

Drive Hope Across Montana: Granite County - Region 4

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

Roots & Resilience

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Application Form

Region Selection

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

Project Name*

Drive Hope Across Montana: Granite County - Region 4

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 4

Regional Funding Request*

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

Application Overview

About the Organization/Program*

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

Drive Hope Across Montana: Granite County is a focused initiative to expand trauma-informed mental health services for individuals and families affected by opioid use disorder (OUD), with a strong emphasis on reaching those in remote, underserved areas who are uninsured, underinsured, or otherwise disconnected from traditional care systems. This aligns firmly with our Roots & Resilience mission, "Empowering generations through healing, connection, and resilience."

Through this program, Roots & Resilience will increase the number of clinicians traveling into Granite County to deliver accessible, culturally competent care. Services will be offered in the settings where people feel most comfortable: schools, homes, libraries, and outdoor community spaces—removing common barriers to engagement and reducing the stigma often associated with mental health and addiction recovery.

Programming will include individual and family therapy, trauma-focused group sessions (e.g., Circle of Security, DBT), parent-skills training, and therapeutic support for families navigating grief, instability, or intergenerational trauma caused by substance use.

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

Treatment

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

- B. "MAT" DISTRIBUTION & OTHER OPIOID-RELATED TREATMENT
- C. PREGNANT & POSTPARTUM WOMEN
- E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
- G. PREVENTION PROGRAMS
- I. EVIDENCE-BASED DATA COLLECTION & RESEARCH ANALYZING EFFECTIVENESS OF ABATEMENT STRATEGIES

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- A. TREAT OPIOID USE DISORDER "OUD"
- 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
- K. TRAINING
- L. RESEARCH

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

The Drive Hope Across Montana initiative aligns directly with the Opioid Remediation Guidelines by expanding trauma-informed, wrap-around mental health services to individuals and families impacted by opioid use disorder (OUD), particularly in rural and underserved areas. The program addresses multiple approved uses under Schedules A and B by offering mobile, home-based, and community-delivered care that removes common barriers to access such as transportation, stigma, and lack of local providers.

Under Schedule A, this program supports B (MAT & OUD-related treatment), C (Pregnant & Postpartum Women), and E (Warm Hand-Offs & Recovery Services). While we do not administer MAT directly, our clinicians provide integrated, trauma-informed therapy to individuals in recovery and their families,

especially parenting mothers and caregivers, often through warm handoffs from schools, advocacy centers, and health partners.

Under Schedule B, the program fulfills key remediation goals:

- A & B: We provide clinical treatment and recovery support through individual, family, and group therapy.
- C & E: Our services are tailored for parenting families, children impacted by addiction-related trauma, and those navigating grief after overdose.
- K & L: We offer trauma/OD-related training to community partners and evaluate outcomes using surveys, EHR tracking, and client interviews.

By embedding care in schools, libraries, medical centers, and other trusted spaces, and covering clinician mileage to reach remote families, Drive Hope Across Montana expands the local treatment ecosystem while prioritizing healing, connection, and long-term resilience. This program is not supplanting existing efforts, it meaningfully expands services where few currently exist.

New Program or Existing*

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

A proposed supplement or expansion to a program.

Fiscal Information

Requested Amount*

\$35,000.00

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.

2025 R&R 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.

Yes, Roots & Resilience currently operates under a fee-for-service model and accepts all major health insurance plans, including Medicaid, Medicare, and VA benefits for veterans. We also offer a sliding fee scale to ensure affordability. Additionally, we maintain collaborative agreements (MOUs) with rural schools and community organizations to provide trauma-informed mental health support. These partnerships establish a foundational level of service delivery in specific settings; however, they do not fund the depth or scale of care required to fully address the trauma-related impacts of opioid use disorder (OUD) on families and children across southwest Montana.

The grant funding requested will support the expansion of our services beyond current levels by providing low- or no-cost access to trauma-informed counseling and comprehensive wrap-around supports for families affected by OUD. This includes services not currently reimbursed through insurance or covered by existing MOUs, as well as care for clients who are under- or uninsured. The expansion will also enable increased delivery of mobile and home-based services, trauma and attachment-focused group programs, and therapeutic engagement in non-traditional community-based settings.

Accordingly, this request does not replace or supplant existing funding, but rather enables a necessary and strategic expansion of our services to reach vulnerable populations who face geographic, financial, and systemic barriers to care.

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.

