

## Building Resilient Families

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*2026 Montana Opioid Abatement Trust  
Grants*

### ***Greater Butte Community Coordinated Child Care (Butte 4-Cs)***

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### ***Terri Amberg***

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# Application Form

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## *Region Selection*

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

### **Project Name\***

Building Resilient Families

**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.

Silver Bow County Metro Region

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

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

Butte Silver Bow Metro Region

## *Application Overview*

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### **About the Organization/Program\***

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

Butte 4-C's (Greater Butte Community Coordinated Child Care) is a trusted, community based nonprofit organization serving families in Silver Bow County and surrounding rural communities. Our mission is to support and empower families through programs that promote healthy child development and improve outcomes for children. We provide education, resources, and coordinated supports that promote stability, resilience, and healthy development so every child has a safe and successful start in life. Our work addresses root causes of family stress and supports caregivers navigating complex challenges, including substance use disorders, economic hardship, and limited access to services.

Butte 4-C's delivers prevention and recovery informed services for families and caregivers impacted by opioid and substance use. Services include family support and resource navigation; referrals to substance use treatment, mental health, and recovery support services; and parenting and caregiver education grounded in trauma-informed and protective factors approaches. We also provide kinship and grand family support and connect families to basic needs such as housing, food assistance, transportation, and health care. Staff work one on one with families to reduce barriers to accessing services and promote safe, supportive home environments.

In addition, Butte 4-C’s offers community education and professional training related to child development, adverse childhood experiences (ACEs), and trauma-informed care. We collaborate with health providers, treatment programs, schools, and social service agencies to ensure coordinated care, prevent child neglect, reduce family instability, and support long term recovery and resilience. With a strong history of community engagement and effective service delivery, Butte 4-C’s is well positioned to advance the Montana Opioid Abatement Trust’s goals of prevention, treatment support, and improved outcomes for families impacted by opioid use disorder.

### 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*

- C. PREGNANT & POSTPARTUM WOMEN
- D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME "NAS"
- E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
- G. PREVENTION PROGRAMS

### Exhibit E List of Opioid Remediation Uses

*Schedule B - select all that apply*

- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- E. NEEDS OF PREGNANT/PARENTING WOMEN, BABIES W/ NEONATAL ABSTINENCE SYNDROME

### 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*

This program aligns with Opioid Remediation Guideline E: Needs of Pregnant and Parenting Women and Babies with Neonatal Abstinence Syndrome (NAS), including support for people in treatment or recovery, through services delivered by Butte 4-C’s 406 Healthy Start and Parents for Parents (P4P) programs in coordination with community partners.

406 Healthy Start is a community-based home visiting program serving expectant parents and families with children under age five. Operated by Butte 4-C’s, the program provides individualized, in-home support

delivered by trained parent educators using evidence-based practices focused on child development, positive parenting, and family stability. The program strengthens parent-child relationships, reduces barriers to health care, supports early learning, and prevents child maltreatment through education, guidance, and connections to community resources, helping mitigate risk factors associated with prenatal substance exposure and NAS. Butte 4-C's is the only Blue Dot Safe Spot in Montana, a national maternal mental health initiative. This accreditation reflects the organization's capacity to provide safe, supportive, and nonjudgmental access to mental health resources during pregnancy and the postpartum period. Blue Dot principles are integrated into 406 Healthy Start services. Parents for Parents (P4P) fulfills Guideline E's allowance to support people in treatment or recovery by providing structured, peer-based mentoring to parents involved with the child welfare system, including those impacted by opioid use disorder. P4P provides early outreach, education, and ongoing peer mentoring through trained Parent Allies, supporting engagement in court-ordered plans, family reunification, and safe, nurturing home environments. Together, these efforts provide coordinated, family-centered responses that advance the Montana Opioid Abatement Trust's goals of reducing opioid-related harm and improving outcomes for families and infants.

### New Program or Existing\*

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

A proposed supplement or expansion to a program.

## Fiscal Information

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### Requested Amount\*

\$100,000.00

### 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.

Program Budget.docx

### 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.

Requested Opioid Abatement Trust Funds (\$100,000)

Funds requested from the Montana Opioid Abatement Trust will support direct program expansion and service delivery aligned with Opioid Remediation Guideline E, including prevention, early intervention, maternal mental health support, and recovery-informed services for pregnant and parenting individuals and infants. Trust funds will be applied primarily to personnel, fringe benefits, professional development, supplies, travel, and operational costs necessary to expand and strengthen coordinated services delivered through 406 Healthy Start and Parents for Parents (P4P).

