

HRDC Supportive Housing Response

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

HRDC

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Application Form

Region Selection

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

Project Name*

HRDC Supportive Housing Response

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

Gallatin County

Application Overview

About the Organization/Program*

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

HRDC instills hope, develops resources, designs solutions and changes lives. We envision a place where poverty has no impact because opportunities and quality of life are equally afforded to everyone. Established in 1975, HRDC is a nonprofit organization operating over 50 programs providing services that address housing, food and nutrition, childcare, and transportation in Gallatin, Park, and Meagher Counties.

HRDC has served Southwest Montana for the past 49 years, helping our neighbors overcome hunger, homelessness, and helping them combat the causes and conditions of poverty. We rely on the generosity of those who believe as passionately as we do that everyone should be warm at night.

HRDC currently operates comprehensive wrap-around services to our community members in needs, including supporting those in treatment and recovery. HRDC's programming (case management and street outreach) and facilities (two shelters, transitional housing and permanent supportive housing) in Gallatin and Park Counties for youth, individuals and families provide critical linkages between our most vulnerable populations and community resources. These services are designed to make the experience of homelessness rare, brief and non-recurring. Unhoused youth, individuals and families need a roof overhead but also access to social services, counseling and resources for finding support and housing. Our programs provide a crucial stepping stone for individuals to transition out of homelessness and towards self-sufficiency and economic stability.

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

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

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

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

How does the program meet the Opioid Remediation Guidelines*

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

Please be specific

HRDC’s work is closely aligned with the Opioid Remediation Guidelines. The expansion of warm hand-off programs and recovery services matches HRDC’s mission to provide holistic person based services to support them on their journey to self-sufficiency. Foundational to HRDC’s work is service provision in housing, transportation, food insecurity, employment support and high quality early childhood education and care. We understand that these key linkages support not only people in treatment and recovery, but strengthen our entire community.

The 2023 Point In Time count for the HRDC service area indicated a 42% increase in the number of people experiencing homelessness. In Gallatin County, 10% (11,896) of the population are individuals living in poverty. Homelessness has increased by more than 40% between 2019 and 2022. There are currently 73,076 cost-burdened households.

In recent years, changing housing markets have created increasing difficulties for local families seeking to secure and maintain permanent housing. We recognize that these markets can be even more challenging to navigate for individuals with OUD and/or co-occurring SUD/MD conditions. The rapidly escalating housing costs in our community led to a spike in individuals and families who are living in cars, vans and RVs on city streets. In response to the increase in “Urban Camping” HRDC conducts street outreach in partnership with the City of Bozeman Police Department. Outreach team members visit encampments to provide individuals with basic needs like food and warm clothing and then discuss programs that might remove their barriers to stable housing.

Once connected with services, our case managers and peer-support specialists, our customers are met where they are at and supported to help work towards their own goals. This may include accessing supportive housing, engaging in peer led recovery activities at our Drop in Center, and gaining access to mainstream resources.

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*

\$521,968.00

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.

HRDC Emergency and Supportive Housing Budget.pdf

Multi-Region funding

If funding is being requested from multiple abatement regions attach a detailed breakdown of amount requested from each region.

Multi-Region approval/denial

Does the application need to be approved by all regions to effectively accomplish it's goals?

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.

HRDC has significant diversity in funding sources and programs we administer. . Our current year projected deficit is about \$850,000, with the proposed program expansion, and although most programs operate sustainably, our largest deficit is in operating an emergency shelter which is our largest non-grant funded program. HRDC is working closely with community partners to address this gap in funding, including local government and community foundations. There are significant variations in our annual financials, primarily related to the variability of our affordable housing development and our recent capital campaign, but our

primary operations are stable based on stable annual grants and a healthy fundraising base. Financially, HRDC continues to operate very efficiently. Our general administration expense ratio is less than 10% of our total annual expenses of operations based on HRDC's Consolidated Statement of Functional Expenses for fiscal year 2022-23. In addition, our Fundraising and Outreach & Communication activities represented 3% of our annual expenses during the Fiscal Year.

The Emergency and Supportive Housing programming that this funding would allow us to expand, would greatly benefit from this community support. As noted in the attached budget, these programs currently receive funding from a mix of Federal, State and local funding sources, in the form of grants, contracts and philanthropy. Our contracts for PATH and SOAR contracts support the outreach and connection that occurs with individuals who are in treatment or recovery, especially those who are unhoused. While our shelter relies primarily on community donations and the support of local foundations for operating expenses, this funding will allow us to expand and enhance the engagement and coordination of services for our guests, bringing more case managers on site to connect vulnerable populations with the resources and support they need. Our supportive housing model relies on a variety of federal and state contracts to assist with the rental assistance for the occupied units, (i.e. COC, Housing Choice Voucher, Permanent Supportive Housing, Etc.) in the funding for this program would be instrumental in expansion of a Supportive Housing Manager who would allow us to expand existing services, incorporate greater peer support and recovery based activities to a wider community.

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.

HRDC Homeless Services launched in May of 2009 as an emergency rental assistance program and has effectively served the at-risk housing community in preventing homelessness or placing families directly into housing. Homeless Services expanded in 2010 with the addition of a seasonal homeless shelter, providing temporary shelter services to men, women, and families during the winter months. The increase in Bozeman's housing costs resulted in an increased demand for overnight shelter services to the point that, in March of 2021, HRDC adjusted the shelter model to provide year-round shelter services. Currently our facility has averaged 90 guests per evening throughout the year.

Additionally, in November 2021, HRDC opened the door to the Housing First Village, which is 17 individual cottages for individuals experiencing chronic homelessness. Housing First Village is Montana's first and only permanent supportive housing development designed to combat chronic homelessness and infrastructure stressors of chronic homelessness in our community. The units are now occupied by our communities most difficult to house individuals with medical care, mental healthcare, financial literacy and life skills services at their disposal.

HRDC utilizes intentional "inreach" to our customers accessing emergency and supportive housing. By creating a space for those experiencing homelessness to feel belonging and have independence to work on self-sufficiency, we continue engagement with guests not yet housed. HRDC case managers and navigators host intentional onsite workshops including peer supported recovery groups, yoga, gardening and meetings

in the same location where guests were able to access computers, printers, wifi, laundry, showers, and a welcoming place to rest their feet.

The rapidly escalating housing costs in our community led to a spike in individuals and families who are living in cars, vans and RVs on city streets. In response to the increase in “Urban Camping” HRDC conducts street outreach, visiting encampments to provide individuals with basic needs like food and warm clothing and then discuss programs that might remove their barriers to stable housing.

HRDC Homeless Services are the result of community and partner planning, innovation and collaboration. This has proven to be successful in impacting housing stability for our most vulnerable populations within our service area. A blended mix of funding streams has provided sustainability as well as flexibility in program offerings available to men, women, and families experiencing homelessness, allowing HRDC to work towards narrowing the gaps in community services and supporting our neighbors in treatment and recovery.

Program Reach

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

Specific Goals*

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

HRDC aims to continue to meet and exceed the outcomes achieved in supporting local populations from the last year, see below;

HRDC’s Homeless Services programming provides emergency shelter, supportive services, and case management for individuals, families and youth experiencing homelessness. The best outcomes are to exit crisis, engage in services, obtain, and maintain housing. Last year, over 1200 unhoused individuals received services. Of those, 812 (68%) accessed shelter services, 81 (7%) families utilized non-congregate shelter, 213 (18%) youth (ages 16-24) received shelter and/or case management services and 260 (22%) individuals received services through our street outreach.