Drive Hope Across Montana is a community-based behavioral health initiative that expands access to trauma-informed mental health services for families and individuals impacted by opioid use disorder (OUD) in rural counties with limited provider access. This project is led by Roots & Resilience and focuses on delivering care directly to the most isolated and underserved populations in Granite County.

The program's purpose is to support healing, recovery, and resilience for those living with the effects of OUD, whether they are in recovery themselves, grieving the loss of a loved one, or navigating the intergenerational trauma and instability often tied to substance use. Services are provided through mobile, home-based, and community-delivered care models, ensuring families receive support in familiar, trusted environments.

Program Priorities:

- Expand trauma-informed care to rural and frontier areas where access is limited or nonexistent.
- Offer no- or low-cost therapeutic services to individuals and families who are uninsured, underinsured, or in financial hardship.
- Deliver services in flexible settings, including schools, homes, libraries, medical centers, and outdoor community spaces, to reduce stigma and logistical barriers.
- Support family systems through a range of offerings including individual therapy, conjoint family therapy, group programs (Circle of Security, DBT), and parent-skills training.
- Provide specific support for children and caregivers coping with grief, loss, or disrupted family dynamics due to substance use.
- Strengthen partnerships with schools, advocacy organizations, and local nonprofits to coordinate care and increase community awareness.

Objectives & Intended Results:

- Increase mental health access for rural residents through mobile or community-based care.

- Improve attachment, family functioning, and emotional stability among caregivers and children impacted by OUD.
- Establish strong referral networks and cross-sector collaboration to sustain recovery-focused care in the region.

By removing access barriers and providing flexible, whole-family support, this program builds a foundation for lasting recovery and resilience in communities most affected by the opioid crisis.

Specific Goals*

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

Goal 1: Expand access to trauma-informed mental health services for individuals and families affected by OUD in rural areas.

To address the critical gap in behavioral health services in Granite County, this program will increase the number of Roots & Resilience clinicians traveling into these regions to provide care. Services will be delivered in homes, schools, libraries, medical centers, and community spaces, ensuring clients can receive support without the barrier of long-distance travel. We will also use tele-health as an option when appropriate, increasing flexibility and choice in service delivery.

Goal 2: Improve emotional well-being and family connection for children, caregivers, and individuals impacted by OUD, trauma, or overdose loss.

The program will offer individual therapy, conjoint family sessions, and group programming rooted in trauma and attachment theory, including Circle of Security and DBT-informed groups. Clinicians will support clients in processing grief, rebuilding relationships, and developing emotional regulation skills, all critical to long-term recovery and family resilience.

Goal 3: Reduce systemic and financial barriers that prevent rural families from accessing care.

We will provide low- or no-cost services to uninsured or underinsured clients and offer sliding scale options when needed. Roots & Resilience will absorb the cost of clinician mileage to ensure that rural families are not left behind due to geographic isolation. Outreach will prioritize under-resourced populations and referral pathways will be strengthened through collaboration with schools, nonprofits, and local health partners.

Goal 4: Strengthen local networks and promote sustainability through community partnerships.

The program will engage existing partners, including schools, advocacy centers, and service organizations, to create a coordinated response to trauma and OUD in the region. Roots & Resilience will offer trauma-informed training and cross-referral support to build community capacity and improve continuity of care for vulnerable families.

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.

Evaluation of this project will use both quantitative and qualitative methods to measure how effectively the program improves access to care, mental health outcomes, and overall family resilience among those impacted by opioid use disorder (OUD). Our evaluation process is designed to ensure we are meeting the needs of diverse families, especially those in rural and underserved communities.

1. Tracking Access and Engagement:

We will monitor service utilization through our Electronic Health Record (EHR) system, tracking the number of families served, service types provided (e.g., home-based, mobile, or virtual), and the geographic reach of

our program. Special attention will be given to participation from rural and frontier areas, as well as clients who are under- or uninsured. Initial and follow-up surveys will assess whether families feel that access to care has improved due to our flexible delivery models.

2. Measuring Mental Health and Relational Outcomes:

We will use validated tools such as the Post-traumatic Checklist- DSM5 (PCL-5), Patient Health Questionnaire (PHQ-9), and Generalized Anxiety Disorder scale (GAD-7) to evaluate changes in emotional well-being for children and caregivers. Family functioning and relationship quality will be assessed using custom-developed tools aligned with trauma-informed care models, capturing shifts in emotional regulation, attachment, and coping strategies.

