

BSBHD SSP September 8, 2025 Opioid Abatement Proposal

*2025 Montana Opioid Abatement Trust
Grants-second half of 2025*

Butte-Silver Bow Health Department

Karen Maloughney
25 W Front Street
Butte, MT 59701

O: 406-497-5020

Taylor Pesanti

25 W Front Street
Butte, MT 59701

tpesanti@bsb.mt.gov
O: 406-497-5078

Application Form

Region Selection

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

Project Name*

BSBHD SSP September 8, 2025 Opioid Abatement Proposal

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.

Silver Bow County Metro Region

Regional Funding Request*

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

N/A

Application Overview

About the Organization/Program*

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

A syringe services program (SSP) is a community-based public health initiative that provides free sterile syringes, tools, education, and support to people who use drugs (PWUD). SSP programs also offer safe disposal options for used syringes and link participants to a variety of medical and social services. SSPs are a form of harm reduction, which is a public health strategy that focuses on minimizing the negative consequences associated with drug use rather than strictly requiring abstinence. This approach is supported by decades of research showing that SSPs are safe, effective, and cost saving.

The mission of the Health Department's SSP is to protect the health and safety of Butte-Silver Bow by reducing the spread of infectious diseases, facilitating the safe disposal of used syringes, preventing overdose, and providing pathways to treatment and support for individuals struggling with substance use.

SSPs provide services at no cost for their participants and are not-for-profit entities. As such, the Health Department SSP relies upon funding from individual donations, foundations, and governmental agencies to operate. US federal funding for SSPs remains restrictive and under the current administration, where funding

remains for SSPs, it has been significantly reduced and the scope of services narrowed. The Health Department SSP continues to explore ways to keep operating costs low, such as utilizing volunteer help and donated items sought by participants.

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
- G. PREVENTION PROGRAMS
- H. EXPANDING SYRINGE SERVICE PROGRAMS

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- C. CONNECTIONS TO CARE
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
- J. LEADERSHIP, PLANNING, & COORDINATION
- K. TRAINING

How does the program meet the Opioid Remediation Guidelines*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

- A.A1 – Expand training for first responders, schools, community support groups, and families
- A.A2 – Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service
- A.H1 – Provide comprehensive syringe services programs (access to sterile syringes and linkage to care and treatment of infectious diseases)
- B.C12 – Support prevention programs focused on young people
- B.H1-9 – Increased availability and distribution of naloxone, providing free naloxone to anyone, training and education, improving data tracking overdose/naloxone revivals, public education relating to emergency responses to overdoses and Good Samaritan laws, and syringe service programs to reduce SUD-related harms

New Program or Existing*

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

A new program for your region.

A proposed supplement or expansion to a program.

Fiscal Information

Requested Amount*

\$34,037.00

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.

BSBHD SSP September 8, 2025 Opioid Abatement budget.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.

I. HIV PREVENTION, HIV TREATMENT, AND VIRAL HEPATITIS PREVENTION SERVICES

4/1/25- 5/31/26; \$102,499

This contract does not provide funding for the procurement of syringes, injection equipment, or any materials used to manufacture or consume drugs.

Outreach services will be provided to identify persons with HIV and HCV who may know or be unaware of their status and are not in care to ensure rapid engagement in care, to provide education on HIV/HCV/STI risk reduction strategies, and to provide local resources for support services.

- Provide comprehensive harm reduction services for people who inject drugs
- Provide HCV, HIV, and syphilis screening.
- Maintain a local referral network to actively refer clients to essential referral services.
- Provide referral services to ensure linkage to viral hepatitis and HIV prevention, testing, treatment, and care services
- Maintaining a space free of stigma
- Providing community education and outreach on the harmful effects of stigma

II. National Institute of Health (NIH)-Community Partnerships to Advance Science for Society (ComPASS)

9/22/23-9/21/25; \$100,000 (Can be used for wages only)

Complete structural intervention-related epidemiological, behavioral, community and environmental/structural assessment. Support establishment of the Health Equity Research Assembly (HERA), engaging multi-sectoral partners as advisors to the project. Work with project team, HERA, and people with lived experience to draft a structural intervention research strategy.

III. DPHHS MOU For STD Clinics and Support of On-Site Rapid Syphilis, HIV, and HCV Testing
1/27/25-12/31/25; Point of Care Testing Supplies Provided by DPHHS

IV. Contract_2025-273_MT Opioid Abatement Grant
May 2025; \$33,590.25
January 2025 Opioid Abatement Proposal Award
Syringes \$4,999.80
Deterra pouches \$8,560.00
Deterra consumer trifolds \$62.50
Naloxone Nasale Spray-Type Training Kit 5/pk \$99.00
Printing Materials (Work Books for Prime for Life) \$3,308.95
Printing Materials Naloxone Trainings \$1,500.00
Digital Concepts Media Campaign (6 months) \$15,000.00
Juvenile Prime for Life -Evidence Based Training \$60.00

Total \$33,590.25

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Diane Regan

Fiscal Agent Email Address*

dregan@bsb.mt.gov

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.

<Due to space limitations, this is a condensed description of our proposed project. The entire description is included in the attached document "BSBHD Sept 8 Opioid Abatement Proposal.pdf".>

The primary challenge is our inability to acquire a free source of Naloxone that is also restriction-free. Our current source, Remedy Alliance, supplied Nasal Naloxone at no cost to SSP programs when the Montana DPHHS was unable to distribute Naloxone.

Stericycle

Between January 1, 2025 and September 3, 2025, the Health Department SSP collected approximately 31,000 used syringes from participants. The cost of outside incineration of syringes is currently distributed across the Immunization, Family Planning, and Prevention programs, despite SSP syringes comprising the bulk of the inventory. None of the harm reduction funding support payment of the \$1,350/month charge for syringe disposal.

Non-Biased Community Project

Among people who inject drugs (PWID), perception of dehumanization due to drug use and/or being treated unfairly or discriminated against due to their injection drug use has created a stigma resulting in this population developing strategies that are counterproductive to overall health. As a Health Department, one of the most alarming trends observed in SSP data is the number of untreated HCV cases. SSP participants are required to be tested for HIV, HCV, and STIs every three months to continue participation in the needle exchange program. While participants are generally agreeable to the testing requirement, there is minimal interest in HCV treatment by HCV+ participants. Many have expressed reluctance to seek this treatment at a hospital or clinic due to prior negative experiences.

As an alternative approach, we propose a project that will:

- 1) Re-frame our SSP participants' negative healthcare perception,
- 2) Locate providers within our community who are PWUD friendly and those providers who would like to learn more about effective ways to communicate with this community; and,
- 3) Identify PWUD friendly providers and workers in community-based services who may be interested in this project.

We intend to accomplish these goals as follows:

- I. Project will start small by breaking the negative association participants might have associating negative healthcare experiences with the sight of medical scrubs.
- II. Compile list of available training resources and trifold explaining the goal of our project and why it is necessary.
- III. Find/create a unique emblem to identify providers and other community members that have received training specific to communicating effectively with PWUD.
- IV. Conduct outreach to locate a community of providers and others in the community with an interest in public health, addiction, and recovery. Our local HERA committee would be a good starting point.

Specific Goals*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

- Maintain a supply of Naloxone sufficient to address community and SSP needs.
- Continue to provide sharps containers to businesses by request.
- Eliminate the cost of needle incineration by July 2026.
- Keep ratio of number of syringes returned by SSP participants to the number distributed greater than or equal to 1 in 2025.

Evaluation Method*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

The effectiveness of all Health Department programs are continuously monitored, evaluated, and targets adjusted as necessary. Data for the SSP program is monitored and reported in the NEOGEO program as well as quarterly to the Montana DPHHS. Health Department certification also requires monthly monitoring of programs. Due to the funding struggles experienced by the SSP and harm reduction programs, inventory and supplies are closely monitored in an effort to anticipate shortages of supplies provided by the State of Montana. Success can be measured according to the goals above.

Data Source*

What data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

- Primary data collected on SSP intake form.
- NEOGEO data reports.
- Addition of weekly SSP 1-question survey to address stigma levels, program anonymity.
- SSP and Family Planning testing data.
- ODMAP tracking of overdose events.

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.

- Print materials such as tri-fold brochures and bound training documents.
- Social media to promote projects.
- Information and resources on BSB-HD website.
- Utilization of the Health Department digital outdoor sign.

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.

W9_BSBHD_11-25-24.jpg

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

empathy symbol.png

Upload #2

Global Supply Estimate_9-4-25.pdf

Upload #3

BSBHD Sept 8 Opioid Abatement Proposal.pdf

Additional Information

File Attachment Summary

Applicant File Uploads

- BSBHD SSP September 8, 2025 Opioid Abatement budget.xlsx
- W9_BSBHD_11-25-24.jpg
- empathy symbol.png
- Global Supply Estimate_9-4-25.pdf
- BSBHD Sept 8 Opioid Abatement Proposal.pdf

Butte-Silver Bow September 8, 2025 Opioid Abatement Proposal

Naloxone	Price	Quantity	Units	Total
Naloxone Nasal Spray - SSP Program	\$384.00	17	case	\$6,528
Naloxone Nasal Spray - Community Programs	\$384.00	33	case	\$12,672
<i>Subtotal</i>				<i>\$19,200</i>
Stericycle/Sharps Containers				
Incineration of syringes from SSP program	\$1,350.00	10	month	\$13,500
Sharps Containers	\$14.06	50	cartons	\$703
<i>Subtotal</i>				<i>\$14,203</i>
Non-Biased Community Project				
Scrubs (top/bottom)	\$32.99	5	each	\$165
Unisex scrub top	\$14.98	5	each	\$75
Trainings - Brochures	\$1.00	75	each	\$75
Bound Print Materials	\$3.25	75	each	\$244
Pins-materials/supplies	\$0.75	100	each	\$75
<i>Subtotal</i>				<i>\$634</i>
Total				\$34,037

W-9
Request for Taxpayer Identification Number and Certification
 Form W-9 (Rev. 2024)
 Department of the Treasury
 Internal Revenue Service

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.
 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
BUTTE, SILVER BOW CONSOLIDATED GOVERNMENTS

2 Business name/disregarded entity name, if different from above.
 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
 Individual sole proprietor S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
 Other (see instructions) **Municipal Corp & Political Subdivision of the State of Montana**
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the owner.
 Other (see instructions) **Municipal Corp & Political Subdivision of the State of Montana**

3b If not first three checked "Trust/estate," or checked "LLC" and entered "P" as the tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.
 4 Exemptions codes apply only to certain entities, see instructions, see instructions on page 2.
 Exempt payee code (if any) **3**
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) **C**
 (Applies to accounts maintained outside the United States)

5 Address (number, street, and apt. or suite no.) See instructions.
155 W. Granite St.

6 City, state, and ZIP code
Butte, MT 59701

7 Last account number(s) (see instructions)
 Requester's name and address (optional)

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

Social security number	
8	1 - 0 3 6 8 6 9 8
OR	
Employer identification number	
8	1 - 0 3 6 8 6 9 8

Part III Certification
 Under penalties of perjury, I certify that:

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

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

Sign Here
 Signature of U.S. person *Deann Kegan*
 Date *1/25/24*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
What's New
 Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.
Purpose of Form
 An individual or entity from W-9 (requester) who is required to file an information return with the IRS is giving you this form because they



Cameron, Marcee

From: Ana Viruel <ana.viruel@globalsupplyexchange.com>
Sent: Friday, September 5, 2025 1:12 PM
To: Cameron, Marcee
Subject: NALOXONE INQUIRY - GSE MEDICAL SUPPLIES

This message did not originate from a Butte-Silver Bow email account and therefore cannot be validated. Please ensure you respond accordingly and proceed with caution.

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Marcee,

Thanks for reaching out! My name is Ana; I'll be assisting you with this inquiry. For 50 naloxone cases would be \$384.00 per case.

50 cases x \$384 = \$19,200 + free ground shipping to one location.

Few key features of this product:

- Each kit comes with 2 single doses
- Each case comes with 12 kits (recommended way to order)
- We source it directly from the manufacturer ensuring you get the freshest product
- Expiration date is 36 months

Please let me know if you have any questions. I'm here to help!

Cheers,

– Ana Viruel
Spanish / English



Medical Solutions Specialist

Phone number: 786-436-7320

Email: ana.viruel@globalsupplyexchange.com

Butte-Silver Bow Health Department

September 8, 2025 Opioid Abatement Proposal

2025 Montana Opioid Abatement Trust Grants

Butte-Silver Bow Health Department

Michelle Gordon
SSP Coordinator

mgordon@bsb.mt.gov
O: 406-497-5083

Taylor Pesanti

25 W Front Street
Butte, MT 59701

tpesanti@bsb.mt.gov
O: 406-497-5078

Application Form

Region Selection

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

Project Name*

Butte-Silver Bow Health Department September 8, 2025 Opioid Abatement Proposal

Select Multi County Abatement Region OR Metro Region*

*Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from.*

Silver Bow County Metro Region

Application Overview

Butte-Silver Bow Health Department Syringe Services Program (SSP)

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

A syringe services program (SSP) is a community-based public health initiative that provides free sterile syringes, tools, education, and support to people who use drugs (PWUD). SSP programs also offer safe disposal options for used syringes and link participants to a variety of medical and social services. SSPs are a form of harm reduction, which is a public health strategy that focuses on minimizing the negative consequences associated with drug use rather than strictly requiring abstinence. This approach is supported by decades of research showing that SSPs are safe, effective, and cost saving.

The mission of the Health Department's SSP is to protect the health and safety of Butte-Silver Bow by reducing the spread of infectious diseases, facilitating the safe disposal of used syringes, preventing overdose, and providing pathways to treatment and support for individuals struggling with substance use.

