

Butte SPIRIT Homes: Capacity Expansion During Women's Home Startup

2023 Montana Opioid Abatement Trust Grants

Butte SPIRIT Homes

Demetrius Fassas (Silver Bow)
609 West Galena Street
Butte, MT 59701

director@buttespirit.org
O: 406-640-8069
M: 859-200-6861

Demetrius Fassas (Silver Bow)

521 N EXCELSIOR AVE
BUTTE, MT 59701

director@buttespirit.org
O: 859-200-6861
M: 859-200-6861

Application Form

Region Selection

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

Project Name*

Butte SPIRIT Homes: Capacity Expansion During Women's Home Startup

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

Silver Bow County

Application Overview

About the Organization/Program*

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

The Butte SPIRIT Homes (BSH) is a 501c3 non-profit organization, co-founded by Demetrius Fassas (Executive Director) and Sean Wisner (Board President) in early in 2019 as a service to the recovery community which helped them to better their lives in sobriety.

Our mission is to provide supportive housing and services to those recovering from substance abuse by creating accessible, drug and alcohol-free environments, supporting fellowship and building partnerships among the recovery community. We seek to build connections with those that are invested in their own inner transformation, and to help them transition into a healthy peer supported network.

BSH envisions a future in which all those recovering from substance use disorders have the opportunity to become self-sustaining and empowered to maintain their recovery journey, with both support and freedom.

BSH Board and Staff strive to provide a compassionate and supportive environment for Residents. We are committed to accepting and respecting all who come through our doors. Our staff model honesty, integrity and perseverance for the benefit of our Residents.

BSH operates 2 homes that are licensed and state approved by DPHHS at an ASAM 3.1 level of care, providing low intensity residential SUD treatment services. Serving up to eight men, the Butte SPIRIT Men's Home (BSMH) home was acquired without debt in June of 2020, with operations beginning in November 2020. Staff consists of a Residence/Care Manager, Peer Support Specialists, Rehabilitation Aides, Clinical Director (Licensed Addictions Counselor) and Executive Director.

BSH opened the Butte SPIRIT Women's Home (BSWH) in January 2024 with 8 licensed beds. BSH is fully staffed for the provision of services for up to 10 total men and women, providing in-house SUD services for residents in accordance with the 3.1 level of care, including Assessment, Targeted Case Management, Peer Support, Life Skills, SUD/MH Individual Counseling, and SUD Group Counseling.

What category does the program fit into*

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

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

Treatment

Recovery

How does the program meet the Opioid Remediation Guidelines*

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

Please be specific

BSH meets Core Strategies by:

Expanding warm hand-off services to transition to recovery services by conducting in-person and teleconference interviews with residents and either picking them up from treatment directly, or having a member of the referring facility provide a direct escort to our facility.

Providing in-house comprehensive wrap-around services to individuals in recovery with co-occurring diagnoses, including housing, life skills, transportation and job placement as well as access to community based training opportunities and childcare.

Additionally, granted funds will be used to hire an additional Licensed Addictions Counselor to support BSH's growing population.

Approximately 80% of BSH admissions are people who are transitioning out of the criminal justice system. BSH provides evidence-based treatment and recovery support to SUD diagnosed individuals and those with co-occurring SUD/MH diagnoses, including a partnership with the Reiter Foundation to administer MAT for persons with OUD.

There are numerous approved uses for Trust dollars which are provided by BSH. In addition to the services mentioned in the "core strategies" section above, BSH provides trauma-informed and evidence based transitional housing, which includes case management, transportation, peer support services, counseling, and job/housing placement to people recovering from SUD/MH challenges, including those with OUD who need access to MAT.

Numerous re-entry programs including the Butte Pre-Release Center, Connections Corrections Program, WATCH Program, and BSB Treatment Courts maintain a positive relationship with BSH, providing referrals when available.

BSH maintains connections and partnerships with community-based services including non-profits, faith-based communities, coalitions and other medical & behavioral health providers in BSB County. BSH Staff publicly speak about the stigma of addiction, OUD and MAT, while BSH and partners host events aimed at reducing stigma.

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*

\$100,000.00

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.

Proposed Budget - Opioid Abatement Trust - OAT Grant Year Apr24-Mar25.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.

Fees & Reimbursements

Residents pay \$550/mo in program fees

Residents will receive 5+ hours of billable services weekly (listed below) according to their individual treatment plan.

Assessment- Clinical Director

Care Management- Residence Manager

Peer Support & Life Skills- Assistant Residence Manager

SUD Individual Counseling- Clinical Director

SUD Group Counseling- Clinical Director

The current reimbursement rate from medicaid for each resident is \$143.49/day, 7 days/week, provided that the 5 hour/week minimum is met.

Grant Funding

Montana Healthcare Foundation- \$100,000 over two years earmarked to fund a portion of Executive Director and Clinical Director salaries

Montana Mental Health Trust- \$50,000 earmarked to fund a portion of our Women's Home Rehabilitation Aide salaries

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.

This project is focused on rehabilitation for both men and women that struggle with substance use disorders (SUD). In particular, BSH seeks to address the need for transitional living as part of the continuum of care for people recovering from SUD.

BSH is fully staffed and operational for the provision of services for up to 10 total men and women, providing in-house SUD services for residents in accordance with the 3.1 level of care. The facilities are licensed for a total of 16 beds. Currently, the only LAC employed by BSH is our Clinical Director. In addition to providing 6 hours of weekly group sessions and weekly one-on-one sessions with each resident, the Clinical Director supervises the Residence Managers and is responsible for the records of provision of all services as well as the billing of these services each week. With two operational homes serving a potential 16 residents at a time, a single Licensed Addictions Counselor is not capable of managing all of the aforementioned needs. When existing staff are strained by a resident census over 10, BSH relies on volunteer Behavioral Health Peer Support Specialists to facilitate groups within each home. This application seeks temporary revenue supplementation to offset our low census during this start up period. With funding through the MT Opioid Abatement Trust, BSH will hire an additional Licensed Addictions Counselor (LAC) at 20 hours per week to assist in provisioning clinical care once both mens' and womens' homes are close to full capacity. Funds will be used to pay the salary, fringe benefits, and overhead of the new LAC which will serve both homes. BSH believes that the addition of a second LAC working 40 hours per week will be sufficient to meet the needs of both homes once they are at 80-100% capacity. Once this need is met, funds may be used to support other staff positions at the BSWH in the event of funding shortfalls. The new LAC position is sustainable within the BSH Operations Budget as long as a total house census of 14 is maintained.