Protecting Lives in Extreme Weather Conditions: By increasing the availability of emergency shelters, we can provide a safe haven for those at risk of exposure, frostbite, and hypothermia. This action directly saves lives, ensuring that nobody in our community dies due to exposure to extreme weather. Outcome: In 2023, of the 812 that utilized shelter, zero deaths occurred due to extreme weather.

Reducing Strain on Public Services: Homelessness strains public resources such as healthcare, law enforcement, and emergency services. When individuals have access to shelters and permanent supportive housing, it reduces their reliance on costly emergency medical care, lowers crime rates associated with survival activities, and eases the burden on public services. In the long run, this can lead to cost savings and more efficient resource allocation.

Outcome: The impacts of Housing First Village include: 31% decrease in Gallatin County Detention Center bookings for all residents, decrease in Emergency Department visits for all residents, 47.2% increase in behavioral health appointments through Community Health Partners (CHP) and an 81.5% increase in medical appointments at CHP for preventative health care.

Supporting a Path to Stability: Our Homeless Services and Programs offer not just a roof overhead but also access to social services, counseling, and resources for finding support and housing. We provide a crucial stepping stone for individuals to transition out of homelessness and towards self-sufficiency.

Outcome: In 2023, of the 554 unhoused families, youth or individuals, 30% (166) obtained transitional or stable housing.

Evaluation Method*

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

HRDC projects, tracks, and evaluates outcomes to inform the approach and effectiveness of programming.
STRENGTHENING AND EXPANDING WRAPAROUND SUPPORTIVE SERVICES FOR HOUSING INSECURE OR UNHOUSED CUSTOMERS:

Increase in availability, access to, and utilization of supportive services

IDENTIFYING GAPS IN SERVICE PROVISION AND IMPROVING EQUITABLE ACCESS TO SERVICES:

Increase in participation in the program design and evaluation process

Increase in services brought to customers

Reductions in barriers to accessing services for customers

INDIVIDUAL AND FAMILY OUTCOMES:

Increased utilization of SNAP benefits

Increased access to health care services

Reduced monthly expenses

Increased monthly revenues

Increased food security

Increased availability/access to educational opportunities

Increased availability/access to Head Start programming

Increased access to mental health/behavioral health services

Increased availability/access to transportation services

Increased availability/access to resources for future housing

Increased availability/access to financial literacy training

Increased availability/access to self-sufficiency resources

Increased availability/access to older adult care services

Increased tenure/reduced turnover in affordable housing

COMMUNITY OUTCOMES

Increased financial stability and literacy for individuals, families, seniors, persons with disabilities, and persons with severely disabling mental illness.

Improved access to support for persons with disabilities

Reduced economic stress for individuals and families

Improved overall economic security for households

Increased individual and family incomes

Improved housing stability for individuals and families

Data Source*

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

HRDC has a robust data collection system in place to track and report on the outcomes achieved by our customers. As noted above HRDC has a strong history of blending and leveraging a variety of funding sources, many of which come with their own data management requirements. Across our programming staff are entering customer data into up to a dozen different data management systems, all of which are tracking specific customer progress and goal achievement. Across all these data systems, HRDC uses Caseworthy as its primary client centered data management system. This allows us to coordinate and track the holistic wrap around services that are provided to the HRDC customers. In addition to robust client demographics, Caseworthy allows our staff to track a variety of services delivered and outcomes achieved through the

collaborative process of case management and support. The outcomes listed above are some of the examples of how we will track the impact of our programming on our community.

Awareness*

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

HRDC is known in the communities we serve as the bedrock of social services. In addition to the reputation for being the first responder to community needs for over 49 years, our extensive network of community partners has helped us to reach a vast and wide customer base seeking support and services. For those new to the community or unaware of our emergency and supportive housing programming, HRDC spreads awareness through the other wide reaching programming which it operates, such as the three community food banks in Gallatin County, the two preschools and five public school systems we partner with in the county, our public transit system and so many more. All HRDC staff are trained and supported to connecting those in need, such as those in treatment or recovery, to the most appropriate resources to support them on their journey to stability.

Additional Documents

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

Upload #1

_Montana MAT Gap Funding Program (MGFP) Packet Submitted 02.29.24.pdf

Upload #2

_Montana Bup LAI Access & Recovery Initiative (MBLARI) Packet Submitted 02.29.24.pdf

Upload #3

Amendment request for contracted services..pdf

Additional Information

In the first year of the grant, it is HRDC's aim to significantly expand the services provided to our Gallatin County residents who are experiencing housing instability, specifically those who are in treatment in recovery. To make this aim a reality, we will hire a supportive housing manager, who will oversee the services described above. We will also utilize the first year of the funding \$500,000 to create and develop a sustainability plan for the program long-term, which will decrease the requested amount for funding in the following years by half to \$250,000.

Thank you for your consideration of this request, we look forward to working with you in addressing the critical issues and needs that are highlighted in the 2024 Montana Opioid Abatement Trust Grants.

File Attachment Summary

Applicant File Uploads

- HRDC Emergency and Supportive Housing Budget.pdf
- _Montana MAT Gap Funding Program (MGFP) Packet Submitted 02.29.24.pdf
- _Montana Bup LAI Access & Recovery Initiative (MBLARI) Packet Submitted 02.29.24.pdf
- Amendment request for contracted services..pdf

Revenues	
Grant Revenue	\$10,748
Rental Income	\$114,674
City/County/Local Government	\$443,680
Contributions/Donations	\$340,000
Fund Raising	\$80,000
Other	\$0
Total Revenues	\$989,102
Transfers	
Transfers In	\$51,340
Transfers Out	\$0
Total Transfers	\$51,340
Expenses	
Shared Cost Allocations	\$187,363
Salaries & Fringe	\$967,388
Client Assistance	\$270,636
Contract Services	\$12,500
Fundraising	\$0
Insurance	\$26,200
Other	\$1,762
Repairs and Maintenance	\$7,051
Space and Occupancy Costs	\$211,325
Supplies	\$91,000
Training	\$7,000
Travel and Transportation	\$9,500
Total Expenses	\$1,791,725
Surplus/(Deficit)	(\$853,963)

Montana MAT Gap Funding Program (MGFP)

2023 Montana Opioid Abatement Trust Grants

Community Medical Services Montana-Private LLC

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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 MAT Gap Funding Program (MGFP)

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

Flathead County
Gallatin County
Missoula County
Yellowstone County

Application Overview

About the Organization/Program*

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

Community Medical Services Montana-Private, LLC dba. Community Medical Services (CMS) is a CARF-accredited substance use disorder treatment program, providing outpatient medication-assisted treatment (MAT) via medication, counseling, and community-based services. CMS offers FDA-approved medications including methadone, buprenorphine (Suboxone®/Subutex®/ Sublocade™), and naltrexone (Vivitrol®), combined with counseling, in a judgement-free, compassionate environment. CMS began providing treatment in Arizona in 1983, and then expanded our footprint into Montana, North Dakota, and Alaska.

In Montana, CMS operates four strategically located sites—Missoula, Kalispell, Bozeman, and Billings. Each clinic operates with the highest standards of care, tailored to meet the unique needs of the communities we serve. Our approach integrates MAT with behavioral health services to optimize treatment outcomes, helping patients achieve stability in their recovery.

