FWC's Opioid Use Prevention and Recovery Support Program

2026 Montana Opioid Abatement Trust Grants

Flathead Warming Center

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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*

FWC's Opioid Use Prevention and Recovery Support Program

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.

Flathead County Metro Region

Regional Funding Request*

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

Flathead County Metro Region

Application Overview

About the Organization/Program*

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

The Flathead Warming Center's mission is to save lives, link people to resources, and encourage dignity through low-barrier access to a warm safe place for those in need. We offer seasonal, low-barrier overnight shelter to individuals experiencing homelessness, regardless of the personal challenges they face. In addition to shelter, we provide showers, laundry, light meals, and access to onsite resources year-round. Last shelter season (October 10, 2025-April 2026), FWC had 36 guests out of 335 total (10.7%) report that they had a use disorder. This is a dramatic increase from the 11 guests out of 315 total (3.5%) from the previous season and indicates a growing need for those needing low-barrier access to shelter, and treatment and recovery services.

To help guests navigate their path toward stability during the shelter season, we require each individual staying with us to meet with our trained staff at least once every seven stays (nights). Together, we develop an individualized Roadmap that identifies barriers to housing security and outlines incremental steps to move forward. During the day services(warm-weather) season, FWC continues to offer the Roadmaps

program to promote the forward progress made during the shelter season, or to support others in the community experiencing housing insecurity.

The Flathead Warming Center offers a LINK program that is designed to bring essential community resources into the shelter, directly to our guests, meeting them where they are. Currently, we host multiple community resource providers onsite each week, offering access to services for primary care, behavioral health and substance use disorder. Rather than relying on traditional referrals, we focus on fostering relationships—personal connection to a resource leads to stronger engagement, better opportunities and better outcomes.

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
Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
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
D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
G. PREVENT MISUSE OF OPIOIDS
H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
J. LEADERSHIP, PLANNING, & COORDINATION
K. TRAINING

How does the program meet the Opioid Remediation Guidelines*

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

Our proposed program addresses critical prevention, treatment, and recovery gaps in care for unhoused individuals and directly aligns with the Opioid Remediation Guidelines.

(B) Support People in Treatment and Recovery: Provide comprehensive wrap-around supportive services through trauma and recovery informed case management and peer support focusing on advocacy and direct connection for guests with Opioid Use Disorder (OUD) and/or other conditions to treatment, recovery, and essential services such as medical care, mental health support, and housing assistance.
(C) Connections to Care: Our program will ensure guests receive appropriate support and advocacy with healthcare providers who screen for OUD, connect to Medication-Assisted Treatment (MAT), and other services promoting recovery and treatment.
(D) Address the Needs of Criminal Justice-Involved Persons: This program will directly support guests transitioning out of incarceration by providing connection and advocacy to recovery services, treatment programs, court proceedings and housing.
(G) Prevents Misuse of Opioids: Education and awareness campaign, programming, and workshops about opioid misuse will be developed and made available to all guests.
(H) Prevent Overdose Deaths and Other Harms: Continue to collaborate with the Flathead City-County Health Department's Harm Reduction program to ensure that Naloxone is readily accessible, access to Sexually Transmitted Infection(s) testing, support groups, and other overdose prevention and harms reduction education workshops.
(J) Leadership, Planning, and Coordination: This initiative strengthens cross-system collaboration by coordinating transportation between service providers, reducing barriers to care, and improving continuity of treatment for guests with OUD and SUD/Mental Health conditions.
(K) Training: Our program will train staff in supporting guests with behavioral health and/or OUD needs to ensure safe, compassionate transport and advocacy.

New Program or Existing*

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

A new program for your region.

Fiscal Information

Requested Amount*

$78,840.00

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.

2026-27 FWC MOAT Project 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.

No.

The Flathead Warming Center's (FWC) proposed program is an entirely new initiative designed to address a critical gap in services for individuals that have an Opioid Use Disorder (OUD) that are also experiencing homelessness and need access to low-barrier case management, peer support, and other supportive services in our community. Many of FWC guests still struggle to access essential services outside our facility due to a multitude of barriers, such as; having an OUD, actively using, transportation, advocacy (case management), background, income, health, etc. Currently, there is no dedicated system in place to ensure FWC guests can receive effective advocacy through the process of connecting to and accessing treatment, recovery, other medical appointments, job interviews, or other critical services and other time sensitive opportunities that can enable them to achieve stability when they are ready.

No financial support for transportation is being requested in this application. This is important to note due to FWC's previous Montana Opioid Abatement Trust application submitted in 2025 that included transportation programming in the request. FWC has been able to develop a solution to our previous transportation issues allowing us to connect guests to services, employment, etc., and, most importantly, to places in the community individuals experiencing homelessness can be without issue.