The new LAC position will have the following job duties:

- Participate in screening potential residents
- Work with the Clinical Director to maintain clinical programming
- Develop Individual Treatment Plans for residents within 7 days of program placement
- Complete clinical assessments for appropriate placement of residents
- Complete documentation of resident information, including activities performed or interventions provided as part of the service delivery process, to be documented and monitored in resident case files
- Establish and maintain a regular schedule of Chemical Dependency group therapy ensuring all residents have the opportunity to attend 4 hours/week
- Provide weekly one-on-one Chemical Dependency counseling for all residents
- Document and, if appropriate, approve Butte SPIRIT Continued Stay Reviews
- Provide crisis intervention and mediation as necessary
- Provide feedback to the Board of Directors on safety, programming, and progress

Program Reach

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

BSH places a preference on serving Silver Bow and the adjacent counties, but is open to the statewide population. Of the people we serve, approximately 90% are low income, 80% are justice involved, 75% are homeless, 60% have OUD and 15% are Native American. Our program serves an estimated 32 men & women annually (2x 8 bed facilities, 5-month average stay, 85% average occupancy).

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.

- 1- Hire additional Licensed Addictions Counselor to assist in provisioning clinical care once both men's and women's homes are close to full capacity (4/1/2024)
- 2- Generate revenues from billable services equal to 80% of the BSWH operating budget by providing in-house SUD services for residents in accordance with the 3.1 level of care at the Butte SPIRIT Homes with 16 beds that serve approximately 32 individuals dealing with substance use disorders (SUD) annually. (12/31/2024)
- 3- Maximize improvement in key client indicators including the Multidimensional Inventory of Recovery Capital (MIRC): improve score by 25% between intake and discharge, maintain discharge scores in followup assessments (4/15/2025)
- 4- Maximize improvement in key client indicators including the Quality of Life Index (QLI): improve score by 10% on the psychological, social, and environmental domains between intake and discharge, maintain discharge scores in followup assessments (4/15/2025)
- 5- Maximize improvement in key client indicators including the American Society of Addiction Medicine (ASAM) criteria: Document improvement in ASAM Criteria in at least 30% of admitted residents between intake and discharge, especially in Dimensions 4, 5 & 6 (4/15/2025)

Evaluation Method*

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

1. Hiring, training and subsequent performance evaluation of a new LAC after 6 month probationary period.
2. Donations and reimbursements are collected and logged in accounting software. Board Treasurer and CPA produce financial reports for the BSH and update budget with actuals, reporting monthly to the Board. Accurate financial reporting and bookkeeping will yield an annual budget to be approved at the June meeting demonstrating financial responsibility and ensuring that goals are met.
- 3-5. Policies regarding quality assurance and screening/assessment tools provide for consistent and reliable data collection on clients' progress in treatment and after discharge. BSH Quality Management Committee meets quarterly to revise and implement a continuous quality improvement plan. Admits are assessed for baseline using MIRC, WHOQOL-BREF and ASAM Criteria. Staff follow up with all three tools at discharge and with the MIRC and WHOQOL-BREF tools at 6, 12, and 18 months following graduation.

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.

Many of the BSH Staff are active in the community, including:

Executive Director, Demetrius Fassas (ED)

Clinical Director, Lisa Pesanti (CD)

Men's Residence Manager, Joe Acebedo (MRM)

Women's Residence Manager, Ashley Mclean (WRM)

Rehabilitation Aide, Bill Deavel (RA)

BSH Staff are actively participating in community coalitions including the 5 Peaks Coalition (CD, WRM), Continuum of Care Coalition (CD), Coordinated Entry (RA, MRM), Homeless Advisory Council (RA), BSB Behavioral Health Local Advisory Council (WRM, RA), and the Recovery Residence Alliance of Montana (ED)

BSH is in the middle of a campaign directed by the Strategic Plan set forth by our Board of Directors to obtain more quality referrals from providers around the state. This includes adding our organization to as many online listings as possible and sending a mass email about our program to all State Approved providers and other organizations including Public Defenders, DOC programs, and Hospitals/Clinics/FQHCs. When the correct contacts for referral providers are obtained, followup phone calls to build relationships are conducted by the MRM and WRM.

The ED produces a quarterly newsletter as well as an Annual Report that is sent to all referral providers, grantors, donors, and other supporters that have signed up for the mailing list.

Pamphlets regarding BSH have been developed and distributed to various providers and organizations around the state

Prior to opening the BSWH, staff held a neighborhood meeting to inform and address concerns, which was attended by 12 neighbors for the proposed facility.

These efforts will all be continued throughout the grant period, and the CD expects to become more involved in community coalition work after the second LAC is hired.

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

Butte SPIRIT Board List.pdf

Upload #2

Butte SPIRIT 2023 Annual Report 8-28-23.pdf

Upload #3

2024 Butte SPIRIT Strategic Plan.pdf

Additional Information

Butte SPIRIT Homes is a 501c3 Non-Profit Organization (FEIN: 83-3127164)

File Attachment Summary

Applicant File Uploads

- Proposed Budget - Opioid Abatement Trust - OAT Grant Year Apr24-Mar25.pdf
- Butte SPIRIT Board List.pdf
- Butte SPIRIT 2023 Annual Report 8-28-23.pdf
- 2024 Butte SPIRIT Strategic Plan.pdf

