

Missoula Public Health, Substance Use Disorder Prevention (SUDP) Opioid Program

2024 Montana Opioid Abatement Trust Grants - 4th Quarter

Missoula City-County Health Department

Shannon Therriault
301 W. Alder
Missoula, MT 59802

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

Leah Fitch-Brody

438 W. Spruce St.
Missoula, MT 59802

lfitch-brody@missoulacounty.us
O: 406-258-3023

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 Public Health, Substance Use Disorder Prevention (SUDP) Opioid Program

Select Abatement Region and/or Metro Region*

Select the Multi-County Abatement Region and/or the Metro Region you are requesting grant funds from. Select all regions that apply, for example if you are collaborating with multiple Counties and/or Abatement Regions select each region the program/project will serve. Click [HERE](#) for a detailed map of Multi-County Abatement Regions and Metro Abatement Regions

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.

The Substance Use Disorder Prevention (SUDP) Program works to prevent substance use disorder (SUD) and related harm across the lifespan in Missoula County. The program collaborates with community partners, schools, parents, and youth to reduce harms related to substance use through assessment, evaluation, evidence-based programs, outreach, and education. SUDP Coordinators facilitate five key prevention coalitions (see “additional information” for details):

1. Healthy Start Missoula
2. Perinatal Substance Use (PSU) Network
3. Healthy Missoula Youth Coalition
4. Missoula Drug Safety Coalition
5. Frenchtown Community Coalition

The program employs the Strategic Prevention Framework with six evidence-based strategies:

1. Community-Based Processes: Leading coalitions to increase protective factors and decrease risk factors through evidence-based approaches.
2. Information Dissemination: Providing education about substance use effects and stigma reduction through outreach and training.
3. Prevention Education: Promoting evidence-based education to schools, businesses, organizations, youth, and parents.
4. Environmental Strategies: Advocating for best practices related to policy, such as safe medication and needle disposal options for community members.
5. Problem Identification and Referral: Implementing data-driven strategies to assess community needs and measure changes in norms, knowledge, and awareness.

6. Harm Reduction: Minimizing negative consequences of drug use while acknowledging individuals' right to health services regardless of use.

The SUDP Program has recently been prioritizing addressing the harms related to the opioid pandemic. The development of the "Missoula Public Health (MPH) SUDP Opioid Program" highlights our commitment to effectively tackle the opioid crisis through targeted strategies, comprehensive data analysis, and ongoing evaluation to minimize the potential harm that opioid use can have on the community.

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

- A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
- C. PREGNANT & POSTPARTUM WOMEN
- 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

- G. PREVENT MISUSE OF OPIOIDS
- H. PREVENT OVERDOSE DEATHS & OTHER HARM (HARM REDUCTION)
- J. LEADERSHIP, PLANNING, & COORDINATION
- K. TRAINING

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

The Missoula Public Health Substance Use Disorder Prevention (SUDP) Opioid Program addresses multiple Opioid Remediation Guidelines:

1. Naloxone distribution: Since 2022, our program distributed approximately 2,358 boxes of Naloxone/Narcan at community events, trainings, and through the health department's immunization clinic.
2. Pregnant, postpartum women, babies w/ Neonatal Abstinence Syndrome: The Perinatal Substance Use (PSU) Network annually assesses medication-assisted treatment availability for pregnant women with SUDs,

utilizes community-based participatory research to identify pathways for perinatal substance use disclosure, and strengthens access to trauma-informed care.

3. Evidence-based data collection: We utilize multiple data sources including Montana Department of Health and Human Services (DPHHS) reports, Overdose Detection Mapping Application Program (ODMAP), and Biobot wastewater analysis to monitor substance trends & evaluate intervention effectiveness.

4. Prevention Programs/Prevent Misuse: We deliver medicine safety education to 5th-8th graders 4-6 times yearly. We conduct ongoing community education about proper medication storage and disposal and distribute medication lock boxes and disposal bags.