This funding would support the cost of a portion of the salaries for a new case manager and peer support, Trauma Informed Care and Opioid Use Disorder Intervention training, Transportation Assistance (bus passes, etc.), Housing Assistance, Prevention and Education programming and materials, and Program Evaluation and Reporting. (Please see attached budget)

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.

As we continue to develop and implement new programming to better address the current needs of the parts of our community experiencing homelessness, we recognize the need to enhance our services with a dedicated case management program that prioritizes guests with Opioid Use Disorder (OUD). This new initiative will enable us to bridge gaps between these Flathead Warming Center(FWC) guests' needs and existing services. The upcoming 2026-27 shelter season will begin with safe, reliable transportation to and from FWC, to essential healthcare appointments, treatment and/or recovery opportunities. This transportation program combined with a new case management program would enable FWC to provide low-barrier access to a more appropriate level of critical service coordination and advocacy for guests with a use disorder to better ensure a successful connection to services for recovery and treatment, behavioral health, job training, OPA, Social Security, etc.

Building rapport and establishing community is a critical component to FWC guests receiving the support they need to overcome their barriers to exiting homelessness. This is even more important when attempting to enable FWC guests that have a use disorder to begin or continue their road of recovery. Through our current Roadmaps program we build this rapport and foster a support system within FWC that will allow the new case manager to screen guests that have a use disorder into the new comprehensive case management

program. Critical and Immediate basic needs are the first priority of any FWC guest's Roadmap, and the same for guests that have a use disorder. Applying for Medicaid and Supplemental Nutrition Assistance Program (SNAP), obtaining identification, addressing immediate healthcare and harm reduction needs (Naloxone, Flathead City-County Health Dept. Harm Reduction program, etc.), and other essential services.

After immediate needs are met and/or a plan is in place to meet them the intensive case management component would begin, and guests with use disorder would receive dedicated time each week. Roadmaps for these guests would turn into a Roadmap to recovery plan, which is the original roots of the Roadmap (to recovery). This time will be utilized by the Case Manager to work with these guests to develop their own step-by-step Roadmap to recovery with guest-driven goals. Accountability measures for both the guest and the case manager will be set in these in depth Roadmaps, and participation will be expected for them to continue to access FWC shelter services (Roadmaps requirement for all guests to participate in a session every 7 stays). The case manager will work with guests that have a use disorder to ensure they receive service coordination, then advocacy during intakes and follow-up appointments with behavioral health and Opioid Use Disorder (OUD) treatment and recovery providers, and the appropriate support throughout their journey of their individual Roadmap to recovery/success.

Specific Goals*

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

1. Enhance Case Management and Peer Support Services – Assign a full-time case manager and part-time peer support to develop individualized service plans, track progress, and coordinate care for at least 30 guests with a use disorder annually.
2. Prevent Opioid Misuse and Overdose Deaths – Develop education and programming to distribute and workshop opportunities focused on safe use/disposal, and a one-on-one overdose prevention lesson on use of Naloxone and other FDA approved opioid overdose prevention medications. Training for all staff will be provided to ensure a basic understanding of prevention, and safety related to opioid misuse and overdose to prevent potential opioid overdose related deaths.
3. Increase Access to Services and Reduce Barriers to Treatment and Recovery – In collaboration with the newly established transportation program, case management and peer support will coordinate services, transportation to and provide advocacy when necessary at medical appointments, behavioral health services, job interviews, court dates, treatment programs, and other critical resources. The service coordination and advocacy provided through these services will help guests with a use disorder to reduce and navigate barriers that can prevent them from getting into treatment and recovery services and opportunities.
4. Increase Stable and Successful Housing Opportunities – Provide housing assistance for guests with a use disorder that have successfully met their Roadmap requirements and actively participating in treatment and recovery services (provider verification). FWC will provide financial assistance to at least 6 eligible guests related to housing costs (rent, utilities, deposits, etc.) for sober living or permanent housing opportunities.
5. Improve Health Outcomes – Service coordination for health insurance, healthcare and behavioral health needs with the goal of establishing health insurance and a primary care provider for at least 75% of guests with OUD within their first 30 stays.
6. Strengthen Community Collaboration – Establish and formalize partnerships with at least 5 local service providers, including medical clinics, treatment and recovery programs, and legal aid organizations, to streamline comprehensive care coordination.
7. Reduce Emergency Room Visits and Criminal Justice Involvement – Provide proactive, preventative support to decrease crisis interventions, reducing the burden on emergency healthcare and law enforcement systems.

