

# Integrated SUD and Behavioral Health Care To Combat the Opioid Epidemic in Eastern Montana

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

## ***Bighorn Valley Health Center, Inc. dba One Health***

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## ***David Mark***

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# Application Form

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## *Region Selection*

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

### **Project Name\***

Integrated SUD and Behavioral Health Care To Combat the Opioid Epidemic in Eastern Montana

**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.

Abatement Region 1

### **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*

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### **About the Organization/Program\***

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

Bighorn Valley Health Center, Inc. dba One Health is a Federally Qualified Health Center serving rural communities across Montana and Wyoming. Our mission is to improve the wellbeing of the whole community by providing accessible, high-quality healthcare. One Health began with a simple but powerful calling — to bring compassionate, accessible primary care to underserved communities across southeastern Montana. Over time, that mission has evolved into a commitment to spark community transformation.

We believe whole health includes meaningful work, a sense of belonging, safe and vibrant spaces, and the chance to shape one's own future. Our vision is to help create communities where everyone can thrive — physically, mentally, and socially. Today, One Health operates numerous sites across central and eastern Montana and northern Wyoming, offering medical, dental, behavioral health, substance use treatment, and pharmacy services through an integrated team-based model. Our model of Whole Community Care recognizes that healing must occur not only within individuals, but also within the broader communities they call home.

The proposed Region 1 Opioid Abatement Project expands the proven work of One Health's integrated model to strengthen the full continuum of opioid-related care—prevention, harm reduction, treatment, and recovery—through community engagement, naloxone distribution, MOUD expansion, peer recovery navigation, and wrap-around supports.

Activities build on programs initially started with funding from the Opioid Education & Naloxone Distribution Program (OENDP), the State Opioid Response (SOR) program, and HRSA RCORP Overdose Response. As these grants have come to an end, MOAT funds will be used to support essential non-revenue-generating personnel costs to ensure sustainable, non-duplicative impact across frontier counties.

## What category does the program fit into\*

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

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

Prevention  
Treatment  
Recovery

## Exhibit E List of Opioid Remediation Uses

*Schedule A - select all that apply*

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

## Exhibit E List of Opioid Remediation Uses

*Schedule B - select all that apply*

- A. TREAT OPIOID USE DISORDER "OUD"
- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- G. PREVENT MISUSE OF OPIOIDS
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
- 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*

This proposal fulfills the MOAT Exhibit E Guidelines by expanding access to evidence-based, integrated care for individuals at risk of or affected by OUD. Through a comprehensive continuum that blends prevention, harm reduction, treatment, and recovery, the project strengthens both local response capacity and long-term systems of care across rural and frontier communities.

- Naloxone distribution & training (Core A):

Community Health Workers (CHWs) will conduct trainings for first responders, schools, law enforcement, and community partners. Training events will include overdose recognition, administration of naloxone, post-overdose response, and referral to treatment. Each county will receive new naloxone supply and public awareness materials to ensure rapid community response and life-saving intervention capacity in every major population center.

- MAT and MOUD expansion (Core B):

Licensed prescribers, behavioral health clinicians, and pharmacists will extend access to FDA-approved medications for OUD through both telehealth and in-person clinics. Care will follow the ASAM continuum and integrate behavioral therapy, case management, and pharmacy consultation.

- Warm hand-offs and recovery navigation (Core E):

Peer Support Specialists and CHWs will link patients from emergency departments, detox programs, jails, and community partners directly into treatment and recovery services. Behavioral Health Care Managers (BHCMS) embedded in primary-care teams will coordinate referrals, monitor adherence, and ensure that patients receive timely access to wrap-around support.

- Prevention and awareness (Core G):

Public outreach, engagement, and provider education will promote understanding of opioid risks, safe storage, medication disposal, and stigma-free pathways to care. CHWs and Peer Support Specialists will organize events, distribute educational materials, and partner with schools, faith groups, and tribal organizations to foster resilience and early intervention.