In addition to our core services, CMS actively engages with the local communities in Missoula, Kalispell, Bozeman, and Billings to educate and raise awareness about the importance of effective treatment for OUD. We are committed to eliminating the stigma and discrimination associated with OUD and MAT, providing a safe and respectful environment for all our clients. This commitment extends to serving diverse populations, including LGBTQ+, communities of color, the uninsured or underinsured, individuals with disabilities, and those experiencing housing insecurity or poverty.

Mission Statement: To help those who are suffering from substance use disorders. We consider these people our patients, and our singular aim is to help them heal. We're proud that our clinics provide our patients an

environment that is free of judgment and condescension and we're steadfast in treating everyone with the utmost dignity and respect.

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

How does the program meet the Opioid Remediation Guidelines*

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

Please be specific

The MGFP aims to provide funding to expand access to MAT for uninsured and underinsured individuals, directly addressing the opioid remediation guideline to increase treatment availability. Our team actively engages with groups across various stages of the criminal justice and recovery process, from prison to halfway housing, focusing on the critical "transition" phase. CMS provides education and awareness training tailored for healthcare providers, law enforcement, and other first responders. These sessions are designed to equip these key stakeholders with the knowledge and tools necessary to support individuals in their journey to recovery, ensuring a smoother transition and better integration into society. Additionally, CMS is actively ensuring that Naloxone, a critical overdose reversal medication, is accessible to individuals by distributing Naloxone kits, which are provided through the Montana Primary Care Association, to those in need. These interactions are a great opportunity to inform the community about available assistance initiatives, such as the MGFP.

Access to Medication-Assisted Treatment (MAT): The MGFP provides funding to expand access to MAT for uninsured and underinsured individuals, directly addressing the opioid remediation guideline to increase treatment availability.

Education and Prevention Initiatives: MGFP includes components for community education and prevention, resonating with the guideline's call for awareness programs to prevent opioid misuse and enhance public understanding of OUD treatment options.

Naloxone Distribution: MGFP aligns with guidelines by supporting the distribution of naloxone to at-risk populations, enhancing overdose prevention efforts.

Data Collection and Analysis: By collecting and analyzing data on opioid use and treatment outcomes, MGFP meets guidelines that emphasize evidence-based approaches to evaluate and enhance treatment efficacy.

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*

\$950,400.00

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.

MGFP 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.

There is no funding from other sources.

CMS acknowledges that grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. We understand that these funds are designated to enhance our capabilities in addressing the opioid crisis by introducing new services or augmenting existing ones, rather than replacing or supplanting existing funding sources. Our commitment is to utilize these resources in a manner that complements and extends our current efforts, ensuring that the grant contributes to a broadened scope of impact within the communities we serve.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Scott Strauss

Fiscal Agent Email Address*

scott.strauss@msgiveshope.com

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.

Securing coverage for underinsured or uninsured individuals is crucial in providing those with OUD the optimal chance for sustained recovery and improved health outcomes. CMS is seeking support to address a significant barrier faced by individuals experiencing OUD—the lack of sufficient financial resources to afford necessary care. Outcomes suggest clients with treatment costs covered by third-party funding have a retention rate three times higher than those who must pay out-of-pocket for services. The post-COVID era, coupled with the completion of Medicaid Redetermination, has underscored the pressing need for additional funding.

During the pandemic, our clinic's client base expanded at a rate threefold greater than any previous year. Now, as these clients face the loss of Medicaid coverage, they are confronted with the challenge of paying for services out-of-pocket. At CMS, we have exercised considerable flexibility in accommodating clients, striving to keep them in treatment. Nevertheless, this approach is not indefinitely viable without sustainable financial solutions. CMS has seen a substantial increase in cash-paying clients in MT, rising from 173 in the previous period to 332 in January 2024. This uptick means that cash-paying clients now represent 24.68% of the total client count, a significant increase from 14.25% in the prior period. However, the average monthly payment made by these individuals has decreased from \$325 to \$165, suggesting that while more clients are paying for services out-of-pocket, the amount they are able to pay has notably declined.

We seek to enhance long-term treatment access for the following groups:

1. Bridge Coverage Participants: Since the process of obtaining Medicaid coverage is experiencing longer delays, especially following Medicaid Redetermination, providing this interim coverage serves as an essential bridge to ensure continuous access to healthcare services. This would provide 100% coverage for a bridge period of time.
2. Self-Pay Participants: Individuals who do not possess third-party insurance and whose earnings range between 139% and 200% of the FPL, and those with incomes above 200% of the FPL who, due to various reasons, lack alternative insurance coverage and are unable to afford treatment costs.
3. Commercially Insured Participants: Individuals covered under commercial or marketplace insurance plans that face significant out-of-pocket costs due to high deductibles, co-pays, and coinsurance.

This program seeks to dismantle the financial barriers that deter individuals from seeking OUD treatment by covering costs that would be unattainable for uninsured and underinsured patients, thereby supporting the continuity of care by offering interim financial assistance until Medicaid coverage or other long-term funding solutions can be secured.

Program Reach

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

The unwinding of Medicaid Continuous Enrollment Provision has led to a significant reduction in covered services for individuals struggling with OUD, resulting in a growing number of patients facing financial barriers to accessing necessary treatment. Our program responds to these challenges by offering targeted financial assistance to those most impacted by the shift from Medicaid to self-pay status, especially the uninsured or underinsured. By bridging the funding gap, we aim to ensure uninterrupted treatment, thus reducing relapse rates and promoting sustained recovery.

Our approach includes expanding access to MAT, supporting continuity of care for those previously covered by Medicaid, and launching outreach initiatives to inform affected individuals about their financial assistance options. We plan to work closely with local healthcare providers and community organizations to identify and refer potential program beneficiaries, ensuring our efforts have a broad and meaningful impact.

Moreover, our program intends to address the increase in self-pay clients, which surged from approximately 173 in January 2023 to 332 in January 2024 due to Medicaid changes. This escalation underscores the urgent need for our services.

Our project extends beyond immediate-term goals to ensure the sustained availability of MAT services, which are crucial for transforming lives at an individual level. MAT not only addresses substance use disorders but also mitigates Social Determinants of Health (SDOH) challenges, such as housing instability and unemployment. Our data reveals that treatment significantly reduces addiction-related challenges, leading to dramatic improvements in SDOH measures. For example, CMS clients see about a 17% reduction in unemployment and an 11.5% reduction in unstable housing after just six months in treatment (see Attachment A).

By focusing on both immediate and long-term goals, our project not only ensures the ongoing availability of MAT services in Montana but also creates a ripple effect of positive transformation, improving individual well-being and contributing to the broader health and prosperity of the community. This commitment aligns with our mission to address the unique challenges posed by the opioid epidemic in Montana, reflecting our dedication to establishing vital services that become integral to the communities we serve.