5. Harm reduction: We conduct outreach promoting harm reduction, coordinate distribution of fentanyl test strips, and provide information about how to safely dispose of syringes.

6. Leadership/coordination: Besides facilitating five coalitions related to SUD and overdose prevention, we provide leadership and coordination in other areas. We created an Overdose Spike Alert Communication (OSAC) Plan to coordinate rapid coordinated outreach related to emergent overdose trends.

7. Training: We train approximately 200 community members, including students, school personnel, and behavioral health professionals, in overdose prevention and response per year, as well as provide train-the-trainer workshops to increase capacity and impact.

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*

\$426,688.08

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.

FY26-FY28 MPH SUDP Opioid program budget.pdf

Multi-Region funding

If funding is being requested from multiple abatement regions attach a detailed breakdown of amount requested from each region.

Multi-Region approval/denial

Does the application need to be approved by all regions to effectively accomplish it's goals?

No

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 Missoula Public Health (MPH) Substance Use Disorder Prevention (SUDP) Opioid Program does not currently receive direct funding from sources other than Substance Abuse Prevention (SAP) Mill Levy, the primary funding source. The SAP Mill Levy is distributed to the MPH SUDP Program annually as a fixed amount and does not adjust for rising program costs, incremental staff pay increases, or the growing demand for opioid related services. This source alone is insufficient to cover the scope of services required to address the community's need for opioid-related resources.

To bridge this gap and to continue to focus on the local harms related to opioid use, the MPH SUDP Program consistently seeks external federal, state, and local grants. However, this approach is increasingly unsustainable due to intensifying competition and uncertainty surrounding grant availability. Without additional and stable financial support, the program faces significant risks, which could lead to several detrimental consequences. These include a potential increase in overdose fatalities due to inadequate access to life-saving resources like Naloxone, education, and limitations in data collection/ analysis. Additionally, staffing constraints would limit the program's capacity to address the community's needs effectively.

The consequences of underfunding the MPH SUDP Opioid Program could directly undermine efforts to address key issues identified in the Missoula Community Health Assessment, particularly in areas of substance use and behavioral health. These potential impacts highlight the urgent need for adequate funding to maintain and expand program services, ensuring that community members' health and safety remain a top priority.

To effectively address complex, generational issues related to substance use, long-term and consistent funding is necessary. Ultimately, securing a stable and reliable funding source is vital for the program's continued operation and impact on the community, as it strives to improve health outcomes and overall well-being for all residents. The funding we're seeking would help address these gaps and ensure continuation of vital opioid prevention and harm reduction services in Missoula County.

Do you have a Fiscal Agent*

Yes

Multi-Region request funding additional information

Regional Funding

Please explain in detail the effectiveness of the program, for each region, if not every region approves the application.

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 Missoula Public Health (MPH) Substance Use Disorder Prevention (SUDP) Opioid Program seeks funding to support an evidence-based response to the ongoing opioid crisis in our region. Funding will be used to support key program elements including staff time, overdose fatality prevention and medication safety supplies, outreach materials, meeting/training supplies, data and evaluation efforts, and travel to statewide meetings.

The purpose is to reduce opioid-related harm through coordinated prevention, harm reduction, and community education. Our work aligns with the Montana Opioid Remediation Guidelines under both Schedule A and Schedule B. Since 2022, MPH SUDP Opioid Program has distributed over 2,350 boxes of naloxone at public events, through trainings, and via the local immunization clinic to increase community access to this life-saving medication. Through the Perinatal Substance Use (PSU) Network, we've conducted several statewide scans of Family Substance Use Disorder Treatment and Recovery Residences, with a focus on availability of medication-assisted treatment for pregnant and parenting individuals. Additionally, our team delivers medicine safety education to 5th–8th graders every year, distributes lock boxes and disposal bags, and promotes the semi-annual Prescription Drug Take Back Days. We have also implemented a district-wide opioid overdose reversal plan in a local school in Frenchtown with a strategic placement of Naloxone.

