

Peer Support Specialist (.5 FTE) Services for Mobile Crisis Response Team

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

Park County, Montana

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Application Form

Region Selection

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

Project Name*

Peer Support Specialist (.5 FTE) Services for Mobile Crisis Response Team

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.

Abatement Region 4

Regional Funding Request*

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

Abatement Region 4

Application Overview

About the Organization/Program*

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

Park County has elevated rates of behavioral health concerns and crises compared to other communities in Montana. Based on provisional 2022 Centers for Disease Control, data on suicide rates in the USA, Montana is projected to lead the nation once again. Park County has consistently ranked among the highest in the state, with a verified suicide rate of 41.8% from 2011 to 2020. According to the 2023 We Will State of the County Report, 68% of respondents note an increase in mental health issues and suicides. In addition, according to the CDC, Park County had a higher rate of mortality due to unintentional injury from 2018-2021 compared to state and national averages. In recent data, 27% of adults report excessive drinking in the last year, compared to only 20% in Montana as a whole. One in four adults have been diagnosed with depression, compared to only one in five in Montana and the US. Driven by high rates of behavioral health concerns, community partners in Park County, through the recent creation of a Mobile Crisis Response Team (MCRT), are committed to building a more robust behavioral health crisis system that does not criminalize mental health and substance use issues, but builds pathways to appropriate, behavioral health crisis care that links individuals to community-based behavioral health support for post-crisis follow-up. Utilizing a regional collaboration approach in a large, rural county, Park County intends to maximize grant funding and improve

response efforts to individuals in a behavioral health crisis. The objectives include appropriate crisis stabilization and recovery services while minimizing involvement with local law enforcement, criminal justice, healthcare clinics and hospitals and emergency response systems. The Park County MCRT would also like to decrease reliance on the MT State Hospital, support the treatment of behavioral illness and opioid addiction closer to home and increase the number of intervention and jail diversion options.

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

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
F. TREATMENT FOR INCARCERATED POPULATION
G. PREVENTION PROGRAMS

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
C. CONNECTIONS TO CARE
D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
G. PREVENT MISUSE OF OPIOIDS

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

The goal for Park County is to concentrate on improving response efforts to individuals in a behavioral health crisis. The funding request will serve to expand opioid prevention, treatment and recovery work in Park County.

The newly formed MCRT works to meet the Opioid Remediation Guidelines in four separate areas: 1) expansion of warm hand-off programs and recovery services – the current team of MCRT members connects patients to ongoing mental health and/or SUD treatment, community- based supports, social services and/or other supports to help mitigate the risk of future crises; the Peer Support Specialist (PSS) helps research, find

and connect people they are working with to community services; 2) prevention programs; 3) support people in treatment and recovery – the program currently has a strong referral network for prevention and support services and work to expand those connections; and, 4) connections to care.

For many of these areas, the MCRT utilizes a .5 FTE Peer Support Specialist (PSS) to connect clients to care and identify unmet social health services needs and gaps in care. The PSS is well positioned to work with patients throughout Park County with mental illnesses and behavioral crises and help them connect to medical and community services. Since hired in 2023, the PSS has focused on care coordination activities including making hospital and home visits to help with chronic disease management and educating and/or connecting patients to community resources and support systems. Overall, the MCRT, with assistance from the PSS, ensures beneficiaries of emergency services, as appropriate, are connected to ongoing mental health and/or SUD treatment, community-based supports, social services and/or other supports to help mitigate the risk of future crises.

New Program or Existing*

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

A new program for your region.

Fiscal Information

Requested Amount*

\$41,680.00

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.

PSS Budget for MOAT app.pdf

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

Park County has received a \$592,000 State of Montana Department of Health & Human Services Crisis Intervention, three-year grant (7/1/24-6/30/27). This grant helps to fund the 1 FTE MCRT Coordinator, the 1 FTE Community Care Coordinator, some basic startup costs, training and resource mapping.

Previous funding for the .5 FTE PSS has been paid for through grant funding from the MT Healthcare Foundation and ARPA funding allocated to this position. Those funds will discontinue by 12/31/25. The PSS

has worked with behavioral health and substance addicted persons in Park County since the beginning of 2023 and now will be an integral part of the MCRT.

This request is for funding to help pay for the .5 FTE PSS for half of FY25/26 and all of FY26/27 – in FY25/26, our current .5 FTE PSS receives an hourly wage of \$21.70 per hour with 20% in fringe benefits for a total of \$26.04/hour. For half of a fiscal year, working half time, the total wage expenses total \$13,540; in FY26/27, with expectation of a 2% COLA, the hourly wage will be \$22.13 per hour with 20% fringe benefits for a total of \$26.56/hour. For that fiscal year total, working half time, the total wage expenses total \$27,622. The grant request is for \$41,680. Park County will continue to pay for all other PSS expenses including cell phone, training, office subscriptions, utilities, software, etc.

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.

Utilizing a regional collaboration approach in a large, rural county, Park County intends to maximize grant funding and improve response efforts to individuals in a behavioral health crisis. The objectives include appropriate crisis stabilization and recovery services while minimizing involvement with local law enforcement, criminal justice, healthcare clinics and hospitals and emergency response systems. The Park County program would also like to decrease reliance on the MT State Hospital, support the treatment of behavioral illness closer to home and increase the number of intervention and jail diversion options. Park County and the City of Livingston lead this collaborative effort.

The proposed services align with objectives identified in the strategic plan (attached to this application) based on the need for continued dialogue and collaboration between crisis response stakeholders in Park County. The proposed services also align with objectives identified in the strategic plan by: working to increase access to mental health and substance use crisis services for people and families in need, particularly priority populations and those who have been traditionally underserved by the health care system; convening community experts and leaders in mental health and substance use crisis systems and services to identify emerging best and promising practices; and, developing and disseminating materials for policymakers, agency leadership, the crisis workforce and people and families in need to help improve crisis systems and services county-wide.

Specific Goals*

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

The PSS is an integral part of the Park County MCRT program; specific goals of the MCRT are to: 1) increase access to/participation in mobile crisis response services; 2) increase access to training on behavioral health

crisis in Park County; 3) increase access to behavioral health crisis receiving and stabilization services; 4) increase capacity of Park County providers to track behavioral health crisis services; and, 5) strengthen care coordination to shepherd people experiencing behavioral health crisis to connect to appropriate treatment, recovery, and preventive services and to continue to develop services that include addressing the social determinants of health. Realization of these goals include: for Goal 1: Conduct cost/benefit analysis of MCRT, collaboration of Park County and City of Livingston to explore additional funding options to support the Park County MCRT, establish a sustainable MCRT team budget; build mobile crisis response capacity to effectively serve all of Park County; develop and implement the MCR program in Park County by hiring MCRT personnel and expand efforts to maximize Medicaid; for Goal 2: Develop and deliver evidence-based and role-specific crisis training, train a variety of crisis response coalition stakeholders, implement specialized crisis intervention training for crisis response coalition stakeholders and optimize crisis call services; for Goal 3: Collaborate with crisis coalition leads from other counties to assess and investigate potential partnerships for crisis receiving and/or stabilization facility; for Goal 4: Develop a framework for ongoing data collection and data driven process improvement and complete alternative analysis comparing different data system options for MCR and care coordination; and, for Goal 5: Ensure a peer support program component is included in the new MCRT program and use peer support and community care coordination to ensure best care.

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.

Evaluating the effectiveness of a PSS involves a combination of quantitative outcomes, qualitative feedback and organizational impacts. Quantitative measures could include:

- Reduction in hospitalizations, in patient or detention center days - peer support has been shown to decrease the need for acute care (www.mhanational.org).
- Improvement in clinical outcomes; some studies show benefits in areas like depression symptoms, especially in specific populations like perinatal groups (www.biomedcentral.com).
- Increased engagement with services – affected individuals often show higher satisfaction and participation when peer specialists are involved (www.mhanational.org).
- Cost-effectiveness - peer support can lower overall healthcare costs by promoting recovery and reducing reliance on intensive services (www.mhanational.org).

Qualitatively, the focus would be on personal growth and lived experiences and could be measured through surveys and testimonials, self-reporting on recovery and well-being and/or observance of creation of authentic and empathetic relationships between the PSS and the crisis-affected person.

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.

Currently, data for behavioral health services is housed within the Park County and the City of Livingston/Livingston Fire & Rescue confidential Cloud based service. Current software programs utilized are Intake Q for MCRT, Smart Cop for law enforcement and detention center and Cerner for Emergency Department Admissions.

The primary stakeholders responsible for the consolidation and reporting of data to the Department will be the City of Livingston/Livingston Fire & Rescue and Park County. Those stakeholders will receive information from their relevant departments including the Livingston Police Department, Livingston Fire & Rescue, the Park County Sheriff's Office, the Park County Attorney's Office, the Park County Peer Support

Specialist, the Park County Health Department and other community health stakeholders. Relevant data will also be included from Livingston HealthCare, Community Health Partners and area therapists.

The Crisis Response Coalition will obtain objective data as to how well the mobile crisis response services are working, what is needed to improve these services and trouble shoot why things are not working as effectively as planned. Currently, the MCRT is using Intake Q for client progress notes and tracking, law enforcement and detention center uses Smart Cop and Livingston HealthCare uses Cerner for their Electronic Medical Record. The Crisis Coordinator works on data extraction from emergency department and dispatch calls for crisis response.

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.

Park County will strive to make behavioral health resources accessible to all. This will be accomplished by ensuring the availability of behavioral health services but also promoting awareness about crisis helplines, counseling services, peer support access and local mental health facilities. The Park County Coalition team will actively advocate for increased awareness, funding and increased behavioral health services to meet the growing demands. Outreach efforts will work to reduce stigma, encourage empathy and provide open dialogue. Crisis Coalition team members, as well as the Crisis Coordination Director will work to help individuals feel at ease when seeking help, prevent isolation and aid in recovery, while fostering a culture of acceptance and support.

Empowering communities through outreach extends beyond formal programs and so the Crisis Coalition team will encourage grassroots, community-led initiatives. These initiatives may include support groups, art and music therapy groups, peer support networks and community events that promote mental health awareness contribute.

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 Designation 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

PSS Job Desc .5FTE 2023.pdf

Upload #2

2024 Park County Behavioral Health Strategic Plan 2024.pdf

Upload #3

Park County Crisis Coalition Member List 2024.pdf

Additional Information

The following information is from our last quarterly report due to DPHHS regarding MCRT activities which include our PSS:

Our local Coalition submitted a grant proposal to MT DPHHS for the continuation of funding the Coalition's work through 2027. Fully executed contract documentation was not received from DPHHS until mid-December 2024.

During the last quarter (1/1/25-3/31/25), Park County worked on the following items:

- During the reporting period, Park County Director of Grants, Kristen Galbraith, stepped in as the Interim Crisis Coalition (CC) Coordinator. Ms. Galbraith has held three Crisis Response Coalition Meetings during the reporting period. Each meeting was 1.5 hours. At each meeting, a 15–30-minute interval was devoted to providing reporting and information from crisis service providers to attendees. All attendees are also offered time to provide updates related to crisis intervention services provided to the community since the last coalition meeting.
- With the notice of award, the CC and Park County have started to prepare for the Mobile Crisis Response Team (MCRT). Park County advertised for a request for qualifications for telemedicine services for the MCRT. Park County received three statements of qualifications in response and is currently reviewing them. In addition, the CC and its partners have finalized job descriptions for the MCRT. A Memorandum of Understanding has been drafted and will be signed by the City of Livingston and Park County that sets forth the relationship for the MCRT. In addition, the CC Coordinator, City of Livingston Manager and Livingston Fire and Rescue (LFR) Chief have been meeting regularly to facilitate the MCRT start-up with LFR. The Coalition's goal during this reporting period was to plan and prepare for the start of a MCRT. The Crisis Response Coalition will review the expenses of the MCRT on a quarterly basis to monitor and identify the necessary budget to sustain services.
- The City of Livingston has been in the process for a MCRT to be housed and operated in the City of Livingston/Park County Complex and has secured local funding to support the operating of a 24/7 Mobile Crisis Team and for TeleHealth Services. The City of Livingston has an approved program budget and the Park County Commission, City of Livingston Commission and Livingston HealthCare have committed funding to financially support a MCRT in Park County. This includes staffing for referral to outpatient care and follow-up mobile crisis care coordination services to connect beneficiaries with ongoing services. The City of Livingston will engage the Park County Peer Specialist Specialist services and utilize the Community RN position, embedded with ambulance and fire unit, to contribute to operating a MCRT.
- The DPHHS proposal requested funding to continue to fund the CC Coordinator position. Park County has previously contracted with Livingston HealthCare's Population Health Specialist to serve as a .5 FTE contract as the Crisis Coalition Coordinator for Park County through 6/30/2024. The coordinator role will move to a 1

FTE position and will continue to facilitate Crisis Coalition meetings and collaboration in planning for the priorities identified in the Crisis Coalition strategic planning workshop and meeting the requirements of the CTMG reporting. This 1 FTE position will also lead the mobile crisis response services for the County. Park County Director of Grants, Kristen Galbraith, has assumed this position as the Interim Crisis Coalition Coordinator.

Work on development of a community support system to respond more effectively to community based behavioral health crises, utilizing mental health paraprofessionals and other community supports providing continuity of care. The PC was successful in recruiting one .5 FTE Peer Support Specialist (PSS) in June 2022. Ms. Tecca has been working in this position for over two years and has grown her network of clients and partners and built strong relationships. Ms. Tecca has been responding to several co-responder calls from local law enforcement each month, has been working on community outreach and continues working with other providers. Additionally, Ms. Tecca has been established a working relationship with the Community Paramedic and they have been working closely and referring clients to each other. Ms. Tecca has been able to refer her clients to other community resources such as the MACT team, local therapists, HRDC, Livingston Food Resource Center, L'esprit, the CoL's Community Paramedic Health Program and Southwest Chemical Dependency. The Crisis Coalition team has met to discuss how to utilize PSS more efficiently. Adjusting PSS scheduling, providing opportunities for more ride alongs with LE/SO and/or attending monthly LE trainings and staff meetings are all options being considered and/or implemented. With the additional CTMG funding, PC hopes to post a position for Program Lead/Care Coordinator to complete the required MCRT Team and provide support and management of the PSS. Moving forward, the MCRT model the City of Livingston is planning to implement is comprised of behavioral health professionals and paraprofessionals who respond in the community to crisis calls that entail a mental health and/or substance use issue. The PSS will be a member of the two-member response team responding to calls. The Park County/City of Livingston model crisis response services includes care coordination for all beneficiaries of mobile crisis response services with a goal to have the program start in mid 2025. The PSS will also ensure beneficiaries of mobile crisis response, as appropriate, are connected to ongoing mental health and/or SUD treatment, community- based supports, social services and/or other supports to help mitigate the risk of future crises. The PSS will also help research, find, and connect people they are working with to community services.

File Attachment Summary

Applicant File Uploads

- PSS Budget for MOAT app.pdf
- IRS Designation Letter.pdf
- PSS Job Desc .5FTE 2023.pdf
- 2024 Park County Behavioral Health Strategic Plan 2024.pdf
- Park County Crisis Coalition Member List 2024.pdf

Park County Peer Support Services for Mobile Crisis Response Team

Revenue Sources:				FY25/25 - Half Year	FY26/27
MT Opioid Abatement Trust Grant	\$	41,680.00			
Opioid Abatement Reserves - Park County	\$	10,350.00			
Total Revenue Sources	\$	52,030.00			
Expenses:					
Travel		Travel expenses to and from MCRT situations as well as to training and mentorship activities.	\$	800.00	\$ 1,600.00
Telephone		Annual cell phone expenses.	\$	300.00	\$ 600.00
Office		Printer cartridges, paper, letterhead, business cards and basic office essentials.	\$	600.00	\$ 1,200.00
Training		Training events for MCRT,	\$	750.00	\$ 1,500.00
Payroll			\$	11,718.00	\$ 23,015.00
Fringe Benefits			\$	2,344.00	\$ 4,603.00
Other			\$	1,000.00	\$ 2,000.00
Estimated Total Expenses			\$	52,030.00	\$ 34,518.00
Park County Contributions			\$	10,350.00	
MOAT Grant Request			\$	41,680.00	



January 1, 2023

To Whom It May Concern:

Park County, Montana was formed on July 1, 1902. Park County, Montana does not have official 501 (c) 3 designation from the Internal Revenue Service. Federal and state governments are established and recognized by the U.S. Constitution and state constitutions. Many tax laws apply differently to government entities than to other organizations and individuals. *The primary tax difference from other taxpayers is the general exemption from income tax. IRC Section 115 excludes from gross income any income derived from the exercise of or administration of any public function.*

Local governments are generally political subdivisions of states and differ from state and federal governments in that their authority is not based directly on a constitution. Each state constitution describes in detail a procedure for establishing local governments. In most cases the state legislature must approve the creation or incorporation of a local government. The local government then receives a charter defining its organization, authority and responsibilities, including the means for electing governing officials.

Please contact my office if you have additional questions regarding Park County's tax status.

Regards,

A handwritten signature in blue ink, which appears to read "Kristen Galbraith". The signature is fluid and cursive, with a large loop at the end.

Kristen Galbraith
Director of Grants & Special Projects
406-922-5696
kgalbraith@parkcounty.org

Job title: Park County Behavioral Health Peer Support Specialist

Job Summary: A Behavioral Health Peer Support Specialist provides flexible, community-based peer support services that are designed to promote the recovery, empowerment and community integration of individuals who have severe behavioral health challenges. This is a 0.5 FTE position working alongside law enforcement and other community partners with mobile crisis response providing Peer Support services during mental health emergencies and crisis intervention. This position is also providing prevention efforts through relationship building and follow up care for individuals at risk of mental health crisis. The goal of this position is to provide appropriate care for individuals experiencing a mental health crisis, that diverts individuals from the Montana State Hospital, jail or emergency department and instead de-escalates and stabilizes individuals in the community whenever possible and in the least restrictive and most supportive environment possible.

Clinical Supervision: one hour per every 20 hours worked of clinical supervision will be provided by Livingston HealthCare.

Essential functions: These duties are the essential functions and are not all-inclusive of all duties that the incumbent performs.

- Report to scene when dispatched by law enforcement
- Work directly with clients to deescalate the situation in the field
- Articulate personal experiences and recovery journey
- Provide peer support that is mutual and respectful
- Assist in arranging transportation for individuals needing to go to ER, if other options are available outside of law enforcement
- Make a safety plan for individuals involved before leaving the scene
- Follow up on the status of persons in distress and search out and refer to community resources
- Provide consultation to families, friends and other providers of care to persons in acute distress
- Complete records and reports according to established policy and procedure
- Communicate effectively and professionally with members of community including but not limited to law enforcement and first responders
- Cooperate with law enforcement members in a professional and courteous manner
- Maintains a valid Montana driver's license with clear driving record

Requirements:

- Must be able to maintain state certification as a Behavioral Health Peer Support Specialist credentialed by the Montana Board of Behavioral Health.
- Willing to self-identify as a client of mental health and or substance abuse services who is well established in a recovery program
- Able to maintain long term stable recovery (with a minimum of two years in recovery) with no hospitalizations (longer than 72 hours) or incarceration.
- Travel is required with this position. Candidate will utilize Health Department vehicle and when a personal vehicle is used, mileage is reimbursed at federal rate.
- Candidate must be willing to submit and pass a background check as part of the application process.

Park County Community Behavioral Health Strategic Plan

Identified Need	<p>Park County has elevated rates of behavioral health concerns and crises compared to other communities in Montana. Based on Provisional 2022 CDC data on suicide rates in the USA, Montana is projected to lead the nation once again. Park County has consistently ranked among the highest in the state, with a verified suicide rate of 41.8% from 2011 to 2020. Our community's high suicide rate is a stark reality. According to the We Will Park County survey, 68% of respondents note an increase in mental health issues and suicides. In addition, according to CDC, Park County had a higher rate of mortality due to unintentional injury from 2018-2021 compared to state and national averages. In recent data, 27% of adults report excessive drinking in the last year, compared to only 20% in Montana as a whole. One in four adults have been diagnosed with depression, compared to only one in five in Montana and the US. Driven by high rates of behavioral health concerns, community partners in Park County are committed to building a more robust behavioral health crisis system that does not criminalize mental health and substance use issues, but builds pathways to appropriate, behavioral health crisis care that links individuals to community-based behavioral health support for post-crisis follow-up.</p>			
Objective <i>(What will ultimately be achieved?)</i>	<p>Improve response efforts to individuals in a behavioral health crisis. Increase linkages to appropriate crisis stabilization and recovery services while minimizing involvement of the law enforcement, criminal justice, hospitals, and emergency response systems.</p>			
Priority Service Goals <i>(Steps to achieve the objective.)</i>	Strategies <i>(How will objective be achieved?)</i>	Measures <i>(Metrics to assess progress.)</i>	Responsible Stakeholder <i>(Who will lead the effort?)</i>	Timeline <i>(When will the work take place?)</i>
Increase access to/participation in mobile crisis response services.	<ul style="list-style-type: none"> Conduct cost/benefit analysis of Mobile Crisis Response Team (MCRT). Park County Commission and City of Livingston Commission will collaborate on exploring funding options to financially support a MCRT in Park County. 	<ul style="list-style-type: none"> Analysis Completed. A two-party agreement between Park County and the City of Livingston is in place to support the operation of the MCRT. 	<ul style="list-style-type: none"> Crisis Coordinator/JG Research and Evaluation Crisis Coalition Coordinator /Park County/City of Livingston 	<p>Spring 2024</p> <p>1st, 2nd and 3rd year of grant</p>

	<ul style="list-style-type: none"> • Establish budget for a non-law enforcement MCRT team. Including a mobile crisis response staffing model that defines mobile crisis response team composition based on the Mobile Crisis Response Service MTDPHHS Policy. • Build mobile crisis response capacity to effectively serve Park County’s full geographic area and diverse populations, including youth and families. • Develop and implement mobile crisis response program in Park County. • Define contracting considerations and approach. • Hire MCRT personnel (Program Manager, licensed professional, paraprofessionals including peers, and care coordinator) 	<p>Program has sustainable funding.</p> <ul style="list-style-type: none"> • Budget with justification proposed. • MCRT meeting minimum requirements and MCRT standards services are available every day of the year. • Number of individuals served through MCRT. • A fully executed service agreement between the city of Livingston and Park County to manage the MCRT is in place. • MCRT has required administrative, behavioral health professionals to be contracted, and may include the hiring of a paraprofessional, such as 	<ul style="list-style-type: none"> • The City of Livingston, Park County and Crisis Coordinator • Crisis Coalition/City of Livingston/Park County • City of Livingston, Park County and Crisis Coalition • City of Livingston, Park County and Crisis Coalition • City of Livingston/Crisis Coalition 	<p>1st, 2nd, and 3rd year of grant</p> <p>1st, 2nd, and 3rd year of grant</p> <p>1st, 2nd, and 3rd year of grant</p> <p>1st year of grant</p> <p>1st year of grant</p>
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	<ul style="list-style-type: none">The City of Livingston and Park County will expand efforts to maximize Medicaid.	<p>a peer specialist. All response team members are trained in trauma-informed care, de-escalation strategies, and harm reduction. Crisis Provider Enrollment Training for mobile crisis response programs is completed by the City of Livingston.</p> <ul style="list-style-type: none">Partner with the State to provide technical assistance to agency providers to become Medicaid providers and for appropriate Medicaid reimbursement.	<ul style="list-style-type: none">City of Livingston/Crisis Coordinator/MT DPHHS	<p>1st year of grant</p>
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<p>Increase access to training on behavioral health crisis in Park County</p>	<ul style="list-style-type: none"> • Develop and deliver evidence-based and role-specific crisis training appropriate to the high-risk, high-demand role. • Train a variety of crisis response coalition stakeholders who will be called upon in a crisis. • Implement specialized crisis intervention training for crisis response coalition stakeholders. • Optimize crisis call services. 	<ul style="list-style-type: none"> • Organize Crisis Intervention Team (CIT) training for all law enforcement officers. • Mental health first aid and youth mental health first aid hosted by LiveWell49—at least three times from 7/2024–6/2026. • De-escalation, harm reduction and trauma informed care training offered within the community offered semi-annually. • QPR training held throughout Park County hosted by LiveWell49. • Keep track of the number of attendees at training courses. • Continue promotion of the 988 Crisis Call Line including coordination with the Bozeman Help Center on cross-training Coalition partners on 988. 	<ul style="list-style-type: none"> • Crisis Coalition Coordinator, CIT Lead and Crisis Response Coalition, and LiveWell49 • Crisis Coalition Coordinator, LiveWell49 • Crisis Coalition Coordinator/Live Well49 • Crisis Coordinator/Live Well49 	<p>1st, 2nd, and 3rd year of grant</p> <p>1st, 2nd, and 3rd year of grant</p> <p>1st, 2nd, and 3rd year of grant</p> <p>1st, 2nd, and 3rd year of grant</p>
<p>Increase access to behavioral health</p>	<ul style="list-style-type: none"> • Collaborate with crisis coalition leads from Gallatin, Sweet Grass, Madison, and 	<p>A feasibility study completed with grant funding from Crisis</p>	<ul style="list-style-type: none"> • Crisis Coalition coordinators 	<p>1st year of grant</p>

crisis receiving and stabilization services	Jefferson counties to assess and investigate the potential to partner on a regional plan for crisis receiving and/or stabilization facility.	Diversion funding that looks at developing a crisis receiving and/or stabilization service in the region.	from Galatin, Park, Sweet Grass, Madison, and Jefferson Counties.	
Increase the capacity of Park County providers to track behavioral health crisis services	<ul style="list-style-type: none"> Develop the framework for ongoing data collection to support clear, actionable milestones; data-sharing; and data-driven process improvement. Complete alternative analysis comparing different data system options for mobile crisis response and care coordination. 	<ul style="list-style-type: none"> Develop data sharing agreements with City/County (Law Enforcement, Attorney's Office, Detention Center) as well as Livingston Healthcare Emergency Department. Demonstrations of software completed. 	<ul style="list-style-type: none"> Crisis Coalition Crisis Coordinator JG Research 	<p>1st and 2nd and 3rd year of grant</p> <p>1st and 2nd and 3rd year of grant</p>
Strengthen care coordination to shepherd people experiencing behavioral health crisis to connect to appropriate treatment, recovery, and preventive services. Continue to develop services that include addressing the social determinants of health.	<ul style="list-style-type: none"> Ensure a peer support program component is included in the new MCRT program. Use peer support and community care coordination to ensure individuals receive the right care at the right time by coordinating services and referrals and tracking clinical outcomes. Increase patient knowledge about and engagement in recovery treatment and community wraparound services. 	<ul style="list-style-type: none"> The continuation of funding for peer support case management services to individuals with behavioral health needs. Keep track of the numbers of individuals served. Number of referrals made for follow-up care. Number of Individuals served. 	<ul style="list-style-type: none"> Crisis Coordinator/City of Livingston Crisis Coalition 	<p>1st, 2nd, and 3rd year of grant</p> <p>1st, 2nd, and 3rd year of grant</p>

Park County Crisis Coalition Members (as of May 2024)

Name	Title	Email	Organization
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Clay Herbst	Justice of the Peace	Justicecourt.park@mt.gov	Park County
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Laurie Bishop	Director	laurie.bishop@livhc.org	LiveWell49