

# Grow Together: Expanding the Universally Offered Home Visiting to Address the Opioid Epidemic

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*2026 Montana Opioid Abatement Trust Grants*

## ***Lewis and Clark Public Health***

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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\***

Grow Together: Expanding the Universally Offered Home Visiting to Address the Opioid Epidemic

**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.

Lewis & Clark County Metro Region

### **Regional Funding Request\***

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

Lewis & Clark County Metro Region

## *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.

As the accredited City-County Health Department, Lewis and Clark Public Health (LCPH) has improved and protected the health of Lewis and Clark County residents for more than 80 years. LCPH delivers services to more than 70,000 community members. The County's Finance Department maintains strong internal controls to ensure separation of duties, proper procurement, and sound fiduciary oversight. Approximately half of LCPH's budget is grant funded, and the agency has a demonstrated history of responsible grant management. LCPH's Home Visiting Team provides essential support to pregnant women and families with young children. Home visitors serve as a critical, trusted connection point—particularly for families impacted by the opioid epidemic. Through relationship-based support, home visitors strengthen parent-child bonds, build parental skills and resilience, and connect families to community resources. They are uniquely positioned to coordinate care during pregnancy and postpartum, identify substance use risk, and ensure parents and infants access needed services. The 2024 Community Health Assessment identifies pregnant women and families with young children as a high-risk population. While traditional home visiting serves income-eligible families, many don't meet the eligibility criteria still need connection, leaving a gap.

Universally Offered Home Visiting closes this gap by providing the same trusted services to all families, regardless of income or background. Grow Together, LCPH's program, offers every interested pregnant woman and family up to four home visits during pregnancy and the baby's first year. In addition to direct services, Grow Together strengthens coordination between early childhood and substance misuse systems. By embedding a representative within established networks, the program will identify gaps in the continuum of care, formalize referral pathways, and create smoother warm handoffs between agencies—ensuring families experience seamless care.

## 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

## 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
- 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*

- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- E. NEEDS OF PREGNANT/PARENTING WOMEN, BABIES W/ NEONATAL ABSTINENCE SYNDROME
- G. PREVENT MISUSE OF OPIOIDS
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
- J. LEADERSHIP, PLANNING, & COORDINATION

## 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*

With a focus on early intervention, substance use prevention, care coordination, and support for pregnant and postpartum women and their families, this program is a strong fit for opioid settlement funds. Grow Together directly aligns with and utilizes several core abatement strategies identified in Exhibit E (Attachment A).

Schedule A.A-Goal 1.1 gives every family interacted with at the hospital after birth and every enrolled family receives Naloxone, education on use, and how to request more.

Schedule B.H-Goal 1.2 trains Early Childhood networks on Naloxone. The home visitor (HV) will present on administering Naloxone to the Home Visiting Taskforce. Upon request, the HV will expand Naloxone or other behavioral health trainings to early childhood organizations.

Schedule A.C-Goal 2.1 closes the significant gap in prenatal/postnatal care by expanding the trusted services of existing home visiting programs to all families, regardless of their income, risk factors, or background.

Families will receive the expanded, opioid prevention-focused services during home visits. Goal 3.1: SBIRT screening will be administered to every family during the second home visit to identify any substance use concerns within the household, including partners and other family members.

Schedule A.E-Goal 4.1 bridges the gap between early childhood networks and substance misuse networks. The home visitor will begin coordination efforts by participating in the Strong Roots Substance Misuse Coalition.

Schedule B.C-Goal 4.2: Grow Together provides four visits to connect families quickly with resources. When ongoing needs are identified, families can be referred to Parents as Teachers, which offers monthly visits until the child enters kindergarten. These extended services help families access treatment, sustain recovery, and strengthen overall well-being.

Schedule B.J-Goal 5.1: LCPH Data Portal will host data across key focus areas related to opioid and substance use prevention efforts.

## 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\*

\$26,181.00

### 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.

Grow Together Program Budget.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.

In October 2024, Lewis and Clark Public Health (LCPH) secured an 18-month grant from the Montana Department of Public Health and Human Services (DPHHS) to launch a Universally Offered Home Visiting

(UOHV) pilot program. This initial funding, which sunsets March 31, 2026, allowed LCPH to hire a certified postpartum doula to develop and implement the program. LCPH was able to secure funding through local opioid funds, a mini grant from DPHHS, and Mental Health Block Grant funds to keep the program running through August 30, 2026.

Although the program is still in its early stages of development and implementation, it has already demonstrated clear community benefit. The home visitor has begun closing a major gap in prenatal and early childhood services, reaching dozens of families who would not have otherwise qualified for traditional home visiting programs (28 enrolled thus far), and continues to expand awareness, enrollment, and participation across the community.

Additional time and resources are needed to fully implement the program, measure effectiveness, and evaluate long-term impact. Beginning in September 2026, there are no remaining funds to sustain the universally offered home visitor position. LCPH is actively seeking new funding sources to build upon the program's early successes. We believe the proposed Grow Together program represents a strong fit for and highly effective use of opioid settlement funds.

The expansion of UOHV directly addresses a critical gap in opioid and substance use prevention and aligns with several core opioid abatement strategies outlined in the Opioid Remediation Guidelines (Exhibit E), including substance use prevention, harm reduction, improved care coordination and warm handoffs, and support for all pregnant and parenting families regardless of income or background.

## Do you have a Fiscal Agent\*

Yes

## *Fiscal Agent Contact Info*

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### Fiscal Agent Name\*

Lewis and Clark County

### Fiscal Agent Email Address\*

bocc@lccountymt.gov

## *Program Abstract*

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### Program Description\*

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

Grow Together is a universally offered home visiting (UOHV) program within Lewis and Clark Public Health (LCPH) that provides every pregnant woman and family with up to four home visits, regardless of income, across the five-county region of Lewis and Clark, Broadwater, Jefferson, Meagher, and Powell Counties. Visits may occur during pregnancy, postpartum, and through the baby's first year of life.

Home visitors are a vital but often underfunded connection point for pregnant women and families with young children affected by the opioid epidemic. The purpose of Home Visiting is to reach families at the critical time of pregnancy and postpartum, setting them up for success and establishing a strong base for the new baby. Home visitors build close and trusting relationships with families, promote healthy parent-child bonds, and help build parental skills, knowledge, and resiliency. Traditional Home Visiting is limited to families who meet specific eligibility requirements, leaving a large gap. Grow Together closes that gap by offering the needed service to every family, because as we know, substance misuse and opioids don't discriminate who they can affect.

By meeting families where they are, the home visitor builds trust and is uniquely positioned to screen, intervene, and connect families to additional care. During the second visit, the home visitor conducts a focused discussion on substance use prevention and available resources, administers the SBIRT screening, uses motivational interviewing to discuss substance use prevention and treatment, and delivers Naloxone and education on its use. Based on screening results, families are connected through a warm handoff to appropriate services such as substance use treatment, recovery programs, or longer-term home visiting models like SafeCare and Parents as Teachers.

There are many coalitions and networks for both early childhood and substance misuse in LCC. But they don't communicate. This project will help bridge that gap to ensure stronger care coordination.

Specifically, the program's objectives with these funds are to:

1. Prevent overdose deaths by increasing the availability, distribution, training, and education for Naloxone
2. Expand best practice Screening, Brief Intervention, and Referral to Treatment (SBIRT) to pregnant and postpartum women
3. Address the needs of pregnant or parenting women and their families
4. Expand warm handoff referrals to local early childhood organizations and substance use treatment and recovery providers, increasing connections to care
5. Centralize local tracking and reporting of substance use, early childhood, and behavioral health outcomes and indicators

## Specific Goals\*

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

Program Goal 1: Prevent overdose deaths by increasing the distribution & training for Naloxone

Goal 1.1: Distribute at least 100 boxes of Naloxone

Families enrolled and/or interacted at the hospital post birth will receive Naloxone, education on use, and how to request more supplies during their home visit.

Goal 1.2: Share Naloxone information with Early Childhood partners.

The home visitor will present Naloxone to the Home Visiting (HV) Taskforce. Upon request, the home visitor will expand Naloxone or other behavioral health-related trainings to early childhood organizations.

Program Goal 2: Address the needs of pregnant or parenting women and their families

Goal 2.1: 10% increase in families receiving HV services through the Grow Together Program from FY 26 to FY27

We expect to serve 35 women in FY26. Grow Together will help close the gap in prenatal/postnatal care in our community by expanding HV programs with the opioid prevention-focus to all families, regardless of their income.

Program Goal 3: Expand "SBIRT" to pregnant and post-partum women

Goal 3.1: 75% of enrolled families will complete the Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT screening will be administered to every family during the second visit to identify any substance use concerns within the household, including partners and family members.

