

Medical Outreach to Reduce Opioid-Related Harms

*2025 Montana Opioid Abatement Trust
Grants*

Partnership Health Center

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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*

Medical Outreach to Reduce Opioid-Related Harms

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.

Missoula 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.

Partnership Health Center (PHC) has been a trusted healthcare provider for underserved populations for 35 years. Guided by our mission—to promote optimal health and well-being for all through comprehensive, patient-focused, accessible, and equitable care—PHC delivered more than 76,000 encounters to 18,227 patients across 13 sites in 2024.

PHC offers fully integrated medical, dental, behavioral health, pharmacy, and enabling services to ensure coordinated, patient-centered care. We are committed to meeting people where they are, particularly individuals experiencing houselessness and substance use challenges. One of the primary ways we engage with these vulnerable populations is through our mobile Community Care Team (CCT), which delivers services at the Poverello Center and Watershed Clinics and provides critically-needed street medicine across Missoula.

In 2024, PHC served 480 patients with opioid use disorder (OUD), 141 of whom reported experiencing houselessness in the past year. Of all patients with an OUD diagnosis, 372 (78%) received FDA-approved medication for opioid use disorder (MOUD). Among unhoused patients with OUD, 106 (75%) received MOUD. This demonstrates PHC's success in delivering evidence-based treatment in low-barrier settings and the continued need for care.

PHC is requesting funds to support our CCT—comprised of an Advanced Practice Provider, a Nurse Care Manager, and a Medical Assistant. During year 1 they will provide 650 medical encounters to 216 patients living on the streets, in shelters, and in encampments. They will also connect these patients to needed social

services. This proposal aligns with the houselessness strategy On Our Way Home, which identifies mental health and substance use services for people experiencing or at risk of houselessness as a top need. Funding these activities align with Strategy B: securing funding for high-priority activities— including offering low-barrier access to essential services.

What category does the program fit into*

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

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

Treatment

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

- A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
- B. "MAT" DISTRIBUTION & OTHER OPIOID-RELATED TREATMENT
- E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- A. TREAT OPIOID USE DISORDER "OUD"
- C. CONNECTIONS TO CARE
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)

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

PHC's Community Care Team is the first program of its kind in Montana, delivering accessible, evidence-based care to individuals affected by houselessness, many of whom experience OUD and other substance use challenges. The program aligns with the Opioid Remediation Guidelines through its focus on harm reduction, treatment access, and care coordination in the Missoula County Metro Region.

The Community Care Team provides low-barrier access to MOUD for individuals who face significant obstacles to traditional care. Overdose mortality is more than ten times higher among people experiencing houselessness, and MOUD significantly reduces those risks. Since July 2024, more than one in ten patients seen by the Community Care Team provider had an active OUD diagnosis, and we know that many more of these patients at risk of OUD or another substance use disorder. The Community Care Team also distributes naloxone; provides overdose prevention education; and offers wound care, infectious disease screening, and other essential services to prevent opioid-related harms.

This program also integrates clinical care with housing and social support. The Nurse Care Manager and Medical Assistant work closely with patients to access PHC's broader care network, including behavioral health, dental, pharmacy, and specialty services. The team also coordinates with external partners such as substance use treatment providers to support continuity of care.

By combining healthcare delivery with outreach, the Community Care Team addresses the conditions that contribute to opioid-related harm and helps people connect to ongoing care. With support from opioid abatement funds, PHC will be able to sustain these services full-time, strengthen care coordination, and reach more individuals in our target population at a time when unsheltered homelessness is on the rise.

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*

\$302,504.00

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 - Opioid Abatement Trust.pdf

Source of Funding*

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

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

The Community Care Team at PHC has received support from Missoula County ARPA funds (\$227,976) and the Missoula County Assistance Fund (\$34,320) that helped launch and support a part-time, nurse-led model. In this first phase of the program, the nurse focused on outreach and connections to PHC's main clinic, but she was not able to diagnose or treat conditions due to scope-of-practice limitations.

This funding application seeks to formalize the work of the CCT by supporting a transition to a provider-led model and building out a robust, full-time team. In addition to a nurse and medical provider, this model includes a dedicated Medical Assistant to assist with scheduling, patient engagement, and coordination of referrals—key functions for bridging individuals into PHC's broader system of care.