3. Assessing Impact of Therapeutic and Engagement Activities:

Participants in group and family programming, including therapeutic recreation, skill-building classes, and attachment-focused activities, will complete post-session feedback forms. We will also conduct periodic follow-up interviews or surveys to assess perceived benefit, improved family cohesion, and continued engagement with recovery-oriented services and healthy community activities.

4. Continuous Quality Improvement:

All data will be reviewed quarterly by our leadership team to identify trends, gaps, and opportunities for adaptation. Feedback from community partners, clients, and clinicians will inform program improvements, ensuring services remain responsive and equitable. Outcomes will also be shared with collaborators and stakeholders to promote transparency and collective impact.

Ultimately, effectiveness will be defined not only by improved clinical symptoms, but by increased stability, connection, and hope in families navigating the lasting impacts of OUD.

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.

To demonstrate that we are meeting goals, we will collect both quantitative and qualitative data from multiple sources. These data points will directly reflect access, engagement, mental health outcomes, and family functioning improvements for those impacted by opioid use disorder (OUD).

1. Service Access and Delivery Data:

Using our Electronic Health Record (EHR) system, we will track the number of clients served, session types (individual, family, group), service formats (home-based, mobile, virtual, or clinic), geographic distribution (especially rural areas), and demographics (including insurance status). These metrics will help show whether we are reaching the intended populations and expanding access, particularly in underserved communities.

2. Pre- and Post-Service Mental Health Measures:

To assess individual mental health outcomes, we will use standardized tools including the PCL-5 (trauma), PHQ-9 (depression), and GAD-7 (anxiety). Pre- and post-service scores will demonstrate progress over time and allow us to track trends in emotional and behavioral well-being among participants.

3. Family Functioning and Connection Data:

We will collect client-reported outcomes related to family cohesion, parenting stress, and trauma symptoms using tools aligned with trauma-informed and attachment-based care models. Surveys and reflection prompts will be administered at intake, midpoint, and discharge to document shifts in family connection, safety, and resilience.

4. Case Notes and Provider Documentation:

Clinicians will document case progress, therapeutic goals met, and narrative reflections on family strengths and barriers. These records provide a qualitative layer of evaluation and help contextualize quantitative results.

5. Community Partner Input and Collaboration Reports:

We will collect informal and formal feedback from collaborative partners (e.g., schools, advocacy centers, nonprofits) to understand the external perception of our reach and effectiveness, and to document improved coordination of care in local systems.

These data sources together will provide a robust picture of how this project is creating meaningful, measurable change for rural families affected by OUD, across Granite County.

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

To create awareness of project, and ensure families impacted by opioid use disorder (OUD) know about and can access our services, we will implement a multi-pronged, community-centered outreach strategy rooted in trust, inclusion, and accessibility.

1. Partner-Based Outreach:

We will leverage our existing network of community partners, including rural schools, local nonprofits, medical centers, and other SUD organizations, to promote the program through trusted, familiar channels. We will collaborate with these partners by sharing information through newsletters, family liaisons, and school counselors, as well as by participating in outreach events, health fairs, resource fairs, and family nights.

2. Presence in Community Spaces:

We will meet families where they already are. Program staff will maintain a visible presence in rural schools, health centers, and other frequently used community spaces. Information about the program will be shared through brochures, Montana conferences that serve youth and families, and by collaborating on local events. We'll also build awareness through our therapeutic engagements in non-traditional spaces like climbing gyms, ski areas, and medical centers.

3. Digital and Social Media Campaigns:

We will utilize social media platforms and our website to share accessible, trauma-informed content that highlights our services, success stories, and opportunities for engagement. Targeted messaging will focus on de-stigmatizing OUD and mental health challenges, and encouraging families to seek support. Posts will be designed to resonate with Montana, rural and underserved communities, including individuals with limited access to care.

4. Word-of-Mouth and Referral Networks:

We will continue to grow our referral pathways by deepening relationships with schools, primary care providers, social service agencies, and peer support organizations. These trusted sources often serve as the first point of contact for families in need and will play a vital role in sharing awareness of Roots & Resilience's program expansion.

Together, these outreach efforts will ensure that families who are most in need of support are not only aware of the program but feel welcomed, seen, and encouraged to engage.

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.