Specific Goals*

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

Our program's overarching goals center on enhancing access to MAT and integrated behavioral counseling, tailored to individual patient needs. We aim to furnish patients with comprehensive tools for effective addiction management, incorporating medications for OUD as a key component. To gauge our success, we've set specific objectives that align closely with the core strategies and approved uses detailed in Exhibit E: Opioid Remediation Guidelines:

- **Increase in Treatment Enrollment:** We're focused on quantifying the growth in patient enrollment within our MAT program over the grant term, aiming for a benchmarked increase that reflects our outreach and accessibility efforts.
- **Improvement in Patient Outcomes:** By monitoring SDOH and other health outcomes, such as decreased opioid usage, we aim to document the tangible health improvements in our patients through regular assessments and self-reporting.
- **Retention Rate:** Our program measures success by the retention rates of participants, indicating the percentage of patients continuously engaged in the treatment process for defined durations.
- **Patient Satisfaction:** Through systematic surveys, we aim to capture patient feedback on the quality and effectiveness of the services provided, with a continuous goal of elevating patient satisfaction levels.

Our project aligns with opioid remediation goals by increasing MAT access for the uninsured and integrating it with supportive services, thereby enhancing treatment enrollment and outcomes. Our focus on retention and patient satisfaction further supports the broader objectives of improving health outcomes and service quality. These efforts ensure personalized care for individuals, aiding their recovery and reflecting the guidelines' call for expanded treatment and education. This strategy aims to extend our reach and impact, ensuring every patient receives tailored care for their recovery journey.

Evaluation Method*

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

To evaluate the effectiveness of our MAT program in achieving its goals, we will employ the following evaluation methods:

- **Treatment Enrollment Analysis:** Utilize enrollment data to measure the increase in patient numbers within the MAT program over the grant term. We'll compare these figures against our benchmarks to assess the success of our outreach and accessibility initiatives.
- **Patient Outcomes Assessment:** Conduct regular health assessments and collect self-reported data to monitor improvements in the SDOH and reductions in opioid use. This will involve tracking health outcomes longitudinally to document tangible benefits of the program.
- **Retention Rate Calculation:** Analyze the percentage of patients who remain in treatment for predefined periods (e.g., six months, one year) to evaluate engagement and long-term commitment to the program.
- **Patient Satisfaction Surveys:** Distribute periodic surveys to gather feedback on the quality and effectiveness of services provided. This will help identify areas for improvement and gauge overall satisfaction with the program.

By integrating these methods, we aim to comprehensively assess the impact of our program, ensuring it meets the individual needs of patients and aligns with broader opioid remediation objectives. This evaluation will not only demonstrate the program's effectiveness but also guide future enhancements to better serve our community.

Awareness*

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

If selected for funding, CMS would enhance our existing efforts to raise awareness of MAT options to include this gap funding opportunity within the community. As an established MAT provider, we have laid a solid foundation through strategic partnerships with local news organizations like Q2 News and KLR8 News, which have been pivotal in spreading vital information about MAT options, including methadone and suboxone. These efforts have significantly increased our visibility and impact within the community.

Building on our current activities, we aim to further our campaign by leveraging more diverse platforms and opportunities for direct engagement. Our work with local correctional transition facilities, where we provide educational seminars to newly released inmates and medical staff, has been instrumental in facilitating a smoother reintegration process for those affected by OUD. Gap funding availability would greatly reduce barriers to treatment for this population.

Additionally, our presence at community events like the local Farmers Market has allowed us to directly offer insights into the support and treatments available. We envision enhancing these outreach efforts, potentially including more interactive and engaging formats to better educate the community.

Our collaboration with the judicial system, local rehab facilities, and participation in Opioid Awareness meetings are testaments to our commitment to a collective approach in addressing addiction. We plan to strengthen these collaborations, aiming for more comprehensive and wide-reaching educational seminars for healthcare professionals and the public, highlighting the efficacy and availability of MAT options.

Moreover, our active engagement on social media platforms, including Facebook and Instagram, will continue to play a crucial role in maintaining an ongoing dialogue with the community. We are committed to expanding our online presence, making our information more accessible and engaging, and reaching wider segments of the population.

The MGFP will enable us to significantly amplify our current efforts, fostering a more informed and supportive environment for individuals navigating the path to recovery from opioid addiction. Our approach,

characterized by educational initiatives, partnerships, and direct community engagement, will be expanded to ensure that every individual in need has access to the life-saving information and support that MAT provides

Additional Documents

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

Upload #1

SDOH Visual.pdf

Upload #2

Upload #3

Additional Information

File Attachment Summary

Applicant File Uploads

- MGFP Budget Narrative.pdf
- SDOH Visual.pdf

Community Medical Services
Montana MAT Gap Funding Program (MGFP)
Budget Narrative and Justification
7/1/2024 - 6/30/2026

K. TOTAL PROJECT COSTS:

FUNDING REQUEST - TOTAL PROJECT COSTS (Sum of total Direct Costs and Indirect Costs)	\$ 950,400.00
--	---------------

L. BUDGET SUMMARY (should include future years, as applicable to the grant, and projected total):

Budget Categories	Year 1	Year 2*	Total Project Budget
Personnel Services	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -
Other	\$ 432,000.00	\$ 432,000.00	\$ 864,000.00
TOTAL DIRECT COSTS	\$ 432,000.00	\$ 432,000.00	\$ 864,000.00
Indirect Costs 10.0%	\$ 43,200.00	\$ 43,200.00	\$ 86,400.00
TOTAL COSTS	\$ 475,200.00	\$ 475,200.00	\$ 950,400.00

*For requested future years

**Community Medical Services
Montana MAT Gap Funding Program (MGFP)
Budget Narrative and Justification
7/1/2024 - 6/30/2026**

G. OTHER COSTS:

Item	Rate	Cost
Services Coverage - Un/ Underinsured	\$725 per individual x 40 individuals per month x 24 months	\$ 696,000.00
Underinsured Patient Responsibility (Deductibles/Copays/ Co- insurance)	\$350 per individual x 20 individuals per month x 24 months	\$ 168,000.00
FEDERAL REQUEST		\$ 864,000.00

Other Costs Justification:

MAT Services - Under/Uninsured Dosing Reimbursement

CMS is requesting funds to administer Medication Assisted Treatment (MAT) to the underinsured or uninsured within Yellowstone, Gallatin, Missoula, and Flathead counties. Funds will cover intake, induction, and ongoing

Code	Description - Services Coverage	Average of Per unit
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	\$259.80
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	\$290.85
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.	\$123.96
G2078	Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.	\$40.71
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.	\$71.76

* Follows Medicare OTP Fee Schedule Rules

Code	Description - Commercially Insurance Clients Responsibility (will vary based on clients need and plan coverage)	Patient	Avg/ Month/ Individual
H0020DE	Deductible Patient Responsibility		\$350.00
H0020CP	CoPay Patient Responsibility		
H0020CI	CoInsurance Patient Responsibility		

*Provided the overall Per Patient, Per Month amount combined in the variety of Patient Responsibility Liabilities. The amounts within each category could change every month depending on the mix of clients and plans within the clinics at that time

**Community Medical Services
Montana MAT Gap Funding Program (MGFP)
Budget Narrative and Justification
7/1/2024 - 6/30/2026**

H. TOTAL DIRECT COSTS:

FUNDING REQUEST - TOTAL DIRECT COSTS	\$ 864,000.00
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I. INDIRECT COST RATE OR ADMINISTRATION:

