

Missoula Foster Child Health Program

2025 Montana Opioid Abatement Trust Grants

Missoula Public Health

Jeanna Miller
301 West Alder
Missoula, MT 59802

tadams@missoulacounty.us
O: 406-258-4770

Tami Adams

301 West Alder
Missoula, MT 59802

tadams@missoulacounty.us
O: 406-240-5570
M: 406-240-5570

Application Form

Region Selection

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

Project Name*

Missoula Foster Child Health Program

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.

Missoula Public Health (MPH) a government agency that promotes and protects the health of the community through disease prevention, health education and access to health care services. MPH is accredited by Public Health Accreditation Board. This achievement signifies MPH's commitment to providing high quality public health services. MPH services are guided by our Vision Statement of "Health for All" and Mission of "Building conditions that support the health of people, environments, and communities".

The Missoula Foster Child Health Program (MFCHP) is an innovative collaboration of MPH, Child and Family Services Division (CFSD) and Partnership Health Center (PHC). This partnership shares the goal of positively impacting the safety, permanency and wellbeing of foster children who are referred by CFSD. Many foster children face significant health care barriers, disjointed treatment, and physical and behavioral conditions requiring specialized care this is often preceded by maltreatment due to parents' opioid/substance use. This program ensures that basic medical needs of foster children are met and their caregivers understand their needs.

Working directly with foster parents, the PHN provides home visits to deliver individual Health information and education regarding their foster child's needs. The effective health coordination between the PHN, CFSD caseworkers, foster parents and clinicians reduces foster children health disparities by providing specialized communication and case management, systematically overcoming barriers to necessary care. The PHN plays a vital role in supporting a safe environment for children affected by parental Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) by connecting foster parents to parenting programs that teach the effects of

Adverse Childhood Experiences (ACEs) so they are better prepared to create a safe, predictable environment where children can build trust with a consistent, caring adult.

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

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

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

Children removed from their homes due to parental OUD/SUD, often experience trauma-related Adverse Childhood Experiences (ACEs) that impact their health, development and emotional well-being. These children face heightened risks of mental illness, behavioral issues, poor academic performances and long-term instability. Parental OUD/SUD is associated with significant negative outcomes for children including health problems, mental health disorders, decreased emotional regulation, increased delinquency and low academic performance. A 2018 U.S. Department of Health and Human Services study reported about 40% of children entering foster care were removed due to neglect and parental OUD/SUD in FY17. MFCHP data reflects this trend; FY24, 43% of CFSD referrals were due to neglect and parental substance use. So far in FY25, 35% were referred accordingly.

MFCHP provides essential case management for children in foster care due to parental OUD/SUD by addressing their complex health and emotional needs. The PHN coordinates each child's medical care, development, and mental health support while acting as a consistent intermediary for foster families, healthcare providers and social services.

MFCHP supports foster parents by educating them on ACEs and trauma-informed care, fostering a stable environment where a child can feel safe and connected to a trusted supportive adult. ACEs related studies highlight the presence of at least one stable committed relationship with a supportive adult is a strong protective factor against long-term effects of ACEs. A protective relationship can lower the risk of mental

health issues, substance use later in life and chronic physical illnesses often linked to early toxic stress. The PHN ensures continuity of care important to stabilization and that vulnerable children receive consistent trauma-informed care while their parents access treatment and work towards reunification.

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*

\$124,311.20

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.

MPH_MFCHP_MOAT-Budget Sheet.xlsx

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.

Every year we apply for the Missoula County Community Assistance Fund grant (CAF) and are concerned that grant funds will not be available to support the MFCHP. MFCHP has seen an increase in referrals in the past 4 years despite declining CFSD's removal rates. In the same 4-year period our CAF grant has declined significantly. Fiscal Year 2025 CAF grant request of \$53,810 was approved for wages only, fringe excluded, total grant awarded was \$38,430 for a .5 FTE nursing position. For FY2025 Missoula City County approved an Enhancement Request to cover the fringe benefits of \$15,330.43 for a .5 FTE nursing position.

Current funding from the CAF grant continues to decline every year reducing total funding for a 32hr/week PHN. Ultimately, this creates a deficit, and an inability to effectively manage a program caseload. Other funding based on DPHHS fee for service only covers a 16hr/week and operating costs. Reliance upon DPHHS fee for service only would put the MFCHP in jeopardy, resulting in Missoula County foster children no longer having access to this critical support system. MPH is actively looking for ways to continue to fund the MFCHP.

By funding the MFCHP, you are investing in a proven community-rooted approach that supports not only children, but the full eco-system of care; foster families, biological parents and the health system necessary to create sustainable outcomes. Your support will ensure that vulnerable children receive critical care connections during their most formative years, while enabling their parents to engage in parent support programs as they work towards family reunification. Ultimately, this investment fosters stronger families, healthier futures and a more resilient community.

