

Expansion of Sapphire CHC MAT/SUD program

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

Sapphire Community Health, Inc

Patrick Peer
316 N. 3d Street
North 3d
Hamilton, MT 59840

ppeer@sapphirechc.org
O: 406-541-0493
M: 918-348-8771

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Hamilton, MT 59840

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M: 918-348-8771

Application Form

Region Selection

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

Project Name*

Expansion of Sapphire CHC MAT/SUD 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.

Ravalli County Metro Region

Regional Funding Request*

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

Abatement Region 5

Application Overview

About the Organization/Program*

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

Sapphire Community Health (SCH), is a community-based, outpatient primary and behavioral health care center providing services to residents of Montana's Bitterroot Valley. SCH was established in Ravalli county in 2015 with the distinction of being a federally qualified health center (FQHC). SCH provides services to everyone; to low-income, uninsured, and underinsured residents of the service area, regardless of ability to pay. SCH's service area is Ravalli County, which harbors a significant population of low-income residents. Nearly half of Ravalli County residents live at or below 200% of Federal Poverty Guidelines. Identified healthcare needs of the patient population include high rates of depression, suicide, substance use disorders, anxiety and other behavioral health issues. SCH is experienced in providing substance use disorder treatment, including Medically Assisted Treatment. We currently have two psychiatric nurse practitioners on staff full time, who provide this service. We have more than 400 patients in the MAT program. We are seeking funds to expand our SUD and MAT program to meet the demand for opioid and substance use treatment and education for the community and NOT exclusively for our patients.

We are also exploring commercial property options to those who are housing insecure. Additionally, we plan to host an opioid summit to be attended by local law enforcement agencies; members of the drug court;

legislators; healthcare providers and members of the community. The summit will be recorded and placed onto our website to be viewed by the general public.

Mission Statement: To provide quality healthcare to medical underserved communities, focusing on enhancing health status and decreasing health disparities by off comprehensive primary care, chronic illness management, screenings, immunizations and connecting with patients by providing access to essential social services.

What category does the program fit into*

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

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

Prevention
Treatment
Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

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

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
- D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
- F. PREVENT OVER-PRESCRIBING, ENSURE APPROPRIATE PRESCRIBING & DISPENSING OF OPIOIDS
- G. PREVENT MISUSE OF OPIOIDS
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
- K. TRAINING

How does the program meet the Opioid Remediation Guidelines*

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

Please be specific

Our healthcare and behavioral health services are monitored by the Health Resources and Services Administration. We hire licensed and experienced providers. This proposal would hire a licensed addiction counselor to augment therapy that will compliment treatment currently provided by our two psychiatric nurse practitioners. We are actively involved in the local Drug Court and will be pursuing an opportunity to work with local parole and probation officials to provide services to non-violent parolees or probationers who are in need of SUD/MAT counseling and housing assistance through our licensed clinical social workers and licensed clinical professional counselors..

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*

\$250,000.00

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.

MAT SUD Budget.xlsx

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.

Medicaid and Medicare assist somewhat in counseling reimbursement, but rarely for all costs associated with this treatment. Many of our patients are provided care based upon our sliding fee schedule which is determined by income and family size. Many qualify for uncompensated 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.

We are proposing hiring a licensed addiction counselor(LAC) to provide treatment to persons experiencing opioid use disorders. The licensed counselor would provide therapy to enhance the Medically Assisted Treatment that we provide through our psychiatric nurse practitioners. In addiction disorders we know that drug use often begins with the intent to ameliorate the symptoms of a painful or traumatic experience. As the drug use continues, addiction occurs. When we begin to remove the drug, often the symptoms or memories reoccur which can trigger the impulse to seek the drug. Therapy can teach the person how to cope with those triggers while the brain is in the process of repairing. Therapy concurrent with Medicated Assisted Treatment will eventually ease the person off of all opioids and synthetic pharmaceuticals, and live a life drug free. We will also contract with a Board Certified Psychiatrist to provide support and consultation to our two nurse practitioners regarding medication management and prescriptive authority when patients are in need of medication that is beyond the scope of the nurse practitioners. Also, we will contract with a local pharmacist to provide face-to-face consultation to patients.

Additionally, we propose hosting and maintaining a summit of professionals who work with persons who are experiencing opioid use disorders. We held such a conference several years ago. It was attended by 125 professionals from probation and parole, law enforcement, public schools and health care. The attendees requested additional training. We are proposing a conference that will focus on teaching providers to prescribe alternative medications to opioids and other pain management techniques. It will assist professionals who work with persons who experience substance use disorders to understand the life-long process of treatment, relapse and recovery.

Specific Goals*

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

Goal 1: To augment MAT services and make them more sustainable

Objective 1: Provide substance use counseling to 250 people in one year.

Goal 2: To bring a greater understanding of opioid abuse to providers in the community

Objective 2:To host a summit where professionals in the community who work with opioid addicted persons can benefit from the education and experience of others

Objective 3: To evaluate the need to provide on-site housing for SUD/MAT patients who are released from custody and considered to be non-violent parolees. This would require each patient to sign an agreement that restricts the use of drug, alcohol and requires employment and meets all requirements of parole and probation. Parole and Probation Officers would become an integral part of contract enforcement.

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.

Evaluations will measure patient visits, progress toward reducing drug use, recidivism, and community contacts. We use computerized medical records that maintain data on all of our patients. We can monitor and access patient activity to ascertain their success in their therapy. Additionally, each provider develops a detailed care plan that includes goals and timelines to meet expected outcomes.

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.

2024 Uniform Data Set information and reports generated through our electronic medical record. This report requires that we collect data on 18 clinical indicators that assure we are meeting the medical, social and behavioral health needs of our community and lists the zip codes where our patients reside. This data is reported to our Board of Directors each year along with the score card for each indicator. Additionally, our Quality Assurance/Risk Management Committee receives updates on a monthly basis and if we are below the national standards for any of the indicators we are required to develop an action plan that will aid in the raising of the scores. We reached national average in the management and treatment of SUD/MAT but need to improve on management and treatment of childhood obesity and hypertension.

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.

Via the healthcare summit addressed in previous portions of the application and collateral materials presented at the summit and made available to the community. We also propose to provide a monthly podcast or the use of 60 second presentations by our staff on various social media platforms.

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.

501 (c) (3) letter.pdf

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

Upload #1

Upload #2

Upload #3

Additional Information

We will consider adding housing assistance for unsheltered patients. There may be an opportunity to purchase a vacant 11 bedroom unit that would provide housing for up to 10 patients. Expectations would be that each occupant would have to be under the supervision of a probation officers and on parole or probation for a non-violent crime. Expectations would be that the client would be employed and sign a housing contract that outlines compliance requirements to remain an occupant. Violations would be conveyed to the client's parole or probation officer so they are informed as to an individual's progress.

File Attachment Summary

Applicant File Uploads

- MAT SUD Budget.xlsx
- 501 (c) (3) letter.pdf

Budget in Support of the MAT/SUD Grant Proposal

Item Description	Amount
Licensed Addiction Counselor	\$65,000
Beneifts	\$14,000
Contracted Psychiatrist	\$80,000
Contracted Pharmacist	\$44,000
Leased space for Sumitt	\$1,000
Recording Fees	\$2,400
Printed Materials	\$5,000
External Peer Review Service	\$7,000
Rent	\$24,000
Utilities	\$3,600
Summit Fees	\$4,000
	\$250,000

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

DEPARTMENT OF THE TREASURY

Date: NOV 16 2001

Employer Identification Number:
81-0542716
DLN:
17053234019021
Contact Person: RAY PILCHER ID# 95218
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER
Form 990 Required:
YES
Addendum Applies:
NO

SAPPHIRE COMMUNITY HEALTH INC
PO BOX 1617 208 STATE ST
HAMILTON, MT 59840

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

Letter 947 (DO/CG)

SAPPHIRE COMMUNITY HEALTH INC

part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

Letter 947 (DO/CG)

SAPPHIRE COMMUNITY HEALTH INC

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Steven T. Miller
Director, Exempt Organizations