Proposed Organizational Budget - Opiod Abatement Trust														
OAT Grant Year Apr24-Mar25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total Grant Year	
Expenses Covered by Proposed Opiod Abatement Trust Grant Funds Are Highlighted in Orange background; Blue font; \$100K total														
Budget Proposal for Butte SPIRIT Center Board of Directors														
Revenue														
Program Fees (Rental Income)	\$ 4,400	\$ 4,400	\$ 4,950	\$ 4,950	\$ 5,500	\$ 5,500	\$ 6,050	\$ 6,050	\$ 6,600	\$ 7,150	\$ 7,700	\$ 8,250	\$	71,500
# Residents	8	8	9	9	10	10	11	11	12	13	14	15		
Medicaid Revenue	\$ 21,103	\$ 21,103	\$ 23,741	\$ 23,741	\$ 26,379	\$ 26,379	\$ 29,017	\$ 29,017	\$ 31,654	\$ 34,292	\$ 36,930	\$ 39,568	\$	342,923
3.1 Bundled Rate (5 hrs/wk)	\$ 20,876	\$ 20,876	\$ 23,486	\$ 23,486	\$ 26,095	\$ 26,095	\$ 28,705	\$ 28,705	\$ 31,314	\$ 33,924	\$ 36,533	\$ 39,143	\$	339,236
Individually Billed Services	\$ 227	\$ 227	\$ 255	\$ 255	\$ 284	\$ 284	\$ 312	\$ 312	\$ 340	\$ 369	\$ 397	\$ 425	\$	3,687
Unrestricted Grants/Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
Endowment Income	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	3,000
Montana Shares Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	3,000
Restricted Grant Revenue	\$ 37,500	\$ -	\$ -	\$ 37,500	\$ -	\$ 25,000	\$ 37,500	\$ -	\$ 25,000	\$ 25,000	\$ -	\$ -	\$	187,500
MMHT	\$ 12,500	\$ -	\$ -	\$ 12,500	\$ -	\$ -	\$ 12,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$	37,500
MHCF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,000	\$ -	\$ -	\$ 25,000	\$ -	\$ -	\$ -	\$	50,000
Opiod Abatement Trust	\$ 25,000	\$ -	\$ -	\$ 25,000	\$ -	\$ -	\$ 25,000	\$ -	\$ -	\$ 25,000	\$ -	\$ -	\$	100,000
Total Revenue	\$ 66,003	\$ 25,503	\$ 28,691	\$ 66,191	\$ 31,879	\$ 59,879	\$ 72,567	\$ 35,067	\$ 63,254	\$ 66,442	\$ 44,630	\$ 47,818	\$	607,923
Operating Costs														
Salaries	\$ 37,089	\$ 37,089	\$ 37,089	\$ 37,089	\$ 37,089	\$ 37,089	\$ 37,089	\$ 37,089	\$ 37,089	\$ 37,188	\$ 37,188	\$ 37,188	\$	445,361
1. Executive Director (Other Funding)	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$	13,998
1.a Executive Director (OAT Funds)	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$ 1,167	\$	13,998
2. Clinical Director (Other Funding)	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$ 3,484	\$	41,810
2a. Clinical Director (OAT Funds)	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$ 3,011	\$	36,130
3. Residence Manager (men)	\$ 3,312	\$ 3,312	\$ 3,312	\$ 3,312	\$ 3,312	\$ 3,312	\$ 3,312	\$ 3,312	\$ 3,312	\$ 3,412	\$ 3,412	\$ 3,412	\$	40,048
5. Rehab Aides (men)	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$	99,756
7. LAC (OAT Funds)	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$ 4,156	\$	49,872
8. Residence Manager (women)	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$ 4,166	\$	49,992
9. Rehab Aides (women)	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$ 8,313	\$	99,756
Employee Benefits (1 & 3 Only)	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$ 975	\$	11,700
Payroll Tax, Work Comp, UI (15%)	\$ 4,239	\$ 4,239	\$ 4,239	\$ 4,239	\$ 4,239	\$ 4,239	\$ 4,239	\$ 4,239	\$ 4,239	\$ 4,254	\$ 4,254	\$ 4,254	\$	50,914
Total Salaries Expense	\$ 42,303	\$ 42,303	\$ 42,303	\$ 42,303	\$ 42,303	\$ 42,303	\$ 42,303	\$ 42,303	\$ 42,303	\$ 42,417	\$ 42,417	\$ 42,417	\$	507,974
Other Operating Costs	\$ 7,370	\$ 7,370	\$ 7,568	\$ 7,568	\$ 7,766	\$ 7,766	\$ 7,964	\$ 7,964	\$ 8,162	\$ 8,359	\$ 8,557	\$ 8,755	\$	95,169
Medicaid Billing Cost (7.5%)	\$ 1,583	\$ 1,583	\$ 1,781	\$ 1,781	\$ 1,978	\$ 1,978	\$ 2,176	\$ 2,176	\$ 2,374	\$ 2,572	\$ 2,770	\$ 2,968	\$	25,719
Repairs & Maintenance	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$	6,000
Employee Education & Training	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$	6,000
Utilities	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$	5,400
Consulting Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
Legal & Professional Fees	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$	450
Software, Computer, Internet	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$	14,400
Supplies	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$	6,000
Dues, Subscriptions, License	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$	600
Insurance	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$	6,600
Travel, Meals, Conference	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$	6,000
Activities	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$	6,000
Other	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$	12,000
Total Operating Costs	\$ 49,673	\$ 49,673	\$ 49,871	\$ 49,871	\$ 50,069	\$ 50,069	\$ 50,266	\$ 50,266	\$ 50,464	\$ 50,776	\$ 50,974	\$ 51,172	\$	603,144
% of revenues	75%	195%	174%	75%	157%	84%	69%	143%	80%	76%	114%	107%		99%
Net Income	\$ 16,330	\$ (24,170)	\$ (21,180)	\$ 16,320	\$ (18,190)	\$ 9,810	\$ 22,300	\$ (15,200)	\$ 12,790	\$ 15,666	\$ (6,344)	\$ (3,354)	\$	4,779

Butte SPIRIT Board of Directors

Sean Wisner, CPA, President, member since February 2019, Chief Financial Officer - Jetco, Inc.

sean@buttespirit.org

1053 Point of Rocks Rd, Whitehall, MT 59759

Shaun Sitton, CBHPSS, Vice President, member since February 2019, Peer Support, CCCS Inc.

ssitton@outlook.com

88 Evergreen Way, Butte, MT, 59701

Thomas Joyce, Treasurer, member since June 2020, former Attorney, Joyce Law Firm

tjjjoyce69@yahoo.com

2100 Phillips Ave, Butte, MT, 59701

Jim Fay, Secretary, Board Member since May 2021, former Social Worker, MCDC

jamessfay@msn.com

1927 Monroe Ave, Butte, MT, 59701

Dave Curry, Board Member since August 2020, Master of Philanthropy and Development

dacurry07@gmail.com

1204 W Woolman St, Butte, MT, 59701

Eva Curry, Board Member since August 2020, former Nurse Practitioner

evacurry7@gmail.com

1204 W Woolman St, Butte, MT, 59701

Fran Doran, Board Member since April 2022, Butte Activist/Philanthropist

fdoran@bresnan.net

1 E Broadway St, Butte, MT 59701

Mandi Boston, LAC, Board Member since January 2023, Founder- White Buffalo Healing Lodge

mandi@wbhl.org

1722 Thornton Ave, Butte, MT, 59701

Demetrius Fassas, CBHPSS, Executive Director, Board Member since February 2019

director@buttespirit.org

521 North Excelsior Ave, Butte, MT 59701

BUTTE SPIRIT MEN'S HOME

ANNUAL REPORT

THE DATA PRESENTED IN THIS
REPORT WAS COLLECTED BETWEEN
JULY 1, 2022 - JUNE 30, 2023



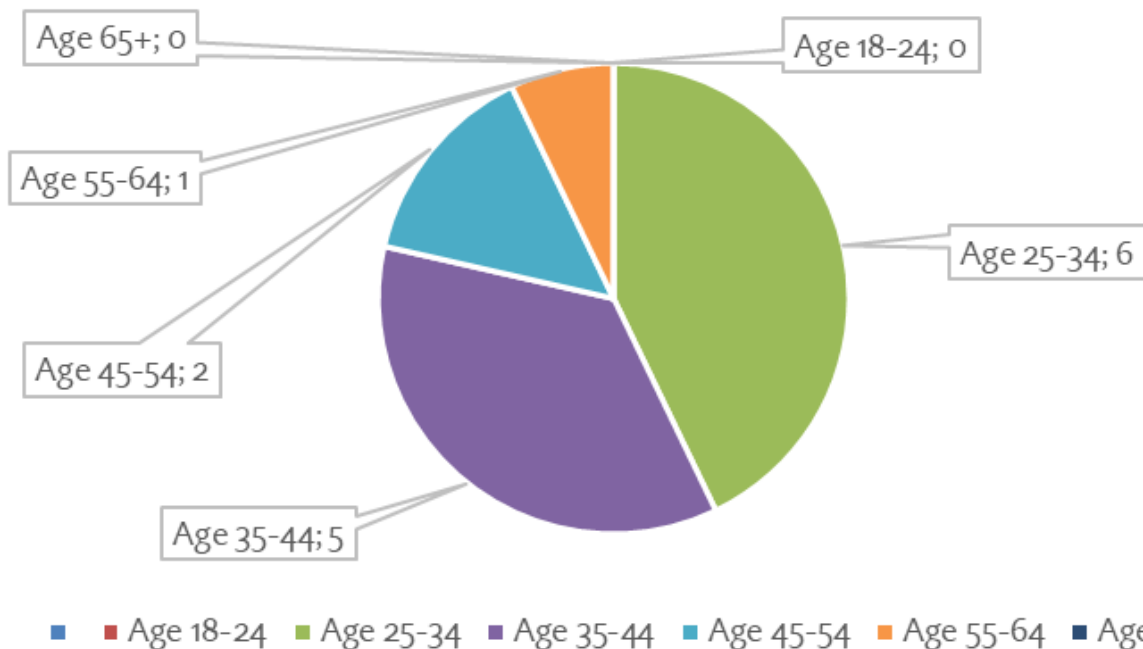
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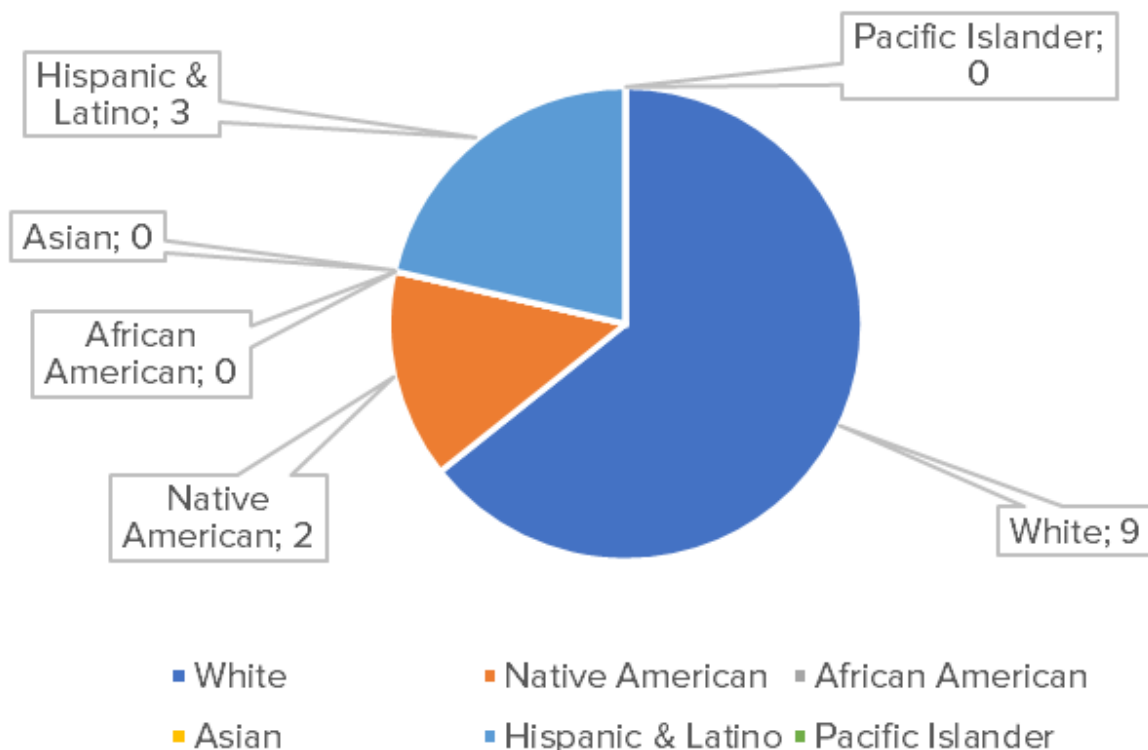
2023

Demographics

Ages Served



Ethnicity



Income Level

At intake 14 residents entered the Butte Spirit Home below the poverty line. Either at graduation or leaving the program early, 12 out of the 14 residents left our care above the poverty line.

Veteran Status

Out of 14 residents, only one was a veteran.

Perception of Care

Quarterly Resident Surveys

Every 3 months, all current Residents complete a 13 question survey regarding the care they receive. This section contains the results of 20 surveys completed by Residents over the past year, indicating a positive response to the following questions:

- I would recommend this facility to someone needing sober living
 - 18 Strongly Agree and 2 Agree
- The residence manager was responsive and addressed my needs
 - 16 Strongly Agree, 3 Agree with 1 Neutral
- My counselor(s) were available and addressed my needs
 - 13 Strongly Agree, 6 Agree with 1 Neutral
- Overall, I have been satisfied with my stay here
 - 15 Strongly Agree and 5 Agree
- I feel better now than when I was admitted
 - 14 Strongly Agree, 5 Agree with 1 Neutral
- I had input into my treatment/recovery goals
 - 13 Strongly Agree, 5 Agree with 2 Neutral
- I felt safe when I was here
 - 16 Strongly Agree and 4 Agree
- I was encouraged to help myself and help others helps me
 - 16 Strongly Agree and 4 Agree
- I was treated with dignity and respect
 - 14 Strongly Agree, 5 Agree with 1 Neutral
- The environment was clean and comfortable
 - 15 Strongly Agree, 4 Agree with 1 Neutral.
- I can manage my stress and take care of myself more independently than before
 - 15 Strongly Agree, 4 Agree with 1 Neutral
- Staff were sensitive to my language, cultural and spiritual needs
 - 15 Strongly Agree, 3 Agree with 2 Neutral.
- I understand the importance of following my discharge plan and relapse prevention strategies
 - 15 Strongly Agree and 5 Agree.

Perception of Care

Quarterly Resident Surveys

This section contains quotes taken from Resident surveys.

"I like the work assigned by [the counselor]. That combined with meetings and sponsorship, I feel my recovery is very strong and helpful to other people."

"Great staff are always attending to needs and respectful."

"Motivating me into job hunting and holding me accountable to get it done. Always staying in contact. Keeping me Positive. Not giving up."

"The things we hear here are things we can take with us when we leave. I appreciate it."

"When I need a ride to an appointment or whatever [the Residence Manager] was available and willing to do so and helped me to get what I needed."

"I believe everyone is very responsive of my needs and I always get a call or a text back [from Staff]"

"The SPIRIT Staff have helped guide me in every aspect of my life and helping me change my life drastically. Thanks!"

"To be honest, I don't have any area where the staff of the Butte SPIRIT Center can be better for me. Personally, what I see and feel is that the staff are very good at what they do and are doing everything well."

"What I recognize is that I'm a person that's very lucky to have known the Butte SPIRIT Center because I am learning how to be a good person who serves the community and knows how to love myself and love those around and learn how to be a happy person and not continue to hurt myself and others. For this I give thanks to the Butte SPIRIT Center, thank you to the staff for opening the door for me to your home and your heart. Thank you for helping me straighten my path."

Perception of Care

Annual Outside Agency Surveys

At the start of the calendar year, we survey all of the organizations and individuals that Butte SPIRIT maintains a professional relationship with. This section contains the survey results from 23 providers that are connected to Butte SPIRIT either through partnership or as a referral provider.

- I would recommend this facility to someone needing sober living or ASAM 3.1
 - 18 Strongly Agree and 5 Agree
- I recommend this facility to other agencies referring residents to ASAM 3.1
 - 12 Strongly Agree, 8 Agree, 1 Neutral and 2 Not Applicable
- Staff appear helpful and knowledgeable about the facility and services
 - 9 Strongly Agree, 9 Agree, 1 Neutral and 4 Not Applicable
- The facility seems to be responsive to clients' needs
 - 10 Strongly Agree, 9 Agree, 1 Neutral and 3 Not Applicable
- The facility collaborates well with other service providers/referring parties
 - 9 Strongly Agree, 8 Agree, 1 Neutral, 1 Disagree and 4 Not Applicable
- The admissions and referral process is clear, simple, and timely
 - 12 Strongly Agree, 8 Agree, 1 Disagree and 2 Not Applicable
- The facility and its staff work to prepare residents for independent living and relapse prevention upon discharge
 - 8 Strongly Agree, 9 Agree, 2 Neutral, 1 Disagree and 3 Not Applicable

This section contains quotes taken from the surveys of partner providers.

"The Peer Support Specialist is a principled strong leader that has the men's best interest in mind. I have regular interaction with the residents and over time I get to see a shift in attitude and decision making that is in line with being in recovery. Butte SPIRIT Center is becoming recognized across the state as a good option for men to continue their treatment and work on their recovery. I personally make sure that the peer support specialist that I interact with know about and recommend Butte SPIRIT Center to their peers that they serve."

"I have always had good communication from the staff at the Butte SPIRIT Center. Thank you."

Perception of Care

Annual Outside Agency Surveys

This section contains quotes taken from the surveys of partner providers.

"It has been great to have a connection for our homeless clients that are needing sober housing/stable housing and when able, having a staff member present during our coordinated entry system case conferencing. During this time 15 agencies coordinate supportive services for our clients on the waitlist while navigating housing."

"When the program first started, people from the home came to SMART for services regarding addiction. As time progressed, you hired an LAC onsite. The individuals we were working with were told to start meeting with this person and they did not require our services any longer. We have not had a referral since. I realize they attend community based AA/NA however; the group sessions offered at SMART can be very helpful as it gives individuals the opportunity to gain support from their peers."

"[Staff are] honest about a particular client's issues and his chances of success at Butte SPIRIT Center."

"Provide recovery for women. Women's services are severely overlooked throughout the community."

"[Butte SPIRIT needs] more internal collaboration and communication, more open minded on screening process, I know there are a lot of factors that go into the screening process, and some peers would create more work than others, keep in mind that recovery is possible for anyone. One more thought sometimes those that would create more work give each of use an opportunity to learn and grow our own skills and knowledge. All of you are doing really important work and the community needs and appreciate what you all do. "

"Prompt response time for any questions asked."

Admissions

Completion of Admissions Checklist

Staff completed the admissions checklist on all 14 residents during their intake. The checklist is a tool used by staff to ensure that all clients complete their orientation into the program.

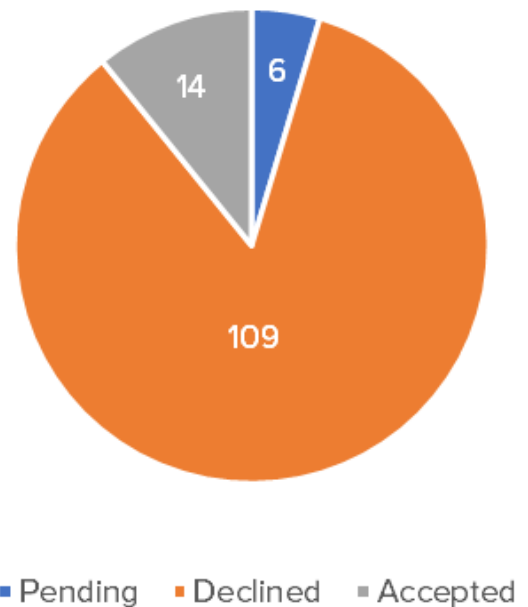
Involvement in the Justice System

Out of 14 admissions 7 clients had some type of DOC involvement. Upon leaving the program all 7 had job security and were in compliance with probation and parole.

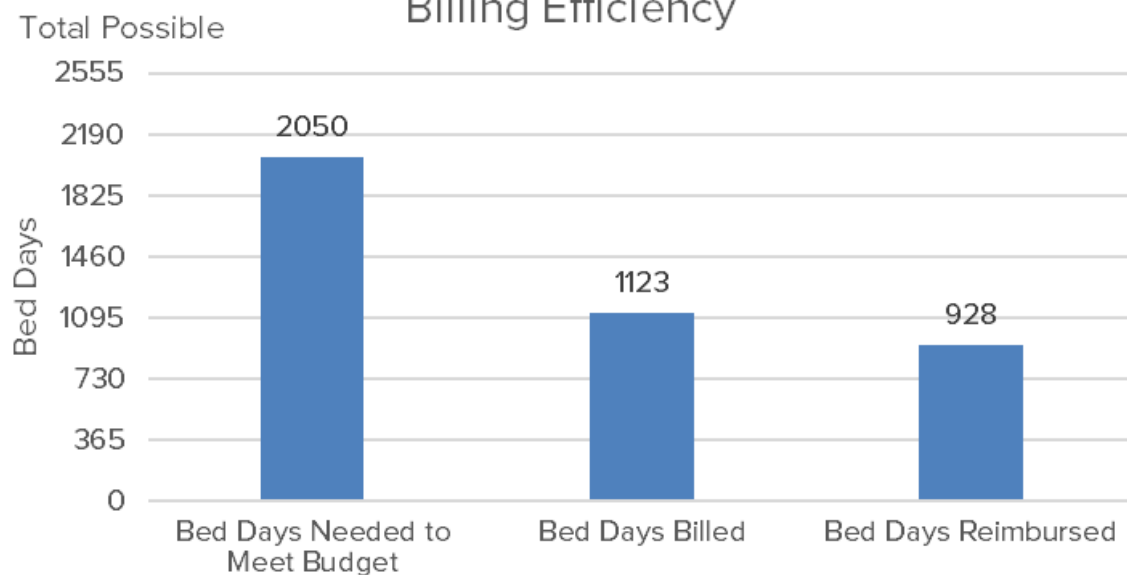
Individualized Treatment Planning

The Administrative Rules of Montana require the Butte SPIRIT Home to complete an individualized treatment plan for each new admit to the Home within 7 days of admission. From July 1, 2022 - June 30, 2023, all of our 14 admissions received an individualized treatment plan, with only 2 being completed late. Individualized treatment plans are completed with each resident and our interdisciplinary team of a Licensed Addictions Counselor/Licensed Clinical Professional Counselor, Care Manager, and Behavioral Health Peer Support Specialist.

Application Statistics



Billing Efficiency



Because of billing structure changes in the Administrative Rules of Montana, this metric is difficult to extrapolate. Gaps in funding represented above were completely filled by grant funds.

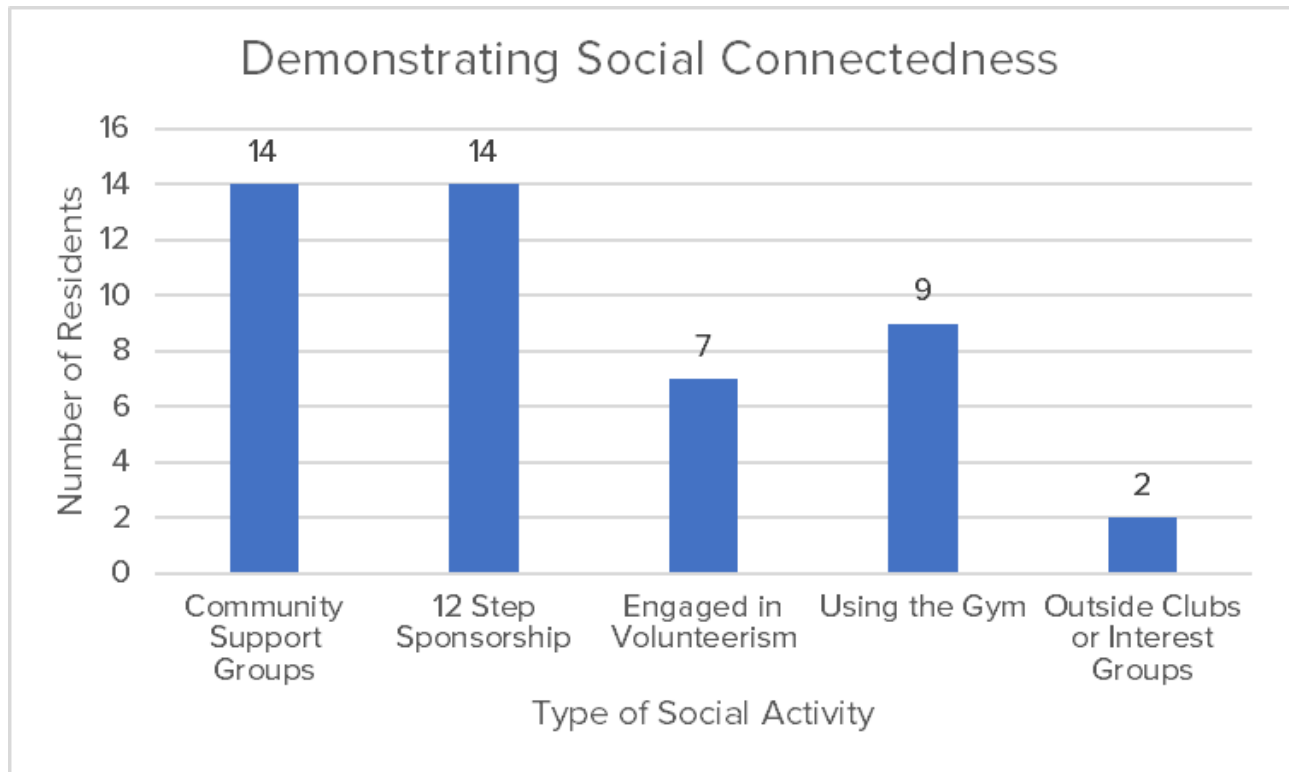
Treatment

Evidence Based Practices Used

Eye Movement Desensitization and
Reprocessing (EMDR)
Cognitive Behavior Therapy (CBT)
Motivational Interviewing
SMART Recovery

Trainings and Schooling Initiated by Residents

HiSet (GED)
Parenting Class
Boiler Certification
Vocational Rehabilitation



Discharge

Out of 31 total admissions to the Butte SPIRIT Home since opening in January of 2021, 8 Residents have successfully complete and graduates from the 3 phase program.

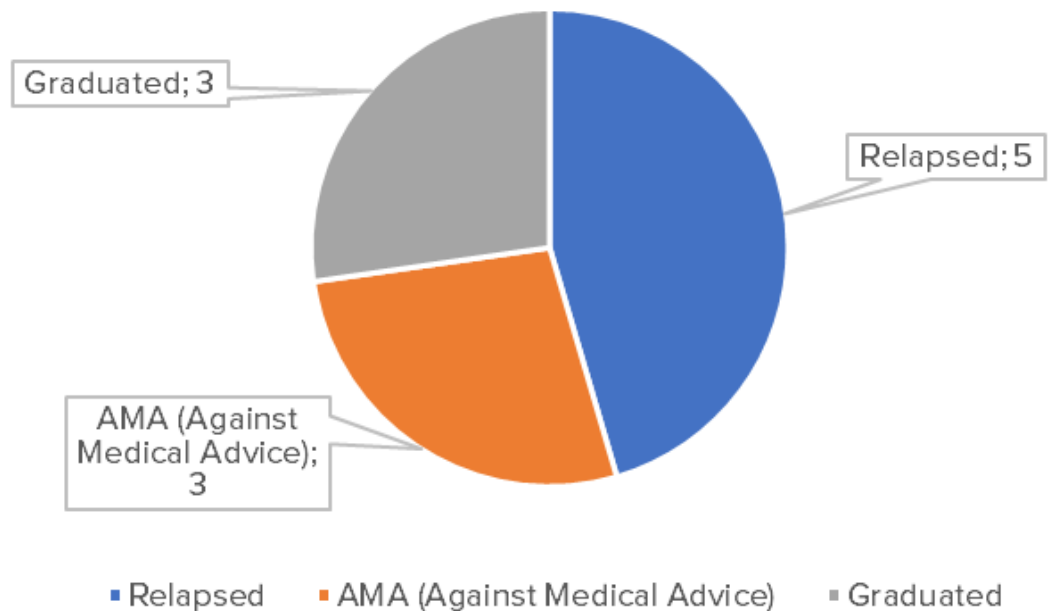
Treatment Outcomes

All successfully discharged Residents from the Butte SPIRIT Home leave our program with a recommendation for Level 2.1 Intensive Outpatient care.

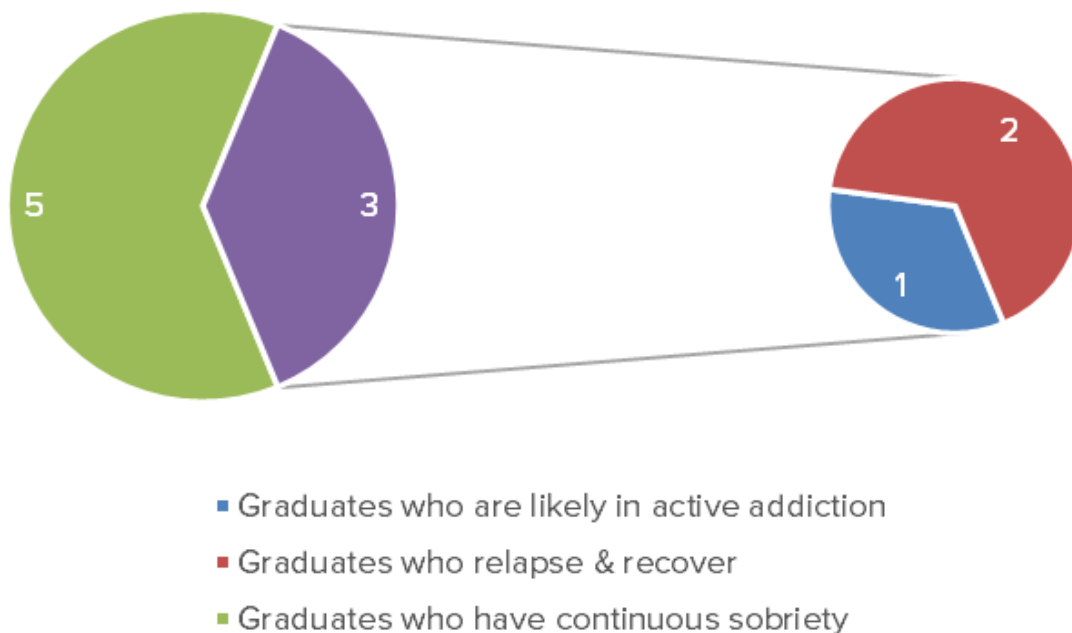
Housing Stability

Out of 8 graduates 6 are in or have stable housing with 2 being unknown or in temporary housing.

Discharge Statistics



Abstinence Rate of Graduates





2024 Strategic Plan

Adopted January 2024 by
the Butte SPIRIT Homes Board of Directors

Mission Statement

The Mission of Butte SPIRIT Homes (BSH) is to provide supportive housing and services to those recovering from substance use disorders by creating an accessible, drug and alcohol-free environment, supporting fellowship and building partnerships among the recovery community.

Vision Statement

The Butte SPIRIT Center envisions a future in which all those recovering from substance use disorders have the opportunity to become self-sustaining and empowered to maintain their recovery journey, with both support and freedom.

Values: Acceptance, Respect, Commitment, Integrity, Perseverance, Honesty, Compassion, Support

Values Statement: Butte SPIRIT Homes Board and Staff strive to provide a compassionate and supportive environment for Residents. We are committed to accepting and respecting all who come through our doors. Our staff model honesty, integrity and perseverance for the benefit of our Residents.

SWOT Analysis of the Organization as a Whole

Strengths

Good reputation XXXXX
Admissions Process XXXX
Strong Leadership (Tenacious) XXXX
Fundraising XXXX
Passionate Employees/ Passionate and competent leadership XXX
Two excellent properties that are debt free XX
Good Employees X
Committed to Mission X
Endowment

Opportunities

Community Outreach: Hospital; Archives brown bag lunch; service clubs; library XXXXXXXXX
Bigger Population XXXX
Mentorship/Helping other programs XXX
Partnerships with other organizations XXX
Group Activities XX
Other community services for addicts XX
Collaboration with other homes/programs X
Rehabilitation X
Expansion/Growth/More Homes X
Expand Life Skills X
Better Pay
Expand billing opportunities

Weaknesses

Empty beds/Lack of clients XXXXXXXX
Choosing clients/Admission Criteria XX
Limited administrative staff XX
Guaranteed cashflow XX
Community buy-in X
Team building X
Limited billing sources X
Clients not complying X
Integrity X
Home maintenance

Threats

Finding clients/Lack of quality referrals XXXXXXXX
Neighbors: NIMBY XXXXXXXX
Lack of Medicaid reimbursements/Changes to and challenges w/ Medicaid XXXX
Licensing changes/Government Regulations/City Government X
Butte's Reputation X
Addiction Prejudice (Stigma around addiction) X
House maintenance
Competition/Outside homes stealing our clients
Apathy

Priorities Identified by Strategic Planning Committee

Population Served/Admissions: Admissions Process, Empty beds/Lack of clients, Bigger Population, Finding clients/Lack of quality referrals, Choosing clients/Admission Criteria

Community Outreach: Good reputation, Community buy-in, Neighbors: NIMBY, Outreach ideas: Hospital; Archives brown bag lunch; service clubs; library

Funding: Fundraising, Guaranteed cashflow, Lack of Medicaid reimbursements/Changes to and challenges w/ Medicaid, Expand billing opportunities, Limited billing sources

Staffing: Strong Leadership (Tenacious), Passionate Employees/ Passionate and competent leadership, Limited administrative staff, Better Pay/Staff Appreciation/Employee retention, Team Building

Partnerships: Mentorship/Helping other programs, Collaboration with other homes/programs, Partnerships with other organizations, Other community services for addicts, Group Activities

Goals

Obtaining Quality Referrals: Gathering contact information for discharge coordinators, case managers, etc.

- This will be the first goal that we will pursue. The process to be followed is to have the Rehab Aides (night shift) get the contact information for potential referral organizations/businesses. After these contacts are compiled, the Residence Managers will be responsible for contacting each. If we are already getting referrals, the main objective will be to encourage the continuation of their referrals and to build good relationships. Other organizations will be asked to consider using our program and one of our goals will be to establish a good rapport with them. No additional budgetary considerations are necessary to implement this. A starting list of potential referral organizations/businesses that we could consider for referrals (there are likely many more): Recovery Center of Missoula, CCCS, State DOJ, Recovery Centers of Montana, Public Defenders Offices, Hospitals, Probation and Parole.
- Action Plan:
 - Executive Director – by 2/2/24
 1. Locate a current list of MT SUD providers, preferably with email addresses.
 2. Generate a mail merge outreach with Residence Managers as the “reply-to” email address.
 - Rehab. Aides – Ongoing
 1. Provide basic information and marketing via email about making referrals to Butte SPIRIT Homes.
 - Residence Managers – 160 State Approved SUD providers by 2/29/24
 1. Overseeing completion of Rehab Aides’ work.

2. Respond to email outreach to referring organizations to obtain contact information for the individuals that will most likely be making referrals, make phone calls to follow up and build relationships.
3. Create a list of other non-licensed referral providers including Public Defenders Offices, State DOJ, Hospitals, Probation and Parole, Treatment Courts (Family Drug Court, Veterans Court & DUI Court), Prisons, Department of Family Services by 3/31/24
4. Create "Organizations" and "Contacts" in each organization within the Behave Health EHR.
5. Conduct outreach to contacts at licensed providers (discharge coordinators, case managers, etc.) to obtain more quality referrals by 2/29/24
6. Conduct outreach to non-licensed providers to obtain more quality referrals by 4/30/24

Fundraising: Start events to engage new donors or refocus on the Endowment campaign.

- It was recommended that we pursue a new annual fundraising event to attract new donors, to do some community outreach, and to raise funds. Because of the current workload, it was decided to pursue this event later in the year. September was recommended because it is national recovery month, which might garner us more interest and recognition. To ensure that the event is successful we will start organizing and defining it four month before the event.
- Action Plan
 - BSH Board of Directors- Establish sub-committee responsible for a September event by March BoD Meeting
 1. Do research on the best type of fundraising event (including a silent auction) for an organization of our size and type for presentation at April BoD Meeting.
 2. Discuss the fundraiser date and outcome expectations, taking into consideration associated costs to put on the event. Definition of event and date by May 31, 2024.
 3. Begin event media/promotion effort, taking into consideration costs and time frames by June 15, 2024

Staff Retention: Christmas Party, Staff acknowledgements/budget for staff appreciation,

- It is recommended that in addition to an annual Christmas Party, that another social event (possibly a barbeque) should be pursued. In addition continuing education is already a budget item and defined in our policies. A standard way of paying for staff education should be defined

to encourage uniformity in our encouragement of continuing education for employees. Regarding staff appreciation, there is a \$1200 budget item for a Christmas bonus, of which an estimated \$850 will be used. It was recommended that the additional amount left over be used for periodic small staff acknowledgements during the year and considerations for a higher amount be discussed during the budget process next year.

- Action Plan
 - Executive Director & BSH Board of Directors- Create and approve a budget by June 15, 2024 that includes at least \$2,400 annually for Staff Appreciation. Includes Christmas bonuses (\$1000 = \$250x2 + \$100x2 + \$50x6), Christmas Party (\$700), Summer Party + Other (\$700)
 - BSH Board Members (Shawn & Dave)- Plan and execute a summer event by August 15, 2024: Possible River Float & BBQ at Sean's house

Partnerships & Outreach: Workforce Development

- This one still needs to be defined as it was difficult to determine how best to get involved (or even if we should), in promoting career path opportunities for residents. Employer relations, resident interest, and trying to ensure effective participation in the career choices and employer needs all have to be weighed. It was decided that if this is pursued, it would be the responsibility of the Director and Clinical Director. Left to do:
 - Define the workforce development goal. Determine if it is feasible and if so, whether or not it is pursued in 2024.
 - Develop the action plan including specific Steps, Time Frames, and Responsibilities if this goal is pursued.
- Action Plan
 - Track progress on the previous three goals and action plans. The Partnership & Outreach goal is most likely to be pursued in 2025
 1. Executive Director & Clinical Director- Develop relationships with employers, training providers & educational opportunities.
 2. Residence Managers- Link Residents to the above employers, training providers & educational opportunities.