



County and Tribal Matching Grant—COVID-19 Application

County or Tribe: Broadwater County		
The county government authorizes AMDSD to contract directly with the county health department for disbursement of funds: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Primary Contact for Contract/Task Order		
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Overview

COVID-19 has had a significant impact upon Montana’s systems of care, including its behavioral health crisis system. The need for an effective behavioral health crisis response system is not new, but COVID-19 has made the need to address existing gaps more imminent.

Funding must be targeted to individuals who are at risk for or have a mental health or substance use disorder. With that goal in mind, the Department has identified key items that funding can be put toward. These items represent critical components of a behavioral health crisis system, all of which are now in greater demand due to COVID-19. Funding should be used to meet the immediate needs of communities while furthering the development of Montana’s behavioral health crisis system.

Counties and tribes are encouraged to collaborate with their health departments and local behavioral health and social service providers to ensure this application is reflective of each communities’ needs and that funding is disbursed to the entities that can best implement the chosen activities.

Invoicing and Data Reporting

Please use the table inserted below to estimate the anticipated cost of each menu item. Invoices will be created for each county and tribe based upon the submitted application. Contracts and task orders will be effective beginning May 1, 2020 and will end June 30, 2021, but counties and tribes should aim to spend the majority of funds by September 1, 2020 to meet emergent needs.

Each county and tribe will be required to submit a data report with invoices to demonstrate the intended use of the funds. Data reporting is not intended to be a burden upon communities, but an opportunity to track efforts. An invoice and data reporting template will be included with each county and tribe's contract or task order.

If counties and tribes wish to partner with regional neighbors to consolidate their awarded funds and develop regional services, the participating counties and/or tribes must each submit a letter of commitment attesting to the belief that this approach will best serve individuals in their community. The letters of commitment should be included with this application. The application should be submitted by the designated county or tribe that will be the contracted entity and include a single scope of work and a single budget that totals the sum amount available to each partnering county and/or tribe. The contracted county or tribe will be responsible for submitting invoices and data reports.

Funding Menu

Each county and tribe is eligible to receive up to \$40,000 for behavioral health crisis response related to COVID-19. Please choose what your community would like to implement from the table on the following page. Here is a brief description and justification of the categories:

- ***Community Coordination***
 - The core stakeholders in a behavioral health crisis system are often spread thin, maintaining full-time jobs while simultaneously seeking to transform a system of care. Having a dedicated individual act as a community coordinator is essential to advancing community-wide efforts. The coordinator can act as the point person for all stakeholders, providers, and community members--ensuring that meetings occur, tasks are assigned, and priorities are established. The coordinator can be the lead on assessing the availability of services in a particular community and identifying the gaps that may exist.
- ***Information Sharing***
 - A high level of internal and public-facing coordination is essential as circumstances are constantly changing. The inability to effectively communicate and mobilize in-person support can negatively impact behavioral health outcomes. Each community must identify what form of information sharing will work for them to keep citizens and stakeholders updated on closures, program changes, safety protocols, and available resources, including behavioral health support. In smaller communities, establishing a grassroots "call tree" to spread the word among neighbors may be sufficient; in cities, Public Safety Announcements (PSAs), flyers, or social media may be a better approach. Consider organizing virtual meetings or "town halls" to share updates regularly. If you choose this option, please explain for what, specifically, you will use funds.
- ***Telehealth***
 - Telehealth should be used whenever possible to reduce in-person contact without sacrificing quality service delivery. Updated [Medicaid telehealth guidelines](#) are available to guide providers. Telehealth can be used by mobile crisis responders, detention centers, crisis or healthcare facilities, and behavioral health providers for a variety of services. Funding can be used to purchase telehealth equipment for providers, as well as items like phones and temporary subscriptions (e.g. phone minutes, Wi-Fi) that ensure all individuals have access to the services they need. This funding cannot be used to pay for services where another insurance, including Medicaid, can be billed.

- ***Increased Behavioral Health Capacity***
 - Many service providers have experienced increasing burdens due to COVID-19. Peers or licensed clinicians could provide auxiliary behavioral health support, either in-person or via telehealth, to service providers who regularly interact with individuals with behavioral health needs, including emergency rooms, law enforcement response, detention centers and other community resource providers (e.g. food banks, homeless shelters). Behavioral health support can also take the form of a mobile crisis unit that independently responds to behavioral health crises throughout a community or through a crisis stabilization unit that provides an alternative to the Emergency Room for emergent behavioral health needs. Consider bolstering the ability of local directory resources (county or tribal health departments, 211, CONNECT, etc.) to serve the community by temporarily expanding staff, hours, or transferring to a data system with greater capacity.
- ***Personal Protective Equipment (PPE) and COVID-19 Protections***
 - When telehealth is not an option, personal protective equipment (PPE) is necessary to ensure the safety and wellbeing of behavioral health providers and clients who meet in-person. Other protections, like supplies to sanitize facilities and thermometers, can be funded to minimize the spread of infection. PPE must be reserved for individuals responding to behavioral health crises, such as behavioral health providers, mobile crisis units, crisis stabilization units, and law enforcement.
- ***Housing***
 - Addressing the need for housing is critical when seeking to improve the crisis system, especially now as housing programs face challenges in maintaining safe environments and locating placements for individuals in need. Coordinate with your local homeless services (e.g. shelters, Human Resource Development Councils and United Way) to identify local needs. Funds must be directed toward individuals with behavioral health needs, including efforts such as housing individuals being released from jail due to new COVID-19 guidelines or socially distancing, isolating or quarantining individuals who have tested positive or are at high-risk of contracting COVID-19.
- ***Training***
 - Both behavioral health professionals and community members are in need of infection control training (proper use and safety protocols with PPE, disinfecting, COVID-19 screenings, etc.) Several [online resources](#) are available for this. Additionally, as behavioral health needs surge across the state and nation, providers of all types should be equipped with information about suicide risk assessment, crisis de-escalation, and relevant local resources. Consider setting up a virtual course or call to discuss “Behavioral Health 101’s” from a local peer or licensed clinician.