This is not a replacement of existing funding but an enhancement of scope and structure to engage unsheltered Missoulians who comprise 25% of Missoula’s houseless population. This percentage is expected to increase with the closure of the Johnson Street shelter. The proposed provider-led CCT model, which PHC began piloting part-time in summer 2024, will be formalized to include the development of principles of practice, standards of care, and a procedure for annual review to ensure quality. The overarching goal is to connect more patients to PHC’s main clinical sites—where a fuller continuum of services can be accessed—while maintaining a strong outreach presence through street medicine services that continue to meet unsheltered people where they are.

During the project period, we will also explore strategic partnerships to further extend the reach of OUD care beyond traditional clinic walls. For example, PHC has been invited into conversations about the possibility of providing services within the new treatment center at Mountain Home Montana, an organization serving young families and pregnant people. This could be a great opportunity to integrate low-barrier healthcare into a supportive housing and recovery-focused setting. We will also continue to cultivate existing partnerships with Open Aid Alliance, Missoula Public Health, and other experts in prevention and harm reduction, to complement our health care services.

Do you have a Fiscal Agent*

No

Program Abstract

Program Description*

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

PHC’s Community Care Team first operated as a pilot, part-time initiative to deliver comprehensive, evidence-based healthcare to Missoula’s houseless and housing-insecure population. In July 2024, PHC took a major step forward by hiring and integrating a medical provider into the program. This milestone marked the beginning of a transition from a nurse-led model to a provider-led, team-based model of care. With a strong emphasis on care for individuals with or at risk of OUD, the Community Care Team will reduce opioid-related morbidity and mortality through increased access to MOUD, high-quality holistic healthcare, and connections housing supports.

The team includes an Advanced Practice Provider, a Nurse Care Manager, and a Medical Assistant, working in close coordination with PHC’s Tenancy Support Specialists. They conduct regular outreach to encampments, shelters, and other locations where people experiencing houselessness live. This trust-based, low-barrier approach helps overcome obstacles such as stigma, transportation, financial insecurity, and difficulty navigating the healthcare system.

The CCT prioritizes integrated, patient-centered care by offering MOUD, naloxone distribution, wound care, infectious disease screening, and referrals to social services. When appropriate, patients are connected to PHC’s main clinic, where they can access comprehensive services including behavioral health, dental, pharmacy, social work, and other support. By addressing key social determinants of health—such as housing instability, food insecurity, and unmet mental health needs—the Community Care Team improves both access to care and health outcomes.

Supporting the CCT is especially critical as Missoula's houselessness strategy evolves. The planned closure of the Johnson Street shelter in August 2025 will displace many unsheltered individuals, pushing them into hard-to-find areas and potentially outside city limits. The CCT will need to adapt its outreach strategy to remain responsive and flexible, to meet people where they are and provide essential services.

With opioid abatement funds, PHC will sustain the CCT in its full-time operations. While PHC has started billing insurance for some covered services, opioid abatement funding will support critical infrastructure development, allowing time to build workflows, optimize reimbursement, and pursue additional grants. Because of the complexity of the population served, and the inefficiencies of operating outside of the clinic walls this program will likely always operate at a financial loss and require ongoing public or philanthropic investment. However, its community benefit is clear: expanding access to evidence-based OUD treatment, reducing emergency service utilization, and connecting people to long-term care.

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: Enhance Community Care Team services through defined standards of care and principles of practice. Stabilize and sustain the Community Care Team as it transitions from a nurse-led pilot program to a core PHC service. This is a critical time, as the closure of the Johnson Street shelter and changes to camping regulations will push more people into outlying areas. PHC seeks support to build internal capacity for billing and reimbursement, strengthen workflows, and pursue supplemental grant funding to sustain the program long term. Funding will also support the development of guiding principles, procedures, and standards of care for ongoing quality review.

Goal 2: Expand access to MOUD through increased outreach and clinical touchpoints. The provider will integrate MOUD prescribing into outreach activities, connecting individuals to ongoing care at PHC's main site when appropriate. PHC will also educate patients on the benefits of MOUD, support continued treatment through follow-up visits, and connect patients with transportation resources as needed. The program will help solidify a replicable model of low-barrier OUD care for a high-risk population.