We are committed to community-led, data-informed prevention strategies. Our team collects and analyzes data from multiple sources, including Montana Department of Health and Human Services (DPHHS) reports, Overdose Detection Mapping Application Program (ODMAP), and Biobot wastewater analysis, to monitor trends and evaluate effectiveness of interventions. In alignment with Schedule B guidelines, we conduct community-based participatory research to identify pathways for perinatal substance use disclosure and access to trauma-informed care. We conduct public education about medication storage/disposal and will continue training community groups in overdose prevention.

We recently finalized an Overdose Spike Alert Communication (OSAC) Plan that enables rapid, coordinated outreach during local surges in overdose. The coalitions bring together partners to address the risk factors of youth substance use and overdose, building a resilient and responsive prevention network. Training is a central component here: we train educators, community members, students, and businesses in overdose recognition and response, while ensuring our staff and partners are equipped with ongoing professional development.

This funding expands capacity to distribute harm reduction and medicine safety supplies, strengthens support for pregnant/postpartum individuals with SUD, reduces misuse through education and outreach, and builds a coordinated, data-driven response to the opioid crisis.

Program Reach

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

[Unanswered]

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.

The Missoula Public Health (MPH) Substance Use Disorder Prevention (SUDP) Opioid Program has several specific goals aimed to reduce opioid-related harm and promote community well-being:

1. Expand Access to Naloxone: Increase community-wide access to naloxone to prevent opioid overdose deaths. This will be accomplished through continued distribution at public events, trainings, and clinics, as well as increase distribution at schools, community sites, and targeted populations, like people living in rural areas.
2. Enhance Youth and Community Education: Prevent opioid misuse by educating 5th–8th graders and the broader community about medication safety. Provide annual in-class opioid overdose reversal training for high school students. Strategies include classroom presentations, public outreach campaigns, disposal bag and lock box distribution, and coordinating events for International Overdose Awareness Day.
3. Build Community Capacity to Respond to Overdoses: Train educators, businesses, behavioral health providers, and community members in overdose recognition/response. Implement and evaluate the finalized Overdose Spike Alert Communication Plan for Missoula County to allow for coordinated action during overdose surges.
4. Promote Responsible Opioid Use and Disposal: Reduce harms related to opioid use through public education campaigns and the promotion of safer medication and drug use and disposal practices.
5. Support Pregnant and Parenting Individuals with SUD: Improve care pathways and access to medication-assisted treatment for pregnant /postpartum individuals. This includes advancing community-based participatory research to better understand the perspectives, beliefs, and attitudes of providers in Missoula County towards people who use substances while pregnant, through coordination with the PSU Network.
6. Strengthen Cross-Sector Collaboration: Lead and coordinate local partnerships through initiatives to address shared risk factors and foster long-term, systems-level prevention strategies.

Through the achievement of these goals, the program aims to reduce opioid-related harm, improve health for all, and strengthen the community's prevention, response, and recovery systems.

Evaluation Method*

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

The Missoula Public Health (MPH) Substance Use Disorder Prevention (SUDP) Opioid Program will use a combination of quantitative and qualitative methods to evaluate the effectiveness of our initiatives and guide continuous improvement. Our approach focuses on measuring program reach, behavioral outcomes, and community impact.

To assess distribution and access to lethal means prevention tools, including naloxone, lock boxes/bags, and medication disposal bags, we are conducting a quarterly survey in collaboration with community partners. The quarterly survey tracks material distribution, identifies gaps in services, and helps prioritize future outreach efforts. We will monitor internal program data on the number of materials distributed and the settings in which they are made available.

Community capacity to respond to overdose will be evaluated by tracking numbers of fatal vs. non-fatal overdoses, trends related to drug type and locations of overdoses which we get from Montana Department of Health and Human Services (DPHHS) reports, Overdose Detection Mapping Application Program (ODMAP), and Biobot wastewater analysis. We can also use anecdotal information about overdose reversals reported by partners.