## 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

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### Requested Amount\*

\$525,000.00

### Program Budget\*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

MOAT Budget Narrative.pdf

## Source of Funding\*

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

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

While our program currently does not receive funding from another source, One Health's multilayered program addressing the challenges of substance use disorder and the opioid epidemic traces its development to several key grants that helped catalyze the program. As these grants have now expired, our proposed Opioid Abatement Project will extend—but not supplant—funding from these other federal and state sources that served as seed capital to launch the program:

- OENDP grant (naloxone education and distribution): We received funding from the Montana Public Health Institute, in partnership with MT Department of Public Health and Human Services (DPHHS) as part of the Montana Opioid Education and Naloxone Distribution Programs (OENDP) Pilot Project. We received \$74,000 in the first grant period (April 15, 2023 – September 29, 2023) and an additional \$99,000 for year 2 (September 30, 2023 – September 29, 2024) to improve access to training, resources, and naloxone in central and eastern Montana communities.
- SOR grant (MOUD and telehealth integration): The Montana State Opioid Response grant has been another source of funds that has helped us shape our program. We received a \$100,000 grant from this program in 2024 to hire two Behavioral Health Care Managers at a non-Region 1 clinic site. Similar to our proposed use of the MOAT funding, this grant supported vital members of the integrated team whose positions were not directly revenue producing.
- RCORP Program (treatment access points in rural counties): We have been awarded several grants from the HRSA Office of Rural Health through the Rural Communities Opioid Response Program. These grants have help expand our integrated SUD/BH model of care delivery to sites in our Region 1 footprint, supporting personnel costs associated with various positions (Community Health Worker, Behavioral Health Care Manager, peer support specialist, behavioral health clinician). These grants all are set to sunset within the upcoming calendar year.

MOAT funds will specifically cover regional expansion—personnel time for a community health worker, peer support specialist, and two behavioral health care managers—that are not currently funded by these grants. No existing funding will be replaced or duplicated.

## Do you have a Fiscal Agent\*

No

## Program Abstract

### Program Description\*

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

Our two-year proposal strengthens One Health’s regional infrastructure to address opioid-related harms across a vast and sparsely populated area of northern and eastern Montana. The award will fund a coordinated continuum of care anchored by our integrated behavioral health and SUD treatment staff working in Region 1. This team includes licensed primary care and behavioral health providers, licensed addictions counselors, certified community health workers (CHWs), and certified behavioral health peer support specialists (CBHPSSs) who collectively lead regional prevention, harm reduction, treatment, and recovery activities.

Funding from this award will primarily offset personnel costs associated with key positions essential to program success but not directly revenue-generating, including 1.0 FTE CHW, 2.5 FTE Behavioral Health Care Managers (BHCMS), and 1.0 FTE CBHPSS. As indispensable members of our integrated care teams, these staff build trusting relationships with patients, coordinate access to holistic care (addressing both mental health and SUD needs), and deliver community education on overdose prevention and recovery. The CHW conducts warm hand-offs and community prevention work, strengthening awareness of opioid risks, safe storage, and stigma-free access to care. BHCMS facilitate case coordination and continuity between behavioral health, primary care, and community supports. CBHPSSs extend the reach of our programs—conducting Narcan trainings, leading peer recovery circles, assisting with justice-system reentry, and collaborating on education initiatives.

#### Key Program Components:

**Prevention:** Community education, provider training on safe prescribing, and youth outreach through local colleges and coalitions.

**Harm Reduction:** Naloxone distribution to law enforcement, schools, and families; community training events; and awareness on fentanyl and medication safety.

**Treatment:** Expansion of MOUD access via telehealth and in-person clinics; integration of behavioral health, pharmacy, and case management at One Health sites in Ashland, Glendive, and Miles City.

**Recovery:** Peer navigation, recovery fitness programming, and wrap-around supports including employment and childcare linkages.

The project directly responds to the Region 1 opioid crisis, where overdose mortality (19.6 per 100,000) exceeds the state average and treatment access is constrained by geography and workforce shortages. By reinforcing the “connective tissue” roles of CHWs, BHCMS, and CBHPSSs, One Health ensures that every individual in need—whether referred from a partner agency, justice system, or family member—has a consistent, compassionate advocate guiding them through prevention, treatment, and recovery.

### Specific Goals\*

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

Our two-year program establishes a focused, outcomes-based plan to strengthen the continuum of opioid-related care across Region 1. Our internal Implementation Team will be coordinated by Mindy Jorgensen, LCPC, Behavioral Health Director for the East Region. The program leverages One Health’s integrated-care and telehealth infrastructure while using MOAT funds to support personnel and community engagement that reduce overdoses and improve recovery access.

#### 1. Conduct community outreach and expand naloxone availability.

The CHW will guide naloxone training and distribution across all Region 1 counties, ensuring schools, law-enforcement agencies, and community partners have active trainers and sufficient supply. Each partner will identify local groups for training using a “snowball” outreach model—reaching at least one new organization

per county each month. Overdose Emergency Cabinets will be installed in every county within six months, and at least 500 people will be newly trained within 12 months. Each county will designate a Narcan Champion to lead a Race to 100 challenge and host an annual Food for the Soul community event combining naloxone training, meal service, and—when possible—mobile HIV, Hep C, and STI screening.

### 2. Increase access to MOUD and behavioral health care.

Expand buprenorphine and other FDA-approved medications for OUD through in-person and telehealth visits, integrating counseling and case management. Target: a 25 % increase in active MOUD patients and ≥ 75 % retention at 90 days. A hybrid model using licensed prescribers, two Behavioral Health Care Managers (BHCM), and one Certified Behavioral Health Peer Support Specialists (CBHPSS) will ensure consistent follow-up.

### 3. Strengthen recovery supports and workforce capacity.

The Peer Support Specialist will be deployed to lead recovery groups, coordinate warm hand-offs from EDs, and partner with courts and probation for diversion to treatment. A regional referral system and shared tracking database will improve cross-agency coordination.

#### Implementation Approach.

MOAT funds will support the CHW, BHCM, and CBHPSS positions that connect medical providers, behavioral-health teams, and community partners. Additional support covers indirect costs associated with training, outreach, and rural travel. Progress will be reviewed quarterly and tracked through data dashboards measuring training participation, patient engagement, and recovery outcomes.

## 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.

Our program will be evaluated through One Health's established and ongoing Quality Management (QM) Program, which integrates data collection, analysis, and continuous improvement across all departments. Oversight will be provided by the Quality Team (QT)—a standing, board-reporting committee that reviews data monthly—and the Regional Behavioral Health leadership team, which will oversee day-to-day monitoring of implementation progress.

Our evaluation staff include clinical leaders as well as staff from our Health Data Analytics group. This group will ensure that data are consistently collected, analyzed, and used to guide action. This team has a regular cadence of meetings to assess progress toward goals, verify data integrity, and recommend corrective actions when needed. Data will be aggregated from multiple systems, including One Health's Athena electronic health record (EHR), naloxone distribution and training logs, county and state overdose dashboards, and periodic participant surveys administered through SurveyMonkey.

Evaluation activities will emphasize both accountability and learning. Quantitative data (such as utilization, engagement, and referral trends) will be complemented by qualitative data gathered from interviews and surveys with patients, participants in various outreach and training events, and partner agencies. Together, these sources will help assess whether program strategies are reaching intended populations, improving service access, and reducing barriers to care.

Our quality staff will synthesize evaluation results into quarterly dashboards that summarize regional performance trends and track changes over time. When performance falls below established thresholds, the team will launch formal Quality Improvement (QI) projects using standardized methodologies such as Plan-Do-Study-Act (PDSA) and Lean process mapping. These projects will identify root causes of performance gaps, implement operational changes, and monitor sustainability of improvements over time.

Findings will be reported regularly as requested to the MOAT, as well as regularly to organization leadership and the One Health Board. Our integrated evaluation model ensures that data are not only collected for compliance, but also actively used to refine strategy, improve efficiency, and document measurable impact in reducing opioid-related harm and expanding recovery access across Region 1.

## 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.

Our program will employ a mixed-methods evaluation approach designed to measure both implementation progress and long-term impact on overdose prevention, treatment engagement, and recovery outcomes. Evaluation activities will focus on the fidelity, reach, and effectiveness of the interventions described in this proposal, with data compiled quarterly and reviewed by our BH staff and Quality Team.

Process Measures will track the scope and scale of activities conducted throughout the region, and may include:

- Number of naloxone kits distributed, trainings completed, and community organizations engaged.
- Number of individuals initiating and maintaining MOUD services, both in-person and via telehealth.
- Number of peer-support encounters, warm hand-offs completed, and community referrals made.
- Number of partner organizations participating in awareness campaigns and public events.

Outcome Measures will assess the effect of these activities over time, and may include:

- ≥ 15 % reduction in reported opioid overdose incidents within 12 months (as measured by county-level EMS and DPHHS data).
- ≥ 25 % increase in individuals initiated on MOUD and retained for at least 90 days.
- ≥ 80 % satisfaction rating among program participants and partners (measured through standardized post-event and recovery-support surveys).
- Reduction in emergency-department visits related to opioid overdose or withdrawal, and increased referrals from justice and law-enforcement partners into treatment and recovery programs.

Evaluation data will be compiled through multiple validated sources such as: our electronic health record (EHR) system; BH staff training and distribution logs; county health department overdose tracking reports; and the Montana Department of Public Health and Human Services (DPHHS) Overdose Indicators Dashboard. All data will be aggregated at the regional level and analyzed for trends by age, gender, geography, and referral source. Findings will be summarized in quarterly dashboards shared with MOAT, regional stakeholders, and organizational leadership. Staff will use these findings to adjust strategies, identify service gaps, and strengthen sustainability. In addition, we will conduct qualitative interviews with patients and providers to identify barriers to engagement and opportunities for improvement. Evaluation results will inform continuous improvement cycles and be reported to demonstrate compliance with the MOAT Framework and Exhibit E priorities.

## 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.

We will implement a robust, multi-channel awareness strategy designed to engage diverse audiences, normalize treatment and recovery, and reduce the stigma surrounding substance use disorder. Public communication will be rooted in data, storytelling, and authentic community partnership—ensuring that residents of Region 1 understand the scope of the opioid crisis and the resources available through our program.

**Stakeholder and Public Updates.**

Periodic meetings with community partners—including law enforcement, schools, public-health departments, and tribal coalitions—will focus on current data trends and program outcomes. These findings will inform local strategies and be broadly disseminated through social media, community presentations, and written materials. Such items will be freely shared with partners to encourage replication and collaboration.

**Multimedia and Studio Outreach.**

Our in-house recording studio serves as a creative hub for SUD outreach. The studio produces One-in-Five, a podcast highlighting rural healthcare and recovery stories, and records public-service announcements and short educational segments aired in local theaters, on regional radio, and across social-media platforms. These efforts use real voices from the community to build trust and promote understanding that recovery is possible.

**Community-Based Engagement.**

Community engagement teams at each One Health clinic will coordinate awareness events in partnership with local organizations. Activities will include participation in farmers' markets, powwows, and health fairs; sponsorship of "fun run/walk" events; and hosting information booths at community celebrations. Our CHW and CBHPSS will be deployed throughout the service area, providing on-site naloxone training, information on MOUD services, and resource referrals.