MFCHP is requesting funding for salary only as Fringe benefits are covered by the approved Enhancement funding and operational supplies are covered by DPHHS fee for service. MFCHP is requesting a total of \$124,311.20 for the three year grant cycle:

FY26-\$40,216.80

FY27 \$41,423.20

FY28 \$42,671.20.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Dave Adler

Fiscal Agent Email Address*

dadler@missoulacounty.us

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.

The MFCHP targets foster children 0-18. MFCHP is a multi-agency collaboration of MPH, CFSD, and PHC's Foster Care Clinic (FCC). CFSD refers Missoula County children who have been removed from their home due to abuse and neglect, to MFCHP for medical case management and home visiting support, and to FCC for medical evaluation.

PHN compiles the child's health history, reviews FCC's recommendations for ongoing physical and emotional needs, and conducts home visits with the child and foster family to develop a thorough care plan. The PHN works closely with FCC, CFSD caseworkers and health care providers.

Foster children face significant health care barriers such as lack of known medical and dental homes, incomplete or missing medical histories, and experience multiple health conditions requiring primary and specialized care. Foster parents struggle to manage the unfamiliar health needs of children in their care. They must seek multiple specialized services in an unfamiliar system, which can cause uncoordinated care and jeopardize children's wellbeing.

The PHN first gathers and reviews health history information, verifies medical and dental homes are established, and coordinates any specialty care. The PHN conducts home visits with the foster families.

focusing on developmental milestones, monitor health progress, provide specific health education and refers to community services. The PHN understands the child's traumatic disposition and provides trauma-informed care. The bio parent is informed of the child's medical status when reunification occurs. They are offered a comprehensive update on their child's medical history, health needs and developmental progress. The PHN can refer bio parents to resources to help meet their children's needs enabling a smoother transition back into a stable family unit.

The PHN coordinates case reviews with agency partners to ensure effective use of health resources. Any updates to the children's medical conditions, medications, and services is shared monthly with CFSD. This detailed effort supports the stabilization of foster placements bridging the gap between the foster parents, caseworker and health care providers to appropriately provide for the child's health needs while their parents are working towards reunification.

The collaboration-based program model guarantees the success of MFCHP. Partnering with FCC to verify all children referred and physical and mental health issues are addressed, the CFSD caseworkers gain increased knowledge of the health issues and follow up needed for foster children. Medical summaries assist CFSD in meeting state requirements for medical standards. Foster parents gain a better understanding of the child's medical needs, medications and developmental milestones as well as having the support of the PHN to help them confidently navigate the health needs of the child.

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: Track the number of referrals to MFCHP due to parental OUD/SUD.

Objective 1: Utilize data tracking system from CFSD referral.

Goal 2: Address the health disparities experienced by foster children in Missoula County.

Objective 1: PHN will assist foster parents in establishing a primary care provider.

Objective 2: PHN will assist foster parents in establishing a dental provider

Objective 3: PHN will assist foster parents in establishing a specialty care provider as needed (vision, cardiac, mental health, audiologist)

Goal 3: MFCHP will collect medical records to establish history and ongoing medical/mental health conditions on all enrolled children and ensure the medical record follows the child with placement changes and transitions to home, adoption or ageing out of care.

Objective 1: Coordinate with CFS Caseworkers and Foster Parents on enrolled child's medical history and health needs.

o PHN collects medical, dental, vision, behavioral health, and immunizations records from past providers.

o PHN develops medical summaries detailing foster child's medical conditions, medications, immunizations and medical needs and provide to the CFS Caseworker.

o PHN coordinate monthly meetings with CFS supervisory staff and Missoula Public Health Home Visiting Supervisor, to ensure shared information.

o PHN provides trauma informed health education to foster parents regarding their foster child's individual medical and social/emotional needs.

Objective 2: Provide Biological Parents medical summaries and referrals to parenting support programs when reunification takes place

Objective 3: Collaborate with Foster Care Clinic and/or primary care provider to coordinate foster child's medical needs.

o PHN will coordinate monthly case conference with Foster Care Clinic to address concerns, provide medical updates on foster children with unstable medical conditions and confer on care plan.

Evaluation Method*

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

The MFCHP plans to evaluate the progress in meeting our goals and objectives by ongoing quarterly evaluation of the data collected for each foster child enrolled in the program. The health information is entered into a secured electronic health record (EHR). This database tracks the number of foster children enrolled in the program, number of foster children entering care due to parental OUD/SUD, health status upon admission, and their progress accessing medical care throughout the duration of the program and at exit.

The MFCHP tracks the number of children who did or did not have a medical or dental provider upon admission, the date they established care with a medical and dental provider, the number of medical or behavioral health diagnoses collected for each child upon admission, and the status of medical, dental and mental health conditions (stable or unstable). The PHN uses assessments to determine the appropriate course of action to address and stabilize the child's individual needs. The medical summaries are provided to foster parents, biological parents, and CFSD caseworkers.

The MFCHP staff meets internally and with agency partners to assess and address ongoing programmatic processes of the program. The PHN attends monthly case conferences with CFSD and FCC staff to review the care needs of all referred clients and to ensure appropriate communication and referrals are completed between the three agencies. The MFCHP staff facilitate a tri-agency meeting with key stakeholders, including regional and state CFSD managers to ensure effective operating procedures and program goals are maintained.

Family resources and support is a key priority in the Missoula County 2025 Community Health Improvement Plan (CHIP). Stable and supportive family environments are essential for the healthy development of children. The MFCHP has been identified as a priority within the CHIP because it directly affects the health and development of children, foster parents and biological parents. The CHIP is a well established method of evaluation and has the full support of the Missoula Public Health Department and approved by the Missoula County Board of Health.

Data Source*

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

MFHCP will demonstrate the accomplishments of our goals by quarterly tabulating the following information:

Number of children entering MFCHP due to parental OUD/SUD.

Number of foster children at entry that have a primary care provider, dental provider and/or specialty care provider (vision, cardiac, mental health, audiologist). The data collected verifies every child exits MFCHP with an established care team/providers.

The number of telephone, telehealth and home visits the PHN provided to foster families. PHN visits will provide age-appropriate nursing assessment and trauma informed interventions for health, safety and development. PHN visits will include education to foster parent on their foster child's medical history, conditions and medications, thus ensuring the medical and developmental needs of the foster children are met. The Foster parents fully understand and can follow up on any necessary medical needs.

The number of case management activities that supports continuity of care through medical summaries.

Upon tabulation results MFCHP will make necessary adjustments if the results show any gaps in services.

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.

MFCHP is a well-established program with CFSD staff and PHCs FCC staff. Ongoing monthly meetings with CFSD supervisors and FCC staff to review and update status of children in care ensures awareness of MFCHP goals. MFCHP staff will present program annually to CFSD staff to ensure continuity of referrals and communication channels. Bi-annually MFCHP staff will facilitate a tri-agency meeting with regional and state CFSD managers to ensure effective operation procedures and program goals are maintained.

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.

MT DOR Tax Exempt Status.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

MPH Org Chart (PDF-FINAL)_2025.03.17.pdf

Upload #2

Board_Member_List_AllBoards_2025.03.25.pdf

Upload #3

[Unanswered]

Additional Information

MFCHP is a vital program that addresses one of the most complex public health issue facing our community: the far reaching impact of Adverse Childhood Experiences (ACEs) on children in foster care, particularly those whose entry into the system is tied to parental opioid and substance use.

It is not only the individuals with OUD/SUD who require support and advocacy. Their children, often the unseen victims of addiction, face significant risks to their safety, health and future well-being. MFCHP stands in the gap not only for these vulnerable children but also for the foster parents who step in to provide stability and care when parents are unable to do so. By strengthening the connection to care and ensuring continuity of services, MFCHP is changing trajectories for an entire generation.

Children in foster care represent a high-risk population. The trauma that brings them into care; abuse, neglect, and chronic instability, places them at increased risk for a range of short and long-term physical, mental, and developmental health issues. The effects of parental OUD/SUD are particularly severe, often resulting profound emotional distress, developmental delays, behavioral problems, and untreated chronic medical conditions. These children face elevated rates of anxiety, depression and other serious mental health disorders. Without early, targeted interventions these problems are likely to persist into adolescence and adulthood.

Montana is facing an especially urgent need. Our state has the second highest rate of children in foster care in the nation. Although the overall number of children in care has slightly declined since 2018, Montana continues to experience the fastest rate of growth in foster care entries in the country, 28% higher than the State of Georgia which has the next highest increase. According to the Annie E. Casey Foundation, Montana's child welfare referral and investigation rates are 10% and 35% above the national average respectively.

Programs like MFCHP are essential for addressing this crisis. By advocating not only for the children in care but also for the foster families who provide them with safe and stable environments. MFCHP plays a vital role in supporting early and ongoing connections to care. The program ensures that children receive timely medical, mental, and developmental health assessments, care coordination, and trauma-informed interventions, services proven to mitigate the long-term effects of ACEs.

Investing in MFCHP is an investment in prevention. By addressing trauma early and supporting healing and resilience, this program reduces the risk of lifelong health disparities and contributes to better outcomes across multiple domains, including education, and social emotional health. Without such support, these children are more likely to fall into cycles of chronic illness, incarceration, addiction, and poverty.