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.

Previous Application:
To measure the effectiveness of the new case management and peer support program, we will implement a robust data collection and evaluation framework that tracks outcomes related to service access, health improvements, and program efficiency.
Key Evaluation Metrics:
1. Service Utilization – All service types (case management, transportation, service connection, financial assistance, etc.), benefits and resources will be tracked through the Homeless Management Information System (HMIS) we already utilize to track all guest provided services.
2. Case Management Engagement – Measure the percentage of program participants who develop and follow an individualized service plan, with a target of 70% compliance.
3. Peer Support -- Track meaningful contacts, service coordination, and advocacy at appointments in accordance with individual Roadmap plans.
3. Appointment Adherence – Monitor attendance rates of treatment and recovery-related appointments, as well as medical and behavioral health appointments. Goal of 70% attendance for case management compliant guests.
4. Financial Assistance Tracking – Tracking all financial assistance provided by type, amount, guest assistance provided to, and property manager/owner group. A monthly report will be available to track financial assistance proactively and consistently.
5. Guest Outcomes – Conduct pre- and post-program assessments to evaluate progress in housing stability, employment, and health status.
5. Stakeholder Feedback – Collect qualitative data from program participants, service providers, and staff to assess program impact and identify areas for improvement.
6. Guest Surveys/Questionnaires – Distribute anonymous surveys to guests receiving transportation and case management services, with a goal of achieving at least a 70% satisfaction rate.
Data will be reviewed quarterly to adjust program strategies as needed. An annual report summarizing outcomes and lessons learned will be shared with stakeholders and funding partners.

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.

Service Utilization
Source: Service tracking software/database such as the Homeless Management Information System (HMIS), transportation scheduling software, ride logs, and guest intake forms
Metric: Housing assistance, FWC transportation to services/resources; types of services accessed.

Case Management and Peer Support Engagement
Source: Case management software or client tracking systems such as the Homeless Management Information System (HMIS).
Metric: Percentage of participants with an individualized service plan, participation rate, positive guest outcomes.

Appointment Adherence
Source: Appointment scheduling and tracking system (e.g., health clinic or behavioral health appointment records)
Metric: Establish a baseline and increase the rate of attendance at medical and behavioral health appointments.

Guest Outcomes

Source: Pre- and post-program surveys, guest feedback forms, follow-up interviews, and case management reports
Metric: Improvement in stability through treatment, housing, employment, health outcomes, and overall progress towards recovery goals.

Stakeholder Feedback
Source: Feedback surveys, focus groups, interviews with staff, community partners, and service providers
Metric: Satisfaction levels (e.g., >70% satisfaction rate), feedback for program improvement.

Guest Surveys/Questionnaires
Source: Anonymous guest surveys (electronic or paper)
Metric: Satisfaction rate; identified areas for improvement.

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 maximize the impact of the new case management and peer support program, Flathead Warming Center (FWC) will implement a strategic awareness campaign to educate the community, engage stakeholders, and reduce stigma surrounding opioid use disorder and homelessness.
Key Awareness Strategies:
1. Community Partnerships & Presentations – Collaborate with local healthcare providers, behavioral health agencies, law enforcement, and nonprofit organizations to share information about the program through presentations, town halls, and community meetings.
2. Targeted Outreach – Work with shelters, food banks, clinics, and crisis response teams to identify guests who would benefit from transportation and case management services. Provide program materials at these locations.
3. Public Relations & Media – Engage local news outlets, radio programs, and social media platforms to highlight success stories, educate the public about the link between homelessness, Opioid Use Disorder (OUD), and transportation barriers, and encourage community support.
4. Digital & Social Media Campaigns – Utilize the Flathead Warming Center's website and social media platforms to share impactful guest stories, program updates, and relevant policy discussions.
5. Printed & Online Resources – Develop brochures, flyers, and an online referral form for community organizations to easily connect their clients to our services.
6. Advocacy & Policy Engagement – Engage local policymakers and funders to highlight the role of transportation and case management in opioid remediation efforts, ensuring sustained support for the program.
7. Annual Impact Report & Fundraising Events – Showcase program outcomes through an annual report and incorporate awareness efforts into fundraising events, such as the Soles of the Flathead gala, to further engage donors and stakeholders.
By leveraging these strategies, we will ensure that those in need are aware of our services while also fostering a community-wide commitment to addressing the opioid crisis through accessible, wraparound support.

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.