Goal 3: Reduce opioid-related harms through MOUD access and harm reduction resources. The team will distribute naloxone and provide harm reduction education on safer use, overdose prevention, and infection control. PHC will continue to collaborate with community partners such as Open Aid Alliance to ensure individuals have access to comprehensive harm reduction supplies and services.

Goal 4: Improve continuity of care through warm handoffs and patient navigation. PHC staff will refer individuals to primary care, behavioral health, and specialty services within PHC and with community partners. The team will assist with appointment scheduling, transportation planning, and education on how to navigate healthcare resources—helping patients reduce reliance on emergency departments.

Goal 5: Address social determinants of health for people with or at risk of OUD. The team will connect patients with PHC's internal resources—such as Tenancy Support Specialists and Eligibility Specialists (for insurance)—and external partners for housing, food, employment, and financial assistance.

Goal 6: Strengthen program evaluation through improved data collection. PHC will track outreach encounters, MOUD uptake and adherence, and care outcomes using our electronic medical record to guide ongoing quality improvement.

Evaluation Method*

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

PHC will use a combination of quantitative and qualitative data sources to assess the program's impact and evaluate the transition from a pilot initiative to a sustainable model. Quantitative data will be collected through PHC's electronic medical record system, Epic, and will track:

- The total Community Care Team encounter numbers. The goal for year 1 (FY 2026) is 650 medical encounters. We will also track nurse and social services encounters.
- The number of unique patients engaged through street medicine outreach and at Watershed Clinic and Poverello Center Clinic sites. The goal for year 1 (FY 2026) is 216 unique medical patients.
- The number of unique patients diagnosed with OUD. We do not have a goal for new diagnoses, but we expect these to increase as compared to FY 2025 numbers.
- The number and percentage of individuals with an OUD diagnosis receiving MOUD. We do not have a goal for this, but we want this to increase as compared to FY 2025 numbers.
- The number and percentage of individuals receiving MOUD who are retained in treatment after 6 months.
- The number of PHC healthcare workers and patients receiving naloxone and opioid overdose prevention training.
- The number of successful referrals to continued care at PHC and to specialty care.
- The number of successful referrals to enabling services including to tenancy support services, eligibility (insurance enrollment) services, and social work services.

For qualitative data, PHC will conduct staff debriefs to assess barriers to care and refine outreach strategies. Feedback will be solicited through multiple channels, including informal surveys, direct conversations, and potentially a patient advisory group. The program's effectiveness will also be reviewed in collaboration with community partners and City and County leaders.

Data Source*

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

PHC will utilize the following data sources to demonstrate that the Community Care Team goals have been accomplished:

- Epic electronic medical records for patient encounters and treatment tracking.
- Prescription and PHC pharmacy data for MOUD and naloxone distribution.
- Missoula Coordinated Entry System data for referrals, service utilization, and housing placement tracking.
- Patient surveys to assess self-reported health outcomes and barriers to care.
- Pre- and post-interaction tracking of health needs, including medication adherence, appointment follow-ups, and referral completion.
- Analysis of system interactions within Epic electronic medical record system to track medical, dental, behavioral health, and enabling services encounters.

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.

PHC's Community Care Team will engage in targeted awareness efforts to ensure that individuals experiencing houselessness, community partners, and the broader public understand the services available. Awareness strategies will include:

- Coordinating with the two hospitals and with other healthcare providers about available services and outreach locations. Now that PHC and Providence St. Patrick Hospital both have Epic as our electronic medical

record system, we also expect improved communication and more closed-loop referrals for patients with or at risk of OUD who need of a higher levels of care.

- Coordinating with emergency departments, law enforcement, and the Mobile Support Team to increase referrals.
- Partnering with organizations such as Open Aid Alliance, the library, and the food bank to provide information and referrals on PHC services.
- Conducting community outreach at Resource Access Days (RADs), Project Community Connect, and other public events.
- Utilizing social media and PHC's website to share program updates and success stories for community partners and the general public.
- Engaging in ongoing education efforts with policymakers and funders to advocate for sustainable support of street medicine initiatives.

By leveraging these communication and collaboration strategies, PHC will maximize its reach and ensure that life-saving opioid treatment, harm reduction services, and integrated healthcare services are accessible to Missoulians who are most at-risk for experiencing opioid-related harms.

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.

Attachment - Tax Exempt Letter.pdf

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

Upload #1

City of Missoula - Letter of Support.pdf

Upload #2

Missoula County - Letter of Support.pdf

Upload #3

Additional Information

Addressing Missoula Metro Abatement Region NOFA requirements:

-Given that this is an existing program, we are including letters of support from City of Missoula and Missoula County staff members.

-This request aligns with the City's houselessness strategy, On Our Way Home, to meet houseless (particularly unsheltered) people where they are and provide essential health care and supportive services.

Thank you for considering PHC's request to support the Community Care Team in reducing opioid-related harms.

File Attachment Summary

Applicant File Uploads

- Budget - Opioid Abatement Trust.pdf
- Attachment - Tax Exempt Letter.pdf
- City of Missoula - Letter of Support.pdf
- Missoula County - Letter of Support.pdf

PARTNERSHIP HEALTH CENTER Project: Medical Outreach to Reduce Opioid-Related Harms Montana Opioid Abatement Trust Funding Request Missoula County Metro Region			
FUNDING REQUEST	FY 2026	FY 2027	FY 2028
Montana Opioid Abatement Trust Funding Request	\$ 302,504	\$ 308,513	\$ 314,641
EXPENSES	FY 2026	FY 2027	FY 2028
PERSONNEL			
Advanced Practice Provider to provide medical care at the Poverello Clinic, Watershed Clinic, and via street outreach. Prescribes medications including MOUD; provides on-site diagnosis and treatment for acute and chronic conditions; delivers harm reduction education; and leads clinical decision-making during outreach. - 1.0 FTE @ \$53.15/hr. in FY 2026, with 2% annual increases - <i>Lisa Hathaway, PA-C</i>	\$ 110,552	\$ 112,763	\$ 115,018
Nurse Care Manager to manage patient follow-up and care coordination; support medication management; provide wound care, screenings, and patient education; and connect patients to PHC's main site and community services.- 1.0 FTE @ \$34.21/hr. in FY 2026, with 2% annual increases - <i>Rachel Jaquith, RN</i>	\$ 71,157	\$ 72,580	\$ 74,032
Medical Assistant to schedule patients; support clinical workflows during outreach; prepare patients for evaluation; assist with documentation and data collection; manage supplies; and coordinate patient navigation and referrals to PHC's main site and community services. - 1.0 FTE @ \$20.42/hr. in FY 2026 with 2% annual increases - <i>Audrey Kotula</i>	\$ 42,474	\$ 43,323	\$ 44,190
Total Personnel	\$ 224,182	\$ 228,666	\$ 233,239
FRINGE BENEFITS			
Fringe Benefits Calculated at 34%	\$ 76,222	\$ 77,746	\$ 79,301
Total Fringe Benefits	\$ 76,222	\$ 77,746	\$ 79,301
TRAVEL			
Mileage for Community Outreach to encampments, shelters, and other locations where people experiencing houselessness live - @ 500 miles/year	\$ 350	\$ 350	\$ 350
Total Travel	\$ 350	\$ 350	\$ 350
SUPPLIES			
Harm Reduction Supplies , such as naloxone and drug testing strips, for distribution during medical appointments, patient education, and community outreach	\$1,000	\$1,000	\$1,000
Total Supplies	\$1,000	\$1,000	\$1,000
CONTRACTED SERVICES			
Medical Transportation Assistance through UberHealth to facilitate patients' connections to care at the PHC main clinic and connections to substance use treatment services - 50 patients/year @ \$15 per ride	\$ 750	\$ 750	\$ 750
Total Contracted Services	\$ 750	\$ 750	\$ 750
TOTAL	\$302,504	\$308,513	\$314,641



**Department of the Treasury
Internal Revenue Service
Ogden, UT 84201**

In reply refer to: 0458506498
Jun 05, 2019 LTR 147C
36-3843543

**PARTNERSHIP HEALTH CENTER INC
323 W ALDER ST
MISSOULA MT 59802-4123 231**

Taxpayer Identification Number: 36-3843543

Form(s): 990

Dear Taxpayer:

Thank you for your telephone inquiry of June 5th, 2019.