There is a clear and urgent need for targeted, trauma-informed services for Missoula's foster children, particularly those whose lives have been destabilized by parental addiction. MFCHP is uniquely positioned to meet this need and serve as a model of integrated, compassionate care that can disrupt generational trauma and improve life trajectories for Missoula's most vulnerable youth.

File Attachment Summary

Applicant File Uploads

- MPH_MFCHP_MOAT-Budget Sheet.xlsx
- MT DOR Tax Exempt Status.pdf
- MPH Org Chart (PDF-FINAL)_2025.03.17.pdf
- Board_Member_List_AllBoards_2025.03.25.pdf

Position Title	Year	FTE
Public Health Nurse	FY26	0.5
Public Health Nurse	FY27	0.5
Public Health Nurse	FY28	0.5
Total Salary		

****Fringe covered by Enhancement**

Public Health Nurse	FY26	0.5
Public Health Nurse	FY27	0.5
Public Health Nurse	FY28	0.5
Fringe Total		

Operational Expenses covered by DPHHS fee for service	Office, Copy, Print	\$250.00
	Travel,training	\$1,200.00
	Computer	\$1,690.00
	Phone	\$500.00
Expense total		\$3,640.00

Rate per

Hours

(FY25

**Total

wage)	Hours	Total Wage	fringe (.3984)	Total Salary
\$ 38.67	1040	\$ 40,216.80	\$ -	\$ 40,216.80
\$ 39.83	1040	\$ 41,423.20	\$ -	\$ 41,423.20
\$ 41.03	1040	\$ 42,671.20	\$ -	\$ 42,671.20
				\$ 124,311.20

\$16,022.37

\$16,503.00

\$17,000.00

\$49,525.37



Dan Bucks
Director

Montana Department of Revenue



Brian Schweitzer
Governor

TERRY RAUK
COUNTY OF MISSOULA
200 W BROADWAY ST
MISSOULA MT 59802-4216

June 11, 2010
Acct ID: 4006293-006-CLT
Letter ID: L1405742336

Subject: Tax: Corporate License Tax
FEIN: 81-6001397

RE: Non-Profit Tax-Exempt Status for COUNTY OF MISSOULA

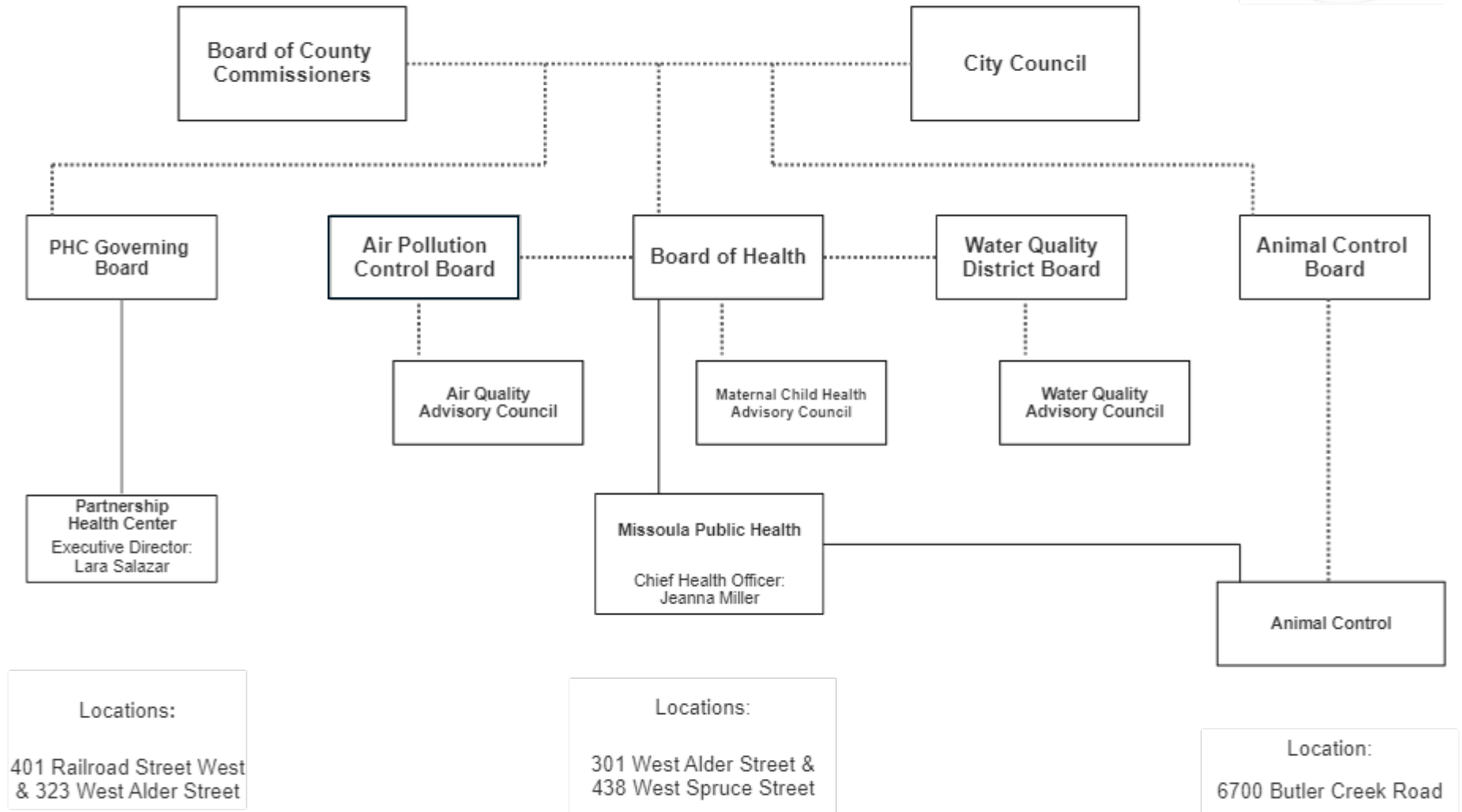
This letter acknowledges receipt of your request for non-profit tax-exempt status for your organization. Upon review of the information submitted by you, we have classified COUNTY OF MISSOULA as a non-profit tax-exempt entity under Montana Code Annotated, §15-31-102(1).

An organization classified as non-profit tax-exempt is only required to file a Montana Corporation License Tax Return when it has any unrelated business taxable income, as defined by section 512 of the Internal Revenue Code of 1954 (26 W.S.C. 512), as amended, resulting in a federal unrelated business income tax liability of more than \$100. In that case you would be required to file Form CLT-4, which is available online at www.mt.gov/revenue or by calling (406) 444-6900.

If you have any questions, please contact the person indicated below.

Theresa Olson

PO Box 5805, Helena, MT 59604-5805
Phone (406) 444-0535



Chief Health Officer

Jeanna Miller

Health Promotion Division

Director: Cindy Farr

Health Services Division

Director: Sara Heineman

**Health Administration
Division**

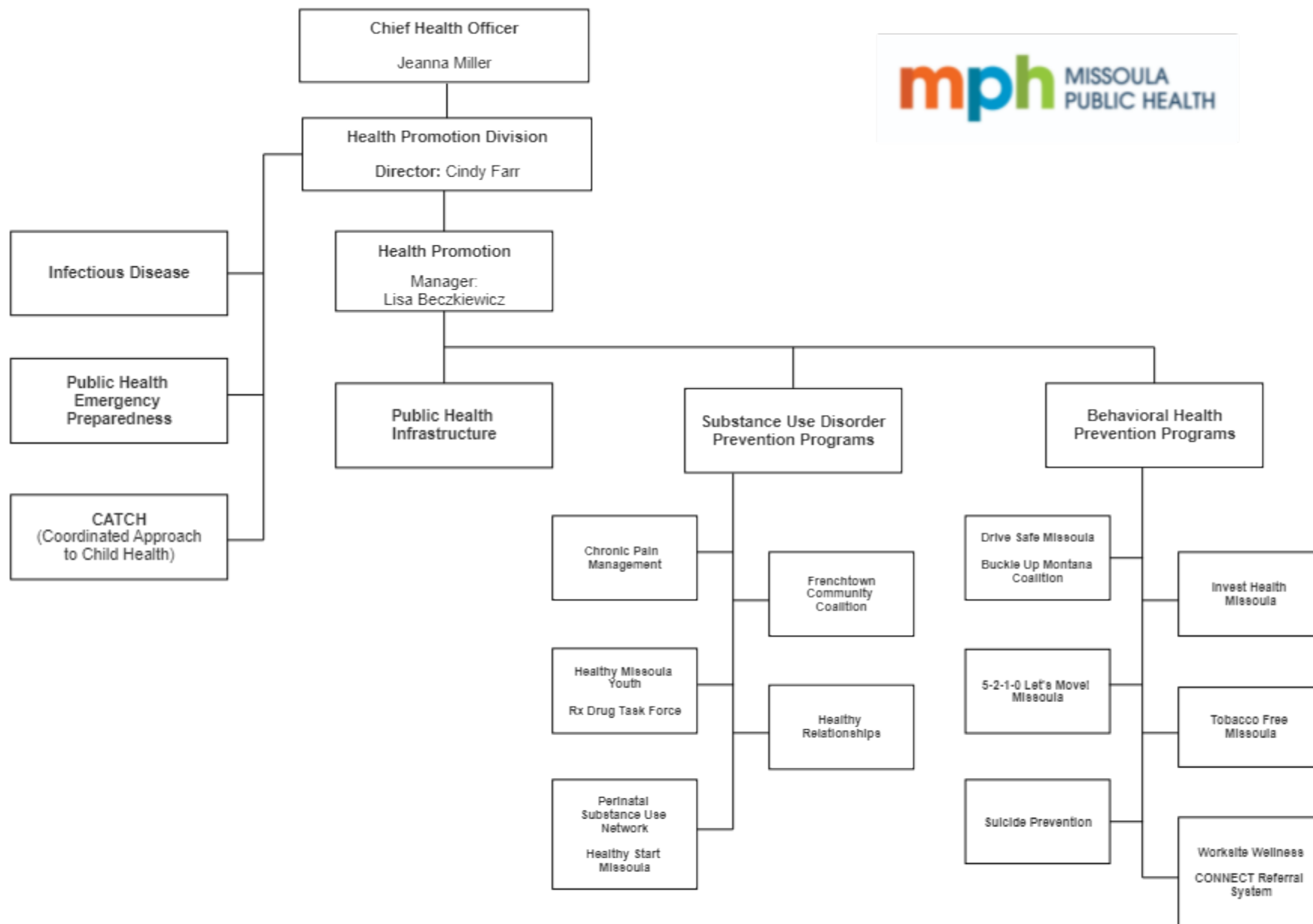
Director: Vacant

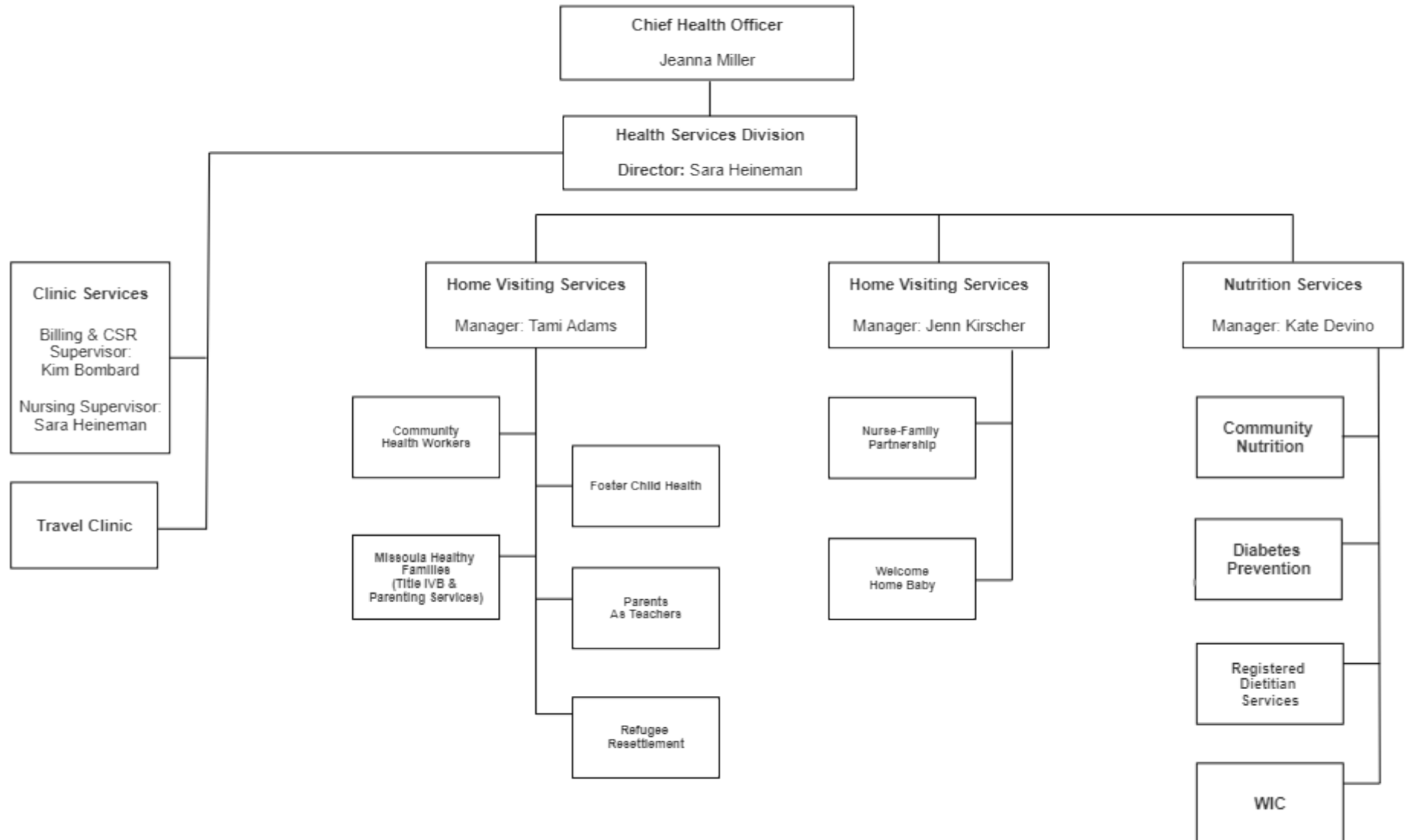
**Environmental Health
Division**

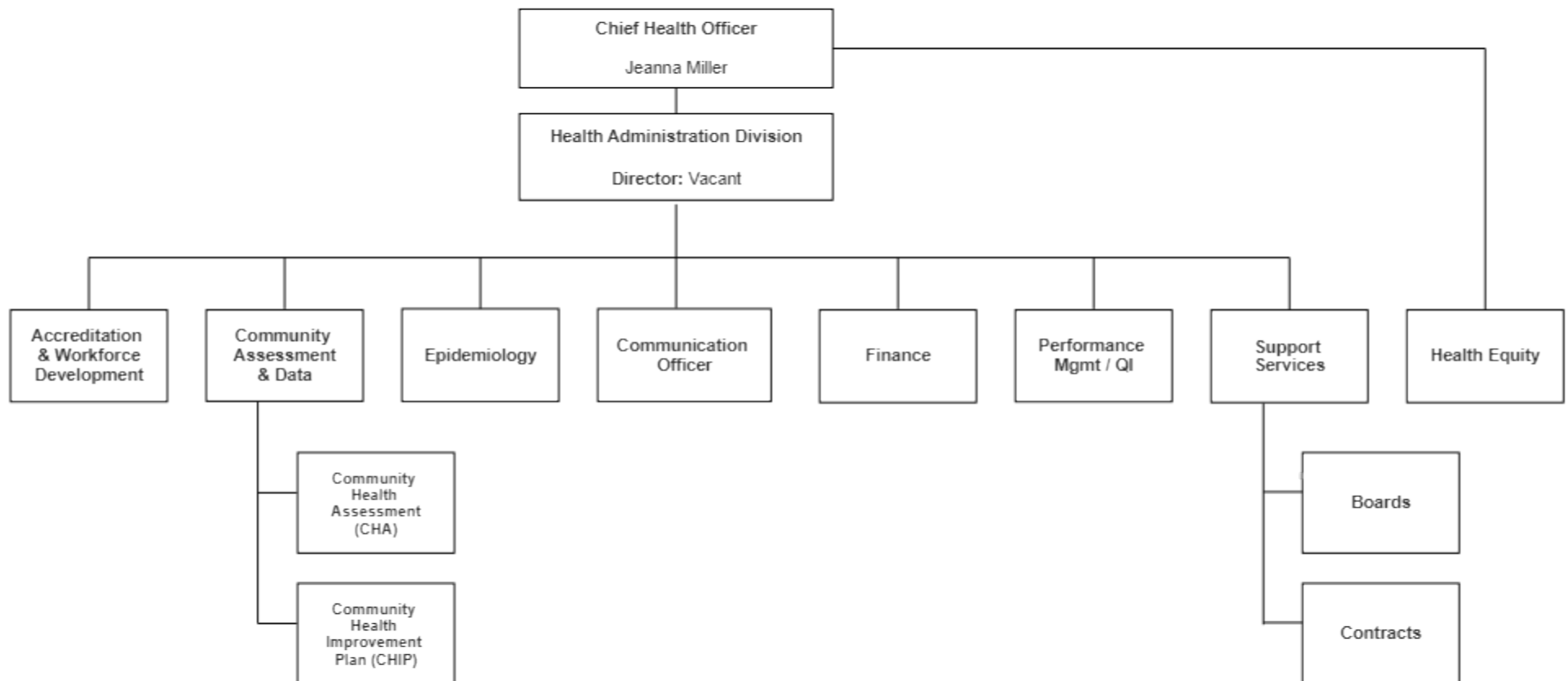
Director:
Shannon Therriault

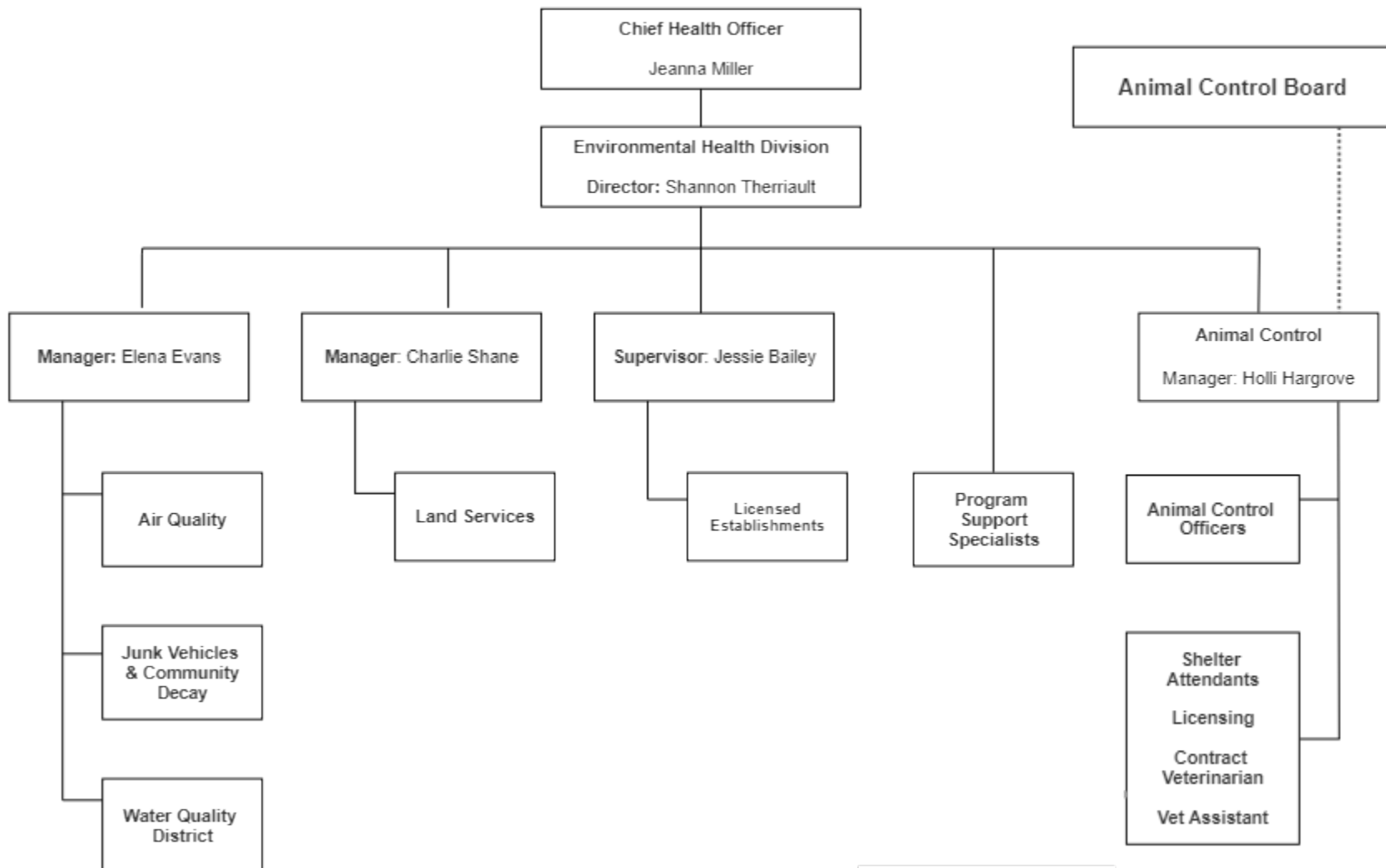
Health Equity

Equity Coordinator also reports
to Chief Health Officer









MISSOULA CITY-COUNTY BOARD OF HEALTH MEMBERSHIP LIST:

Updated 03/25/25

Name	Title	Position	Term
Pamela Boyd	Member (All Boards)	Regular member appointed by the Board of County Commissioners	01/01/23 – 12/31/25
Dan Corti	Member (All Boards)	Regular member appointed by the Board of County Commissioners	01/01/24 – 12/31/26
Debbie Johnston	Member and Vice Chair (All Boards) (Elected to serve as Vice Chair 07/18/24 until the election of officers in July 2025 or at the first meeting thereafter with a quorum)	Regular member appointed by the City Council	01/01/23 – 12/31/25
Ross Miller	Member and Chair (All Boards) (Elected to serve as Chair 07/18/24 until the election of officers in July 2025 or at the first meeting thereafter with a quorum)	Regular member appointed by the City Council	01/01/25 – 12/31/27
Mike Nugent	Member (All Boards)	Elected official appointed as member by the City Counsel	Serves at the pleasure of the City Council, effective 01/10/24
Robert Stenger, MD, MPH	At-Large Physician Member (All Boards)	At-Large Physician member appointed by the Board of Health	01/01/23 – 12/31/25
Dave Strohmaier	Member (All Boards)	Elected official appointed as member by the Board of County Commissioners	Serves at the pleasure of the Board of County Commissioners, effective 02/01/23