FWC 501 C (3).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

Letter to MOAT Committee May 2026.pdf

Upload #2

Upload #3

Additional Information

[Unanswered]

File Attachment Summary

Applicant File Uploads

- 2026-27 FWC MOAT Project Budget.pdf
- FWC 501 C (3).pdf
- Letter to MOAT Committee May 2026.pdf

Line Item	**Amount**
Case Manager Salary	**$42,800**
$25/hr x 40 hours/wk October 10th--May 1st (approx. 29 weeks)	$ 29,000.00
$25/hr x 24hours/wk May 1st--September (approx. 23 weeks)	$ 13,800.00
Peer Support Salary ($22.5/hr x 12hours/wk)	**$ 14,040.00**
Training for Staff (Trauma and Opioid Use Disorder Informed Care)	**$ 3,000.00**
Transportation Assistance (Bus passes, etc.)	**$ 4,000.00**
Housing Assistance	
(6 guests @ $2,000 average=$1,000 Security Deposit + $1,000 First Month's Rent)	**$ 12,000.00**
Prevention and Education Material and Programming	**$ 1,500.00**
Program Evaluation and Reporting	**$ 1,500.00**
TOTAL ANNUAL BUDGET	**$78,840**

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

DEPARTMENT OF THE TREASURY

Date: MAR 2 7 2019

FLATHEAD WARMING CENTER
PO BOX 7142
KALISPELL, MT 59904-0000

Employer Identification Number:
83-3555313
DLN:
26053446002959
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
February 13, 2019
Contribution Deductibility:
Yes
Addendum Applies:
No

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.

FLATHEAD WARMING CENTER

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

889 N. Meridian Drive
Kalispell, MT 59901
(406)885-3042

May 27, 2026

Dear Montana Opioid Abatement Trust Committee,

Thank you for the opportunity to connect and for your continued commitment to strengthening our community. As the Executive Director of the Flathead Warming Center, I want to express my appreciation for the work you do and for the thoughtful consideration you give to organizations like ours.

We are grateful for the opportunity to submit a new proposal, and we also recognize the importance of addressing the concerns reflected in the minutes from our previous application. This letter is intended to speak directly to those past concerns so that the committee has full clarity, accurate context, and a shared understanding of the realities of low-barrier homeless services in the Flathead Valley.

At the same time, our new proposal is focused on the future: on solutions, collaboration, and the ongoing work required to support individuals experiencing opioid use disorder and complex crises in our community. Addressing the past ensures transparency and fairness; presenting our new proposal ensures progress and partnership. Both are essential.

This letter provides clarification on five expressed concerns reflected in the committee's minutes from our previous proposal, ensuring the committee has accurate context as we present our new request.

1. Statement of Activity & Reserve Funds

A question was raised regarding the $150,000 in unspent funds reflected in our 2024 Statement of Activity. These funds are part of the Flathead Warming Center's responsible financial management practices. Healthy nonprofits are expected to maintain several months of operating reserves to ensure stability, continuity of services, and the ability to respond to emergencies. It is important to clarify that maintaining reserves is a best practice financial safeguard, not a reflection of a board's willingness or commitment to invest in future initiatives.

Despite occasional community pushback regarding our transparency in serving individuals experiencing addiction, our Board remains steadfast and true to our mission. We are unwavering in our commitment to provide strategic and effective low-barrier services to those most in need, including individuals living with opioid use disorder. Our Board continues to

support new programs, uphold our low-barrier model, and ensure the long-term sustainability of the Flathead Warming Center.

2. Crisis Stabilization & Western Montana Mental Health - AWARE/ Collaboration With Western / AWARE

We agree that collaboration is essential, and we have always partnered with Western, now AWARE, and will continue to do so. However, collaboration alone cannot replace the need for adequate resources. Our ability to support individuals with opioid use disorder can not depend on nor wait on services that remain limited or unavailable to our guests.

We are genuinely cheering for AWARE to return to the level of robust services they once provided in our community, and we will continue to collaborate and support their efforts in every way we can. At the same time, the individuals with OUD who come through our doors cannot wait for another provider to become fully operational. The needs are immediate, the crises are real, and the Flathead Warming Center remains the frontline responder until the broader system is fully restored. Flathead Warming Center will always be on the frontline, and we hope to be just one part of a robust system.

The minutes referenced the reopening of Glacier House and the assumption that its operation would reduce the burden of crisis-level needs at the Flathead Warming Center. At this time, the crisis facility is not open and most services are not accessible to our guests. We respectfully ask the committee to recognize the essential role the Flathead Warming Center plays in addressing opioid use disorder within our community. Our work is difficult, unwavering, and consistent, and we need MOAT funds to support frontline work in our community, addressing the crisis in our community.

