



Joint City-County Commission Agenda

January 30, 2024

5:30 PM

City – County Complex, Community Room

Access Information – Call in information 571-748-4021 ID 3047645#

Please mute your phone unless you are speaking. Dial *6 to unmute.

You may also attend/participate in the meeting at <https://gomeet.com/parkcountycommission>

1. Call to Order

County Chair Clint Tinsley called the meeting to order at 5:30pm

2. Roll Call

City Commission: Chair Kahle, Vice-Chair Nootz, Commissioner Schwarz, Commissioner Lyons, and Commissioner Willich

County Commission: Chair Tinsley, Commissioner Story, Commissioner Wells

City Staff in attendance: City Manager Grant Gager, Policy Analyst Greg Anthony, City Clerk Emily Hutchinson, Chief of Police Wayne Hard, Fire Chief Josh Chabalowski, Battalion Chief Josh Pierce, Community Paramedic Briana Caron, Finance Director Paige Fetterhoff

County Staff in attendance: Sherriff Brad Bichler, Executive Assistant to Commission Carly Ahern, Health Department Director Shannon Piccolo, Grants & Emergency Management Director Kristen Galbraith, Office of Emergency Management Director Greg Coleman.

3. Public Comment

Individuals are reminded that public comments should be limited to item over which the City Commission has supervision, control jurisdiction, or advisory power (MCA 2-3-202)

4. Consent Items

5. Proclamations

6. Scheduled Public Comment

7. Action Items

A. DISCUSSION BETWEEN CITY AND COUNTY COMMISSIONERS AND THE CRISIS COALITION ABOUT FUNDING FOR THE SUSTAINABILITY OF THE MOBILE CRISIS RESPONSE TEAM.

County Chair Tinsley introduced this item and handed it over to Joe Sexton the Crisis Response Coordinator for Park County.

Joe presented slides. *(Attached with meeting minutes)*

Fire Chief Chabalowski presented local data from December 1st – 31st stating they had 21 incidents involving 23 patients and all of those calls were suicidal ideation, attempts, behavioral, intoxication

with multiple methods such as alcohol and/or pills with attempted suicide, several suicide completions, motor vehicle accidents with alcohol and suicidal ideations, and behavioral incidents with intentional overdoses. Approximately 1/3 of these calls were in the County the rest were inside City limits.

City Vice-Chair Nootz clarified the data they are seeing in the slides from Joe are just completed acts, but what they are hearing from Fire Chief Chabalowski is completed and attempt.

Joe confirmed yes, that is correct. He stated this is the point of this meeting is to present the work and issues and make a plan on how to move forward.

Joe continued through the slides. *(Attached with meeting minutes)*

County Health Department Director Piccolo expanded what is involved with treatment court. She stated the County has been working with Judge Gilbert and the State of Montana and applied for a grant from the Federal Government to start treatment court in Park County. The need for treatment court came about through SIMS mapping process, which is sequence intercept mapping systems. She stated they have had treatment court now for several years.

Joe continued through the slides. *(Attached with meeting minutes)*

City Commissioner Schwarz asked for clarification on numbers listed in the budget slide, and wondered if that was the max total without any additional funding.

Joe confirmed yes.

County Health Department Director Piccolo stated through this process they have an expectation looking for other funding sources and other potential partners in the community.

City Commissioner Schwarz expressed that it doesn't look that expensive for what they would be getting and achieving.

County Health Department Director Piccolo invited Sherriff Bichler and Chief Hard to explain the law enforcement side of things on what a mobile crisis team could do for law enforcement when responding to these types of calls.

Sherriff Bichler expressed that mental health is a huge issue and the State of Montana is realizing it is not something that can be pushed back any longer; it's turning into something they have to act on now and make it a priority. In law enforcement they see mental health issues daily, and have created all of these policies, but understanding that jail is not where they need to be. Getting these folks the resources they need is important, and the mobile crisis unit would be very helpful because folks could make those initial contacts get stabilized in their homes, then two days later when they are starting to feel bad again the mobile crisis response team is calling back to help prop them back up, and build a relationship with the community member in need. He stated it has been hard since losing many resources in the area and in Bozeman such as the Hope House. He feels the mobile crisis unit is something we should put in place sooner than later to give the community and law enforcement some resources to rely upon. Realizing funding is always an issue and everyone always thinks this is a great idea, he expressed at some point someone needs to come forward and make this a priority for our community.

Police Chief Hard expressed agreement with Sherriff Bichler. He recalled when he started with law enforcement many years ago they didn't handle that many mental health calls because there were

resources nearby that community member could use. Western Mental Health closed and took their resources over to Bozeman, and having the Hope House close in Bozeman is just another lost resource for people in need. He stated law enforcement is not what these people need when experiencing a mental health crisis, but they are the people that get called, and have been the band aid for a really long time. He expressed if they can make this happen they will see a real positive boost in the community. Law enforcement, Sherriff Dept., and Fire Dept. are short staffed and struggling to handle calls that are meant for them, on top of taking calls for issues they don't always have the resources to help out on. Chief Hard recognized Jeanette as a Peer Support Specialist and a great resource for the community, and to law enforcement in helping a lot of folks with mental health needs. He encouraged both City and County to provide funding for this Mobile Crisis Response Team.

Fire Chief Chabalowski stated Missoula County uses this program with great success. He hopes for the 24/7 model and really would like to see support from the City and County to make this happen. He shared agreement with Sherriff Bichler and Chief Hard about 911 being the catch all for all calls, and they are finally reaching a breaking point answering so many calls all at the same time, they don't always have all the resources available to help in those situations where they don't have the tools to necessarily help someone in a mental health crisis. This Mobile Crisis Response Team would give them the resources they need and the community needs.

Kristen called on Bruce Whitefield the CEO of Livingston HealthCare and asked to clarify that LHC has in interest in being a third partner and possible funding source for this program.

Bruce Whitefield expressed it does impact LHC too when these folks in crisis are brought to the emergency room and they don't always have the correct resources to help them either, nor the staff that it requires.

City Chair Kahle asked if the 911 dispatchers would need special training to divert calls like this to the appropriate places.

County Health Department Director Piccolo stated yes, they would be trained on what team could handle which issues.

Joe stated a big part of that would be the technical assistance to work on this portion with first responders on outlining these processes.

Vice-Chair Nootz asked the City Manager if he had anything to add about this issue or program.

City Manager Gager stated at a staff level the City is ready to take the next step for this program if it is the will of the Commissions jointly. He recalls last budget season that this was something important to the City Commission and has since heard that from the newest member of the Commission as well. Realizing the City is not the only side involved it is a joint partnership between LHC, the City of Livingston and the County. The goal of the meeting today is get and understanding from everyone involved if there is a way to proceed with this program.

Commissioner Willich asked for a break down between responses in the City and County.

Fire Chief Chabalowski stated from the date in December 1/3 of the calls were in the County and the rest in the City.

County Chair Tinsley stated he has had conversations with the City Manager about this, and expressed the County is hurting for money. He stated they are close to \$1 Million in the hole and

the General Fund is about a half a million dollars in the hole, but they are working on it. He stated having been working with Shannon in the Health Department for 3 or 4 years, he knew this was coming, so it is his goal to fund this, but to do this there may have to be layoffs in Park County.

County Commissioner Wells stated he fully supports this program, but it does come down to the budget.

County Commissioner Story stated he comes from Fire and EMS and does see the benefits of this program, and thinks it's a very good program and will help eliminate calls for the Sherriff Dept. and people will be connected with the correct team that can help them. He stated they will have to look at the budget and see how they are going to do it, and is hoping to get grants to help pay for this.

City Commissioner Willich expressed he knows there is a problem in Park County around mental health. He stated he has a hard time understanding how they can't do something about this now, and stated they have to choose to do something and select a model of some kind that was presented tonight. He understand money is an issue and is happy to have further conversations about that, but expressed that they have to do something.

City Commissioner Lyons stated he appreciates the budget discussion, but understands tonight is to determine a plan moving forward and he is sensing there is a will to move forward with this program. From a policy standpoint he supports this program, and he expressed that he trusts the City Manager to work with the City Commission on the budget for this in a reasonable and sustainable way.

City Commissioner Schwarz expressed agreement with fellow City Commissioners and stated that they can't afford not to do this. Knowing they are going to be working on budget soon he wants to see this included in the budget for the City. He stated this is something they've been trying to work on for at least 7 years, and he expressed it is important that they do this program and they need to fund this.

City Vice-Chair Nootz thanked the Fire and Police staff and express agreement with fellow City Commissioners. She said in looking at what the City general fund is that this is totally affordable for the City. She also expressed trust in the City Manager and staff that they can figure this out for the City to fund this program. She expressed thanks to City staff for always rising to the occasion.

City Chair Kahle expressed agreement with fellow City Commissioners. She knows this has been a topic for a long time, and it is so needed. She expressed that they need to do something and looking at the budget they can do this and they need to make it work. She expressed understanding that this program will help take away some calls from the law enforcement and they will have the ability then to help the community in other ways, other than being tied up for hours on a call like this. She asked the City Manager to please help them figure this out so they can help the community.

The City Manager thanked the Commissioners for their input that expressed that was his goal for the evening to find if there is a willingness to move forward from the City, and has also heard tonight that the County has a willingness to move forward. He stated he looks forward to working with Joe and Shannon and the Crisis Response Coalition to move this forward.

Public Comment was offered by:

- Andrew Mitchell he stated the root cause of suicide is alienation and wondered how this program address that. He expressed that is seemed they would just be buying a bigger band aid and really doesn't see how this program will address the root cause.

County Chair Tinsley stated he has seem many groups try and start up around this and it starts really well, but they seem to fall a couple years later. He expressed starting something like this program may be the push they need to keep other programs going in the County.

County Health Department Director Piccolo stated that is a good point and stated the City and County with the Health Department are looking into primary prevention which is the root causes of what is going on, so people don't rise up to needing those crisis response services. She stated it does take time to implement those types of prevention activities.

- Jeanette Tecca stated she worked with Western Montana Mental Health here in Livingston and when it closed she never stopped working with those individuals. She built relationships with the people in this town, and does work on prevention every day and this program is needed.
- Brian Monahagn stated he thought we should not select the model without a Peer Support Specialist. He has seen Jeanette de-escalate people in crisis and she does a great job.

Joe Sexton stated Livingston HealthCare works directly with Jeanette and they know how helpful she is and that Peer Support Specialist position is to the community.

- Kent Hanawalt stated he has an EMS background and fully supports this program. He questioned the first slide about 23 hour stabilization and asked if that is available now at LHC.

Joe Sexton stated that is not available in SW Montana. Only 2 county across the State are working toward opening a receiving center. One of the things they are moving toward is working with surrounding counties to determine the best area for opening a crisis receiving center. He stated they are very costly to run, but they will be working toward this.

Sherriff Bichler stated that that State has indicated they need regional centers and he is happy they are working toward them, but further stated those are long term plans.

Fire Chief Chabalowski stated the State hospital is full at the moment and most of it is forensic. Meaning we have nowhere to talk these folks.

Sherriff Bichler confirmed there is a waiting list for that facility.

- Julie Anderson is a social worker at the Food Resource Center. She stated a grant they had ran out in December, and her being the only social worker left there, she indicated they have in some ways become a receiving center of some sort due to it being a place of safety and comfort, and ability to connect people to other services. She is seeing more and more crisis come into the Food Resource Center and is really feeling like she has an inability to respond, or even the hours in her day to help all the people that are in need.
- Christina Nelson stated she has rental properties and she sometimes sees folks in need and they contact her for rentals, and she feels it will be nice to see them get the proper help they need.
- Patricia Grabow feels this is a smart program for the community.
- Violet Bolstrage is the Special Population's Supervisor for DPHHS, and she oversees the crisis aversion grant funding and jail grant funding. She has worked closely with Joe, and wants to emphasize the work he has done to bring all of this together. They are excited about different

funding opportunities they can put forth to sustain services and other preventative services. Having a unified local approach is very important for the work they are going.

- Michelle Frederickson is LCSC and works with Expedition Church and wonders if there a place in the program where churches can be helpful.

County Health Department Director Piccolo stated Crisis Coalition meetings are held every second Tuesday at 11am in the City-County Complex Community Room.

7:04pm City Commissioner Schwarz motioned to adjourn the meeting seconded by County Commissioner Story.

Unanimously approved.

8. City Manager Comment

9. City Commission Comments

10. Adjournment

Calendar of Events

Supplemental Material

Notice

- **Public Comment:** The public can speak about an item on the agenda during discussion of that item by coming up to the table or podium, signing-in, and then waiting to be recognized by the Chairman. Individuals are reminded that public comments should be limited to items over which the City Commission has supervision, control, jurisdiction, or advisory power (MCA 2-3-202).
- **Meeting Recording:** An audio and/or video recording of the meeting, or any portion thereof, may be purchased by contacting the City Administration. The City does not warrant the audio and/or video recording as to content, quality, or clarity.
- **Special Accommodation:** If you need special accommodations to attend or participate in our meeting, please contact the Fire Department at least 24 hours in advance of the specific meeting you are planning on attending.



Joint City-
County
Commission
Meeting
January 30,
2024

AGENDA

Introductions

Goals and Objectives for Meeting

Crisis Now

Project Overview ---Coalition's
Progress

Crisis Data/Impact of Services
(ROI Projections)

Program Goals/ Mobile Crisis
Team/Funding

Questions/Discussion

Introductions

Roundtable introductions of coalition members

• Law Enforcement

- Wayne Hard (LPD Police Chief)
- Dan Lashinski (LPD)
- Brad Bichler (Sheriff)
- Tad Dykstra (Sergeant, Sheriff Department)
- Jay O’Neill (Captain, Detention Center)
- Kendra Lassiter (County Attorney)
- Katelyn Lavender (Victim/Witness Coordinator)

Fire Department/EMS/Emergencies Services

- Josh Chabalowski, (CoL Fire Chief)
- Briana Caron (Community RN)
- Greg Coleman (Disaster and Emergency Services Director)

Administrators

- Grant Gager (City Manager, CoL)
- Kristen Galbraith (Park County, Grants Director)

Peer Specialist

- Jeanette Tecca, (Peer Support Specialist, MCRT)

• Health Care

- Lander Cooney (CEO Community Health Partners)
- Stacy Kohler (CNO, Livingston HealthCare)
- Shannan Piccolo (Director of Health Department)
- Joe Sexton (Livingston HealthCare-Crisis Coalition Coordinator)
- Ashley Wagner (Rural Health Clinic Director, Livingston HealthCare)
- Greg Dekker (Director of Emergency Services, Livingston HealthCare)
- Janella Johnson (LCSW, L’esprit)

Community Organizations

- Hannah Wologo (LiveWell 49)
- Amy Titgemeier (Behavioral Health Local Advisory Council)
- Julie Anderson (LCSW, Livingston Food resource Center)
- Kelly Miller (Program Director, The Phoenix)
- Rebecca Ruhd (Program Advocate, Aspen)
- Todd Wester (Director of Community Partnerships & School-Based Mental Health. Livingston Public Schools.)

• FUNDERS

- DPHHS/BHDD (Crisis Diversion Grants)
- Montana Healthcare Foundation (Peer Support & Data Collection)
- Montana Public Health Institute (Facilitation and Technical Assistance)

Overarching Reason We're Here Today

Select Indicator

Suicide

Select Start Year

2017

Select End Year

2021

View Nonfatal Data

View Nonfatal Data

Map by Count of Deaths

Map by Age-Adjusted Death Rate

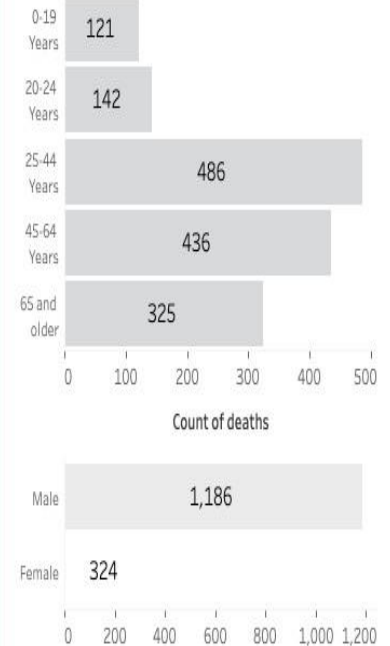
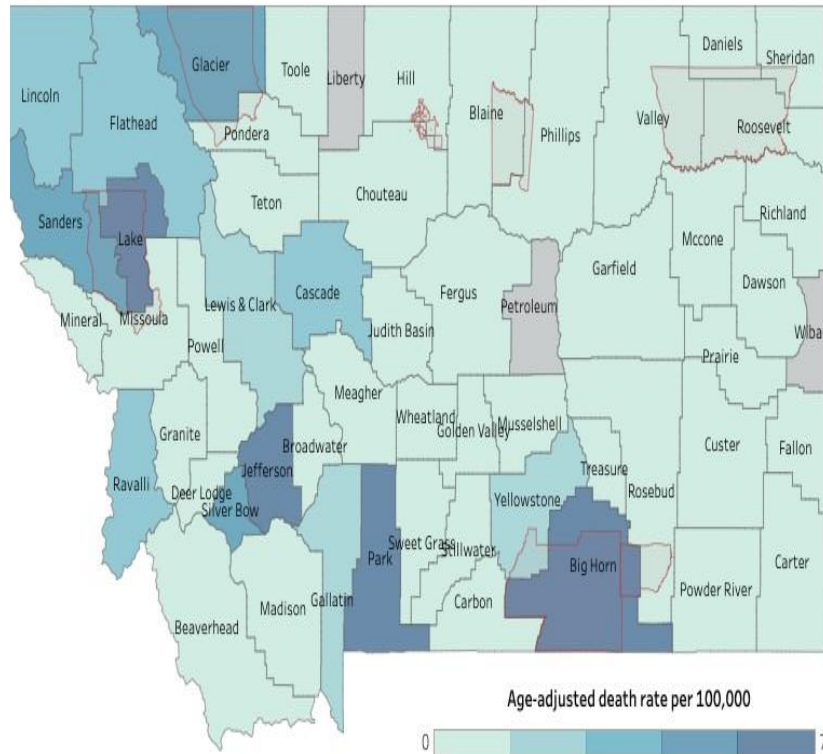
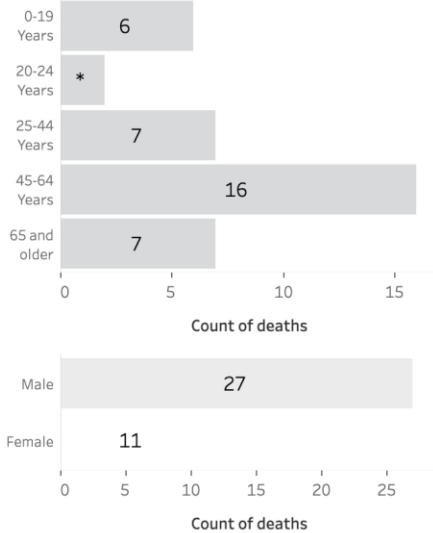
Montana, All Counties

Suicide, 2017-2021

1,510 deaths

27.4 deaths per 100,000 residents

Park County
Suicide, 2017-2021
38 deaths
42.3 deaths per 100,000 residents



Fatalities

Deaths by Category by Month, January - September 2023

Month	Total number of deaths	Number of suicides	Number of poisonings	Number of accidental poisonings
Jan	10	1	0	0
Feb	11	0	0	0
Mar	10	0	0	0
Apr	16	1	0	0
May	11	1	0	0
Jun	9	1	0	0
Jul	6	0	0	0
Aug	12	0	0	0
Sep	3	0	0	0

Note: Data are from the Office of Vital Statistics. Numbers are subject to change due to latent data entry and updates.

Goals and Objectives

Goal: Inform decision-makers on the history of the mission and work of the Park County Behavioral Health Crisis Response Coalition.

Present our recommendations on how together we can enhance crisis care and response to our community.

Objectives:

1. Overview and progress of Coalition's work
2. Programmatic priorities in Crisis Response Services for 2024-2027
 - ROI data on MCRT
 - Review cost of operating a MCRT based on the Medicaid Tier Model, including funding gaps that will require additional funding to sustain operations.
3. Consider the allocation of local financial resources needed to sustain a Mobile Crisis Response Team

Physical Health Emergency



Behavioral Health Emergency

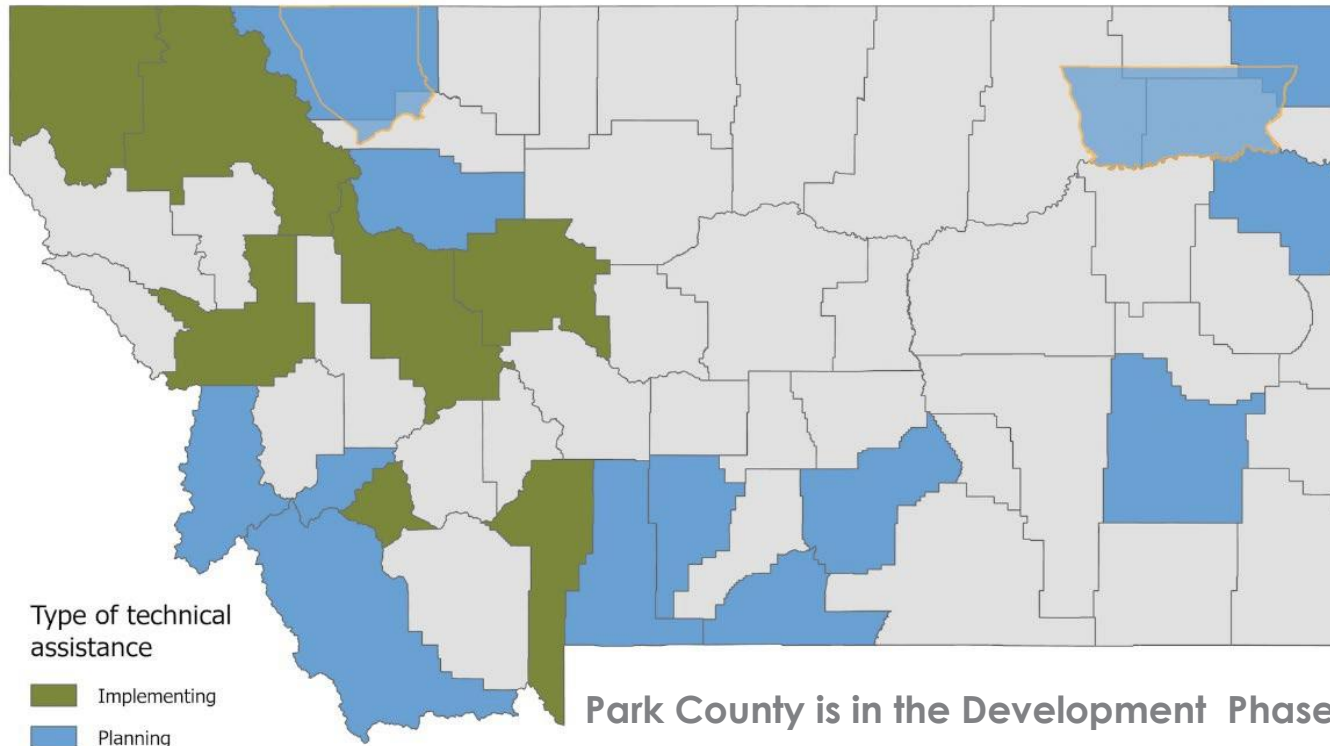


Agnew::Beck

CRISIS NOW

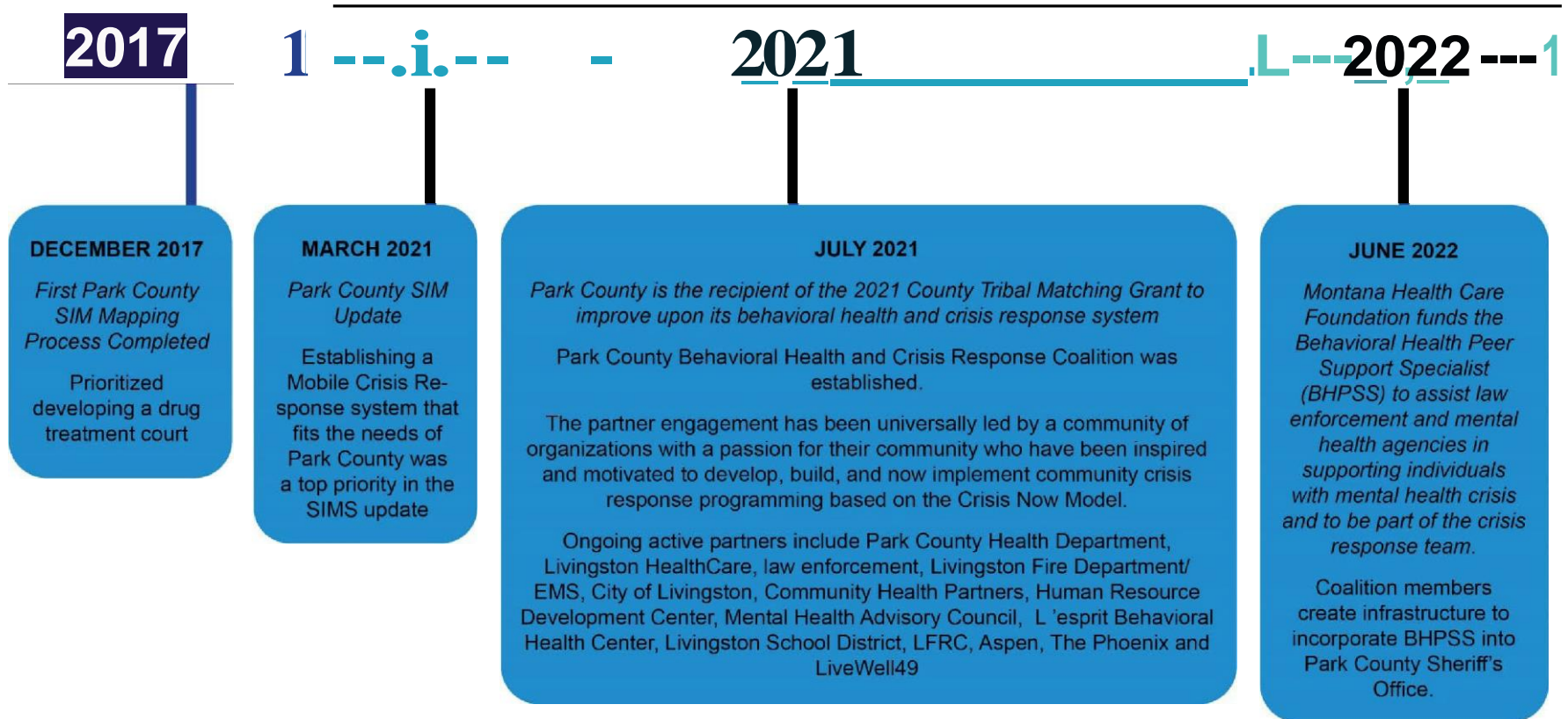
Model is endorsed by Substance Abuse Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care Best Practice and the Montana DPHHS Mobile Response and Stabilization Services (MRSS) Policies for adults and youth

Crisis Now Across Montana



Park County Behavioral Health and Crisis Response Coalition History

Timeline & Major Milestones



Park County Behavioral Health and Crisis Response Coalition History

Timeline & Major Milestones

2023

JANUARY 2023

Park County awarded an 18-month grant to continue funding the creation and implementation of a robust crisis response system.

Livingston Fire Department initiates Community Paramedic RN program, RN embedded with ambulance and fire unit.

MARCH 2023

Crisis Coalition working with CIT Montana to implement CIT Academy. Coalition Members Janella Johnson, behavioral health clinician and Livingston Police Officer Dan Lashinski are certified CIT Coordinators. CIT Academy to be held in March 2024

AUTUMN 2023

Preparing to apply for upcoming Crisis Diversion Grant

Discussions with local partner on housing the MCRT program

Livingston Fire and Rescues, expresses interest in housing and operating the MCRT and be the formal mobile crisis provider

Holding regional crisis receiving and stabilization center conversations

Moving Forward

Re-purpose Mobile Crisis Team to adapt to new Medicaid reimbursement model.

Capacity Building for implementing crisis response services

COALITION'S PROGRESS

SOMEONE TO CALL

Someone
to respond

Somewhere
to go

Regional Crisis Call
Center

Mobile Crisis
Response

Crisis Receiving and
Stabilization Facilities

Someone to call

988: Montana's Suicide Prevention and Mental Health Crisis Lifeline

- The Help Center, our local 988/crisis line provider, gives real-time access to a live person every moment of every day for anyone who is in crisis, having suicidal thoughts, in emotional distress, or concerned about someone.
- In 2023 they answered a total of 512 calls. Approximately 35% of calls were related to a mental health concern. Generally, 988 can stabilize and de-escalate nearly 80% of those who call them. Using the caller's own strengths, support systems, the robust 211 and mental health database, and the Help Center's crisis follow-up services –their work reduces demand on other community services. For the other 20%, callers are referred to community and medical services. A very small percentage involve the need to call 911.

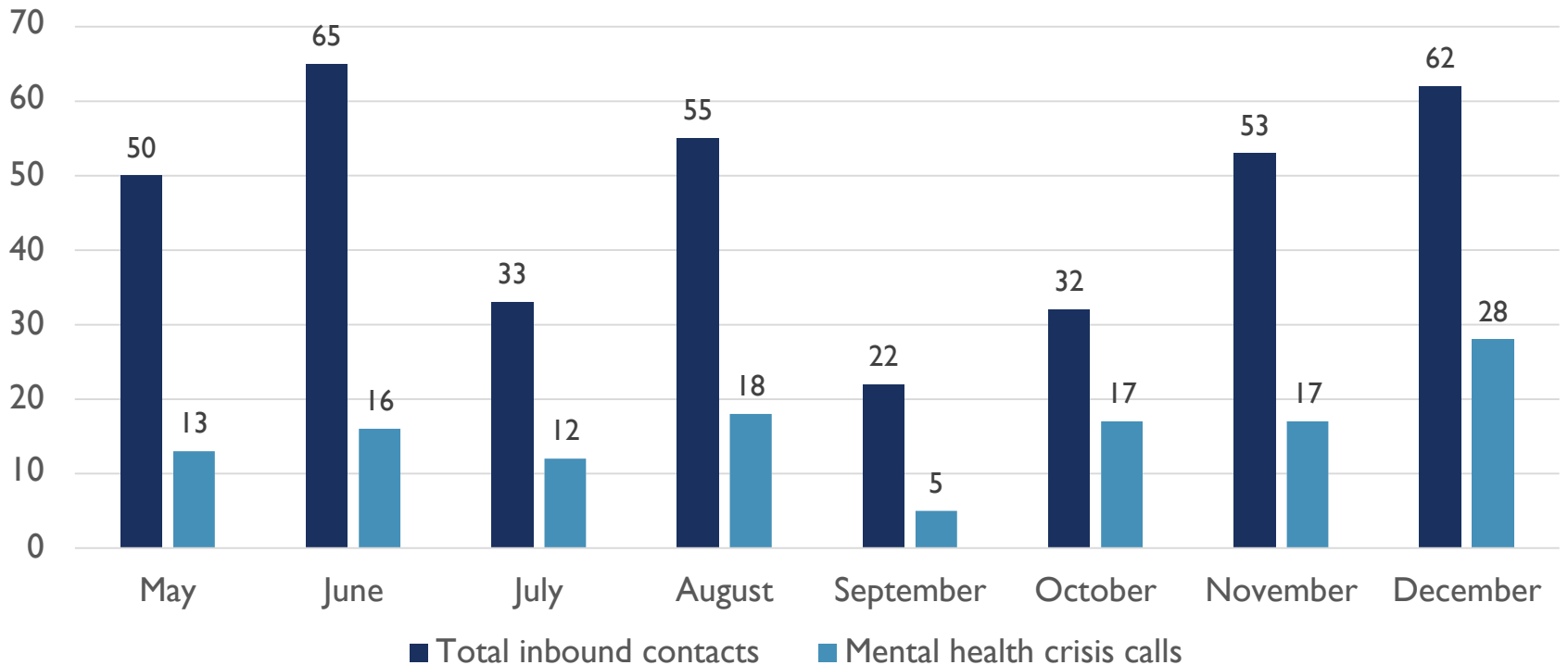
CRISIS CALL RECEIVING

PARK COUNTY BEHAVOIRAL HEALTH COALITION PROGRESS REPORT:

Someone to Call

988 CALL VOLUME

MAY – DEC 2023



CRISIS CALL RECEIVING

PARK COUNTY BEHAVOIRAL HEALTH COALITION PROGRESS REPORT:

Someone to Call 988 DISPOSITION DATA OCT-DEC

HERE IS WHAT WE SEE

83.33% OF MENTAL HEALTH CRISIS CALLS WERE RESOLVED IMMEDIATELY OVER THE PHONE
3.33% OF CALLERS WENT TO THE EMERGENCY ROOM,
4.33% RESULTED IN A CALL TO 911/LAW ENFORCEMENT,
AND 9% HAD AN UNKNOWN DISPOSITION

	Number			Percentage		
	October	November	December	October	November	December
Resolved over the phone	14	16	20	82%	94%	74%
Went to Emergency Room	1	0	1	6%	0	4%
Called 911/LE	1	0	2	6%	0	7%
Unknown	1	1	4	6%	6%	15%
Totals	17	17	27	100%	100%	100%

Someone to Respond

- ▶ Crisis System Funding
 - Awarded funds by the DPPS/BHDD Crisis Diversion Grants & Montana Healthcare Foundation
- ▶ Crisis System Capacity
 - Crisis training
 - Crisis Intervention Team
 - Crisis System Foundation - Coalition, Coalition Coordinator, Resource Mapping
 - Crisis Data
- ▶ Crisis Services
 - Mobile Crisis Response Services
 - Community-based Services
 - Crisis Infrastructure

PARK COUNTY BEHAVOIRAL HEALTH COALITION PROGRESS REPORT: MAY 1 – OCTOBER 31, 2023

Peer support network had a total of **53** encounters with **20** unique individuals.

Month	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Totals
Total responses	13	7	13	4	7	9	53
Unique individuals	7	5	5	1	2	6	20

Peer support network responded to **18** crisis calls for **15** unique individuals.

Month	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Totals
Total responses	4	2	6	0	1	5	18
Unique individuals	4	2	4	0	1	4	15

Somewhere to go Crisis Receiving and Stabilization Facilities

- ▶ Holding monthly planning discussions with regional partners (Gallatin, SweetGrass, Madison, and Jefferson Counties) regarding Development of Regional Crisis Stabilization Receiving Center
- ▶ As a region, plans to apply for technical assistance and start-up funding for a regional crisis stabilization facility in Southwest Montana
- ▶ Crisis Stabilization Program funded through Medicaid - short-term emergency treatment for crisis intervention and stabilization. It is a residential alternative to divert from Acute Inpatient Hospitalization. The service includes medically monitored residential services to provide psychiatric stabilization on a short-term basis.

POTENTIAL IMPACT OF CRISIS SERVICES

ANNUAL PROJECTION OF DIVERSIONS WITH FULL MOBILETEAM

BASED ON EMS AND CURRENT PEER SUPPORT DATA, IT'S PROJECTED THAT A FULLY OPERATIONAL MOBILE TEAM WOULD RESPOND TO 17 – 30 CRISIS CALLS PER MONTH.

17/MONTH = **204/YEAR**

30/MONTH = **360/YEAR**

ANNUAL PROJECTION OF DIVERSIONS WITH FULL MOBILE TEAM JAIL DIVERSIONS

If 17/month: Estimated jail diversions: **34**

If 30/month: Estimated jail diversions: **68**

Estimated jail diversions 34-68

ANNUAL PROJECTION OF DIVERSIONS WITH FULL MOBILE TEAM ED DIVERSIONS

If 17/month: Estimated ED diversions: **22**

If 30month: Estimated ED diversions: **40**

Estimated ED diversions 22-40

ANNUAL PROJECTION OF DIVERSIONS WITH FULL MOBILE TEAM

Estimated mobile crisis response volume: **204 – 360** calls per year.

If 17/month: Estimated cost savings: **\$52,188.62**

$$(22 * \$2,200) = \$48,400 + (34 * 111.43/\text{day}) = \$ 3,788.62 = \$52,188.62$$

If 30/month: Estimated cost savings: **\$95,577.24**

$$(40 * \$2,200) = \$88,000 + (68 * 111.43/\text{day}) = \$ 7,577.24 = \$95,577.24$$

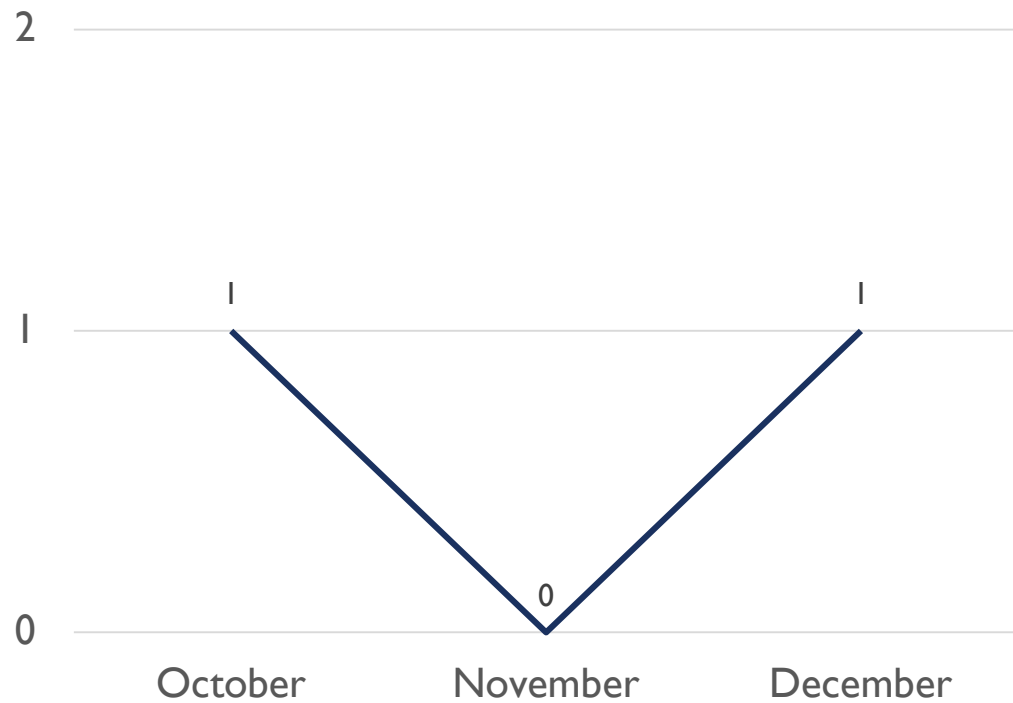
$$(\$2,200/\text{ED visit} \times \# \text{ of avoided ED visits}) + (\$111.43/\text{day} \times \# \text{ of avoided jail stays})$$

Estimated, projected cost savings: \$52,188.62 - \$95,577.24

CRISIS RESPONSE

INVOLUNTARY COMMITTS

Involuntary Commits, October - December 2023



There were 18 involuntary commitments from January – September 2023

FUNDING CRISIS PROGRAMMING

nPHH s Crisis Di\ersion 2J-11011-741112-0 Grant Budget Adjusbuent Ideas

Budget Item Description	Qua.ntit)	CoiSts	Tota
... n s m or Smaller Trmck (Wit h all terrain tiras)	1	\$ 65,0cm.00	\$ 65,000.00
\\rap for \ ehicle	1	\$ 3,000.00	\$ 3,000.00
fobile Radio S)stem With Installation	1	\$ 7,000.00	\$ 7,000.00
Portable Radio S,stem	1	\$ 5,000.00	\$ 5,000.00
\ ehicle Supplias	1	\$ 1,500.00	\$ 1,500.00
Smarttop La.pto,p	1	\$ 4,500.00	\$ 4,500.00
ount & Cradle in \ ehicle (Vlitl installation)	1	\$ 2,000.00	\$ 2,000.00
arketing/Branding	1	\$ 1,000.00	\$ 1,000.00
Jack ets for CI Tea.m	6	\$ 125.00	\$ 750.00
			\$ -
Total for :Budget Adjusb:neuts FY23/24			\$ 89,750.00



Funding Crisis Programming

- Upcoming funding request will include 0.5 of technical assistance provider that has experience with and will support the program planning and training for a MCRT. Areas of consulting include:
 - Care Coordination details
 - How to grow your program early on so that first responders and others become aware of how to utilize the mobile teams— particularly important for rural areas.
 - Dispatching procedures
 - Safety on scene
 - Response protocols
 - Community Support
 - Program Development
- Potential of supplemental funding for operations may be offered through a one-time grant to existing and new MCRT providers through the Behavioral health System for Future Generations Commission.



Mobile Crisis Response Services			Model 1	Model II	Model III	Model IV
I. Labor Cost						
			24/7 Mobile Crisis Team Model : 1 mental health professional and one paraprofessional. One team member must respond on-site.	24/7 Mobile Crisis Delivered by an individual responder. Mental Health Professional is the sole responder	10/7 Mobile Crisis Team Model	10/7 Mobile Crisis Team without Paraprofessional
		Hours	24	24	10	10
	a.	Hourly Wage	\$39.80	\$39.80	\$39.80	\$39.80
	b.	Annual Wage	\$82,785.66	\$82,785.66	\$82,785.66	\$82,785.66
Program Manager (1 FTE)	c.	ERE (as Percent of Wages)	25.00%	25.00%	25.00%	25.00%
	d.	Hourly Compensation (Wages + ERE)	\$49.75	\$49.75	\$49.75	\$49.75
		FTE Assumption	1	1	1	1
	e.	Annual Compensation (Wages + ERE)	\$103,480.00	\$103,480.00	\$103,480.00	\$103,480.00
Clinical Mental Health Professional						
	a.	On-Call Wage	\$8.33/Per Hour Compensation	\$8.33/Per Hour Compensation	\$8.33/Per Hour Compensation	\$8.33/Per Hour Compensation
Licensed Clinical Social		Total Annual On Call Hours	8,556	8,556	3,446	3,446
		Total On Call Cost	\$71,271.48	\$71,271.48	\$28,705.18	\$28,705.18
	b.	Hourly Response Wage	\$30/Per hour Compensation	\$30/Per hour Compensation	\$30/Per hour Compensation	\$30/Per hour Compensation
		Total Respons Hours (Baed on 17 responses per month/204 annual cases per year each at 1 hour of response time	204	204	204	204
		Total Response Cost	\$6,120.00	\$6,120.00	\$6,120.00	\$6,120.00
	c.	Total Annual Compensation	\$77,391.48	\$77,391.48	\$34,825.00	\$34,825.00
Paraprofessional, or Certified Behavioral Health Peer Support Specialist						
	a.	On-Call Wage	4.17/Per Hour Compensation		4.17/Per Hour Compensation	
Behavioral Specialist/Tech nician		Total Annual On Call Hours	8,556		3,432	
		Total On Call Cost	\$35,678.52		\$14,311.44	
	b.	Hourly Response Rate	\$20/Per Hour Compensation		\$20/Per Hour Compensation	
		Total Respons Hours (Based on 17 responses per month/204 annual cases per year each at 1 hour of response time	204.00		204.00	
		Total Response Cost	\$4,080.00		\$4,080.00	
	c.	Total Annual Compensation	\$39,759		\$18,391	
Care Coordination						
	a.	Hourly Wage	\$22	\$22	\$22	\$22
	b.	Annual Wage	\$22,880	\$22,880	\$22,880	\$22,880
	c.	ERE (as Percent of Wages)	25%	25%	25%	25%
	d.	Hourly Compensation (Wages + ERE)	\$27.50	\$27.50	\$27.50	\$27.50
		FTE Assumption	0.50	0.50	0.50	0.50
	e.	Total Annual Compensation	\$28,600.00	\$28,600.00	\$28,600.00	\$28,600.00
Total Labor Cost			\$249,230.48	\$209,471.48	\$185,296.00	\$166,907.07
II. Potential revenue for mobile crisis response services						
Response			Description	Description	Description	Description
			UNIT RATE	RATE TBD	Unit Rate	Unit Rate
			15 min \$113.18		15 min 75.18	15 min 47.72
Total Response Revenue			\$92,355	\$92,355	61,346.88	61,346.88
Care Coordination			Unit RATE	Unit RATE	Unit RATE	Unit RATE
			15 Min \$14.09	15 Min \$14.09	15 Min \$14.09	15 Min \$14.09
Total Care Coordination Revenue			\$2,874.36	\$2,874.36	\$2,874.36	\$2,874.36
Total MCRT Revenue			95,229.24	95,229.24	64,221.24	64,221.24
Variance			\$156,875.00	\$114,244.31	\$121,076.83	\$102,685.83

Questions/Discussion