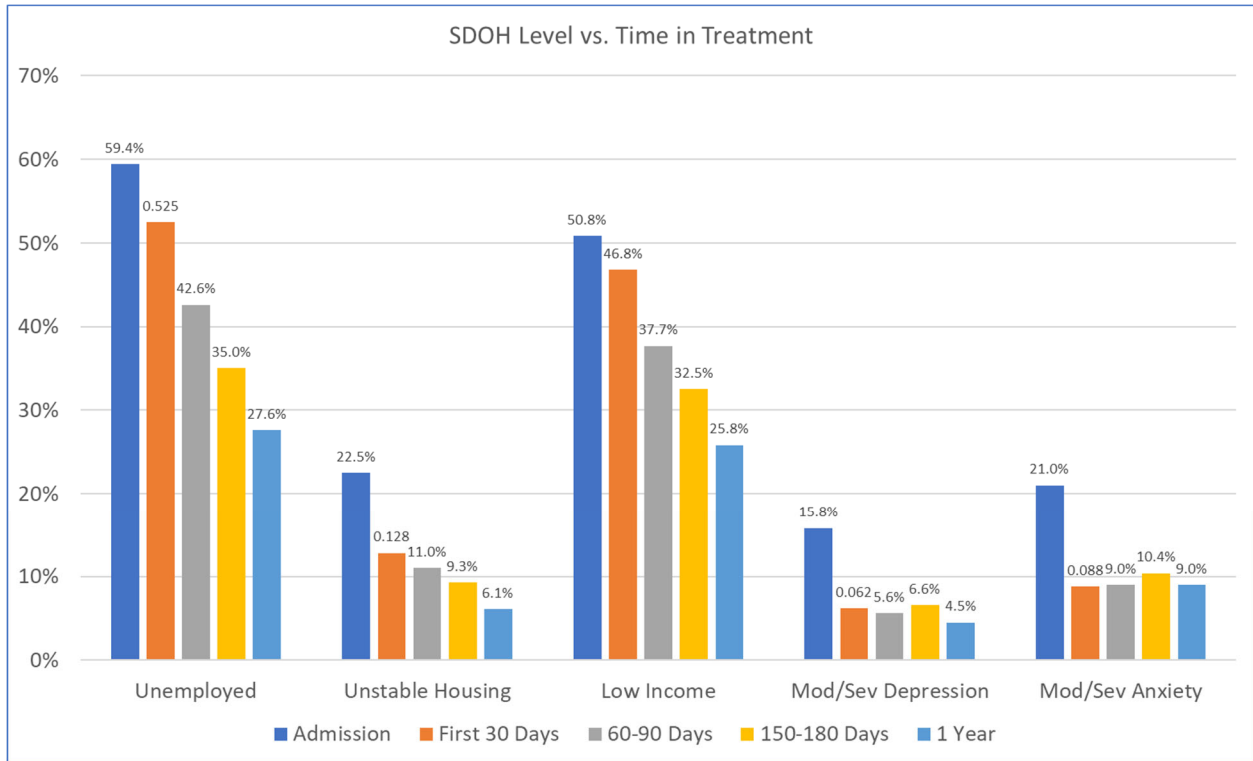
Calculation	Indirect Cost Charged to the Award
Modified Total Direct Costs x 10%	\$ 86,400.00
FUNDING REQUEST	\$ 86,400.00

Indirect Cost Rate Justification:

CMS is electing a 10 percent de minimis rate based on the modified total direct cost of this grant budget, in compliance with the 2 CFR §200.403 factors that affect allowability of cost. CMS does not currently have a negotiated indirect cost rate and will be using the de minimis rate indefinitely and consistently for all federal awards until such a time CMS chooses to negotiate a rate. CMS is not a state, local government, or Indian tribe and is not receiving more than \$35M in direct federal funding and is eligible for de minimis according to 2 CFR §200 Appendix VII D(1)(b).

<u>Modified Total Direct Cost Calculation</u>	
Total Direct Costs	\$864,000.00
Less: Equipment	\$0.00
Less: Subawards	\$0.00
Plus: First \$25,000	\$0.00
<hr/> MTDC Base:	<hr/> \$864,000.00
Rate Applied:	10%
Indirect Costs:	\$86,400.00

Attachment A



This visual depicts a progressive decrease in unemployment, unstable housing, low income, moderate/severe levels of depression, and moderate/severe levels of anxiety over time in treatment, highlighting the positive impact of our comprehensive program on key SDOH indicators.

Montana Bup LAI Access & Recovery Initiative (MBLARI)

2023 Montana Opioid Abatement Trust Grants

Community Medical Services Montana-Private LLC

Nick Stavros
2040 Rosebud Dr
Billings, MT 59102

O: 406-969-4812

Emilee Weich

2040 Rosebud Dr
Billings, MT 59102

emilee.weich@cmsgiveshope.com
O: 865-895-0161

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 Bup LAI Access & Recovery Initiative (MBLARI)

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

Flathead County
Gallatin County
Missoula County
Yellowstone County

Application Overview

About the Organization/Program*

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

Community Medical Services Montana-Private, LLC dba. Community Medical Services (CMS) is a CARF-accredited substance use disorder treatment program, providing outpatient medication-assisted treatment (MAT) via medication, counseling, and community-based services. CMS offers FDA-approved medications including methadone, buprenorphine (Suboxone®/Subutex®/ Sublocade™), and naltrexone (Vivitrol®), combined with counseling, in a judgement-free, compassionate environment. CMS began providing treatment in Arizona in 1983, and then expanded our footprint into Montana, North Dakota, and Alaska.

In Montana, CMS operates four strategically located sites—Missoula, Kalispell, Bozeman, and Billings. Each clinic operates with the highest standards of care, tailored to meet the unique needs of the communities we serve. Our approach integrates MAT with behavioral health services to optimize treatment outcomes, helping patients achieve stability in their recovery.

In addition to our core services, CMS actively engages with the local communities in Missoula, Kalispell, Bozeman, and Billings to educate and raise awareness about the importance of effective treatment for OUD. We are committed to eliminating the stigma and discrimination associated with OUD and MAT, providing a safe and respectful environment for all our clients. This commitment extends to serving diverse populations, including LGBTQ+, communities of color, the uninsured or underinsured, individuals with disabilities, and those experiencing housing insecurity or poverty.

Mission Statement: To help those who are suffering from substance use disorders. We consider these people our patients, and our singular aim is to help them heal. We're proud that our clinics provide our patients an

environment that is free of judgment and condescension and we're steadfast in treating everyone with the utmost dignity and respect.

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

How does the program meet the Opioid Remediation Guidelines*

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

Please be specific

The Bup LAI pilot aligns with the core strategy of MAT for opioid remediation, emphasizing comprehensive opioid-related treatment.

Increase distribution of MAT to underserved individuals: By focusing on patients who are uninsured or whose insurance does not cover Bup LAI, this pilot directly addresses the need to expand access to MAT for those most in need. It specifically targets a gap in the current healthcare system, ensuring that financial barriers do not prevent individuals from receiving this life-saving treatment.

Provide education to discourage or prevent misuse: While the Bup LAI pilot is primarily treatment-focused, the infrastructure and outreach components of the program can serve as a platform for broader educational efforts.

MAT education and awareness for frontline responders: The pilot provides an excellent opportunity to educate healthcare providers, EMTs, law enforcement, and other first responders about the benefits and logistics of using Bup LAI for opioid use disorder.

Integrate medication with support services: The Bup LAI pilot exemplifies the integration of medication with comprehensive support services. By administering a long-acting injection that requires less frequent dosing than traditional MAT, the pilot allows participants more flexibility to engage in complementary treatment and recovery support services. The nature of Bup LAI facilitates a more holistic approach to recovery, where medication and support services are seamlessly combined to address the complex needs of individuals with opioid use disorder.

Overall, the Bup LAI pilot embodies the guidance from the core strategies for opioid remediation, offering a targeted, innovative approach to expanding MAT access, enhancing education, and integrating treatment modalities for a comprehensive response to the opioid crisis.

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*

\$528,000.00

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.

MBLARI 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.

There is no funding from other sources.

CMS acknowledges that grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. We understand that these funds are designated to enhance our capabilities in addressing the opioid crisis by introducing new services or augmenting existing ones, rather than replacing or supplanting existing funding sources. Our commitment is to utilize these resources in a manner that complements and extends our current efforts, ensuring that the grant contributes to a broadened scope of impact within the communities we serve.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Scott Strauss

Fiscal Agent Email Address*

scott.strauss@msgiveshope.com

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 initiative aims to bridge the gap in treatment accessibility for patients with opioid use disorder who face financial barriers to comprehensive care. Funds from this grant are specifically allocated to serve a unique subset of patients within the spectrum of evidence-based treatments for OUD. Eligible individuals for this grant are those who do not qualify for Montana Medicaid coverage due to various circumstances, such as being self-employed with a substantial income but without insurance, or those who have employer-provided insurance that does not cover Buprenorphine Long-Acting Injection (Bup LAI). This grant is not intended for patients who may be eligible for Medicaid or gap funding. Instead, it targets those who are not benefiting optimally from first-line treatment options like Methadone or Suboxone and who could see improved outcomes with access to Bup LAIs for their treatment.

1. **Private Insurance Patients Struggling with Medication Discontinuation:** We aim to assist patients like those currently tapering off Suboxone but facing challenges due to anxiety and the physical effects of abrupt discontinuation. By providing access to Bup LAIs, we offer an alternative tapering method not covered by their private insurance.
2. **Out-of-Pocket Payers Facing Seasonal Work Challenges:** This group includes individuals like the self-employed contractor who, due to seasonal work fluctuations, struggles with recurring fentanyl use. Access to high-dose Bup LAI, proven to prevent opioid use with its extended blockade, would significantly aid in maintaining sobriety during off-season periods.
3. **Patients with Irregular Work Schedules:** For those who travel extensively for work, like the patient commuting between Billings and Bozeman, the challenge of regular clinic visits for Methadone treatment poses a significant barrier. Offering Bup LAI could provide a more flexible and less frequent treatment option, accommodating their unpredictable schedules.
4. **New Patients Reluctant to Adjust Doses:** Addressing the needs of patients who are hesitant to increase their Buprenorphine/Naloxone (B/N) dosage and continue to use fentanyl. By supporting a tailored approach to their treatment plan, we can better manage withdrawal symptoms and reduce illicit opioid use.

Our program is designed to offer these patients personalized treatment plans, incorporating long-acting injectables to improve adherence, reduce the risk of relapse, and address the unique challenges each patient faces. We propose to pilot this program in each of our four clinics, aiming to serve 3-5 patients at each location. Through this grant, we hope to extend our support to those most in need, ensuring that financial constraints do not hinder anyone's path to recovery.

Program Reach

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

Our approach includes expanding access to medication-assisted treatment, supporting continuity of care, and launching outreach initiatives to inform affected individuals about their financial assistance options in and around the four counties we serve, Yellowstone County, Gallatin County, Missoula County, and Flathead County. We plan to work closely with local healthcare providers and community organizations to identify and refer potential program beneficiaries, ensuring our efforts have a broad and meaningful impact.

Moreover, our program intends to address the increase in self-pay clients, which surged from approximately 173 in January 2023 to 332 in January 2024 across all four of our Montana clinics due to Medicaid changes. This escalation underscores the urgent need for our services.

Our project extends beyond immediate-term goals to ensure the sustained availability of MAT services, which are crucial for transforming lives at an individual level. MAT not only addresses substance use disorders but also mitigates Social Determinants of Health (SDOH) challenges, such as housing instability and unemployment. Our data reveals that treatment significantly reduces addiction-related challenges, leading to dramatic improvements in SDOH measures. For example, CMS clients see about a 17% reduction in unemployment and an 11.5% reduction in unstable housing after just six months in treatment (see Attachment A).

By focusing on both immediate and long-term goals, our project not only ensures the ongoing availability of MAT services in Montana but also creates a ripple effect of positive transformation, improving individual well-being and contributing to the broader health and prosperity of the community. This commitment aligns with our mission to address the unique challenges posed by the opioid epidemic in Montana, reflecting our dedication to establishing vital services that become integral to the communities we serve.

Specific Goals*

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

Our program's overarching goals center on enhancing access to Medication-Assisted Treatment and integrated behavioral counseling, tailored to individual patient needs. We aim to furnish patients with comprehensive tools for effective addiction management, incorporating medications for opioid use disorder as a key component. To gauge our success, we've set specific objectives that align closely with the core strategies and approved uses detailed in Exhibit E: Opioid Remediation Guidelines:

- **Increase in Treatment Enrollment:** We're focused on quantifying the growth in patient enrollment within our MAT program over the grant term, aiming for a benchmarked increase that reflects our outreach and accessibility efforts.
- **Improvement in Patient Outcomes:** By monitoring Social Determinants of Health and other health outcomes, such as decreased opioid usage, we aim to document the tangible health improvements in our patients through regular assessments and self-reporting.
- **Retention Rate:** Our program measures success by the retention rates of participants, indicating the percentage of patients continuously engaged in the treatment process for defined durations.
- **Patient Satisfaction:** Through systematic surveys, we aim to capture patient feedback on the quality and effectiveness of the services provided, with a continuous goal of elevating patient satisfaction levels.
- **Economic Analysis:** CMS will assess the cost-effectiveness of integrating Bup LAIs into our treatment offerings. By comparing the costs of traditional treatment methods with those of the Bup LAI program, we aim to determine if the higher adherence rates associated with long-acting injections translate into a decrease in overall treatment costs.

Our project aligns with opioid remediation goals by increasing MAT access for the uninsured and integrating it with supportive services, thereby enhancing treatment enrollment and outcomes. Our focus on retention and patient satisfaction further supports the broader objectives of improving health outcomes and service quality. These efforts ensure personalized care for individuals, aiding their recovery and reflecting the guidelines' call for expanded treatment and education. This strategy aims to extend our reach and impact, ensuring every patient receives tailored care for their recovery journey.

Evaluation Method*

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

To evaluate the effectiveness of our MAT program in achieving its goals, we will employ the following evaluation methods:

- **Treatment Enrollment Analysis:** Utilize enrollment data to measure the increase in patient numbers within the MAT program over the grant term. We'll compare these figures against our benchmarks to assess the success of our outreach and accessibility initiatives.
- **Patient Outcomes Assessment:** Conduct regular health assessments and collect self-reported data to monitor improvements in the Social Determinants of Health and reductions in opioid use. This will involve tracking health outcomes longitudinally to document tangible benefits of the program.
- **Retention Rate Calculation:** Analyze the percentage of patients who remain in treatment for predefined periods (e.g., six months, one year) to evaluate engagement and long-term commitment to the program.
- **Patient Satisfaction Surveys:** Distribute periodic surveys to gather feedback on the quality and effectiveness of services provided. This will help identify areas for improvement and gauge overall satisfaction with the program.
- **Economic Analysis Cost Comparison:** We will compare the direct costs associated with our Bup LAI program against those incurred by traditional MAT services. This comparison will take into account the price of medications, administrative costs, and any additional support services.

By integrating these methods, we aim to comprehensively assess the impact of our program, ensuring it meets the individual needs of patients and aligns with broader opioid remediation objectives. This evaluation will not only demonstrate the program's effectiveness but also guide future enhancements to better serve our community.

Awareness*

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

Recognizing the pivotal role of community engagement and education in addressing the opioid crisis, we have strategically fostered partnerships with local news organizations to amplify our reach and impact. Through these collaborations, we have successfully utilized platforms such as Q2 News and KLR8 News to disseminate vital information about methadone and suboxone, highlighting our active presence and dedicated efforts in the community. CMS is committed to sustaining and expanding these efforts to encompass all the programs and opportunities we undertake.

Historically, our efforts to raise community awareness have included a variety of initiatives such as:

In April 2023, Ari Greenberg led seminars at a local correctional transition facility, providing released inmates with crucial education on MAT before reintegration into the community.

In the summer of 2023, our outreach extended to the local Farmers Market, where we set up a booth specifically designed to offer information on CMS-related services. This initiative allowed us to directly engage with the community, offering them insights into the support and treatments available.

In August 2023, our engagement with the judicial system through a meeting that brought together all local rehab facilities and the drug court judge.

In October 2023, Ari and one of our counselors participated in an Opioid Awareness meeting. Here, we hosted a table, providing education and resources to the community attendees, fostering an open dialogue about opioid addiction and recovery.

In January 2024, Ari hosted an educational seminar for the staff of the Rimrock Foundation, an inpatient addiction treatment center in Billings, Montana. This seminar focused on the breadth of MAT options available, reinforcing our dedication to education and partnership within the healthcare community.

Additionally, our dynamic Facebook and Instagram presence has allowed us to maintain an ongoing conversation with the broader community, ensuring that information about our programs and services is accessible and engaging.

Together, these efforts reflect our deep commitment to raising awareness about MAT and supporting those impacted by opioid addiction. Our multifaceted approach demonstrates a sustained and impactful presence in the community, characterized by educational initiatives, partnerships, and direct engagement, all aimed at fostering a more informed and supportive environment for individuals navigating the path to recovery.

Additional Documents

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

Upload #1

SDOH Visual.pdf

Upload #2

MOAT Endorsement Letter - Ari Greenberg.pdf

Upload #3

Additional Information

File Attachment Summary

Applicant File Uploads

- MBLARI Budget Narrative.pdf
- SDOH Visual.pdf
- MOAT Endorsement Letter - Ari Greenberg.pdf

Community Medical Services
Montana Bup LAI Access Recovery Initiative (MBLARI)
Budget Narrative and Justification
7/1/2024 - 6/30/2026

J. TOTAL PROJECT COSTS:

FUNDING REQUEST - TOTAL PROJECT COSTS (Sum of total Direct Costs and Indirect Costs)	\$ 528,000.00
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K. BUDGET SUMMARY (should include future years, as applicable to the grant, and projected total):

Budget Categories	Year 1	Year 2*	Total Project Budget
A. Personnel Services	\$ -	\$ -	\$ -
B. Fringe Benefits	\$ -	\$ -	\$ -
C. Travel	\$ -	\$ -	\$ -
D. Equipment	\$ -	\$ -	\$ -
E. Supplies	\$ -	\$ -	\$ -
F. Contractual	\$ -	\$ -	\$ -
G. Other	\$ 240,000.00	\$ 240,000.00	\$ 480,000.00
H. TOTAL DIRECT COSTS	\$ 240,000.00	\$ 240,000.00	\$ 480,000.00
I. Indirect Costs 10.0%	\$ 24,000.00	\$ 24,000.00	\$ 48,000.00
J. TOTAL PROJECT COSTS	\$ 264,000.00	\$ 264,000.00	\$ 528,000.00

*For requested future years

Community Medical Services
Montana Bup LAI Access Recovery Initiative (MBLARI)
Budget Narrative and Justification
7/1/2024 - 6/30/2026

G. OTHER COSTS:

Item	Rate	Cost
MAT Services - Bup LAI Dosing Reimbursement	\$2,000 per individual per month x 10 individuals x 24 months	\$ 480,000.00
FEDERAL REQUEST		\$ 480,000.00

Other Costs Justification:

MAT Services - Bup LAI Dosing Reimbursement

CMS is requesting funds to administer Medication Assisted Treatment (MAT) to the underinsured or uninsured within Yellowstone, Gallatin, Missoula, and Flathead counties. Funds will cover intake, induction, and ongoing treatment costs. Reimbursement rates for services rendered to each qualifying individual will be calculated per unit, adhering strictly to the current Montana Medicaid Fee Schedule or actual cost of medication purchased. All rates subject to match prevailing Montana Medicaid Fee Schedule.

Code	Description	Average of Per unit
90791	Psychiatric Diagnostic Evaluation	\$116.93
90792	Psychiatric Diagnostic Evaluation w/ Medical Services	\$256.88
90832	Psychotherapy without medical eval & mgmt services 16 to 37 min	\$50.53
90834	Psychotherapy without medical eval & mgmt services 38 to 52 min	\$66.85
90837	Psychotherapy without medical eval & mgmt services 53+ min	\$98.34
H0016	Weekly bundle - Intake (Includes Assessment, UA's, Dr. Visits, Nursing Admin & Other time....)	\$364.91
H0016HG	Weekly bundle - Intake (Includes UA's, Dr. Visits, Nursing Admin & Other time....)	\$141.20
J0571	Buprenorphine - Per MG	\$1.45
J0572	Buprenorphine/ Naloxone - 2mg Tablet	\$4.21
J0574	Buprenorphine/ Naloxone - 8mg Tablet	\$8.15
S0109HG	Methadone - 5MG	\$0.31
	Sublocade 100mg	\$1,924.82
	Sublocade 300mg	\$1,928.38
	Brixadi 128mg	\$1,606.98
	Brixadi 64mg	\$1,719.98

**Rates with codes are based on MT Medicaid Fee Schedule effective February 1, 2024.*

***Rates without codes are based on pharmacy estimation for individual forms of Bup LAI.*

Community Medical Services
Montana Bup LAI Access Recovery Initiative (MBLARI)
Budget Narrative and Justification
7/1/2024 - 6/30/2026

H. TOTAL DIRECT COSTS:

FUNDING REQUEST - TOTAL DIRECT COSTS	\$ 480,000.00
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I. INDIRECT COST RATE OR ADMINISTRATION:

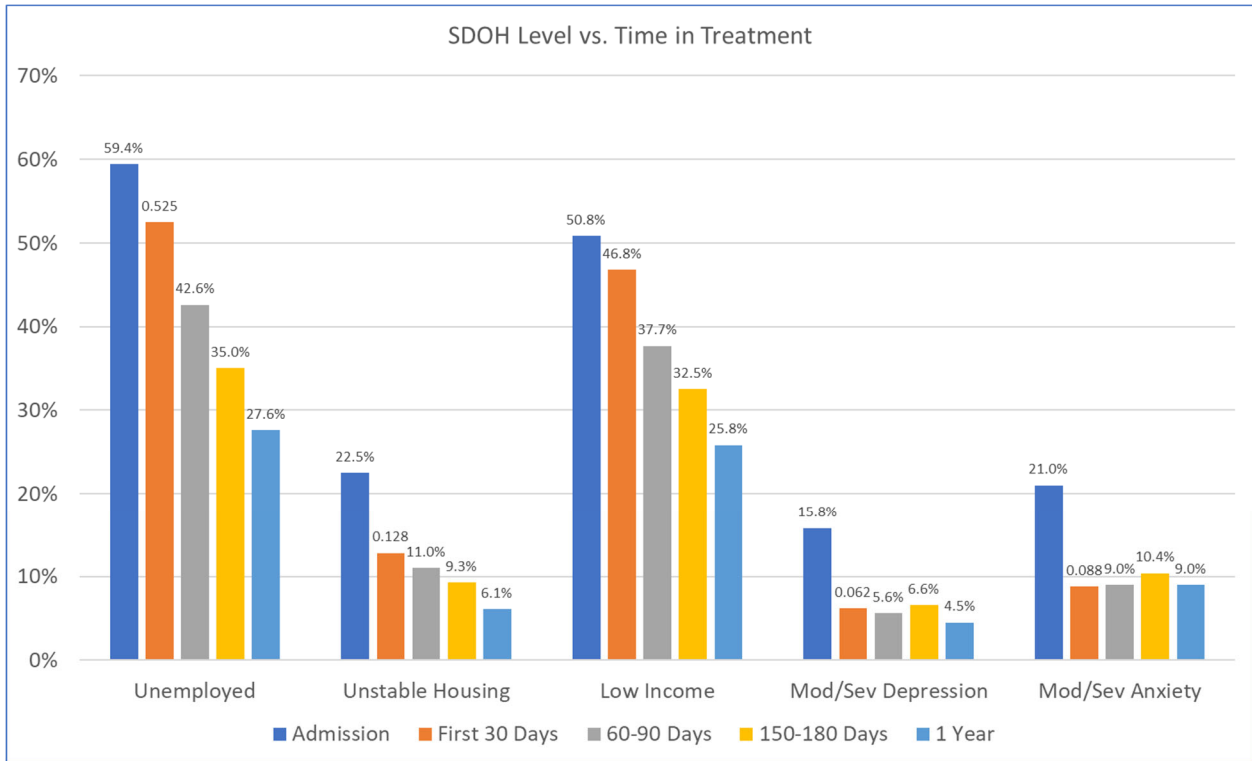
Calculation	Indirect Cost Charged to the Award
Modified Total Direct Costs x 10%	\$ 48,000.00
FUNDING REQUEST	\$ 48,000.00

Indirect Cost Rate Justification:

CMS is electing a 10 percent de minimis rate based on the modified total direct cost of this grant budget, in compliance with the 2 CFR §200.403 factors that affect allowability of cost. CMS does not currently have a negotiated indirect cost rate and will be using the de minimis rate indefinitely and consistently for all federal awards until such a time CMS chooses to negotiate a rate. CMS is not a state, local government, or Indian tribe and is not receiving more than \$35M in direct federal funding and is eligible for de minimis according to 2 CFR §200 Appendix VII D(1)(b).

<u>Modified Total Direct Cost Calculation</u>	
Total Direct Costs	\$480,000.00
Less: Equipment	\$0.00
Less: Subawards	\$0.00
Plus: First \$25,000	\$0.00
<hr/> MTDC Base:	<hr/> \$480,000.00
Rate Applied:	10%
Indirect Costs:	\$48,000.00

Attachment A



This visual depicts a progressive decrease in unemployment, unstable housing, low income, moderate/severe levels of depression, and moderate/severe levels of anxiety over time in treatment, highlighting the positive impact of our comprehensive program on key SDOH indicators.

Ari Greenberg, PAC
Physician Assistant
Community Medical Services
2040 Rosebud Drive, Suite 7 - 8
Billings, MT 59102
2/15/2024

Montana Opioid Abatement Trust
115 N. Broadway, Suite 310
Billings, MT 59101

Dear Montana Opioid Abatement Trust committee,

I am writing to express my full support for the grant application submitted by Community Medical Services (CMS) for their project titled "Montana Bup LAI Access & Recovery Initiative" in Yellowstone County. As a dedicated advocate for public health and addiction treatment, I wholeheartedly endorse the efforts of CMS to combat opioid use disorder (OUD) in our community.

CMS is an invaluable resource for individuals grappling with substance use disorder, particularly opioid addiction. We are committed to providing comprehensive, evidence-based treatment and support services. Through our outpatient medication-assisted treatment (MAT) and behavioral health services, we offer a lifeline to adults diagnosed with OUD, ensuring they receive the care and support they need to embark on the path to recovery.

One of the more compelling aspects of CMS' approach is the unwavering dedication to treating every individual with dignity and respect. By fostering an environment free of judgment and condescension, CMS creates a safe space where individuals feel empowered to seek help and embark on their journey towards healing.

The proposed project aligns closely with the Opioid Remediation Guidelines by addressing critical aspects of prevention, treatment, and recovery. From the distribution of naloxone to uninsured individuals, to providing MAT education and awareness training to healthcare providers and first responders, CMS demonstrates a multifaceted approach to tackling the opioid epidemic at its roots.

Furthermore, CMS' efforts extend beyond traditional outpatient settings to reach populations in need, including individuals transitioning out of the criminal justice system and pregnant women with co-occurring OUD. Their commitment to providing continuity of care and tailored support underscores our dedication to meeting the diverse needs of the community.

The requested grant amount will enable CMS to expand access to evidence-based treatments for OUD, particularly for those without insurance or whose coverage does not include MAT services. By removing

financial barriers to treatment, CMS ensures that no individual is left behind in their journey towards recovery. Only specific clients will meet criteria for this grant. My role at CMS will be to evaluate patients' treatments for the best outcome. I will determine if a Buprenorphine Long-Acting Injectable will provide an option for patients achieving their goals for lowering risks for relapse and improving their social and psychological.

In conclusion, I wholeheartedly endorse the grant application submitted by CMS for the "Montana Bup LAI Access & Recovery Initiative." Our unwavering commitment to excellence, compassion, and innovation makes CMS a vital program in the collective efforts to combat opioid addiction and support individuals on their path to recovery.

Thank you for considering this important proposal. I am confident that funding this project will yield significant positive outcomes for our community and contribute to the broader efforts to address the opioid epidemic.

Sincerely,

Ari Greenberg

Ari Greenberg, PAC
Community Medical Services



**BUILDING A
BETTER
COMMUNITY**

thehrdc.org



e: hello@

To: Montana Opioid Abatement Trust
From: Mark Woodard, CFO HRDC
Date: 11/18/24

Human Resource Development Council of District IX, Inc. is requesting to amend our grant application to include the MAT and BUP medication activities that we will subcontract to Community Medical Services. These subcontracts will be for \$71,280.00 and \$39,600.00 respectively. This provider and the measures and deliverables have already been vetted through their own grant application process also attached as supporting documentation to this request.

In addition, HRDC is requesting 10% of that funding to be added for overhead and administration solely to this portion of the grant award, in the amount of \$11,088.00

Thank you, and please reach out with any questions,

Mark Woodard,
CFO, HRDC

p: 406.587.4486

e: hello@thehrdc.org

a: 32 South Tracy
Bozeman, Montana 59715

HRDC
BUILDING A BETTER COMMUNITY