**Headwaters Funding (\$16,500 – Existing Funds)**

Headwaters funding in the amount of \$16,500 supports core program infrastructure and ongoing service delivery costs. These funds are applied to personnel, fringe benefits, travel, and essential program supports that enable continuity of services and organizational capacity. Headwaters funding demonstrates sustained investment in maternal and child health programming and allows opioid abatement funds to be leveraged for program growth and enhancement rather than basic operating costs.

**S.A.R.T.A Funding (\$50,000 – Existing Funds)**

S.A.R.T.A funding totaling \$50,000 provides significant leveraged support for staffing, facility-related expenses, and operational infrastructure necessary to implement and sustain program activities across multiple counties. These funds strengthen regional coordination, support coalition leadership activities, and ensure stable staffing for evidence-based home visiting, maternal mental health support, and recovery-informed services. S.A.R.T.A funding enables Butte 4-Cs to maintain consistent service delivery while expanding reach and impact through additional funding sources.

Together, Headwaters (\$16,500) and S.A.R.T.A (\$50,000) funding comprise \$66,500 in existing leveraged resources, demonstrating strong community and partner investment in this work. Combined with the \$100,000 request from the Montana Opioid Abatement Trust, these funding sources support a coordinated, sustainable, and scalable approach to reducing opioid-related harm and improving outcomes for pregnant and parenting individuals, infants, and families across the region.

**Do you have a Fiscal Agent\***

Yes

***Fiscal Agent Contact Info*****Fiscal Agent Name\***

Greater Butte Community Coordinated Child Care (Butte 4-C's)

**Fiscal Agent Email Address\***

mmarble@butte4-cs.org

***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.

406 Healthy Start provides individualized, in-home support focused on child development, positive parenting, early learning, family stability, and maternal mental health. Parents for Parents delivers structured peer mentoring through trained Parent Allies with lived experience. Together, these programs reduce opioid-related harm, strengthen families, and advance the goals of the Montana Opioid Abatement Trust.

With support from the Montana Opioid Abatement Trust, Butte 4-C's will expand 406 Healthy Start and Parents for Parents to better serve pregnant and parenting families impacted by opioid use disorder and related mental health challenges in Silver Bow County. Together, these programs provide a coordinated continuum of prevention, early intervention, and recovery-informed peer support. Services focus on critical periods of pregnancy, infancy, and early childhood.

Program priorities include supporting pregnant and parenting women impacted by opioid use disorder and co-occurring mental health challenges. The programs work to prevent and mitigate the effects of prenatal substance exposure and Neonatal Abstinence Syndrome. Efforts also focus on strengthening parenting capacity, maternal mental health, and overall family stability. Additional priorities include supporting parents in treatment or recovery who are involved with the child welfare system, promoting safe and nurturing environments for infants and young children, and reducing long-term opioid-related harm by strengthening protective factors early.

Program objectives focus on expanding access to voluntary, evidence-based home visiting services for expectant parents and families with children under age five. Objectives also include increasing early identification of maternal mental health needs and connecting families to appropriate supports. Structured, peer-based mentoring is provided to parents involved with child welfare to improve engagement in case plans and reunification efforts. The program works to reduce barriers to health care, behavioral health services, recovery supports, and community resources. Coordination among prevention, peer support, child welfare, maternal mental health, and recovery-informed services in Silver Bow County is strengthened. Intended results include improved maternal mental health, emotional regulation, and parental resilience. Families will gain confidence in recovery-informed parenting practices and show increased engagement in home visiting and peer mentoring services. The program aims to reduce risk factors associated with prenatal substance exposure and the severity or incidence of NAS. Outcomes also include improved continuity of care for opioid-exposed infants, stronger parent-child attachment, fewer family crises and child welfare re-entries related to substance use, and improved long-term outcomes for infants and families.

## Specific Goals\*

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

Goal 1 is to improve health, safety, and stability for pregnant and parenting families impacted by opioid use disorder. The program will serve at least 50 pregnant or parenting families annually through 406 Healthy Start. At least 80 percent of enrolled families will complete four or more home visits. At least 85 percent of participating caregivers will demonstrate increased knowledge of child development and positive parenting practices, and at least 75 percent of families served will access at least one referred health, behavioral health, or community support service.

Goal 2 is to reduce the risk and impact of prenatal substance exposure and Neonatal Abstinence Syndrome. At least 75 percent of expectant parents served will receive education on prenatal health, substance exposure, and infant care. At least 70 percent of infants served will receive age appropriate developmental screening and referrals when needed. At least 80 percent of caregivers of opioid exposed infants will report increased confidence in caring for affected infants, and missed follow up appointments for infants at risk of NAS will be reduced.

Goal 3 is to strengthen maternal mental health and reduce opioid related risk factors during pregnancy and postpartum. At least 70 percent of caregivers will receive mental health screening, education, or referral. At least 65 percent of those referred will engage in follow up services, and at least 80 percent will report increased parental resilience and reduced stress. All staff will implement Blue Dot Safe Spot principles.

Goal 4 is to support parents in treatment or recovery involved with child welfare. At least 75 percent of Parents for Parents participants will be matched with a Parent Ally within 30 days. At least 70 percent will show increased engagement in court ordered case plans, and at least 65 percent will demonstrate improved stability indicators.

Goal 5 is to reduce opioid related system involvement and promote long term family stability. At least 75 percent of families served will demonstrate increased protective factors at program exit. Repeat child welfare involvement related to substance use will be reduced, and coordination among home visiting, peer

mentoring, maternal mental health, and recovery informed services in Silver Bow County will be strengthened.

## 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.

Butte 4-C's will evaluate program effectiveness using quantitative data tracking, standardized screening tools, and participant feedback. Evaluation activities align with goals and measurable outcomes related to opioid prevention, early intervention, maternal mental health, recovery-informed support, and improved infant and family outcomes in Silver Bow County.

Program reach and engagement will be tracked using enrollment data. Service dosage will be monitored through the number of home visits and peer mentoring contacts. Referrals made, referral follow-up, and service completion rates will be tracked for both programs.

Parenting capacity and protective factors will be measured using pre and post assessments aligned with evidence-informed home visiting practices. Metrics will include caregiver knowledge of child development, parenting confidence, parental resilience, and perceived social support. These measures support family stability and reduced opioid-related risk.

Infant development and early identification of delays will be evaluated using the Ages and Stages Questionnaires. Data will include screenings completed, results, and referrals to early intervention services. These measures will assess continuity of care for infants, including those prenatally exposed to opioids or at risk of Neonatal Abstinence Syndrome.

Family risk factors and trauma exposure will be assessed using Adverse Childhood Experiences screening. Screening will be conducted in a trauma-informed and age-appropriate manner. Aggregate ACEs data will inform service planning and track changes in risk factors. No personally identifiable information will be collected.

Maternal mental health outcomes will be measured through screening, education, and referral tracking embedded in 406 Healthy Start services. Activities will follow Blue Dot Safe Spot principles. Metrics will include caregivers screened, referrals made, follow-up engagement, and self-reported stress reduction. Parents for Parents outcomes will be measured through time from referral to Parent Ally connection, frequency of mentoring contacts, engagement in court-ordered case plans, and stability indicators such as consistent service engagement and reduced missed appointments. Participant satisfaction and qualitative feedback will be collected through surveys and informal feedback. Continuous quality improvement processes will guide service refinement, staff training, and accountability to the Montana Opioid Abatement Trust.

## 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.

Goal 1 focuses on improving health, safety, and stability for pregnant and parenting families impacted by opioid use disorder. Progress toward this goal will be measured using program enrollment records documenting the number of families served, demographics, and referral sources, along with service delivery tracking such as home visit logs and case notes that document the frequency, duration, and type of services provided. Service dosage records will confirm completion of minimum home visiting thresholds, and parenting capacity and protective factors will be measured through pre- and post-assessments assessing caregiver knowledge of child development, parenting confidence, and parental resilience. Goal 2 addresses reducing the risk and impact of prenatal substance exposure and Neonatal Abstinence Syndrome. Data sources will include prenatal and caregiver education documentation, Ages and Stages Questionnaires results tracking the number of developmental screenings completed and referral outcomes, and infant follow-up and referral records verifying continuity of care and access to early intervention services. Goal 3 aims to

strengthen maternal mental health and reduce opioid-related risk factors. Evaluation will include maternal mental health screening and referral records guided by Blue Dot Safe Spot principles, documentation of follow-up engagement with mental health or supportive services, and caregiver self-reported measures of stress and resilience collected before and after program participation.

Goal 4 supports parents in treatment or recovery who are involved with the child welfare system. Data sources will include Parents for Parents referral and intake records, time from referral to Parent Ally assignment, peer mentoring contact logs documenting the frequency and duration of support, and documentation of engagement in court-ordered case plans and service participation. Goal 5 focuses on reducing opioid-related system involvement and promoting long-term family stability. Progress will be measured through stability indicators documented in case notes, including housing stability, caregiving consistency, and service engagement, as well as records of reduced missed appointments and improved service retention. Participant satisfaction surveys, qualitative feedback, and Continuous Quality Improvement reports will be used to track outcome trends and guide program improvements.

## 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.

- Conduct targeted outreach to health care providers, prenatal clinics, behavioral health providers, substance use treatment programs, child welfare staff, courts, and recovery partners serving pregnant and parenting families in Silver Bow County.
- Provide regular presentations and briefings to referral partners to explain program services, eligibility criteria, and referral processes for 406 Healthy Start and Parents for Parents (P4P).
- Utilize Butte 4-C's leadership of the 5 Peaks Coalition to share program information, coordinate messaging, and reach professionals and families supporting pregnant and parenting women recovering from opioid use disorder and experiencing mental health challenges.
- Distribute printed outreach materials (flyers, referral forms, and resource guides) in locations frequented by pregnant and parenting families, including clinics, treatment centers, community agencies, and partner organizations.
- Promote program services through Butte 4-C's website and social media platforms, using trauma-informed, stigma-reducing language focused on prevention, early intervention, and recovery-informed family support.
- Incorporate Blue Dot Safe Spot messaging into outreach to highlight safe, supportive, and nonjudgmental maternal mental health resources available during pregnancy and the postpartum period.
- Participate in community events, coalition meetings, and prevention activities to increase visibility and encourage early referral to services.
- Maintain ongoing communication with referral partners to assess awareness efforts, identify gaps, and adjust outreach strategies to ensure families are reached early and effectively.

## *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.

IRS determination 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**

## File Attachment Summary

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### *Applicant File Uploads*

- Program Budget.docx
- IRS determination letter.pdf

### Budget Allocation by Program

Program	Requested (\$)	Existing (\$)	Total (\$)
Parents for Parents (P4P) – 22%	22,000	16,500	38,500
406 Healthy Start – 78%	78,000	50,000	128,000
Total	100,000	66,500	166,500

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### Budget by Cost Category

Cost Category	Requested (\$)	Existing (\$)	Total (\$)
Personnel / Payroll	62,000	39,419	101,419
Fringe Benefits	14,000	8,854	22,854
Supplies	3,000	1,714	4,714
Travel	2,000	4,268	6,268
Professional Development	7,000	2,106	9,106
Occupancy	5,000	5,655	10,655
Operations	5,000	3,056	8,056
Insurance	1,000	714	1,714
IT Support	1,000	714	1,714
Total	100,000	66,500	166,500

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### Explanation of Funding Sources

The total cost of the proposed program is \$166,500, supported through a combination of requested Opioid Abatement Trust funds and leveraged existing funding sources. This blended funding approach demonstrates fiscal responsibility, sustainability, and strong community investment in services addressing opioid-related harm among pregnant and parenting families.



IRS Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In repl, refer to: 0248222025  
June 08, 2010 LTR 4168C E0  
81-0332661 000000 00

00017439  
BODC: TE

GREATER BUTTE COMMUNITY  
CO-ORDINATED CHILD CHILD CARE SERV  
101 E BROADWAY ST  
BUTTE MT 59701-9335

Employer Identification Number: 81-0332661  
Person to Contact: Ronnie Clemons  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 27, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1973.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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 sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

# Greater Butte Community Co-Ordinated Child Child Care Serv

EIN: 81-0332661 | Butte, Montana, United States

## Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC 