

From EMT to Paramedic - building capacity for the crisis

2025 Montana Opioid Abatement Trust Grants

Bitterroot Health Daly Hospital

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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*

From EMT to Paramedic - building capacity for the crisis

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.

Ravalli 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.

We are a hospital based ambulance service providing 911 response to the vast majority area of Ravalli county. With increasing housing costs we are struggling with recruitment of Paramedics for our service. Many of our staff are EMTs who have their roots in the community and who obtained their EMT licensure through local volunteer fire departments. Many of them would like to attend paramedic school but are unable to do so due to the cost at the nearest paramedic program in Missoula, which averages about \$15,000 per student. We would like to apply to the Abatement Trust to receive grant funding to provide tuition assistance to our EMTs wanting to attend paramedic school. The opioid crisis has affected our region just like many in Montana state, increasing our 911 response call volume to opioid related patient care issues. Paramedics are able to provide lifesaving interventions such as cardiac resuscitation and intubation, beyond the limited skills of our EMTs. By recruiting students from our own staff of EMTs we ensure that these staff members are committed to staying within the community and providing these life saving interventions for years to come to our community members affected by the opioid use epidemic.

What category does the program fit into*

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

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

Prevention

Treatment

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

C. CONNECTIONS TO CARE

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

I. FIRST RESPONDERS

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

Section A, item 1 - Educating EMTs to paramedics directly supports this strategy by providing funding for staff training to improve the capabilities of emergency responders to administer timely and effective care in opioid overdose situations

Section C, item 9- support eh work of EMS to connect individuals to treatment/services follow an opioid event - EMS is the first line of defense in this, we are often the only person to interact with someone after/during opioid use. As paramedic, our first responder will have the tools they need to resuscitate/stabilize/transport and care for these individuals in order to get them to further treatment centers.

Section H, line 3 - advancing our EMTs education to paramedic level would ensure that they have a strong skill set of training and education to care for and treat our population affected by opioid use

Section H, line 11 - every EMS unit can be considered a "mobile unit" and our staff are consistently providing resource referrals regarding treatment options for patients who have a history of opioid use but refuse care and transport to the ER. Advancing our EMTs to paramedics would allow for a greater knowledge base to encourage this additional care through referral.

Section I, items 1 - Education of our EMTs to paramedic level would provide a wealth of knowledge needed to keep themselves safe when entering homes and areas associated with opioid use.

Section J, line 3 - Advancing EMTs to paramedics contributes to a more coordinated and advanced emergency response system which is essential for effective opioid crisis intervention

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*

\$68,000.00

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.

budget summary.docx

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.

not applicable, we have no current funding to use for this program

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.

Purpose:

The purpose of this project is to expand and strengthen Montana's emergency medical services (EMS) workforce by providing financial support for current EMTs to advance their education and become licensed paramedics. This initiative directly enhances the state's capacity to respond to opioid-related emergencies with skilled, timely, and life-saving care.

Priorities:

Improve Opioid Overdose Response: Equip rural and underserved areas with more highly trained paramedics who can deliver advanced life support, administer naloxone, and manage opioid overdose complications.

Support Workforce Development: Address EMS staffing shortages by investing in the career progression of committed EMTs already working within their communities.

Advance Rural Health Equity: Ensure that Montana’s rural and frontier populations receive equitable access to high-quality emergency care in the face of the opioid crisis.

Enhance System Preparedness: Strengthen Montana’s emergency response infrastructure to be more resilient and capable in the face of rising opioid use and overdose rates.

Intended Results:

At least 4 EMTs will successfully enroll in and complete accredited paramedic training programs.

Participating EMS agencies will see improved ALS (Advanced Life Support) response coverage, especially in areas heavily affected by opioid misuse.

Communities served by these agencies will experience faster, more effective intervention in overdose cases, contributing to reduced morbidity and mortality from opioid use.

The state EMS system will benefit from greater provider retention, professional development, and enhanced capacity for integrated opioid crisis response.

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: Increase the number of licensed paramedics in rural and underserved areas of Montana.

Implementation: Provide full or partial tuition and support for current EMTs to complete accredited paramedic programs. Prioritize applicants from EMS agencies in high-need areas, particularly those affected by opioid-related calls.

Goal 2: Improve the quality and timeliness of care provided to opioid overdose patients.

Implementation: Equip EMTs with advanced clinical training to enable earlier intervention, improved airway management, and appropriate medication administration, including naloxone and other supportive care.

Goal 3: Strengthen EMS workforce retention and reduce burnout.

Implementation: Offer professional development opportunities and career advancement pathways, helping retain experienced providers in EMS roles, especially in rural communities.

Goal 4: Foster partnerships and knowledge-sharing across agencies and stakeholders.

Implementation: Facilitate communication between funded participants, local EMS medical directors, and public health entities to align training with community opioid response needs.

Evaluation Method*

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

The program will use a combination of quantitative and qualitative measures to evaluate progress and outcomes, focusing on educational completion, workforce deployment, and community health impact.

Evaluation Methods:

Tracking Participant Progress:

Number of EMTs enrolled in and graduated from paramedic programs.

Certification/licensure rates.

Retention rates within their agency post-licensure.

Operational Metrics:

Change in ALS coverage hours and response times in participating agencies.

Number and type of opioid-related calls handled by newly licensed paramedics.

Community Outcomes (as available):

Reduction in opioid overdose mortality or adverse event rates in areas served.

Naloxone administration frequency and effectiveness by newly trained paramedics.

Feedback Tools:

Surveys from program participants about training quality and impact.

Interviews with EMS leadership on staffing and clinical improvements.

Community satisfaction surveys (if feasible).

Data Source*

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

We can collect and report on:

Participant rosters and graduation documentation.

Licensure and hiring records.

Pre- and post-program data on opioid overdose response times and outcomes.

Narratives or testimonials from paramedics and patients.

Agency-level data showing expanded ALS service availability.

These elements will be compiled into mid-year and final reports to demonstrate measurable success and guide ongoing program improvement.

Awareness*

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

To build support, engagement, and transparency, we will:

Partner with local newspapers, radio, and EMS networks to share success stories.

Promote the initiative on social media and agency websites.

Provide presentations or updates at town halls, city councils, and healthcare coalition meetings.

Recognize EMT-to-paramedic graduates with community ceremonies or media features, highlighting their role in local opioid response.

Encourage peer-to-peer outreach among EMS personnel to promote future program cycles.

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.

BH W9.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

This program represents an investment not just in individual EMTs, but in the resilience and well-being of entire communities across Montana. By expanding the availability of highly trained paramedics, especially in rural and underserved areas, we are building a stronger, more capable emergency response system—one that is better prepared to confront the ongoing opioid crisis. With targeted funding, clear goals, and measurable outcomes, this initiative will have a lasting impact on public health, workforce sustainability, and the lives of those affected by substance use. We are grateful for the opportunity to advance this work and stand ready to make a meaningful difference.

File Attachment Summary

Applicant File Uploads

- budget summary.docx
- BH W9.pdf

Budget Summary: EMT-to-Paramedic Education Program

Number of Participants: 4 EMTs

Training Institution: Accredited Paramedic Education Programs (in-state and/or regional)

Tuition per Student: \$17,000

Total Tuition Costs: \$68,000

Detailed Budget Breakdown

Item	Cost per Person	Quantity	Total Cost
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Paramedic School Tuition	\$17,000	4	\$68,000
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Required Textbooks & Materials	\$1,200	4	\$4,800
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Uniforms, Equipment, and Supplies	\$500	4	\$2,000
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National Registry & Licensing Fees	\$400	4	\$1,600
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Clinical/Field Internship Travel Stipend	\$1,000	4	\$4,000
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Subtotal	\$80,400		
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Administrative/Program Oversight (5%)	\$4,020		
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Total Program Budget	\$84,420		
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Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

MARCUS DALY MEMORIAL HOSPITAL

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 1

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1200 WESTWOOD DRIVE

Requester's name and address (optional)

6 City, state, and ZIP code

HAMILTON, MT 59840

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

8 1 - 0 2 4 0 7 2 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ► 11-11-20

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.