Program Goal 4: Expand warm handoff referrals to local early childhood organizations, substance treatment and recovery providers, and increase connections to care

Goal 4.1: The home visitor actively participates in at least 1 existing substance misuse coalition

The home visitor will coordinate efforts by participating in the Strong Roots Substance Misuse Coalition (tracked via minutes).

Goal 4.2: Connect at least 15 new families to Parents as Teachers (PAT) evidence-based HV program Universal HV provides 4 visits to connect families quickly. When ongoing needs are identified, families can be referred to PAT, which offers monthly visits until the child enters kindergarten. These extended services help families access treatment, sustain recovery, and strengthen well-being. Since the beginning of the program in December 2024, the home visitor has enrolled 30% of participating families in PAT.

Program Goal 5: Centralize local tracking and reporting of substance use, early childhood, and behavioral health outcomes and health indicators

Goal 5.1: Maintain and update a centralized dashboard through the LCPH Data Portal

## 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.

Grow Together is in its infancy and, therefore, needs a strong evaluation plan and data collection effort to ensure the program meets its short-term and long-term goals for the community.

Our evaluation plan has three main components: 1) tracking program reach and service delivery outputs, 2) visualizing improvements in care coordination and referral pathways, and 3) documenting the expertise shared with us directly by participating families. Together, this will guide continuous quality improvement and inform future program planning.

1. Direct counts of program reach and delivered services:

We will track quantitative measures of the program's impact, including:

- Naloxone kits distributed
- Substance use screenings administered (SBIRT) and related education provided
- Families participating in all home visiting programs
- Non-Medicaid eligible families receiving home visiting services through the Universally Offered Home Visiting Program (UOHV) who would have otherwise not qualified
- Families referred to and enrolled in Parents as Teachers, a longer-term home visiting program that serves families for up to the first five years of their child(ren)s' lives

2. Surveys and Interviews:

To enrich and complement our quantitative evaluations, we will listen to and document insights directly from participating families through surveys and, as capacity allows, one-on-one interviews. We view this approach as more than just a tool for evaluation, but opportunities to: 1) uplift the voices, lived experiences, and expertise of the families served by home visiting programs, and 2) learn from their expertise and adapt our programs responsively to better serve all families.

- Traditional surveys will be administered and filled out by participants either online or in person during home visits, providing quantifiable measures of program impact.
- As funding and capacity allows, we will also conduct one-on-one interviews with participants who volunteer. Interviews will allow us to learn much more from the families we serve: the lived experiences and nuances of program successes and challenges that traditional surveys are unable to capture.

Funding for this evaluation component is essential to ensure that we can request participation ethically and fairly. Recognizing the value of time spent by women and their families, this funding provides a small compensation for the invaluable knowledge and expertise that they share with us.

## 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.

Program Reach and Service Delivery

The Universal Home Visitor uses a secure internal data system to track program reach and service delivery. Each family contact is logged, and the home visitor documents enrollment, number of visits, and details for each encounter; including, screenings, resources, referrals, and Naloxone distribution.

#### Participant Expertise and Program Satisfaction

Participant satisfaction surveys will be completed either in person or online using LCPH's HIPAA-compliant JotForm online platform. If capacity allows for one-on-one interviews, LCPH will use secure transcription software to convert recordings to text. Audio files will be deleted after transcription, and anonymized transcripts will be stored on a secure county server.

#### Secondary Data Sources

Currently, data and program outcomes related to behavioral health and early childhood services are collected and published across multiple agencies and websites. This fragmentation makes it difficult for partners to see the complete picture of our collective impact.

LCPH will compile relevant indicators from partner organizations and the Montana Department of Public Health and Human Services (DPHHS). This data will be shared through the LCPH Data Portal to provide providers, policymakers, and the public with consistent, timely, and actionable data.

#### Key DPHHS Data Sources:

- Montana Pregnancy Risk Assessment Monitoring System (PRAMS): Maternal health behaviors and outcomes
- Behavioral Risk Factor Surveillance System (BRFSS): Substance use and mental health indicators
- Hospital Discharge Data: Emergency department visits, including infant and behavioral health-related cases
- Vital Statistics: Birth and death data

## 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 utilize a multifaceted approach to help build awareness of this program, including:

- In-person visits: The home visitor is going into the Women and Children's Unit at St. Peter's Health twice a week to see families who are giving birth. Meeting the families face-to-face makes them more interested in the program and seeing if it is a right fit for them.
- Handouts: All families who give birth at St. Peter's Health are given a packet of materials when they leave the hospital. One of those handouts is a flyer for enrolling in the Grow Together program. This flyer is also given out at outreach events.
- Partner Engagement: The Home Visiting team participates in many coalitions that include early childhood and medical providers, such as the State Home Visiting Coalition, Early Childhood Coalition of the Greater Helena Area, the Home Visiting Task Force, and the Universal Home Visiting Advisory Board. At these group meetings, one goal is to increase early childhood providers' awareness of the program so they can make referrals when they encounter a pregnant or recently postpartum family.
- Video Promotion: The home visiting team has created a video to market home visiting in an accessible and engaging format. This video will be promoted and shared through social media and other online platforms to encourage referrals.
- Other advertising: In the current grant from the Montana Department of Public Health and Human Services, we have funds for advertising the program. That is going to be used for radio and social media advertising.

## *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.

lcc\_irs-determination-letter\_2009.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**

Attachment A. Table Outlining Goals, Exhibit E, and Objectives.pdf

### **Upload #2**

Attachment B. Need.pdf

### **Upload #3**

### **Additional Information**

We have received funds from local opioid settlement funds for January 2026-June 2026 to start this opioid prevention integration with Grow Together. Our MOAT proposal would build off of the efforts that have started now to deepen and further the work for the next year.

As an update for what we have seen in the first two months of this integration:

Our Universal Home Visitor is distributing Naloxone at the hospital and providing brief education on its use, overdose recognition, and harm reduction strategies. The response has been positive, and it has opened up important conversations about prevention and safety. So far, this has looked like a strong avenue to keep the conversation going.

Within home visiting, Hailey has been consistently administering the SBIRT with clients. The SBIRT has been a valuable tool in normalizing conversations around alcohol and drug use. It allows for early education, prevention messaging, and supportive dialogue before concerns escalate.

Focusing on opioid prevention has strengthened home visiting delivery by increasing proactive screening, reducing stigma around substance use discussions, and equipping families with resources and safety planning information. It has also reinforced our role in prevention rather than only intervention.

This proposal will strengthen, deepen, and further this work that has been started.

## File Attachment Summary

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### *Applicant File Uploads*

- Grow Together Program Budget.pdf
- lcc\_irs-determination-letter\_2009.pdf
- Attachment A. Table Outlining Goals, Exhibit E, and Objectives.pdf
- Attachment B. Need.pdf

## Grow Together Program Budget

### *MOAT Portion*

To fully implement *Grow Together*, the program requires approximately \$100,000 per year to support staffing, training, supervision, family resources, supplies, and technology.

The request for Montana Opioid Abatement Fund will focus on three key areas:

1. **Providing essential universal home visiting services** with an emphasis on substance misuse prevention and intervention
2. **Enhancing warm handoff and care coordination** among early childhood, behavioral health, and substance use service providers
3. **Providing data collection and evaluation capacity** to measure program outcomes and assess long-term impact

We estimate that approximately one-fourth of the home visitor's time will be dedicated to implementing these opioid abatement strategies. Accordingly, we propose that one-fourth of personnel expenses equaling \$21,871 for the period September 1, 2026, through June 30, 2027 (10 months) be supported by MOAT funds. To align with **Schedule B, Section L** of the opioid remediation guidelines, which emphasizes research, monitoring, surveillance, and evaluation, we are also requesting \$1,930 to strengthen data collection and program evaluation.

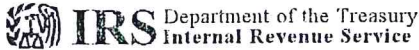
In total, we are requesting **\$26,181** in opioid settlement funds to support the implementation and evaluation of the Grow Together program.

**Table:** Program Budget Detail

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<b>Expense</b>	<b>Description</b>	<b>Total</b>
Personnel: Annual Salary / Benefits	(1) Universal Home Visitor 30 hours /week	\$59,699
	(1) Child and Family Health Supervisor 8 hours/week - home visitor supervision, program oversight and outreach	\$23,082
Supplies and resources	Printing, pens, paper, notebooks, technology costs, and other supplies for the home visitor.	\$3,000
Travel	Mileage reimbursements for home visits: 200 miles a month x 10 months x \$.70/mile	\$1,400

Educational Materials	Printed educational material and resources for families: e.g. substance use prevention, safe sleep, car seats, infant nutrition	\$300
	<b>Total Personnel related expenses (will be calculated at ¼ of this total expense)</b>	\$87,481
		<b>\$21,871</b>
Program Evaluation	\$25 gift cards for survey and interview compensation <ul style="list-style-type: none"> <li>20 home visiting participants (UOHV)</li> </ul>	\$500
	Interview translation and transcription software <ul style="list-style-type: none"> <li>Proposed software: <a href="#">Verbit</a> at \$24 / month x 10 months</li> </ul>	\$240
	Data Dashboard Platform (Shiny Applications) <ul style="list-style-type: none"> <li>Standard Plan to run the data dashboards at \$119/month for 10 months</li> </ul>	\$1,190
Indirect Rate	10% de minimis	\$2,380
	<b>Total Request</b>	<b>\$26,181</b>



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248219411  
Oct. 06, 2009 LTR 4076C E0  
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COUNTY OF LEWIS & CLARK  
% OFFICE OF COUNTY PERSONNEL  
316 N PARK AVE  
HELENA MT 59623-0001

Federal Identification Number: 81-6001383  
Person to Contact: Laura Botkin  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This responds to your request for information about your federal tax status. Our records do not specify your federal tax status. However, the following general information about the tax treatment of state and local governments and affiliated organizations may be of interest to you.

#### GOVERNMENTAL UNITS

Governmental units, such as States and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a State are entities with one or more of the sovereign powers of the State such as the power to tax. Typically they include counties or municipalities and their agencies or departments. Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.

#### ENTITIES MEETING THE REQUIREMENTS OF SECTION 115(1)

An entity that is not a governmental unit but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a State, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may not be tax deductible to contributors.

#### TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a State, county, or municipal government may qualify for exemption from federal income tax under section 501(c)(3) of the Code, if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that entities may meet the requirements of both sections 501(c)(3) and 115 under certain circumstances. See Revenue Procedure 2003-12, 2003-1 C.B. 316.


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 COUNTY OF LEWIS & CLARK  
% OFFICE OF COUNTY PERSONNEL  
316 N PARK AVE  
HELENA MT 59623-0001

022242

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,  
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.

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Use for payments

Letter Number: LTR4076C  
Letter Date : 2009-10-06  
Tax Period : 000000



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INTERNAL REVENUE SERVICE  
P.O. Box 2508  
Cincinnati OH 45201  


COUNTY OF LEWIS & CLARK  
% OFFICE OF COUNTY PERSONNEL  
316 N PARK AVE  
HELENA MT 59623-0001

**Table:** Program Goals, Description, and ‘*Exhibit E*’ Alignment

<b>Program Goal 1: Prevent overdose deaths by increasing the availability, distribution, training, and education for Naloxone</b>	
<b>Opioid Remediation Guidelines (Exhibit E)</b>	<b>Measurable Program Outcomes and Impact</b>
<p><b>Schedule A:</b>  <b>A: NALOXONE... TO REVERSE OPIOID OVERDOSES</b></p> <ul style="list-style-type: none"> <li>Increase distribution to individuals who are uninsured or whose insurance does not cover the service needed</li> </ul> <p><b>Schedule B:</b>  <b>H: PREVENT OVERDOSE DEATHS &amp; OTHER HARMS (HARMS REDUCTION)</b></p> <ul style="list-style-type: none"> <li>Increased availability, distribution, training, and education for naloxone and other drugs that treat overdoses community.</li> </ul>	<p><b>Goal 1.1:</b>  <b>Distribute at least 100 boxes of Naloxone</b></p> <ul style="list-style-type: none"> <li>Every family interacted with at the hospital after the birth of a new child will receive Naloxone regardless of their enrollment in home visiting.</li> <li>Every enrolled family will receive Naloxone and accompanying education on its use, as well as how to request more supplies if needed, during their first or second home visit.</li> </ul>
	<p><b>Goal 1.2:</b>  <b>Share Naloxone education to the Early Childhood Coalitions and Partners</b></p> <ul style="list-style-type: none"> <li>The home visitor will present on administering Naloxone to the Home Visiting Taskforce.</li> <li>Following certification and upon request, the home visitor will expand Naloxone or other behavioral health–related trainings to early childhood organizations by either (1) directly providing Naloxone training, or (2) connecting the organization to other available trainers, such as Lewis and Clark Public Health’s Opioid Misuse and Suicide Prevention Coordinators.</li> </ul>

<b>Program Goal 2: Address the needs of pregnant or parenting women and their families</b>	
<b>Opioid Remediation Guidelines (Exhibit E)</b>	<b>Measurable Program Outcomes and Impact</b>
<p><b>Schedule A:</b> <b>C: PREGNANT &amp; POSTPARTUM WOMEN</b></p> <ul style="list-style-type: none"> <li>• Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.</li> <li>• Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.</li> </ul>	<p><b>Goal 2.1:</b> <b>10% increase in families receiving home visiting services through the <i>Grow Together</i> Program from FY 26 to FY27</b></p>
	<ul style="list-style-type: none"> <li>• We expect to serve anywhere from 30-50 in FY26.</li> <li>• When the program is at full capacity, we will be able to serve up to 73 families each year.</li> <li>• Universally Offered Home Visiting (UOHV) will help close the significant gap in prenatal and postnatal care in our community by expanding the trusted services of existing home visiting programs (guidance, connection to resources, parental support and skills training) to all families, regardless of their income, risk factors, or background.</li> <li>• Families will receive the expanded, opioid prevention-focused services mentioned across other program goals during home visits: <ul style="list-style-type: none"> <li>○ SBIRT screenings; Naloxone and Naloxone education; referrals or warm handoffs to substance misuse programs and providers as needed</li> </ul> </li> </ul>

<b>Program Goal 3: Expand “SBIRT” to pregnant and post-partum women</b>	
<b>Opioid Remediation Guidelines (Exhibit E)</b>	<b>Measurable Program Outcomes and Impact</b>
<p><b>Schedule A:</b> <b>C: PREGNANT &amp; POSTPARTUM WOMEN</b></p>	<p><b>Goal 3.1:</b> <b>75% of enrolled families will complete the Screening, Brief Intervention, and Referral to Treatment (SBIRT)</b></p>

<ul style="list-style-type: none"> <li>Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) to non-Medicaid eligible or uninsured pregnant women</li> </ul>	<p>The best practice SBIRT screening will be administered to every family during the second home visit to identify any substance use concerns within the household, including partners and other family members.</p>
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**Program Goal 4:** Expand warm handoff referrals to local early childhood organizations, substance treatment and recovery providers, and increase connections to care

<p><b>Opioid Remediation Guidelines (Exhibit E)</b></p>	<p><b>Measurable Program Outcomes and Impact</b></p>
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<p><b>Schedule A:</b> <b>E: EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES</b></p> <ul style="list-style-type: none"> <li>Expand warm hand-off services to transition to recovery services</li> </ul>	<p><b>Goal 4.1:</b> <b>The home visitor joins and actively participates in at least (1) existing substance misuse coalition</b></p>
<p><b>Schedule B:</b> <b>C: CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</b></p> <ul style="list-style-type: none"> <li>Hire additional social workers or other behavioral health workers to facilitate expansion of services</li> <li>Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary)</li> </ul>	<ul style="list-style-type: none"> <li>The home visitor will begin coordination efforts by joining and participating in the Strong Roots Substance Misuse Coalition</li> <li>Meeting attendance and discussion contributions will be reflected in the coalition’s minutes published on their website</li> </ul>
	<p><b>Goal 4.2:</b> <b>Connect at least 15 new families to Parents as Teachers evidence-based home visiting program (an additional, longer-term home visiting program)</b></p> <ul style="list-style-type: none"> <li>Universal Home Visiting provides four (4) short-term visits to connect families quickly with essential support and resources. When ongoing needs are identified, families can be referred to Parents as Teachers, which offers monthly or bi-monthly visits until the child enters kindergarten</li> <li>These extended services help families access treatment, sustain recovery, and strengthen overall family well-being throughout the critical development period of children.</li> </ul>

	<ul style="list-style-type: none"> <li>• Since the beginning of the Universal Home Visiting Program in December 2024, the home visitor has connected and helped enroll 30% of participating families in Parents as Teachers</li> </ul>
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<b>Program Goal 5: Centralize local tracking and reporting of substance use, early childhood, and behavioral health outcomes and health indicators</b>	
<b>Opioid Remediation Guidelines (Exhibit E)</b>	<b>Measurable Program Outcomes and Impact</b>
<p><b>Schedule B:</b> <b>J: LEADERSHIP, PLANNING AND COORDINATION</b></p> <p>Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination...</p> <ul style="list-style-type: none"> <li>• A dashboard...(c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid or health-related indicators and supports</li> </ul>	<p><b>Goal 5.1:</b> <b>Maintain and update a centralized dashboard through the Lewis and Clark Public Health’s Data Portal</b></p>
	<p>The LCPH Data Portal will host data across key focus areas related to opioid and substance use prevention efforts, including:</p> <ul style="list-style-type: none"> <li>• <b>Behavioral and Mental Health:</b> Metrics from the Mobile Crisis Response Team (MCRT) and Local Advisory Council (LAC); indicators related to substance use, suicide, behavioral health-related emergency department visits, and mortality rates.</li> <li>• <b>Parenting and Early Childhood Support:</b> Number of families served through Universal and Traditional Home Visiting, Parents as Teachers, WIC; distribution of naloxone; vital statistics such as births and birth rates.</li> </ul>

# Attachment B: Background and the Need for MOAT Funds

## Program Overview

### Home Visitors are a Missing Link to Addressing the Opioid Epidemic

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Home visitors are a vital but often underfunded connection point for pregnant women and families with young children affected by the opioid epidemic. It takes a community working collaboratively to raise a child. The purpose of Home Visiting is to reach families at the critical time of pregnancy and postpartum, setting them up for success and establishing a strong base for the new baby. Home visitors build close and trusting relationships with families, promote healthy parent-child bonds, and help build parental skills, knowledge, and resiliency. Because of this, home visitors are uniquely positioned to facilitate timely, quality care-coordination in both the prenatal and postnatal periods, identify substance use and assess risk for substance use, and ensure that pregnant and parental caregivers and their infants connect to the services and resources they need during a critically important stage of life for both the parents and the child(ren).

*“Home visitors can play a significant role in mitigating today’s opioid addiction crisis by reducing the stress that parents feel. They can help the parents while they are getting [sober], and staying [sober], by enhancing parents’ motivation to do better for children. They can screen and assess for substance use, and they can promote treatment readiness.”<sup>1</sup>*

*Lorraine Swanson Lucinski*

*Director, National Home Visiting Improvement Action Center Team*

Children exposed to Adverse Childhood Experiences (ACEs), such as parental addiction or housing and financial instability, face higher risks of chronic disease, mental health challenges, and substance use disorders later in life.<sup>2</sup>

What is equally well-documented and remarkably hopeful is that early intervention can change this trajectory. By fostering positive childhood experiences and environments,

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<sup>1</sup> **Education Development Center.** (2019, April 25). *Addressing the opioid crisis through home visiting.* <https://edc.org/insights/addressing-the-opioid-crisis-through-home-visiting/>

<sup>2</sup> **Centers for Disease Control and Prevention.** (2025, September 25). *Adverse Childhood Experiences.* [About Adverse Childhood Experiences | Adverse Childhood Experiences \(ACEs\) | CDC](#)

home visiting programs can help buffer the effects of adversity and lay the groundwork for stronger families and healthier childhood development, reducing risks to later substance use. Home visiting is not just an investment in improving the well-being of individual families and children; they are also an investment in the future of our entire community.

Home Visiting is a proven best practice for prevention and early intervention with the priorities of:

- Improving maternal and infant health outcomes
- Increasing screening for postpartum depression, substance use, and developmental milestones
- Strengthening family connections to community resources
- Reducing child abuse and neglect

National research shows that for every \$1 invested in quality home visiting programs, there is a return of “up to \$5.70 in reduced mental health and criminal justice costs, decreased dependence on welfare and social services, and increased employment” (Pew Charitable Trusts, 2012).<sup>3</sup>

Traditional home visiting programs provide vital support to low-income families who often lack the financial and social safety nets available to many higher-earning families. At Lewis and Clark Public Health and in our Lewis and Clark Community, there are programs such as Parents as Teachers, Nurse Family Partnership, and Safe Care that serve some of our lower-income and higher-risk families. These programs have capacity to serve up to 71 families. Yet, many families who do not qualify for income-based programs still need support, leaving a significant gap in prenatal and postnatal care in our community.

Universally Offered Home Visiting closes this gap by offering the same trusted services (guidance, connection to resources, parental support and skill-building) to all families, regardless of their income or background. By reaching all families, not just those in crisis, universal models reduce stigma and ensure that every child gets a strong start.

Further, it is well-documented that those living in rural areas are less likely to get preventative screenings, have a primary care provider, access to prenatal and postpartum care, or behavioral healthcare services. While there is a myriad of barriers our community has identified to healthcare access, proximity and transportation to services is a major challenge for those living in more rural areas in Lewis and Clark and surrounding counties.

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<sup>3</sup> **Pew Charitable Trusts.** (2012). *The business case for home visiting*. Pew Center on the States. [https://www.pewtrusts.org/~media/legacy/uploadedfiles/pes\\_assets/2012/hvbusinessleadersbriefinalpdf.pdf](https://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2012/hvbusinessleadersbriefinalpdf.pdf)

Home visitors meet families where they are, at the hospital and at their homes, reducing the transportation barrier often faced by those living in more rural areas in Lewis and Clark and the surrounding region.

## The Critical Need for Universally Offered Home Visiting

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Two things are abundantly clear to anyone who has been, or spoken with, a new parent or guardian:

- **Pregnancy and caring for a newborn are challenging for everyone**, regardless of income or education. All new parents and caregivers need support. Concerns around postpartum depression, social isolation, and lack of parenting knowledge can affect any family.
- **The opioid crisis affects families across every income level**. Every parent should have access to a trusted home visitor who can connect them to prevention and treatment resources when needed.

### Building Upon What Works:

#### Home Visitors will Strengthen Care Coordination

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Warm handoffs and a cohesive continuum of care are key to supporting families affected by substance misuse. However, that can only happen if strong communication, collaboration, and referral pathways are implemented across organizations. Lewis and Clark County is home to dozens of existing organizations and coalitions working diligently to improve behavioral health, family support, and substance use prevention, treatment and recovery. Many of those partners have expressed a shared need for more streamlined and efficient coordination among them.

To address this need, Grow Together will build upon existing partnerships by including a home visitor representative within established coalitions and networks. The home visitor will actively participate in coalition meetings and strengthen relationships with addiction recovery organizations and providers, Lewis and Clark County Criminal Justice Services, Lewis and Clark Public Health's Opioid Misuse Coordinator, and other key partners. Through this role, they will help identify gaps in the continuum of care, formalize referral processes, and promote smoother, more consistent warm handoffs between agencies.

This collaboration will also extend to capacity-building efforts. The Universal Home Visitor will present about Naloxone to the Home Visiting Task Force to serve as a resource not

only to families but also to professionals across the county. When early childhood organizations request Naloxone or mental health training, the home visitor can work closely with the Opioid Misuse Coordinator and Suicide Prevention Coordinator to ensure that staff receive the support and resources they need.

Coordination will also be strengthened through continued participation in the Family Support Team (FST) partnership with Child Protective Services (CPS). These structured meetings bring home visitors together with families, many of whom are experiencing substance use challenges, along with CPS and other partners. The meetings provide a shared space for families and providers to address concerns collaboratively, develop plans that promote child safety and stability, and work toward preventing out-of-home placements or supporting safe reunification.

**Table:** Bridging the Gap between Substance Misuse and Early Childhood Organizations

<p style="text-align: center;"><b>Early Childhood and Home Visiting Coalitions</b> (currently active members in)</p>	<p style="text-align: center;"><b>Substance Misuse Coalitions and Partners</b> (to coordinate with and bridge the gap)</p>
<p><b>Universal Home Visiting Advisory Board:</b></p> <ul style="list-style-type: none"> <li>• Advises and guides the implementation of the <i>Grow Together</i> Program.</li> </ul> <p><b>Home Visiting Taskforce:</b></p> <ul style="list-style-type: none"> <li>• Coordinates all home visiting programs in Lewis and Clark County.</li> </ul> <p><b>Statewide Home Visiting Coalition:</b></p> <ul style="list-style-type: none"> <li>• Collaborates on home visiting topics statewide.</li> </ul> <p><b>Early Childhood Collective of the Greater Helena Area:</b></p> <ul style="list-style-type: none"> <li>• A community network working to streamline services and connect families to resources that support the health, safety, care, and education of children from prenatal age through eight years of age.</li> </ul> <p><b>Family Support Team (Child Protective Services):</b></p>	<p><b>Behavioral Health Local Advisory Council (LAC):</b></p> <ul style="list-style-type: none"> <li>• Advises on improvements to behavioral health services in Lewis and Clark County and provides recommendations to the Service Area Authorities (SAA).</li> </ul> <p><b>Strong Roots Substance Misuse Coalition:</b></p> <ul style="list-style-type: none"> <li>• Works to improve the substance use continuum of services (prevention, early intervention, treatment, and recovery) by bringing together partners to alleviate gaps in care, provider coordination, and policy change in Lewis and Clark County.</li> </ul>

- Collaborates across agencies to ensure families involved with CPS receive coordinated support and timely connections to community resources.