501c3.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

Roots & Resilience is in the final stages of transitioning from a mission-driven, for-profit model to a nonprofit organization to better reflect our values of equity, accessibility, and community care. While we are still collecting our first full year of nonprofit-specific fiscal data, we bring a strong track record of financial stewardship, sustainability, and measurable impact from our fee-for-service model.

Our commitment to operating lean and responsibly is evident in how we allocate resources. We ensure that 70% of our fee-for-service income goes directly to clinicians, which is a deliberate strategy to prioritize staff retention, promote clinical excellence, and maintain continuity of care, especially in rural and underserved communities where turnover can disrupt services and harm trust. This model reflects our core belief that well-supported providers are essential to client outcomes and organizational sustainability.

One of our largest expenses, mileage reimbursement, is another intentional investment that reflects our commitment to equity in access. We absorb the travel costs for our providers to deliver services directly in rural, remote, and frontier communities. This ensures that families who would otherwise face significant barriers to mental health care are not left behind due to geography. Rather than centralize care in urban hubs, we meet people where they are, literally and therapeutically.

While we may be early in our nonprofit fiscal history, we are not new to this work. We have the systems, partnerships, and mission alignment in place to scale responsibly. Our billing infrastructure, clinical documentation, and program evaluation tools are already functioning efficiently, and our team is deeply embedded in the communities we serve.

We understand the caution funders may have when supporting emerging nonprofits. However, our income is structured to grow sustainably as we expand The Grove Initiative and onboard new clinicians, allowing us to increase service capacity and reach more families without compromising quality of care. Not to mention, Roots & Resilience offers something rare: a ready-built, community-trusted model that is already delivering

results. Your investment doesn't just support a good idea, it fuels an existing and growing solution that is uniquely positioned to address trauma and opioid-related harms in Montana.

We are deeply committed to transparency, accountability, and thoughtful growth. Supporting us now is a strategic investment in a sustainable, resilient future for vulnerable families across the region.

File Attachment Summary

Applicant File Uploads

- 2025 R&R Budget.pdf
- 501c3.pdf

	January	February	March	April	May	June	July	August	September	October	November	December	Total
EHR (SimplePractice)				\$374.23	\$374.23	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$7,748
Payroll Software (Gusto)				\$177	\$177	\$177	\$177	\$177	\$177	\$177	\$177	\$177	\$1,593
Liability Insurance				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Business Insurance				122.83	122.83	122.83	122.83	122.83	122.83	122.83	122.83	122.83	\$1,105.47
Rent				\$6,287	\$6,287	\$6,287	\$6,287	\$6,287	\$6,287	\$6,287	\$6,287	\$6,287	\$56,583
Website/Domain				33.33	33.33	33.33	33.33	33.33	33.33	33.33	33.33	33.33	\$299.97
Google				\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$4,500
Misc. Supplies				\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$2,700
Mileage				\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$27,000
Licensing/Govt. Expenses - CMHC/501(c)(3)				\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$1,800
Taxes				\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$4,500
Utilities				\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$4,500
Accounting software				\$8	\$8	\$8	\$8	\$8	\$80	\$80	\$80	\$80	\$360
Admin payroll				\$0	\$0	\$10,680	\$10,680	\$10,680	\$10,680	\$10,680	\$10,680	\$10,680	\$74,760
Total Monthly amount				\$12,002.39	\$12,002.39	\$23,308	\$23,308	\$23,308	\$23,380	\$23,380	\$23,380	\$23,380	\$187,449
Income:						Projected	Projected	Projected	Projected	Projected	Projected	Projected	
Client payments and insurance	N/A	\$375.00	\$1,303.01	\$3,049.65	\$10,307.52	\$17,055.60	18,000	\$22,500	\$21,000	24,000	\$24,000	\$24,000	\$165,590.78
Transition funds		\$10,000	\$10,000	\$10,000	\$5,000	\$5,000	\$0	\$0	\$0	\$0	\$0	\$0	\$40,000
Total Monthly Amount		\$10,375	\$11,303.01	\$13,049.65	\$15,307.52	\$22,055.60	18,000	\$22,500	\$21,000	\$24,000	\$24,000	\$24,000	\$205,591



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

ROOTS & RESILIENCE
2002 N 22ND AVE UNIT 1
BOZEMAN, MT 59718

Date:
01/31/2025
Employer ID number:
33-2260053
Person to contact:
Name: Oleg Berenson
ID number: 3632629
Telephone: (877) 829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
January 28, 2025
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053758006604

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements