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Opioid Settlement Funds

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*Please complete the application below in its entirety. You may attach additional pages as needed. Applications will be accepted for up to \$100,000.00 for direct services and \$50,000.00 for indirect service projects. Funds are limited due to the amount of settlement received and projects may not receive full request. A 20% match of funds will be required for all projects; however, a waiver of match may be requested and will be evaluated on a case-by-case basis. Waiver Request forms are available upon request. Funding decisions are at the sole discretion of the City and the City reserves the right to deny any request for funds and/or waivers of match for any reason.*

*Once submitted, this application and any supporting documents are considered a public record and will be posted on the City's website and made available to the public and the media upon request.*

- CERTIFY THAT YOU HAVE REVIEWED EXHIBIT A, SCHEDULE A - CORE STRATEGIES and SCHEDULE B APPROVED USES**
- CERTIFY THAT YOU UNDERSTAND THAT A REPRESENTATIVE(S) OF THE CITY MAY MAKE VISITS DURING THE APPLICATION PROCESS AND DURING THE GRANT PERIOD FOR MONITORING PURPOSES *WITHOUT* PRIOR NOTICE.**

**Section One: Contact Information**

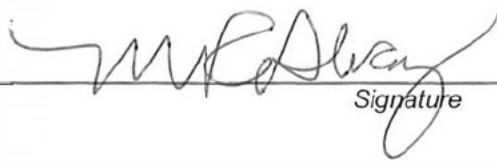
**Name of Organization and Contact Persons Name for application\***

MVA Health Centers, Inc. Dr. Raymond Alvarez, CEO

**Address\***

~~1322~~ 1322 Locust Avenue, Fairmont WV 26554

1322 Locust Avenue, Fairmont WV 26554

  
Signature

Dr. Raymond Alvarez

Name (Print)

President & CEO MVA Health Centers, Inc.

Title

5/30/25

Date

*While we are unable to help you complete this application, we are more than happy to provide you with clarification. Please contact Rene Graves, Grant Administrator, with any questions at [rgraves@fairmontwv.gov](mailto:rgraves@fairmontwv.gov) or 304-366-6212 x 321.*

*All projects will run for 12 months from the time of the signed contract with the ability to apply for a one-year no cost extension.*



**Website, if applicable:**

www.mvahealth.org

**Phone Number\***

[Redacted]

**Email address\***

[Redacted]

**FEIN\***

[Redacted]

**UEI\***

[Redacted]

Registration in SAM.gov  Yes  No

*\*If yes, please list expiration date* \_\_\_\_\_

Are you in good standing  Yes  No

**Section Two: Project Summary**

**Executive summary of the proposal\***

Please include details regarding the design and strategy of your proposal.

3.5 page maximum

See attached.

**Which of the following Core Strategies and Approved Uses will be met?**

Please check all that apply:

**Schedule A Core Strategies \***

- Naloxone or other FDA -Approved Drug to reverse opioid overdoses.
- Medication Assisted Treatment ("MAT") Distribution and other opioid related treatment Pregnant & postpartum women.
- Expanding treatment for Neonatal Abstinence Syndrome Expansion of warm hand-off programs and recovery services
- Treatment of incarcerated population
- Prevention Programs
- Evidence based data collection and research analyzing the effectiveness of the abatement strategies Law Enforcement
- Research

**Schedule B Approved Uses\***

- Treat opioid use disorder (OUD)
- Support people in treatment and recovery.
- Other

**Provide specific information on how your project will meet the Core Strategies and Approved Uses. \***

3.5 page maximum

See attached

**Key anticipated outcomes \***

Substance use disorder (SUD) is a chronic medical condition that requires treatment and can affect anyone. The information on this site is meant to provide education and information about how to get help for someone experiencing SUD or an opioid-related overdose. Outcomes are:

1. Recruit those with SUD into a program that provides services regardless of ability to pay.
2. Provide a setting where all services (medical care, therapy/counseling, laboratory and pharmacy services are provided on site).
3. Services are provided in a care system that is monitored for quality outcomes and clinical effectiveness.
4. Medical services provided are under the direction of a medical director with over 20 years experience in SUD treatment.

**Individuals or communities served\***

Marion County (Fairmont Clinic and Mannington Clinics) and the northern district of Harrison County (Shinnston Clinic) as well as patients from contiguous regions.

**Describe your organization’s connection to the City of Fairmont\***

MVA was established in Fairmont in 1958 as a non profit health organization that primarily served UMWA beneficiaries in a regional health maintenance organization approach. By 1978, MVA transitioned to a community health center and began to receive grants to serve the uninsured and underinsured in Marion County as well as contiguous regions. Today, it remains the oldest established outpatient center in North Central WV with over 67 years of quality care provided to the community. Innovations include HMO feasibility studies and a pre-paid, capitated health center program from 1979-85; one of the first primary care clinics (1985 as a federally designated health center) and the only non profit health center in the region.

**Amount of funding requested\***

Total budget: \$50,000; GRANT request \$40,000

**Amount of matching funds raised or committed by your organization\***

\$10,000

**Source of matching funds raised or committed by your organization\***

Funds come from general operations and revenues for fees for service for primary care services provided under the MVA MAT program as a federally qualified health center.

**Project timeline\***

Include how long it will take you to implement and complete the project if awarded funding. *The project period is 12- months. 3.5 page maximum*

12 months

**Section Three: Proposal Details**

**Describe the problem or need that your project seeks to address\***

3.5 page maximum

Percent of Marion County residents with a controlled substance prescription is 22.7% compared to a state rate of 23%. Percent of Marion County residents with an opioid prescription is 14.4% and is nearly the same as the state average (2021 County Profile Report, WV HHS). Comparing this to census data, about one out of every 4 persons is on controlled substances. Additionally, breaking this down by age group would indicate a high number of persons who can be targeted for treatment.

**Total proposed budget\***

\*\*Include the following:

- ❖ *A detailed proposed budget*

Example:

<i>Category</i>	<i>Amount</i>	<i>Purpose</i>	<i>Source(s) of Funding</i>
<i>Personnel</i>			
<i>Contracts</i>			
<i>Travel/Training</i>			
<i>Equipment</i>			
<i>Other</i>			

- ❖ *Proposed budget narrative\**

Describe how you will use the requested funding to complete the proposed project.

3.5 page maximum

see attached

**List any partners in this proposal, the partners' roles, and your relationship with them. \***

3.5 page maximum

not applicable

**List leadership/key personnel\***

Identify the anticipated leadership/key personnel of the proposal and attach resumes for each person.

3.5 page maximum

See attached

**Describe your plan for sustainability after the grant award has been exhausted. \***

*3.5 page maximum*

Once the program is established with a target of approximately 500 patients, the program should be self-sufficient.

**Section Four: Organization Information**

**Provide your organization's mission statement. \***

Monongahela Valley Association of Health Centers, Inc. is committed to providing quality care to all residents of its service area. MVA will remain and integrated and coordinated patient-centered primary and community health care system working to provide affordable quality service to improve the well-being of the community.

**Describe the history of your organization. \***

See attached

**Tell us about your current programs and activities: \***

MVA provides primary care including family medicine, pediatrics and optometry. Additional complementary medicine services will be added in July. Counseling and therapy services are provided on site at Fairmont Clinic. At Mannington and Shinnston Clinics, basic primary care is provided.

Other services include an independent lab on site, point of care testing (including drug screens), a full service pharmacy, radiology and optical services.

A sliding fee program is available and patients are approved annually.

**Describe three significant accomplishments of your organization within the last three years. \***

1/ Accreditation by the Joint Commission  
2. Continued HRSA funding  
3. No deficiency reports requiring corrective action (State Health Dept; HRSA)

**All sources of funding\***

List all funds received by your organization from any federal, state, local or private grant awards or funding received in the last year and the current status of those funds.

SEE ATTACHED

**Organization Members\***

- *List your Organization's Owner(s), Board of Directors, senior staff members, and other key members of your organization.*
- *List the staff involved with this project and describe their roles and responsibilities:*

See attached

**Attach the Following:**

**Certifications \***

- Certifications of good standing with the Secretary of State
- All licensures required from the city
- All licensures and certifications for all individuals that will be working on this project.
- All special licensures and certifications required by the state

**Audited financial statements\***

Attach one year of the most recent audited financial statements.

**Statement of Expenditures, Encumbrances, & Appropriations and Cash Flow\***

Attach your organization's most current monthly Statement of Expenditures, Encumbrances, & Appropriations and Cash flow statement

**Current operating budget\***

Attach your organization's current operating budget.

**\*\*If you have made an application for funding for this project from other sources (city, state, private or non-profit organizations) please list the same here.**

No

**Section Five: Supplementary Information**

**Third-party reference\***

*Enter contact information for at least one outside third-party reference.*

NAME	EMAIL	PHONE NUMBER	TITLE/ORGANIZATION	RELATIONSHIP TO YOUR ORGANIZATION
see attached				
see attached				
see attached				

**Supplementary information or documentation**

Attach any supplementary information or documentation (such as letters of support) that you feel will be essential to the City's review.

## **OPIOID SETTLEMENT FUNDS—City of Fairmont Application**

### **ADDITIONAL NARRATIVE**

#### **Executive Summary:**

MVA is seeing grant funds to be used to provide medical care, addiction treatment and therapy to area residents without the ability to pay for such services otherwise. While Marion County ranks lower than southern and eastern counties, Marion County's rate for all opioid prescriptions (classified as Schedule II,III, IV or V) is 553, slightly lower than the average for all WV Counties (WV Board of Pharmacy 2021 report). This indicates that the quantities of opioids that are in the community are less than the state average. Data on morphine milligram equivalents (MME) help determine the amount of morphine an opioid dose is equal to when prescribed, often used as a gauge of the misuse and overdose potential of the amount of opioid that is being given at a particular time. It is also a useful tool to identify high-burden areas in the state, which is important for public health surveillance at the county level. From 2014-2021, Marion County's percent of patients receiving more than an average daily dose of 90 MMEs is slightly lower than the state average and has decreased over time.

MVA's Medication Assisted Treatment Program began in the spring of 2025 and is in a startup phase that offers a specialized care system to monitor enrolled patients' ability to wean from opioids through medical management and supervision. MAT includes the use of medication, drug screens, counseling and education that coupled with primary care, is a holistic approach to dealing with opioid addiction. This grant request is for a total of \$50,000 with \$40,000 of the requested grant funds matched by a 20% contribution from MVA. Grant funding will be used for treatment, therapy and controlled medication regimen.

#### **Project Summary:**

MVA Health Centers, Inc. initiated a Medication Assisted Treatment (MAT) program in January 2025. This was funded by HRSA for FY 2025. The grant was limited to staff and promotional materials. Providers recruited required higher salaries than originally budgeted in mid-summer 2024. No provisions for subsidy of care were included, other than program participants covered by third party payors. MVA's MAT program is certified by the WV Department of Health and has a rigorous treatment program where new patients may be seen more frequently with limited prescriptions initially to assure compliance with drug testing and therapy. Data indicates that a high percentage of patients tend to drop out of a program, so the MVA program is the only one in the region where patients can receive all services in one location, as well as have their primary care needs addressed as this population will have co-morbidities in addition to addiction.

MVA's program is in its early stages and there is a need for additional marketing and outreach to reach audiences with the advantages offered. Typically, a 30 day regimen of suboxone costs \$300.

Though a patient may have insurance that covers this partially, balances are owed if a patient is not eligible for sliding fee schedule (always based on the current federal poverty guidelines). MVA will match 20 percent which represents portion of the program director fee. The rest is for financial assistance. MVA has put in place effective outreach and collaboration with other social service entities for coordination of care.

As this is a new service, assistance from the Opioid Settlement funds administered by the City of Fairmont will provide seed money that will help get the program to sustainability from regular fee for service once the program reaches a target goal (500 unduplicated users) for 2025. MVA's program has filed for OBMAT (Office Based Medication Assisted Treatment) and OHFLAC (Office of Health Facility Licensure and Certification) approval through the WV Department of Health and Human Services. These are in process for approval.

**Total Proposed Budget:**

<b>Personnel</b>	<b>\$10,000</b>	<b>Match from MVA</b>
<b>Marketing</b>	<b>\$10,000</b>	<b>GRANT</b>
<b>Pharmacy:</b>	<b>\$15,000</b>	<b>GRANT</b>
<b>Patient Care:</b>	<b>\$15,000</b>	<b>GRANT</b>

**Justification:** While a sliding fee schedule is in place, additional costs occur in treatment expense and pharmaceuticals. The purpose of this grant is to establish a mechanism for subsidy of costs associated with patient balances owed/patient obligations that for those without coverage, result in bad debt expense for MVA. The pharmacy allocation is anticipated to provide a total of approximately 5 patients per month with medication assistance of approximately \$300 (suboxone).

The medical care allocation is based on average cost of \$150 for medical/therapy encounter for an average of 10 patients per month who qualify for indigent care or subsidy for lack of third party coverage. This is estimated to be approximately \$125 in medical costs not eligible for subsidy through sliding fee programs, or the amount of patient responsibility.

Marketing costs are attributed to media advertising and community outreach to promote awareness of the program.

MVA's match of \$10,000 is an allocation of personnel costs for the MAT program.

**Leadership/Key Personnel: MVA MAT Program**

Director of Behavioral Services (currently recruiting for this position)

Medical Director: Dr. Sam Kuzbari, MAT specialist and Fairmont physician for 30 years

Medical Provider: Brandon Riley, PA-C

Therapist: Mike Slaughter, LISCW  
 Outreach Coordinator: Tyler Hayes, BS

**History of Organization:**

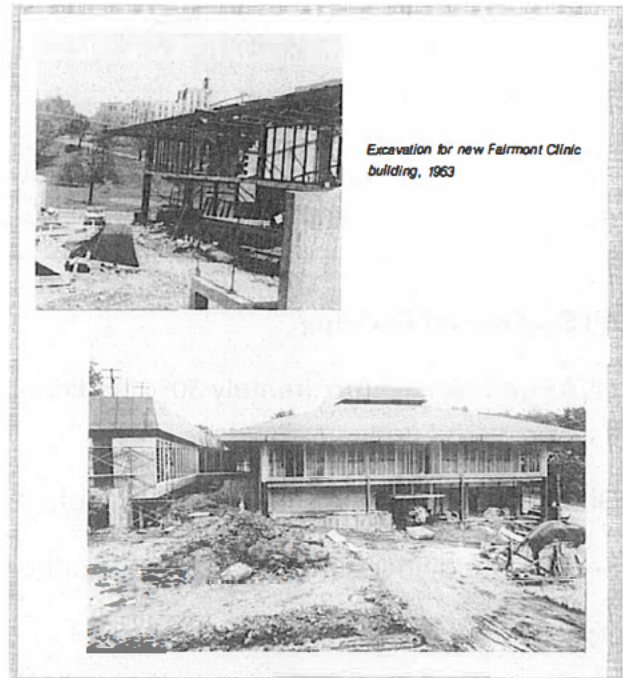
MVA was established in 1958 as a non-profit organization originally designed to serve UMWA beneficiaries. The initial board of directors included rank and file members in addition to minority representatives. The first act of the board was to adopt a non-discrimination policy.

The first location was the office of Dr. Edward Vacher, who transitioned his practice. This small house was located on the present site of MVA.



The metal building is needed for the move across the street to Ball Run Plant. It is scheduled off for the relocation.

Several locations were used including the Clark Mansion on Gaston Avenue until the new clinic was constructed starting in 1963. It opened in June 1965. MVA is the oldest non-profit health center in north central WV.



*Excavation for new Fairmont Clinic building, 1963*

**Transition from pre-paid UMWA 'retainer' (HMO) system to CHC:**

\*Fall 1973, a federally funded capitated HMO was implemented to provide prepaid health care services to limited income families.

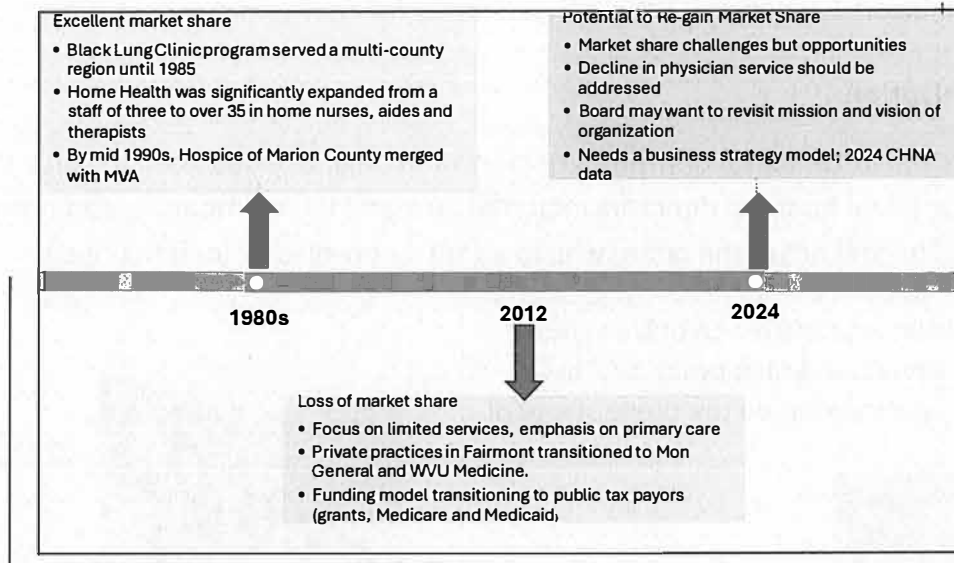
\*1980, nearly 5,000 persons were enrolled in Unicare, but drastic changes at the Federal level mandated an end to the program.

With a Board commitment to the medically needy, the program was revamped as a primary care, case-management system and maintained as Unicare.

In 1973, significant changes occurred in the U.M.W.A. contract negotiations which resulted in a change-over of the coal industry to Insurance reimbursement based on a deductible system with copayments.

1980-1985: Transition to Section 330 Community Health Center funding formula evolved the system into a non profit, federally qualified health center.

**Mission:**  
**MONONGAHELA VALLEY ASSOCIATION OF HEALTH CENTERS, INC. (MVA) IS COMMITTED TO PROVIDING QUALITY HEALTH CARE, AT A REASONABLE COST, TO ALL RESIDENTS OF ITS SERVICE AREA.**



**All Sources of Funding:**

MVA Funding is approximately 30% Medicaid; 30% Medicare; 10% private insurance with 30% of the users covered under sliding fee.

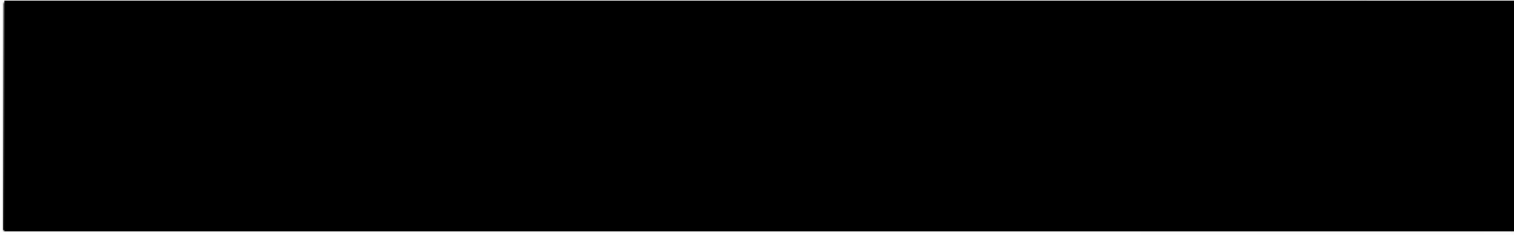
Grant funding is approximately 20% of total budget.

See attached financial data including audit.

**Board Members:**

- MVA Board of Directors  
2025
- Rev. O. Richard Bowyer
  - Delbert Carpenter
  - Walter Edgar Cosner
  - Nancy Deming
  - Memori Dobbs
  - Thomas Dragich
  - Belinda Eagle
  - Jon Frantz
  - Deborah Hiltz
  - Gary Jack
  - Clifton Jackson
  - Phillip Koloff
  - John F. Lee
  - Eric Pulice, D.B.A.
  - Michael Schroering, M.D.

**REFERENCES:**



**LICENSE AND CERTIFICATION:**

