addresses acute and chronic medical needs related to stabilization and continuity of care. This role is essential to the operation of the MAT Bridges Program and ensures that individuals receiving MOUD have consistent access to evidence-based treatment.

The program will also support the cost of MOUD and co-occurring mental health and substance use disorder medications, recognizing that untreated co-occurring conditions are a significant barrier to successful OUD treatment. Addressing these needs supports treatment adherence, improves stabilization, and enhances overall health outcomes for program participants.

In addition, the program includes 0.25 FTE of a Behavioral Health Case Manager to coordinate and operate the MAT Bridges Program. This position is responsible for identifying individuals receiving MOUD, supporting communication between medical and nursing staff, tracking program participation for reporting purposes, and facilitating linkage to community-based treatment and recovery services upon release. This coordination strengthens continuity of care and supports sustained engagement in treatment beyond detention.

The intended results of the program include increased access to MOUD for incarcerated individuals with OUD, improved stabilization during detention, enhanced coordination of care, and stronger connections to ongoing treatment and recovery services following release.

Through these efforts, the program builds a sustainable, evidence-based approach to treating opioid use disorder within the criminal justice system and supports improved health outcomes for individuals and the broader community.

Specific Goals*

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

1) Provide timely screening and access to non-urgent medical care, including MOUD and co-occurring services.

Baseline: Before Year 1, detainees waited 2–4+ weeks to see a provider due to off-site transport and staffing limits. MAT Bridges/MOUD participants sometimes waited months as transports were prioritized by severity.

Year 1 Impact: An on-site provider began July 2025. Detainees with non-urgent needs and MAT Bridges participants are now seen within one week, often sooner.

Year 2 Goal: Maintain access within one week or less.

Performance Measures: Compared to baseline to ensure sustained or improved access. Metrics include: unduplicated number screened for OUD; number/percentage screening positive; unduplicated number enrolling in MAT Bridges; unduplicated number served; and total service episodes. Additional tracking includes time from screening to enrollment and from medical request to visit. Monthly and YTD comparisons will demonstrate effectiveness.

2) Reduce reliance on external transports by sustaining on-site services.

Baseline: 22–37 transports per month.

Year 1 Impact: Reduced to 9–18 per month, primarily for emergencies, dental, and vision.

Year 2 Goal: Maintain timely on-site care and keep transports at ≤10 per month on average.

Performance Measures: Monthly and YTD tracking of unduplicated individuals transported externally for medical visits.

3) Remove financial barriers to care and medications.

Background: Through Sept 2025, a federal grant covered MOUD and co-occurring medications. Since expiration, county opioid funds support MOUD and mental health prescriptions.

Year 2 Goal: Continue providing MOUD and co-occurring medications at no cost to detainees.

Performance Measures: Track unduplicated number and percentage receiving medical services and medications, including OUD, alcohol use disorder, other SUDs, and mental health needs, reported monthly and YTD.

4) Improve continuity of care for MAT Bridges participants

Background: Since 2020, the Case Manager has screened requests, determined eligibility, referred to medical, and coordinated with detention staff, courts, Probation & Parole, attorneys, and community providers to ensure continuity during incarceration and upon release.

Year 2 Goal: Increase coordination and documented referrals to community-based MOUD and behavioral health providers upon release.

Performance Measures: Track the unduplicated number and percentage referred to community treatment monthly and year-to-year.

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 effectiveness and overall impact of the Detention Center Medical Provider and MAT Bridges Program will be evaluated using a combination of quantitative program metrics and operational measures. Evaluation methods will build upon the established reporting framework used in the YEAR 1 funding period to ensure consistency, reliability, and continuity of data collection.

Program performance will be measured using routine data collected through Detention Center screening tools, medical provider documentation, and MAT Bridges Program tracking systems. Quantitative metrics will be tracked monthly and year-to-date and will include the unduplicated number of individuals screened for opioid use disorder; the number and percentage of individuals who screen positive for opioid use disorder

with and without other substances; the number and percentage of individuals screened for alcohol use disorder and other substance use disorders; and the number and percentage of individuals requiring mental health medications, with and without an opioid use disorder. These measures assess the program's ability to identify and engage individuals with treatment needs.

Treatment access and service delivery will be evaluated by tracking the unduplicated number of individuals served by the contracted medical provider, the total number of medical provider service episodes, and the unduplicated number and percentage of individuals served who have an opioid use disorder. These metrics provide insight into program reach, utilization, and alignment of services with identified needs. Continuity of care will be evaluated through tracking participation in the MAT Bridges Program, including the unduplicated number of individuals joining the program and the role of behavioral health coordination in facilitating referrals to community-based treatment upon release.

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.

The Detention Center Medical Provider and MAT Bridges Program will utilize existing, standardized documentation tools and operational records to collect data and demonstrate progress toward program goals. Primary data sources include a medical provider visit form completed by nursing staff at each medical provider encounter and detention center transport logs. These tools provide consistent, reliable data for monitoring program performance and evaluating outcomes.

The medical provider visit form is completed by nursing staff during each medical provider visit and captures information necessary to track service delivery and treatment engagement. Data collected through this form includes the unduplicated number of individuals served by the medical provider, total number of medical provider service episodes, identification of opioid use disorder and other substance use disorders, participation in the MAT Bridges Program, and the provision of medications for opioid use disorder and co-occurring conditions.

Detention center transport logs will be used to document the number of external medical transports, including transports for MAT assessments and other off-site medical care visits. These logs provide data to evaluate changes in transport volume over time.

Additional supporting documentation will include MAT Bridges Program tracking records maintained by behavioral health staff, which capture program enrollment, coordination activities, and referrals to community-based treatment. Together, these data sources will be used to produce required reports demonstrating progress toward program objectives related to treatment access, care coordination, and reduced reliance on external services.

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.

Awareness of the Detention Center Medical Provider and MAT Bridges Program will be created primarily through internal and partner-focused communication rather than public outreach. Within the detention center, awareness will be maintained through ongoing coordination and communication between the medical provider, nursing staff, behavioral health staff, and detention staff to ensure individuals eligible for services are identified and referred appropriately.

Externally, program awareness will be supported through coordination with community-based treatment providers and partner agencies involved in continuity of care for individuals upon release. Information about the program and referral processes will be shared with relevant partners to support linkage to ongoing treatment and recovery services.

Program activities and outcomes will also be communicated through required reporting to the Montana Opioid Abatement Trust and, when appropriate, through presentations or updates to local stakeholders and

governing bodies. These efforts ensure transparency, support collaboration, and promote awareness of the program's role in addressing opioid use disorder among justice-involved individuals.

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.

Lewis and Clark County_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

Upload #2

Upload #3

Additional Information

In the event the full request can't be fulfilled, this program can proceed with reduced funding with the understanding that the goals and outcomes outlined above would need to be scaled down. Thank you for your consideration of the full request.

File Attachment Summary

Applicant File Uploads

- Lewis and Clark County_MOAT Budget_Year 2.pdf
- Lewis and Clark County_IRS Determination Letter.pdf

Lewis and Clark County MOAT Budget Request - Year 2

Treatment & Recovery Remediation Uses Categories	Request (\$)
<i>[Schedule B-D]</i> Contractual Physician	\$ 115,200.00
<i>[Schedules B-B, B-C]</i> Behavioral Health Case Manager (.25 FTE)	\$ 20,118.00
<i>[Schedules A-B, A-F, B-A]</i> MOUD & Co-Occurring Medications	\$ 80,000.00
Total Request	\$ 215,318.00

Budget Justification

Contractual Physician Justification:

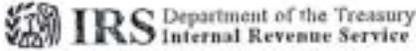
Cost is based on an average of 12hrs a week to include on-call services, for a total of \$9,600 monthly. Professional Services Contract in place with monthly invoices issued to the County following duties performed based on scope of service.

BH Case Manager (.25 FTE) Justification:

Coordination of MAT Bridges Program \$61,901 (Salary) + 18,570 (Fringe at 30%) * 25% (Effort toward program)

MOUD & Co-Occurring Medications Justification:

From July through December 2025, the average monthly cost of MOUD and co-occurring medications was \$7,437.16. Projected over a 12-month period, this equates to an estimated annual cost of \$89,245.88 to the Detention Center. The requested amount of \$80,000 represents a substantial portion of the anticipated annual medication expense and will directly support continued access to medically necessary MOUD and co-occurring behavioral health medications for eligible individuals.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248219411
Oct. 06, 2009 LTR 4076C E0
81-6001383 000000 00

00011771
BODC: TE

COUNTY OF LEWIS & CLARK
% OFFICE OF COUNTY PERSONNEL
316 N PARK AVE
HELENA MT 59623-0001

Federal Identification Number: 81-6001383
Person to Contact: Laura Botkin
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This responds to your request for information about your federal tax status. Our records do not specify your federal tax status. However, the following general information about the tax treatment of state and local governments and affiliated organizations may be of interest to you.

GOVERNMENTAL UNITS

Governmental units, such as States and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a State are entities with one or more of the sovereign powers of the State such as the power to tax. Typically they include counties or municipalities and their agencies or departments. Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.

ENTITIES MEETING THE REQUIREMENTS OF SECTION 115(1)

An entity that is not a governmental unit but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a State, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may not be tax deductible to contributors.

TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a State, county, or municipal government may qualify for exemption from federal income tax under section 501(c)(3) of the Code, if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that entities may meet the requirements of both sections 501(c)(3) and 115 under certain circumstances. See Revenue Procedure 2003-12, 2003-1 C.B. 316.

022242.613039.0102.003 1 MB 0.382 532




COUNTY OF LEWIS & CLARK
% OFFICE OF COUNTY PERSONNEL
316 N PARK AVE
HELENA MT 59623-0001

022242

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.

0248219411

BODCD-TE

Use for payments

Letter Number: LTR4076C
Letter Date : 2009-10-06
Tax Period : 000000



816001383

INTERNAL REVENUE SERVICE
P.O. Box 2508
Cincinnati OH 45201


COUNTY OF LEWIS & CLARK
% OFFICE OF COUNTY PERSONNEL
316 N PARK AVE
HELENA MT 59623-0001

Strengthening Cultural Connection to Prevent Opioid Misuse

2026 Montana Opioid Abatement Trust Grants

Helena Indian Alliance

Todd Wilson
501 Euclid Ave
Helena, MT 59601

info@hia-mt.org
O: 406-449-5796

Joelle Johnson

501 Euclid Ave
Helena, MT 59601

jjohnson@hia-mt.org
O: 406-449-5796

Application Form

Region Selection

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

Project Name*

Strengthening Cultural Connection to Prevent Opioid Misuse

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.

N/A

Application Overview

About the Organization/Program*

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

The Helena Indian Alliance advocates for and serves the mental, physical, spiritual, and social wellness of the American Indian/Alaska Native population and the Helena community. We are a FQHC providing primary care, behavioral health services and also serve as a cultural center for the Native American community. We work closely with the Helena School District by providing school based mental health services at four different schools. These services extend beyond individual therapy for students and also include providing support in screening students for depression and suicidality, partnering with schools to reduce the impact of social determinants of health on district students and providing activities and cultural education alongside educators at the schools.

With federal funds through the Native Connections grant available since 2020 the Helena Indian Alliance also facilitated targeted substance use prevention programming to school-aged children in the Helena community until July of 2025. This funding supported mental health screening and outreach services for all students at district schools, provided funding for marketing and outreach materials and funded staff and supplies to allow a variety of ongoing cultural activities for Native youth and their families. Unfortunately, the Native Connections program is no longer supported by federal funding, placing HIA's prevention efforts at risk.

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

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

Native Americans in Montana have a drug overdose death rate about three times higher than the state rate and national data show substance misuse rates start earlier for Native than for non-Native youth. These data points demonstrate a need to deliver culturally appropriate substance use prevention programming to Native youth in our community. Research demonstrates that ensuring access to cultural connections is arguably the most valuable prevention strategy for Native youth. This strategy can be strengthened by simultaneously addressing social determinants of health, that are often the root cause of substance use. HIA's proposal aims to continue and expand our culturally focused evidenced-based prevention programming offered at district schools, our community center and within the larger Helena community and to expand these prevention services by addressing barriers to social determinants of health. Though our targeted population is Native youth and families, our programming is available to all community members.

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*

\$196,768.00

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 Narrative 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.

As noted, some of the proposed activities were previously supported through a SAMHSA grant. HIA's grant ended in June of 2025 and we have continued to provide these services in the short-term without allocated funding. In addition to these activities, we are proposing a number of additional prevention activities to expand current services. As new services, there is no funding for these services at this time.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Todd Wilson

Fiscal Agent Email Address*

twilson@hia-mt.org

Program Abstract

Program Description*

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

Objective 1: Maintain existing cultural programming targeted to Native Youth in Helena.

a) Continue the "Rock your Mocs" campaign and sewing ribbon skirts and shirts to support Native youth in developing cultural pride.

b) Continue to sponsor Native summer-time youth leadership camps.

c) Continue to collaborate with the Veteran's Administration's Star Base program to host grade school level science camps.

d) Continue Pow-Wow dance practices in the HIA gym.

e) Restore our capacity to provide culturally specific parenting classes to the community using the Fatherhood and Motherhood is Sacred curriculum.

Objective 2: Expand cultural outreach services and opportunities.

- a) Increase partnership with Indian Educator for All staff at the middle schools to offer weekly cultural activities during the lunch hour.
- b) Begin a 1 day per week on Mondays "open gym" program on the HIA campus to coincide with the district's early release day.

Objective 3: Expand ability to reduce social determinants of health at the middle school level.

- a) Build and supply a food and necessities pantry at both CR Anderson and Helena Middle Schools that would include adolescent friendly nutritious snacks and hygiene items available to any student in need.
- b) Purchase a small van or bus that would allow HIA staff to increase access to cultural events for youth by addressing transportation barriers. A van would also be used by the current school based program. to provide much needed transportation to therapeutic summer programming when school transportation is not available and allow HIA to provide transportation for tribally enrolled patients to IHS pharmacies located over 100 miles from Helena.

Specific Goals*

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

Through the objectives above, HIA aims to increase four protective factors that have demonstrated a high association with decreased risk behavior among Native American youth. These include:

- a) personal wellness
- b) positive self-image
- c) familial and non-familial connectedness
- d) positive opportunities

Personal Wellness: Objective 2b aims to provide a free and accessible space for middle school students to engage in physical activity. Objective 3a aims to support middle school children with limited means to achieve personal wellness through easy access to nutrition and hygiene items made accessible by providing these items within the school. Objective 3b aims to reduce access to services and opportunities by reducing transportation as a barrier.

Positive self-image: Objectives 1a, 1b and 1d and 2a aim to support Native American youth in developing a positive self-image through positive promotion of Native American culture and identity. Objectives 1b and 1c offer additional opportunities to develop positive self-image through leadership opportunities.

Familial and non-familial connectedness: Objectives 1b, 1c, 1d, 2a and 2b, provide students with opportunities to connect with other Native youth and also to develop healthy and supportive relationships with Native leaders and elders in their community. Objective 1e aims to provide parents with tools and support to strengthen family connections that honors Native culture. By providing this in a group format, parents are also given an opportunity to connect with other Native families in their community.

Positive Opportunities: Objectives 1a-1d, as well as Objectives 2a-b offer various opportunities for youth to engage in cultural activities and develop positive relationships with peers and adults in their community. Objective 2b is specifically aimed at providing a positive opportunity to engage in safe and healthy behaviors during a time that is high risk for middle school teens to engage in risky behavior. If offering this opportunity one day a week is effective, HIA would consider expanding the open gym program to include more days after school.

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 track community utilization of services provided including:

- 1) tracking the number of youth that participate in all events detailed in Objective 1a, 1d, 1a and 2b.
- 2) tracking the number of families that attend Fatherhood and Motherhood is Sacred program.
- 2) tracking utilization of provided transportation to the "open gym" and other cultural programming.
- 3) maintaining an inventory to tracking utilization of food and hygiene pantry items provided at the middle school.

We will track effectiveness of overall community protective factors through a community survey and needs assessment.

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 use attendance records for each aspect of the program and outreach activities for accurate documentation. Those logs will be added to the 6 month and 1-year reports.

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 run a marketing campaign involving social media, print material, and radio announcements. We will also supply the schools with handouts and marketing materials to raise awareness in the schools.

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.

HIA 501C.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 Narrative 2026.pdf
- HIA 501C.pdf



Helena Indian Alliance / Leo Pocha Memorial Clinic

501 Euclid Avenue, Helena, MT 59601 • (406) 442-9244 • (406) 449-5796

Budget Template

Program: *Montana Opioid Abatement Trust*

Project: *Strengthening Cultural Connection to Prevent Opioid Misuse*

Project Period: July 1, 2026-June 30, 2027

Line-Item Budget

Personnel (include either FTE or hourly rate, adjust columns as needed)				
Name/Title	Months	FTE %	Annual Salary	Total
Name, Title				
Rachel Pichardo-Twoteeth, Culture and Arts Program Coordinator	12	50	\$45,000	\$22,500
Katherine Bodman, School-Based Therapist, CR Anderson Middle School	12	25	\$70,000	\$17,500
Esther Hanson, Patient Advocate	12	25	\$32,000	\$8,000
Total Personnel Costs				\$48,000
Fringe Benefits				\$12,000
Consultants/Contractors Costs				
Consultant/Contractor #1				\$3,600
Consultant/Contractor #2				\$5,000
Consultant/Contractor Total				\$8,600
Supplies				\$35,600
Equipment/Software				\$70,000
Travel				\$4,680
Total Direct Costs				\$178,880
Indirect Costs				\$ 17,888
Total Costs				\$196,768



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Budget Narrative

This narrative provides an item-by-item description of budget costs, ensuring the use of appropriate and cost-effective methods.

Direct Costs (\$178,880)

Personnel (\$48,000)

- 1) Rachel Pichardo-Twoteeth is Culture and Arts Program Coordinator for the Helena Indian Alliance. Her position is 1 FTE and is 50% dedicated to this grant. Specifically, Ms. Pichardo is responsible for deliverables under Objectives 1a-1d and 2a-b. Ms. Pichardo-Twoteeth holds cultural knowledge and is a Native artisan, with knowledge and skills in many artistic crafts.
- 2) Katherine Bodman is a school-based mental health therapist located at CR Anderson Middle School. Her position is 1 FTE and is 25% dedicated to this grant. Ms. Bodman will support Ms. Pichardo in providing deliverables under Objectives 2a-b. She will also be integral in facilitating the partnership to provide deliverables in Objective 3a-b. Ms. Bodman is a Licensed Professional Counselor with expertise in art therapy and adolescent mental health.
- 3) Esther Hanson is a Patient Advocate. Her position is 1 FTE and is 25% dedicated to this grant. Ms. Hanson will be responsible to provide deliverables for Objective 1e and 3b and will also support data and evaluation requirements of the grant. Ms. Hanson holds a BSW and has expertise in parenting.

Fringe Benefits (\$12,000)

Fringe benefits computed by an established rate.

Fringe Benefits Total \$18,375

25% of Total salaries = Fringe Benefits

Consultant Costs (\$8,600)

For deliverables related to:

Objective 1b: Continue to sponsor Native summer-time youth leadership camps.

Objective 1c: Continue to collaborate with the Veteran's Administration's Star Base program to host grade school level science camps.

Objective 1d: Continue Pow-Wow dance practices in the HIA gym.

1. **Organizational Affiliation** (if applicable): Drum Groups and other Native Elders and Spiritual Leaders
2. **Nature of Services to Be Rendered:** Native music, knowledge and wisdom
3. **Relevance of Service to the Project:** To provide honorariums to support deliverables in objectives 1b, 1c and 1d
4. **Number of Days of Consultation** (basis for fee): Estimated 20 days
5. **Expected Rate of Compensation:** \$250/honorarium

For deliverable related to Objective 1e: Restore our capacity to provide culturally specific parenting classes to the community using the Fatherhood and Motherhood is Sacred curriculum.

6. **Organizational Affiliation** (if applicable): Native American Fatherhood and Families Association
7. **Nature of Services to Be Rendered:** Facilitator training for Fatherhood and Motherhood is Sacred curriculum



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8. **Relevance of Service to the Project:** Restores HIA's capacity to provide culturally specific parenting classes to the community (Objective 1e).
9. **Number of Days of Consultation** (basis for fee): 3 days of in-person training
10. **Expected Rate of Compensation:** \$1800/attendee (plan to send 2 attendees)

Supplies (\$35,600)

For deliverable related to Objective 1a: Continue the "Rock your Mocs" campaign and sewing ribbon skirts and shirts to support Native youth in developing cultural pride.

\$5,000 crafting supplies to make 40 sets of moccasins and 40 ribbon skirts/shirts;

For deliverable related to Objective 1e: Restore our capacity to provide culturally specific parenting classes to the community using the Fatherhood and Motherhood is Sacred curriculum.

\$600 for 30 Participant workbooks for Fatherhood and Motherhood is Sacred

For deliverable related to Objective 2a: Increase partnership with Indian Educator for All staff at the middle schools to offer weekly cultural activities during the lunch hour.

\$15,000 crafting supplies for weekly crafting activities for middle school students

For deliverable related to Objective 3a: Build and supply food and necessities pantry at both CR Anderson and Helena Middle Schools that would include adolescent friendly nutritious snacks and hygiene items available to any student in need.

\$15,000 to purchase healthy snacks and hygiene products for students at each area middle school.

Equipment/Software (\$70,000)

For deliverable related to Objective 3b: Purchase a small van or bus that would allow HIA staff to increase access to cultural events for youth by addressing transportation barriers. A van would also be used by the current school-based program to provide much needed transportation to therapeutic summer programming when school transportation is not available and allow HIA to provide transportation for tribally enrolled patients to IHS pharmacies located over 100 miles from Helena.

\$70,000 to purchase a 12-person van.

Travel (\$4,680)

For deliverable related to Objective 1e: Restore our capacity to provide culturally specific parenting classes to the community using the Fatherhood and Motherhood is Sacred curriculum:

Esther Hanson and a TBD Native Male will travel to Mesa, Arizona in October to complete a 3-day facilitator training for the Fathers and Mothers of Tradition curriculum. We estimate airfare to be around \$600/person and lodging to be \$300/night/person. Arrival and departure times demand participants arrive the day prior to the training and leave the day after for a total of 4 days of lodging and 5 days of per diem costs.

# of Trips	# of People	Cost of Airfare	# of Total Miles	Cost per Mile	Amount Requested
1	2	1200			
Total					\$ 1,600



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Per Diem/ Lodging	# of People	# of Units	Unit Cost	Amount Requested
Per Diem	2	10	\$68	\$680
Lodging	2	8	\$300	\$2400
Total				\$3,080

Indirect Costs (\$17,888)

The Helena Indian Alliance does not have an approved indirect cost rate and therefore is using the *de minimis* rate of 10%.

Total Funding Requested \$196,768

District Director

EP/EO:EO-II:RJL

Date: Jⁿ 24 1979

Employer Identification Number:

81-0304870

Accounting Period Ending:

June 30

Form 990 Required: Yes No

Person to Contact:

John Sutton

Contact Telephone Number:

(206) 442-5106

SEA:EO:79-308

▷ Helena Indian Alliance
436 North Jackson
Helena, MT 59601

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

P.O. Box 21224, Seattle, Washington 98111

(over)

Letter 947(DO) (5-77)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Arturo A. Jacobs

Arturo A. Jacobs
District Director