

Pathways to Care for Women and Families

*2025 Montana Opioid Abatement Trust
Grants*

Florence Crittenton Family Services

Carrie Krepps
3404 Cooney Dr
Helena, MT 59602

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

Savannah Cribbs

3404 Cooney Dr
Helena, MT 59602

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

Application Form

Region Selection

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

Project Name*

Pathways to Care for Women and Families

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

Select Multi County Abatement Region OR Metro Region*

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

Lewis & Clark County Metro Region

Application Overview

About the Organization/Program*

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

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

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

What category does the program fit into*

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

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

Prevention
Treatment
Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

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

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

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

How does the program meet the Opioid Remediation Guidelines*

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

Please be specific

Sch. A

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

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

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

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

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

Sch. B

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

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

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

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

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

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

New Program or Existing*

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

A proposed supplement or expansion to a program.

Fiscal Information

Requested Amount*

\$94,280.00

Program Budget*

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

MOAT Budget FC.pdf

Source of Funding*

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

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

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

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

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

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

Do you have a Fiscal Agent*

No

Program Abstract

Program Description*

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

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

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

Purpose:

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

Priorities:

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

Objectives:

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

Intended Results:

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

Specific Goals*

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

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

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

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

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

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

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

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

Evaluation Method*

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

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

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

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

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

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

-Funding stability: each year, FC will report on new or increased funding opportunities/increases in rates. This information will be produced annually as part of the upcoming fiscal year's budget process. All components listed in this section will become part of our Performance Quality Improvement program embedded within the organization. While some of these reports are currently part of the process, the ability to add tracking components and dedicated staff time to this project will significantly improve our data collection and analysis.

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

Data Source*

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

Data collected will include the following metrics:

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

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

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

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

Awareness*

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

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

A few examples of the engagement Florence Crittenton will participate in at the community level include the FUSE project, homeless case conferencing, attendance at the Behavioral Health Court advisory council, the

Child & Family Services State Advisory Council, Family Treatment Team meetings at CPS, the HRA monthly meetings, etc.

Additional Documents

Tax Exempt Organization*

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

Yes

Tax Exempt Determination Letter*

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

501 (c) (3).pdf

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

Upload #1

Upload #2

Upload #3

Additional Information

File Attachment Summary

Applicant File Uploads

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

Florence Crittenton MOAT Grant

YEAR 1

TECHNOLOGY

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

LABOR

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

YEAR 2

LABOR

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

Internal Revenue Service

Date: July 12, 2005

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

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

Person to Contact:

Kathy Masters ID# 31-04015
Customer Service Representative

Toll Free Telephone Number:

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

Fax Number:

513-263-3756

Federal Identification Number:

81-0231788

Dear Sir or Madam:

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

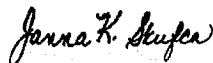
In May 1925 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

Sincerely,



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