Your Employer Identification Number (EIN) is 36-3843543. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

D. Wilson
1003386649
Customer Service Representative

Internal Revenue Service

Department of the Treasury

District
Director

Person to Contact: EO:TPA

Partnership Health Center, Inc.
301 West Alder
Missoula, MT 59802-4123

Telephone Number: 1-800-829-1040
312-435-1040

Refer Reply to: 93-2782

Date: October 18, 1993

RECEIVED
OCT 25 1993
1-11-93

RE: EXEMPT STATUS
EIN: 36-3643543

This is in response to the letter, dated September 13, 1993, regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in November, 1991, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in Section 509(a)(1) & 170(b)(1)(A)(iiz) of the Internal Revenue Code.

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in section 170 of the Internal Revenue Code.

If your gross receipts each year are normally \$25,000 or more, you are required to file Form 990, Return of Organizations Exempt from Income tax, by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on T-990-T.

If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours,

Marilyn W. Day

Marilyn W. Day
District Director



COMMUNITY PLANNING, DEVELOPMENT & INNOVATION

435 RYMAN | MISSOULA, MT 59802-4297 | 406.552.6630 | FAX 406.552.6053

April 25, 2025

Montana Opioid Abatement Trust
Missoula Metro Region
Chris Lounsbury, Chairman

Dear Mr. Lounsbury and Review Committee,

I am writing to express my support for Partnership Health Center's Community Care Team application for funding through the Montana Opioid Abatement titled *Medical Outreach to Reduce Opioid-Related Harms*. PHC is a trusted healthcare provider in Missoula County, known for its thoughtful and collaborative approach to addressing complex public health needs. Their partnership in improving access to care for underserved populations— including people experiencing houselessness and substance use challenges – continues to be an important asset to our community.

The Community Care Team is a valuable addition to Missoula's health and social services landscape. By offering low-barrier, mobile care, including MOUD, harm reduction services, and care coordination, the program supports individuals who often face significant challenges accessing traditional healthcare. This work fills a critical need and aligns closely with our community's goals to reduce opioid-related harms and improve care for people experiencing houselessness.

Sincerely,

Montana James

Montana James
Deputy Director, Community Development
Community Planning, Development & Innovation
City of Missoula

COMMUNITY JUSTICE DEPARTMENT

Mailing Address: 200 West Broadway
Physical Address: 317 Woody St. | Missoula, MT 59802-4292

P: 406.258.3830 TF: 866.921.6995 | F: 406.258.3295 | www.missoulacounty.us/CJD



Montana Opioid Abatement Trust
Missoula Metro Region
Chris Lounsbury, Chairman

April 28, 2025

Dear Mr. Lounsbury and Review Committee,

On behalf of the Missoula County Community Justice Department, I am writing to express our support for Partnership Health Center's Community Care Team and their application for funding through the Montana Opioid Abatement titled *Medical Outreach to Reduce Opioid-Related Harms*. PHC is a trusted healthcare provider in Missoula County, known for its thoughtful and collaborative approach to addressing complex public health needs. Their leadership in improving access to care for underserved populations— including people experiencing houselessness and substance use challenges – continues to be an important asset to our community.

The Community Justice Department strengthens community safety, a complementary strategy to traditional public safety, by enhancing outcomes for all people impacted by the justice system through compassionate services, collaborative problem-solving, and evidence-based practices. Together with our partners, we foster safety and well-being by addressing root causes, building resilience, and promoting lasting security for individuals, families, and future generations. Our work includes supporting crime victims, coordinating jail diversion programs, and facilitating collaborative problem-solving across our systems of care.

The Community Care Team is a valuable addition to Missoula's health and social services landscape. By offering low-barrier, mobile care—including MOUD, harm reduction services, and care coordination—the program supports individuals who often face significant challenges accessing traditional healthcare. This work fills a critical need and aligns closely with our community's goals to reduce opioid-related harms and improve care for people experiencing houselessness.

Sincerely,

Shantelle Gaynor
Director
Missoula County Community Justice Department
(406) 370-7123 | sgaynor@missoulacounty.us