Since the Health Department's SSP started in 2020, the program's focus has evolved and expanded from infectious disease testing in exchange for clean needles to include provision of equipment for safer snorting or smoking of drugs, naloxone kits and training to identify and reverse opioid overdoses, fentanyl & xylazine test kits, wound care, and education on safer drug use and infection prevention. We also provide basic wound care kits, infectious disease treatment, and linkage to psychosocial care and support for basic needs such as food and housing. SSPs are the most common place for PWUD to seek treatment or basic medical care.

SSPs provide services at no cost for their participants and are not-for-profit entities. As such, the

Health Department SSP relies upon funding from individual donations, foundations, and governmental agencies to operate. US federal funding for SSPs remains restrictive and under the current administration, where funding remains for SSPs, it has been significantly reduced and the scope of services narrowed. The Health Department SSP continues to explore ways to keep operating costs low, such as utilizing volunteer help and donated items sought by participants.

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
- G. PREVENTION PROGRAMS
- H. EXPANDING SYRINGE SERVICE PROGRAMS

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- C. CONNECTIONS TO CARE
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARM 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

- A.A1 – Expand training for first responders, schools, community support groups, and families
- A.A2 – Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service
- A.H1 – Provide comprehensive syringe services programs (access to sterile syringes and linkage to care and treatment of infectious diseases)
- B.C12 – Support prevention programs focused on young people
- B.H1-9 – Increased availability and distribution of naloxone, providing free naloxone to anyone, training and education, improving data tracking overdose/naloxone revivals, public education relating to emergency responses to overdoses and Good Samaritan laws, and syringe service programs to reduce SUD-related harms

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?
A proposed expansion to an existing program.

Fiscal Information

Requested Amount*

\$34,037

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.

Sept 8, 2025 Opioid Abatement Proposal Budget Final.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.*

I. HIV PREVENTION, HIV TREATMENT, AND VIRAL HEPATITIS PREVENTION SERVICES

4/1/25- 5/31/26; \$102,499

Integrated HIV/HCV/STI Testing

- Provide screening of HIV in conjunction with sexually transmitted infections (STI) and hepatitis c (HCV) through point of care (POC) testing,
- Provide warm handoff or assistance setting up appointment for confirmatory testing following positive POC HIV, HCV, or syphilis test,
- Complete a client risk assessment to establish risk of HIV, HCV, and STIs
- Encourage annual or more frequent HIV, syphilis, and HCV testing per CDC guidelines to populations at increased risk.
- Offer syphilis and HCV testing where HIV testing is offered.
- Promote the availability of co-infection testing at events and through social media.
- Educate and provide resources on HIV PrEP and PEP to people at increased risk for HIV
- Provide a referral or linkage to HIV PrEP services as indicated for people who test negative for HIV
- Provide a referral to other healthcare and related services (e.g. harm reduction services, medical services, mental health services, housing, Medicaid, and health insurance, etc.) as indicated by the client's needs.
- Comply with quality assurance requirements for rapid testing performance quality; including the following: quality control logs, temperature logs, maintaining CLIA waiver, initial training, and periodic training updates for staff.
- Link persons with newly diagnosed HIV infection to medical care within 30 days of diagnosis.
- Actively re-engage in care previously diagnosed HIV patients who are currently not in medical care.
- Comply with all testing, reporting, and documentation requirements, including timely submission of data as required by DPHHS, HRSA, and the CDC.
- Report positive POC HCV and syphilis tests to local health department

Harm Reduction

- Provide comprehensive harm reduction services for people who inject drugs
- Provide HCV, HIV, and syphilis screening. A minimum of 15 HIV tests and 25 HCV tests per month must be performed.

- Maintain a local referral network to actively refer clients to essential referral services.
 - Provide referral services to ensure linkage to viral hepatitis and HIV prevention, testing, treatment, and care services, including:
 - Confirmatory testing
 - Insurance navigation services
 - Antiretroviral therapy for HCV and HIV
 - HIV pre-exposure prophylaxis (PrEP)
 - HIV post-exposure prophylaxis (PEP)
 - Prevention of mother to child transmission
 - Substance use disorder treatment
 - Medical services
 - Mental health care
 - Social services
 - Other support services (e.g. Housing, food banks, etc.)
 - Work with clients who have positive screening tests for HCV and HIV to address barriers to confirmatory testing.
 - Provide available resources to clients who are insured or underinsured.
 - Report all required data in the Neo360 data system provided by the State or in another format approved by the State. Data from the previous month must be entered no later than the 10th day of the current month. Required data is subject to change to align with different grant/program goals and requirements.
 - Harm reduction services and activities include:
 - Providing harm reduction services, including the provision of harm reduction education, safe sharps disposal, wound care kits, referrals for individuals who inject drugs, etc.
 - Targeted testing- HIV and HCV, as well as other STIs
 - Education on safer drug use practices
 - Providing resources for SUD treatment options
 - Providing education on safer sex practices
 - Providing education on communicable disease risk associated with higher risk behavior
 - Provision of condoms to high-risk individuals
 - Organization of community support groups
 - Support groups may include support for PLWH, people with SUDs, PWID, etc.
 - Providing overdose prevention tools and resources, i.e. naloxone and associated training
 - Maintaining a space free of stigma
 - Providing community education and outreach on the harmful effects of stigma
- This contract does not provide funding for the procurement of syringes, injection equipment, or any materials used to manufacture or consume drugs.*

PrEP Services

- Screen a minimum of 10 individuals per month for PrEP eligibility and refer/link those eligible to PrEP services.
- Increase awareness of PrEP/PEP services through education and outreach to priority populations
- Identify individuals who would benefit from PrEP/PEP
- Educate individuals at high risk about PrEP and PrEP adherence using a person-centered approach to influence health-related attitudes and behaviors
- Identify and reduce community level and individual level barriers to receiving PrEP
- Provide HIV risk reduction counseling
- Provide assistance to initiate an appointment with a PrEP services provider unless refused by the client.

- Encourage and support routine HIV testing in healthcare and non-healthcare settings that serve persons at risk for HIV in their community, coordinate testing services with other programs to avoid duplication of efforts
- Assist clients who have positive screening tests for HCV and HIV to address barriers to confirmatory testing and provide resources to clients who are uninsured or underinsured
- At least one designated and trained with required DPHHS training
- PrEP navigator must be a part of the program.
- Have an onsite provider who provides PrEP services or maintain a referral network of local medical providers or telehealth medical providers who provide PrEP services.
- Maintain a local referral network to screen and actively refer HIV-negative persons at risk for HIV infection to other essential support services which include healthcare benefits, behavioral health, and other medical and social services (e.g. housing, mental health services, substance use treatment services, employment, transportation, and other social services).

Outreach

Outreach services will be provided to identify persons with HIV and HCV who may know or be unaware of their status and are not in care to ensure rapid engagement in care, to provide education on HIV/HCV/STI risk reduction strategies, and to provide local resources for support services. Outreach can be used to identify and refer individuals to new and existing services.

Outreach services must include the provision of the following three activities:

1. Identification of people who do not know their HIV status and linkage to outpatient/ambulatory health services to enter care.
2. Provision of education and resources on HIV/HCV/STIs and health care coverage options.

II. National Institute of Health (NIH)-Community Partnerships to Advance Science for Society (ComPASS)

9/22/23-9/21/25; \$100,000 (Can be used for wages only)

Complete structural intervention-related epidemiological, behavioral, community and environmental/structural assessment. Components for assessment will include, but are not limited to:

- Surveys and/or interviews with people with lived experience of substance use disorder and housing insecurity.
- Interviews and/or focus groups with entities that interact with the population of interest - e.g. criminal justice system, housing authority, law enforcement, shelter services, healthcare providers, emergency departments, etc.
- Substance use-related epidemiological data for Butte-Silver Bow City County.
- Availability and accessibility of substance use care for people in Butte-Silver Bow City County.
- Policies in Butte-Silver Bow City County affecting availability of social supports and substance use care.
- Barriers and facilitators of substance use care among those with housing instability.
- Healthcare provider, faculty, and student attitudes towards people who use drugs and those experiencing housing insecurity.

Support establishment of the Health Equity Research Assembly (HERA), engaging multi sectoral partners as advisors to the project. To ensure representation from diverse groups, the subrecipient will support outreach to the groups they identify as important to this work, which might include groups such as:

- Those with lived experience of substance use disorder and housing insecurity.
- Tribal communities

- Rural partners
- Local housing authority
- Local shelter
- Law enforcement community
- Health profession student
- Policy makers
- Federally qualified health centers
- Urban Indian Organizations
- Health department liaisons

Work with project team, HERA, and people with lived experience to draft a structural intervention research strategy. Components of the structural intervention research strategy will include, but will not be limited to:

- Syringe service program (SSP)-based substance use care with possible options for outreach and/or telehealth-based care.
- Substance use care is supported by peer health navigators or community health workers.
- Expansion of harm reduction strategies.
- Mitigation of stigma by healthcare providers, faculty, and students.

III. DPHHS MOU For STD Clinics and Support of On-Site Rapid Syphilis, HIV, and HCV Testing

1/27/25-12/31/25; Point of Care Testing Supplies Provided by DPHHS

- Promote POC screening and sexual health services and other needed referrals to priority populations at the highest risk of exposure to STIs, HIV, and HCV
- Conduct free or low-cost POC testing for syphilis, HIV, and/or HCV and chlamydia and gonorrhea testing to populations
- Provide risk assessment, appropriate follow-up, risk reduction counseling and referrals for relevant healthcare and social services for each individual who receives STI/HIV/HCV testing or treatment, doxy PEP, and/or HIV Pre-exposure Prophylaxis (PrEP).
- Upon positive POC screening result for HCV or HIV, it is the responsibility of the Partner to provide or refer the individual for appropriate confirmatory testing or provide confirmatory testing
- Upon positive POC screening result for syphilis, it is the responsibility of the Partner to provide a non-treponemal test and physical exam with a provider
- Provide facilitation of, or referral to, HIV Pre-Exposure Prophylaxis (PrEP) for individuals at high-risk of exposure to HIV, by establishing/maintaining local referral networks capable of providing these services.
- Provide confirmatory testing as needed for syphilis/HIV/HCV for un- or underinsured individuals
- Ensure treatment is provided or administered for chlamydia, gonorrhea, and syphilis, ensuring that cost is not a barrier for uninsured- and underinsured individuals.

The DPHHS will supply syphilis, HIV, and HCV POC tests to the Partner in a quantity determined by the DPHHS, at its sole discretion, based upon availability of screening supplies, needs of other partners, and ensuring the most effective use of limited resources.

IV. Contract_2025-273_MT Opioid Abatement Grant

May 2025; \$33,590.25

January 2025 Opioid Abatement Proposal Award	
Syringes	\$4,999.80
Deterra pouches	\$8,560.00
Deterra consumer trifolds	\$62.50
Naloxone Nasale Spray-Type Training Kit 5/pk	\$99.00
Printing Materials (Work Books for Prime for Life)	\$3,308.95
Printing Materials Naloxone Trainings	\$1,500.00
Digital Concepts Media Campaign (6 months)	\$15,000.00
Juvenile Prime for Life -Evidence Based Training	\$60.00
Total	\$33,590.25

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Diane Regan

Fiscal Agent Email Address*

dregan@bsb.mt.gov

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.

Naloxone

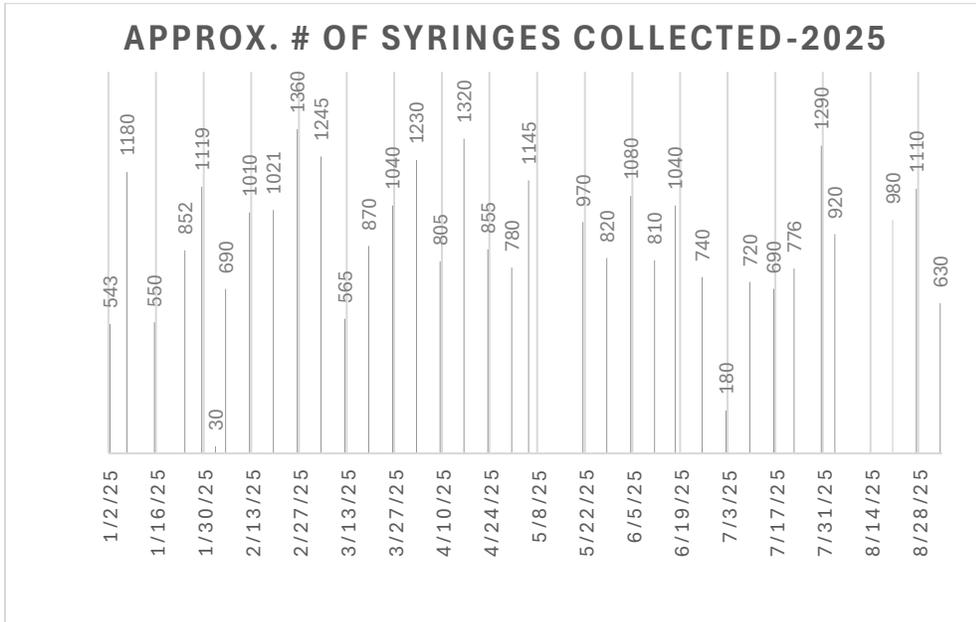
Currently, the Health Department's SSP faces several challenges, both fiscal and societal in nature. The primary challenge is our inability to acquire a free source of Naloxone that is also restriction-free. Our current source, Remedy Alliance, supplied Nasal Naloxone at no cost to SSP programs when the Montana DPHHS was unable to distribute Naloxone. Remedy Alliance no longer has the resources to supply free Nasal Naloxone. We can acquire no-cost injectable Naloxone; however, we've had limited interest distributing this route of administration, despite the advantages (longer shelf-life, rapid entry to bloodstream, and will withstand multiple freeze-thaw cycles).

The Health Department has nearly depleted its' entire supply of Naloxone and needs to fulfill orders for distribution at the start of the school year to the school district (22 cases) and Montana Tech (4 cases). Our SSP distributes approximately 7-8 cases per month to participants, We are requesting funding for 50 cases of Naloxone (each case contains 24 doses) for a total of

\$19,200 (1200 doses). Global Supply Exchange, who provided the lowest cost per case, guarantees a 36-month shelf life for their Naloxone, ensuring no wastage if a no-cost source becomes available.

Stericycle

Between January 1, 2025 and September 3, 2025, the Health Department SSP collected approximately 31,000 used syringes from participants. The cost of outside incineration of syringes is currently distributed across the Immunization, Family Planning, and Prevention programs, despite SSP syringes comprising the bulk of the inventory. None of the harm reduction funding support payment of the \$1,350/month charge for syringe disposal.



The Health Department is currently in discussion with the Montana DEQ regarding permitting an on-site incinerator to dispose of syringes collected from the SSP program. Once in place, the incinerator could be used for community medication disposal as well. Payment of Stericycle monthly charges for 10 months at a cost of \$13,500 would provide time to secure permitting and financing for an incinerator.

Non-Biased Community Project

Among people who inject drugs (PWID), perception of dehumanization due to drug use and/or being treated unfairly or discriminated against due to their injection drug use has created a stigma resulting in this population developing strategies that are counterproductive to overall health. PWID’s anticipate this type of stigma and avoid it by delaying presenting for healthcare, not disclosing drug use, downplaying pain, and seeking care elsewhere. In contrast to large institutional healthcare settings, users described non-stigmatizing environments within SSPs, where they experienced greater acceptance, mutual respect, and stronger connections with staff.

The current opioid overdose crisis is compounded by the rise of infectious complications from people who inject drugs, including endocarditis, skin and soft tissue infections, human immunodeficiency virus (HIV) and Hepatitis C. Management of infectious complications frequently require lengthy inpatient hospitalizations for administration of antibiotics and medical stabilization. People who use drugs (PWUD) are at increased risk of developing

infectious complications and the emergence of xylazine in the unregulated fentanyl supply has aggravated the situation significantly. People who inject drugs experience higher risk of infectious complications as well as significant stigma due to their route of administration, with these infections frequently requiring medical attention in a hospital setting. PWUD are also more likely to check themselves out before completing medical treatment due to stigma and poor communication between patient and provider.

As a Health Department, one of the most alarming trends observed in SSP data is the number of untreated HCV cases. SSP participants are required to be tested for HIV, HCV, and STIs every three months to continue participation in the needle exchange program. While participants are generally agreeable to the testing requirement, there is minimal interest in HCV treatment by HCV+ participants. Many have expressed reluctance to seek this treatment at a hospital or clinic due to prior negative experiences. While the Health Department has researched the possibility of offering this service to our participants, we have encountered several hurdles:

- 1) The exorbitant price of HCV treatment, even with our 340B pharmacy pricing.
- 2) Our SSP program is anonymous, meaning that our participants are identified by number only. While most have Medicaid or Medicare insurance, it is unclear at this time how many participants would be withdraw from the program if we abandon this identification format.

As an alternative approach, we propose a project that will:

- 1) Re-frame our SSP participants' negative healthcare perception,
- 2) Locate providers within our community who are PWUD friendly and those providers who would like to learn more about effective ways to communicate with this community; and,
- 3) Identify PWUD friendly providers and workers in community-based services who may be interested in this project.

We intend to accomplish these goals as follows:

I. SSP Staff Will Begin Wearing Scrubs

Our project will start small by breaking the negative association participants might have associating negative healthcare experiences with the sight of medical scrubs. Since participants already associate SSP with acceptance, mutual respect, and strong connections, it is our intention that they will soon associate scrubs with those positive emotions as well.

II. Compilation of Training Resources

Compile list of available training resources and trifold explaining the goal of our project and why it is necessary.

III. Create Emblem To Identify PWUD-Friendly Community

Find/create a unique emblem to identify providers and other community members that have received training specific to communicating effectively with PWUD and turn it into a button/pin to be worn on lapel or chest. For example, Google identifies the emblem below as the symbol for "empathy" and the mock -up indicates how it might be worn on a provider's scrubs.

Once SSP participants are familiar with this emblem, we will begin outreach to our partners with our Mobile Clinic at Southwest Montana Community Health who have already attended training and are familiar with our participants and distribute pins/buttons to them. We will

expand and distribute carefully to ensure that the community working with our PWUD understands what it means to wear the emblem.



IV. Conduct Outreach

Conduct outreach to locate a community of providers and others in the community with an interest in public health, addiction, and recovery. Our local HERA committee would be a good starting point.

Program Reach

- From January through August 2025, our SSP saw 286 individuals for a total of 763 visits. This represents more individual participants, but fewer visits than previously, which indicates more PWUD are coming to our Wednesday SSP hours and fewer making individual appointments.
- All Butte students from 4th-12th grade.
- Montana Tech students.
- Naloxone is taken to all community outreach events with printed instructions wrapped around each dose and numbers to call with questions or for referrals to other programs.

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.

- Maintain a supply of Naloxone sufficient to address community and SSP needs.
- Continue to provide sharps containers to businesses by request.
- Eliminate the cost of needle incineration by July 2026.
- Keep ratio of number of syringes returned by SSP participants to the number distributed greater than or equal to 1 in 2025.

Evaluation Method*

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

The effectiveness of all Health Department programs are continuously monitored, evaluated, and targets adjusted as necessary. Data for the SSP program is monitored and reported in the NEOGEO program as well as quarterly to the Montana DPHHS. Health Department certification also requires monthly monitoring of programs. Due to the funding struggles experienced by the

SSP and harm reduction programs, inventory and supplies are closely monitored in an effort to anticipate shortages of supplies provided by the State of Montana. Success can be measured according to the goals above.

Data Source*

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

- Primary data collected on SSP intake form.
- NEOGEO data reports.
- Addition of weekly SSP 1-question survey to address stigma levels, program anonymity.
- SSP and Family Planning testing data.
- ODMAP tracking of overdose events.

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.

- Print materials such as tri-fold brochures and bound training documents.
- Social media to promote projects.
- Information and resources on BSB-HD website.
- Utilization of the Health Department digital outdoor sign.

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.

W9_BSBHD_11-25-24.pdf

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

File Attachment Summary

Applicant File Uploads

- Sept 8, 2025 Opioid Abatement Proposal Budget Final.xlsx
- W9_BSBHD_11-25-24.pdf

Butte-Silver Bow September 8, 2025 Opioid Abatement Proposal

Naloxone	Price	Quantity	Units	Total
Naloxone Nasal Spray - SSP Program	\$384.00	17	case	\$6,528
Naloxone Nasal Spray - Community Programs	\$384.00	33	case	\$12,672
<i>Subtotal</i>				\$19,200

Stericycle/Sharps Containers

Incineration of syringes from SSP program	\$1,350.00	10	month	\$13,500
Sharps Containers	\$14.06	50	cartons	\$703
<i>Subtotal</i>				\$14,203

Non-Biased Community Project

Scrubs (top/bottom)	\$32.99	5	each	\$165
Unisex scrub top	\$14.98	5	each	\$75
Trainings - Brochures	\$1.00	75	each	\$75
Bound Print Materials	\$3.25	75	each	\$244
Pins-materials/supplies	\$0.75	100	each	\$75
<i>Subtotal</i>				\$634

Total	\$34,037
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Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

BUTTE-SILVER BOW CONSOLIDATED GOVERNMENTS

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions) **Municipal Corp & Political Subdivision of the State of Montana**

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.

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

Exempt payee code (if any) **3**

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) **C**

(Applies to accounts maintained outside the United States.)

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

155 W. Granite St.

6 City, state, and ZIP code

Butte, MT 59701

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

			-						
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OR

Employer identification number

8	1	-	0	3	6	8	6	9	8
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person *Deani Regan* Date *11/25/24*

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cameron, Marcee

From: Ana Viruel <ana.viruel@globalsupplyexchange.com>
Sent: Friday, September 5, 2025 1:12 PM
To: Cameron, Marcee
Subject: NALOXONE INQUIRY - GSE MEDICAL SUPPLIES

This message did not originate from a Butte-Silver Bow email account and therefore cannot be validated. Please ensure you respond accordingly and proceed with caution.

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Marcee,

Thanks for reaching out! My name is Ana; I'll be assisting you with this inquiry. For 50 naloxone cases would be \$384.00 per case.

50 cases x \$384 = \$19,200 + free ground shipping to one location.

Few key features of this product:

- Each kit comes with 2 single doses
- Each case comes with 12 kits (recommended way to order)
- We source it directly from the manufacturer ensuring you get the freshest product
- Expiration date is 36 months

Please let me know if you have any questions. I'm here to help!

Cheers,

— Ana Viruel
Spanish / English



Medical Solutions Specialist
Phone number: 786-436-7320
Email: ana.viruel@globalsupplyexchange.com



Visit the COZYFIT Store

COZYFIT Scrubs for Women Set - Stretch V-Neck Scrub Top & Jogger Pant with 8 Pockets

4.2 ★★★★★ (8,725) | [Search this page](#)

3 sustainability features ▾

#1 Best Seller in Women's Medical Scrub Sets

400+ bought in past month

 Best Price on Amazon

\$32⁹⁹

FREE Returns ▾

Color: Dark Grey

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WonderWink Women's Unisex V-Neck Top

4.1 ★★★★★ (418) | [Search this page](#)

 Best Price on Amazon

-17% **\$14⁹⁸**

List Price: \$18.00 ⓘ

FREE Returns ▾

Color: **Pewter**