**Digital and Peer Networks.**

Social-media channels (Facebook, Instagram, and the One Health website) will highlight success stories, promote training opportunities, and share prevention messages in a non-intrusive, stigma-free manner. A Peer Support Facebook group—composed of Certified Behavioral Health Peer Support Specialists—will extend these efforts, offering recovery-oriented discussion and connection.

Through this multi-layered approach—combining storytelling, data transparency, and personal engagement—One Health will foster awareness, empathy, and hope across Region 1 while connecting more individuals and families to life-saving care.

## *Additional Documents*

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### **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.

BVHC 501c3 Letter.pdf

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

**Upload #1**

**Upload #2**

**Upload #3**

**Additional Information**

## File Attachment Summary

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### *Applicant File Uploads*

- MOAT Budget Narrative.pdf
- BVHC 501c3 Letter.pdf

Budget Line Item/Object Class Category	Year 1	Year 2
<b>PERSONNEL</b>		
Community Health Worker	43,680	44,554
Behavioral Health Care Manager	109,200	111,384
Certified Behavioral Health Peer Support Specialist	38,064	38,825
<b>TOTAL PERSONNEL</b>	<b>190,944</b>	<b>194,763</b>
<b>FRINGE BENEFITS</b>		
FICA @ 7.3%	13,939	14,218
Health Insurance @ 12.2%	23,695	24,061
Unemployment Insurance @ 2.0%	3,819	3,895
Workers Compensation @ 1.7%	3,246	3,311
Retirement @ 1.5%	2,864	2,921
<b>TOTAL FRINGE BENEFITS</b>	<b>47,563</b>	<b>48,406</b>
<b>TRAVEL</b>		
Local travel: We anticipate 11,000/year local travel (based on current experience in the region) @ \$0.70/mile = \$7,700	7,700	7,700
Training for CHW (Fundamentals of a Community Health Worker, CHW Supervisor), \$2,000. Training for CBHPSS, \$2,350. Training for BHCM (SBIRT, MI, QPR, MOAB), \$1,650/FTE = \$3,300. Vendor: Montana Office of Rural Health and Area Health Education Center.	7,650	2,000
<b>TOTAL TRAVEL</b>	<b>15,350</b>	<b>9,700</b>
<b>TOTAL DIRECT CHARGES</b>	<b>253,857</b>	<b>252,869</b>
<b>TOTAL INDIRECT COSTS</b>		
de minimis <5% of modified total direct costs	6,143	12,131
<b>TOTAL BUDGET</b>	<b>260,000</b>	<b>265,000</b>

<b>Year 1 Proposed Personnel</b>				
<b>Name</b>	<b>Position Title</b>	<b>% of FTE</b>	<b>Base Salary</b>	<b>Amount Requested</b>
TBD	Community Health Worker	100%	43,680	43,680
TBD	Behavioral Health Care Manager	250%	43,680	109,200
TBD	Certified Behavioral Health Peer Support Specialist	100%	38,064	38,064
<b>TOTAL</b>				<b>190,944</b>

<b>Year 2 Proposed Personnel</b>				
<b>Name</b>	<b>Position Title</b>	<b>% of FTE</b>	<b>Base Salary</b>	<b>Amount Requested</b>
TBD	Community Health Worker	100%	44,554	44,554
TBD	Behavioral Health Care Manager	250%	44,554	111,384
TBD	Certified Behavioral Health Peer Support Specialist	100%	38,825	38,825
<b>TOTAL</b>				<b>194,763</b>

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 07 2010

BIGHORN VALLEY HEALTH CENTER INC  
C/O DAVID GRABER  
RR1 BOX 1211D 631 WOODLEY LN  
HARDIN, MT 59034

Employer Identification Number:  
27-3113428  
DLN:  
17053271308030  
Contact Person:  
JULIE CHEN ID# 31261  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
September 2, 2010  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

BIGHORN VALLEY HEALTH CENTER INC

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, looping initial "R".

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-PC