We continue to partner with AWARE and other providers. Yet, even once their crisis stabilization services are fully operational, the need will not be met, and the Flathead Warming Center will always be on the frontline and available for individuals in crisis.

We agree that collaboration is essential, and we have always partnered with Western, now AWARE, and will continue to do so. However, collaboration alone cannot replace the need for adequate resources. Our ability to support individuals with opioid use disorder can not depend on nor wait on services that remain limited or unavailable to our guests.

We are genuinely cheering for AWARE to return to the level of robust services they once provided in our community, and we will continue to collaborate and support their efforts in every way we can. At the same time, the individuals with OUD who come through our doors cannot wait for another provider to become fully operational. The needs are immediate, the crises are real, and the Flathead Warming Center remains the frontline responder until the broader system is fully restored. Flathead Warming Center will always be on the frontline, and we hope to be just one part of a robust system.

It is deeply heartbreaking to see the closure of yet another intensive wraparound model of services that once provided critical support to individuals with high needs. I am not here to cast blame or diminish any organization, but rather to ask the committee to acknowledge and support those doing the work, the boots on the ground. For ten years, I worked within this intensive program, serving more than 100 individuals annually who faced complex challenges. Its loss leaves a significant gap in care for our community.

3. Substance Use Reporting & Impact on OUD Services

The committee noted concern that only 10 individuals self-reported substance use in the previous program year. We want to clarify that this number reflects self-reporting, which is inherently limited in a low-barrier environment. Underreporting is expected and well-documented in homeless services nationwide.

We respectfully feel that our written explanation was not fully considered. The reality is that the Flathead Warming Center serves the highest number of individuals actively experiencing opioid use disorder in our community. This is widely understood among our partner organizations. As one example, Samaritan House, after their award of MOAT funding, contacted our staff directly to ask if we had individuals with OUD that are active in recovery whom they could serve. We want to be clear that we are **not** criticizing Samaritan House's programming or staff. Rather, this example reflects our standing in the community, where there's a need for low-barrier access to these services that does not currently exist in our community, as well as the trust other providers place in us, and the strength of our ongoing collaboration. It demonstrates both our role and our partnership within the broader service network.

4. Data Accuracy & HMIS Reporting

A concern was raised regarding "inaccurate reporting and unreliable data." We want to be clear:

- We use the statewide Homeless Management Information System(HMIS), and collaborate with local partners through the Coordinated Entry System(CES).
- Our Resource Manager is the *statewide* Lead for *CES.* CES streamlines referrals and minimizes duplicative or non-essential services by utilizing HMIS and weekly case conferencing between local partner providers.
- Our data collection has significantly improved over the past year. We improved data gathering and entry methods to ensure we were able to get more accurate numbers. Our new MOAT proposal reflects our improved data collection.

However, while OUD will always be underreported in a low-barrier model, our data is strong, consistent, and aligned with statewide standards.

If the committee believes we are not serving significant individuals with OUD, then there is a fundamental misunderstanding of who we serve and the critical role we play in the opioid-response in our community. We welcome an in-depth conversation to ensure clarity.

5. Board Commitment & Funding Concerns

The minutes questioned whether it would be appropriate to fund portions of our request given uncertainty about our Board's financial commitment. We want to remove any doubt:

- Our Board is fully committed to this work.
- We have already purchased a vehicle to launch a scaled-down transportation initiative, creating the foundation for this new proposal to the committee.
- Our Board consistently funds low-barrier initiatives, even in the face of community pushback.

We are not asking MOAT to carry a full financial burden; we are asking for partnership.

We understand the committee's responsibility to evaluate proposals with care and diligence. In return, we respectfully ask that our application be reviewed with the same fairness, standards, and assumptions applied to all applicants. Equity in evaluation is essential, and we simply ask to be held to the same expectations as others seeking MOAT support.

This letter was written specifically to address the concerns outlined in the committee's minutes from our previous submission. We believe it is important for the committee to have full clarity and context as we move forward with a new proposal. We appreciate the opportunity to respond directly and transparently to each point raised.

Our work intersects with opioid use disorder every single day. The individuals we serve are deeply impacted by the opioid crisis, and the Flathead Warming Center remains a frontline responder in meeting their needs. We hope this revised proposal demonstrates both our unwavering commitment and the ongoing need within our community.

Thank you for your time, your consideration, and your willingness to engage in this important conversation. We welcome continued dialogue and are eager to collaborate in ways that strengthen outcomes for individuals experiencing addiction in our community.

We would again respectfully request the opportunity to present directly to the committee.

Warmly,

Tonya Horn–Executive Director