For school and community education, we will monitor participant attendance and training frequency in conjunction with post-training surveys after opioid reversal training. This includes tracking which communities and schools are implementing opioid overdose reversal plans. To evaluate community capacity, we will track how many individuals are trained in overdose response and the growth of cross-sector collaboration through our coalitions.

For the work with the Missoula Perinatal Substance Use (PSU) Network to support pregnant and parenting individuals with SUD, we will evaluate progress by using a community-based participatory research model, including qualitative interviews, the Mothers on Respect index survey (MORi), and collaborative model-building with a Lived Experience Advisory Group to identify barriers, trusted care entry points, and improve perinatal care pathways. The PSU Network created a Strategic Plan that has been incorporated into the MPH Community Health Improvement Plan (CHIP). The CHIP includes process evaluation, indicators and measures.

To evaluate the growth of cross-sector collaboration through our coalitions, each coalition will incorporate an annual capacity assessment tool.

Data Source*

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

To demonstrate progress toward our program goals, we will utilize a range of reliable, local, and state-level data sources focused on overdose trends, youth prevention, and access to prevention tools.

We will use the Montana DPHHS Injury and Overdose Dashboard, which includes death certificate data from the Montana Office of Vital Statistics (fatal injuries) and emergency department/hospitalization data from the Montana Hospital Discharge Data System (nonfatal injuries). This data provides insight into both fatal and nonfatal overdoses. For example, youth under the age of 25 accounted for 46% of all overdose-related ER visits in Missoula County in 2023, up from 38–39% in 2020–2021—indicating a concerning rise (8%) in impact among younger populations.

We will also rely on the Overdose Detection Mapping Application Program (ODMAP) to track real-time overdose trends as well as general locations of both fatal and non-fatal overdoses. From 2021–2024, ODMAP recorded 452 overdoses in Missoula County, 67 of which were fatal. While most overdoses occurred within city limits (403), the fatality rate was significantly higher outside the city (26.5% vs. 13%). This may reflect disparities in ambulance response time or access to harm reduction resources like naloxone, fentanyl test strips, or overdose prevention and response training. This data will help guide outreach and training efforts in under-resourced areas.

To evaluate prevention outcomes, we will use data from the Montana Prevention Needs Assessment (MPNA) administered in middle and high schools. Indicators include:

- Parental attitudes toward non-prescribed prescription drug use
- Perception of harm related to misuse of prescription opioids
- Lifetime use of narcotics without a prescription
- Past 30-day use of these substances
- Substances that could be laced with fentanyl (cocaine, meth, & amphetamines)

These youth-focused indicators help us monitor behavioral trends and evaluate the effectiveness of school- and community-based prevention programs. Additionally, we will collect internal program data, such as training rosters and quarterly lethal means prevention surveys, which track community access to harm reduction materials including naloxone, lock boxes, and disposal bags. Together, these data sources allow us to measure progress, identify emerging risks, and adapt programming to effectively reduce opioid-related harm across Missoula County.

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.

Our program uses a multi-pronged strategy to engage schools, families, community partners, and the public in understanding and supporting overdose prevention, harm reduction, and substance use recovery.

A key strategy is to elevate the visibility of successful local models, such as the opioid overdose reversal plan implemented by Frenchtown School District (FTSD) in partnership with the FCC. Since 2022, naloxone has been added to AEDs and strategically placed NaloxBoxes across the school district, including on buses and in remote campus areas. Clear signage and step-by-step overdose reversal instructions have been added to improve accessibility. Staff, including coaches and bus drivers, receive annual overdose response training, and optional student training sessions are available. To raise awareness beyond the district, FCC will share this model with other school systems in Missoula County and support them in developing tailored overdose response plans. The program also engages with community councils across Missoula County to promote local awareness and build grassroots readiness. Presentations at forums such as the Clinton Community Council allow us to connect with rural and underserved areas, highlighting the importance of naloxone access, prevention education, and overdose response planning.

To broaden public awareness, we will utilize social media campaigns, radio ads, indoor advertisements, and printed outreach materials to educate the community on topics such as medication safety, naloxone use, stigma reduction, and treatment access. Special attention will be given to reaching youth, families, and populations at increased risk of overdose.

Finally, community events, training, and resource distribution will serve as critical touchpoints for engagement. These events offer opportunities to share resources such as naloxone kits, disposal bags, and lock boxes, while also fostering trust and raising awareness in high-impact, face-to-face settings.

This multi-layered approach ensures that awareness is built through education, engagement, visibility, and the amplification of lived experience voices—laying the foundation for sustainable, community-driven prevention and response efforts.

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

FY26-FY28 MPH SUDP Opioid program budget narrative.pdf

Upload #2

Upload #3

Additional Information

The Missoula Public Health Substance Use Disorder Prevention (SUDP) Program facilitates five community-led coalitions and networks that serve as the backbone of the county's prevention infrastructure. Each coalition targets specific populations, geographic regions, or health determinants, ensuring a coordinated, universal approach to substance use prevention and harm reduction. While each group has distinct focus areas, they work together toward shared goals: reducing the prevalence of substance use disorders, enhancing community resilience, and preventing opioid-related harm across the lifespan.

Healthy Start Missoula (HSM) focuses on the wellbeing of young children and their caregivers by strengthening early childhood development, family stability, and positive childhood experiences (PCEs). Guided by the vision that every child deserves to grow up in a safe and nurturing environment, HSM empowers families through parental education, community engagement, and cross-sector collaboration. HSM's goals include enhancing strong family relationships by promoting social-emotional learning and shared family experiences; building positive social connections by improving access to resources and reducing stigma; and advocating for safe and stable environments through its partnership with the Missoula Perinatal Substance Use Network. HSM works to reduce prenatal and early childhood substance exposure and improve early childhood outcomes by strengthening family support and protective factors in early life.

Closely aligned with HSM is the Missoula Perinatal Substance Use Network (PSU Network), a cross-sector coalition working to improve care pathways and systemic responses for pregnant and postpartum individuals with substance use disorders. The PSU Network emphasizes access to trauma-informed, culturally responsive, and family-centered care. It leads initiatives such as mapping family-centered SUD treatment options, advocating for increased access to medication assisted treatment and recovery housing that accommodates children, and elevating lived experience voices through storytelling workshops. The network

also develops trusted pathways for disclosing perinatal substance use and ensures wraparound services are available during pregnancy and early parenting. The PSU Network's strategic goal is to keep families together safely, whenever possible, through a strong continuum of care. Members include OB/GYNs, pediatricians, recovery providers, doulas, and family service agencies.

The Healthy Missoula Youth Coalition (HMY), formerly known as the Missoula Underage Substance Abuse Prevention Coalition (MUSAP), is dedicated to youth substance use prevention and mental health promotion. HMY works with schools, families, and youth themselves to foster environments that support healthy decision-making and resilience. Through school-based programs, peer mentorship, social norms campaigns, and youth-led initiatives, the coalition reduces risk factors like perception of harm while promoting protective ones. HMY also supports policy change initiatives at a local and state level as it relates to substance use prevention. Its membership includes school administrators, youth-serving nonprofits, mental health providers, and local government representatives.

The Missoula Drug Safety Coalition (MDSC), formerly the Prescription Drug Task Force, focuses on overdose prevention, medication safety, and harm reduction strategies. MDSC has taken a lead role in implementing community-wide harm reduction supply distribution (naloxone and fentanyl test strips) and promoting safe and environmentally friendly medication and syringe disposal options. The coalition hosts overdose response trainings and events such as International Overdose Awareness Day. MDSC also monitors local data from ODMAP and Biobot to identify overdose trends and coordinate timely responses. Its partners include pharmacists, emergency responders, behavioral health providers, peer support, harm reduction advocates, hospitals, and law enforcement. Workgroups for this coalition include the International Overdose Awareness Day planning committee as well as the Overdose Spike Response Team, which recently developed the Overdose Spike Alert Communication (OSAC) Plan.

The Frenchtown Community Coalition (FCC) serves rural areas of Missoula County, providing youth prevention education, overdose response planning, and parent engagement in the Frenchtown area. A key achievement is the implementation of a district-wide opioid overdose response plan in the Frenchtown School District (FTSD), including stocking naloxone in AEDs and NaloxBoxes and offering annual overdose response training to staff. Students receive an in-class education and can access overdose prevention information during lunch periods. The FCC also supports youth leadership through the Youth Leadership Committee and engages in community readiness efforts to expand similar models to other rural areas. Partners include FTSD, local councils, and neighboring rural school districts. Together, these five coalitions and networks form a comprehensive, community-driven structure that allows the Missoula SUDP Program to effectively target prevention strategies across the lifespan and across diverse sectors. The program's multi-coalition model ensures representation from schools, law enforcement, healthcare, behavioral health, youth leadership, and families—making it possible to respond swiftly and comprehensively to emerging trends like fentanyl contamination and overdose spikes.

Each coalition contributes uniquely to achieving the goals outlined in Missoula Public Health's Strategic Plans and the Montana Opioid Remediation Guidelines, including expanded naloxone access, reduced stigma, perinatal support, community awareness, and youth education. However, their success relies on sustainable funding and resource infrastructure. With continued investment, these coalitions are poised to lead Missoula County's long-term effort to reduce substance use disorders, prevent overdose, and promote health for all.

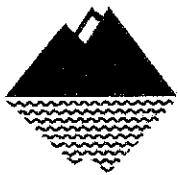
File Attachment Summary

Applicant File Uploads

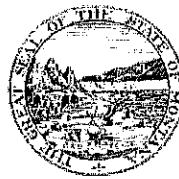
- FY26-FY28 MPH SUDP Opioid program budget.pdf
- MT DOR Tax Exempt Status.pdf
- FY26-FY28 MPH SUDP Opioid program budget narrative.pdf

**Missoula Public Health: Substance Use Disorder Prevention (SUDP) Opioid Program
Budget FY2026 - FY2028 Budget = \$426,688.08**

Category	Year 1	Year 2	Year 3	Total
Personnel	\$73,710.00	\$75,552.75	\$77,441.57	\$226,704.32
Fringe Benefits	\$25,151.18	\$25,779.96	\$26,424.92	\$77,356.06
Supplies	\$29,875.90	\$29,875.90	\$29,875.90	\$89,627.70
Travel	\$11,000.00	\$11,000.00	\$11,000.00	\$33,000.00
Total budget	\$139,737.08	\$142,208.61	\$144,742.39	\$426,688.08
Detailed Program Expenses:				
Personnel (15 hours per week)	Year 1	Year 2	Year 3	Requested amount
Leah Fitch - Brody (.375 FTE)	\$26,044.00	\$26,695.10	\$27,362.48	\$80,101.58
Reagan Mecham (.375 FTE)	\$24,898.00	\$25,520.45	\$26,158.46	\$76,576.91
Jacqueline Kline (.375 FTE)	\$22,768.00	\$23,337.20	\$23,920.63	\$70,025.83
Subtotal Personnel	\$73,710.00	\$75,552.75	\$77,441.57	\$226,704.32
Fringe Benefits	\$25,151.18	\$25,779.96	\$26,424.92	\$77,356.06
Program Expenses				
Naloxone, CPR kit, Medication Lock box/bag, Drug disposal bag, Fentanyl test strips	\$15,280.90	\$15,280.90	\$15,280.90	\$45,842.70
Printing and copy materials	\$1,335.00	\$1,335.00	\$1,335.00	\$4,005.00
Social media, Radio ads and indoor ads outreach	\$13,260.00	\$13,260.00	\$13,260.00	\$39,780.00
Travel and Transportation	\$11,000.00	\$11,000.00	\$11,000.00	\$33,000.00
Total Program Expenses:	\$40,875.90	\$40,875.90	\$40,875.90	\$122,627.70
	Year 1	Year 2	Year 3	
Personnel, Fringe and Program Expense Total	\$139,737.08	\$142,208.61	\$144,742.39	\$426,688.08



Montana Department of Revenue



Dan Bucks
Director

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

**Missoula Public Health: Substance Use Disorder Prevention (SUDP)
Opioid Program Budget Narrative
FY2026 – FY2028**

A. Personnel:

Table 1:

Position Title and Name	FTE	Year 1	Year 2	Year 3	Total Amount
(1) Substance Use Disorder Prevention Specialist, Leah Fitch-Brody	.375	\$26,044	\$26,695.10	\$27,362.48	\$80,101.58
(2) Substance Use Disorder Prevention Specialist, Reagan Mecham	.375	\$24,898	\$25,520.45	\$26,158.46	\$76,576.91
(3) Substance Use Disorder Prevention Specialist, Jacqueline Kline	.375	\$22,768	\$23,337.20	\$23,920.63	\$70,025.83
Total Personnel		\$73,710	\$75,552.75	\$77,41.57	\$226,704.32

NARRATIVE JUSTIFICATION: Substance Use Disorder Prevention Specialists, Leah Fitch Brody, Reagan Mecham and Jacqueline Kline are responsible for implementation of the Montana Opioid Settlement funds in the Missoula Public Health Substance Use Disorder Prevention Program. These 4 positions will be working 15 hours per week on the Opioid Prevention Programs. Personnel wages are determined by Missoula County Human Resources based on union contracts and personnel pay plans and include a 2.5% cost of living increase per year. Time tracking and attendance records are maintained according to Missoula County policies and procedures.

B. Fringe Benefits:

Table 2:

Position Title and Name	Fringe rate	Year 1	Year 2	Year 3	Total
(1) Substance Use Disorder Prevention Specialist, Leah Fitch-Brody	32.54%	\$8,474.78	\$8,686.65	\$8,903.82	\$26,065.25

Position Title and Name	Fringe rate	Year 1	Year 2	Year 3	Total
(2) Substance Use Disorder Prevention Specialist, Reagan Mecham	33.94%	\$8,450.25	\$8,661.51	\$8,878.05	\$25,989.81
(3) Substance Use Disorder Prevention Specialist, Jacqueline Kline	36.13%	\$8,226.15	\$8,431.80	\$8,642.60	\$25,300.54
Total Fringe		\$25,151.18	\$25,779.96	\$26,424.92	\$77,356.06

NARRATIVE JUSTIFICATION:

Fringe benefits for Missoula County employees are calculated according to County policy and are subject to union negotiation. Fringe benefits include Medicare, Unemployment; Retirement; Health Benefits; Workers Comp.

C. Supplies:

Table 3:

Item(s)	Quantity	Unit Cost	Year 1	Year 2	Year 3	Total Cost
Naloxone	1 box per year (1 box =100 twin packs/2 doses of Naloxone nasal spray)	\$5,000/box/year	\$5,000	\$5,000	\$5,000	\$15,000
Naloxone Case for Opioid Overdose Kits (no Narcan included. This is a case to put Narcan in, with a brochure and CPR kit plus gloves)	117 cases/per year	\$16 each	\$1,872	\$1,872	\$1,872	\$5,616

Item(s)	Quantity	Unit Cost	Year 1	Year 2	Year 3	Total Cost
CPR kit (plus gloves - to put in Naloxone case)	120 kits/year	\$2.97 each	\$356.40	\$356.40	\$356.40	\$1,069.20
Medication Lock Bags	50 bags/year	\$25.85 per bag	\$1,292.50	\$1,292.50	\$1,292.50	\$3,877.50
Medication Lock boxes	50 lock boxes/year	\$17 per lock box	\$850	\$850	\$850	\$2,550
Prescription Drug Disposal bags	100 bags/year	\$9.10 per bag	\$910	\$910	\$910	\$2,730
Fentanyl Test Strips	4,800 test strips/year	\$1.04 per test strip	\$5,000	\$5,000	\$5,000	\$15,000
Printed educational materials about prevention of overdose Brochures, postcards, posters, tabling materials	500 brochures 1000 postcards 50 posters 1 tabling materials	\$.80 x 500 brochures = \$400 .18 x 1000 postcards = \$180 \$12.50 x 50 posters = \$625 MPH tablecloth, banner, A frame stands, \$130	\$1,335	\$1,335	\$1,335	\$4,005

Item(s)	Quantity	Unit Cost	Year 1	Year 2	Year 3	Total Cost
Community meeting office supplies	Paper, pens, markers, nametags, flipcharts, toner	22 annual meetings \$15 per meeting	\$330	\$330	\$330	\$990
Opioid prevention media campaign: bathroom stall ads, radio ads and social media ads	5-bathroom stall ads 50 spot Radio ads (4 stations) 6 posts on social media	\$51 per frame x 12 months = \$3,060, 50 spots x \$1,400 x 6 months = \$8,400 6 social media posts x \$25 x 12 months = \$1,800	\$13,260	\$13,260	\$13,260	\$39,780
Total Supplies			\$40,875.90	\$40,875.90	\$40,875.90	\$122,627.60

NARRATIVE JUSTIFICATION: Naloxone kits will be distributed to community partners and community wide events to the public to help save lives and respond to overdose emergencies. Medication lock boxes/bags protect our community by helping to prevent accidental medication overdoses, theft, misuse and deter addictive behaviors.

Missoula Public Health will provide fentanyl test strips directly to the public and to our community partners Open Aid Alliance, United Way/Dose of Hope Project (Naloxone vending machines), All Nations Health Center, Curry Health Center, and Students for Sensible Drug Policy who distribute the test strips to the public.

This ensures the test strips are available to all. **Important Note:** This would fulfill the City of Missoula's Resolution 8672 to distribute \$5,000 worth of fentanyl test strips/"drug checking tools" annually.

We will provide comprehensive educational materials on opioid misuse, addiction, treatment, and prevention strategies.

General meeting supplies are necessary for planning internal/external community meetings. An opioid prevention awareness campaign will be developed to include resources, promoting safer alternatives, and addressing misconceptions

D. Travel:**Table 5:**

Item(s)	Quantity	Unit Cost	Year 1	Year 2	Year 3	Total Cost
Participate in outreach to Missoula County communities and schools to attend school board and community meetings, and community events	12 times per year	.67 per mile	\$2,000	\$2,000	\$2,000	\$6,000
Conference registration, transportation, Lodging, Meals and Incidentals	3 SUDP staff X 1 – 3 times per year	Approx. \$2,000 = out of state and \$1,000 = state conferences	\$9,000	\$9,000	\$9,000	\$27,000

NARRATIVE JUSTIFICATION: Program Staff will travel from Missoula Public Health to Missoula County communities (Frenchtown, Lolo, Clinton, Desmet, Bonner, East Missoula, Seeley Lake, Swan Valley) to teach substance abuse prevention activities in classrooms, assemblies, school board meetings and community events and to distribute Naloxone and Medication safety bags. To support the travel expenses of staff to attend a National Opioid Prevention Conference. This conference will offer a valuable opportunity to learn about the latest research, strategies, and best practices in the field of opioid prevention and intervention. By participating, our team will gain essential knowledge and build connections with other professionals, ultimately strengthening our local efforts to address the opioid crisis.