A. Funding Category	B. What, specifically, will be funded in this category? <i>*This is not an exhaustive list of options.</i>	C. Explain <i>*Please explain your plan for implementing each funding item selected. Answer all questions and include as much detail as possible.</i>	D. Requested Amount <i>(Not to total more than \$40,000)</i>
Community Coordination	<input type="checkbox"/> Community coordinator <input type="checkbox"/> Community assessment	<p>Who will these funds go to? How will this work be conducted (e.g. 1 FTE, 2 x 0.5 FTE, hiring a consultant)? How will this be tracked and reported?</p> <p>The funds requested are to help pay for our Peer to Peer specialist and the licensed clinical supervision of the Peer. Currently our Peer Specialist is authorized 15 hours a week at \$17 an hour, however with the COVID-19 pandemic, she has received more referrals for folks needing help. She also has set up AA and NA meeting in the community to help with the increased use of alcohol and drugs.</p>	16,320.00
Information Sharing	<input checked="" type="checkbox"/> Public Service Announcements and media campaigns <input checked="" type="checkbox"/> Flyers <input type="checkbox"/> Communication systems (e.g. "phone trees") <input type="checkbox"/> Other (describe in column C)	<p>Who will these funds go to? Who will outreach efforts target? How will this be tracked and reported?</p> <p>Currently, our Peer to Peer program is ran as a subdivision of the Office of the Sheriff and the expenditures and payroll are ran through the county finance office. So to track those, its simply pulling an expenditure report. The flyers we have done in the past have gone out to local business, churches, schools and medical facilities to one bring attention to the Peer to Peer program, but also to try to break the stigma of mental health issues within the community. Social media and our local newspaper have been utilized to promote meetings, to promote walks and other functions we have done to break the stigma. Everything our peer specialist does as of right now is to be documented for reporting purposes.</p>	500.00
Telehealth	<input type="checkbox"/> Telehealth equipment <input checked="" type="checkbox"/> Telehealth access <input checked="" type="checkbox"/> Phones, tablets, or laptops <input checked="" type="checkbox"/> Headphones (to ensure confidentiality) <input checked="" type="checkbox"/> Phone plan/minutes <input checked="" type="checkbox"/> Wi-Fi <input type="checkbox"/> Other (describe in column C)	<p>Who will these funds go to (what providers, for what services; what clients)? How will this be tracked and reported?</p> <p>These funds will be deposited into the county peer to peer fund which is a subdivision of the Office of the Sheriff. Since the start of the COVID-19 pandemic, our Peer to Peer specialist has had to move to on line methods such as Skype, Zoom and has looked at Face Time to speak with, mentor and assist individuals who are on the edge of crisis or in crisis. These funds will go to pay for phone minutes, wifi, if head phones are needed and possibly a tablet vs. her current laptop. Everything our peer specialist does has to be documented and if she is called to assist someone, it is suppose to be called into the Sheriff's Office so a call for service can be generated for her.</p>	1035.00

<p>Increased Behavioral Health Capacity</p>	<p><input checked="" type="checkbox"/> ER, hospital or healthcare facility coverage</p> <p><input checked="" type="checkbox"/> Detention center coverage</p> <p><input checked="" type="checkbox"/> Law enforcement coverage</p> <p><input type="checkbox"/> Community service provider coverage</p> <p><input checked="" type="checkbox"/> Mobile crisis response (FTE and/or mileage)</p> <p><input type="checkbox"/> Crisis stabilization unit coverage</p> <p><input type="checkbox"/> Crisis line coverage (e.g. enhanced data capacity)</p>	<p>What organizations will receive increased coverage? What providers will provide support, and how will they do so (in-person, via telehealth, or mobile crisis response; one day/ week, few hours on call, etc.)? How will this be tracked and reported?</p> <p>With our current peer to peer program with combined AA and NA meetings, we have been able to reduce the amount of involuntary transports and involuntary commitments to St. Peters Behavioral Health Unit or the state hospital. With early intervention with the peer specialist, we have reduced the amount of law enforcement involvement with individuals in crisis, which has saved my office overtime and deputies tied up while transporting and waiting on mental health evaluations. Since I house inmates for other jurisdictions, I have had our peer specialist come to the detention center to work with inmates that have mental health issues and she has been able to help them set up support systems in their home communities for when they are released from our facility, which hopefully provides them the support so they do not re-offend and re-enter the system. Part of the peer program as it sits under my office is that if our peer needs to travel outside the local community, we have vehicles in our fleet to drive or she is able to drive her own and we pay her mileage. Also, not only does she help law enforcement and the detention center, but she gets referrals from the hospital, the school and the churches to assist with citizens of the Townsend and the greater Broadwater County area.</p>	<p>700.00</p>
<p>Personal Protective Equipment (PPE) + other COVID-19 Protections</p>	<p><input type="checkbox"/> Isolation gowns</p> <p><input checked="" type="checkbox"/> Face masks</p> <p><input type="checkbox"/> Eye protection</p> <p><input checked="" type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Thermometers (for screening at entry and exit)</p> <p><input checked="" type="checkbox"/> Sanitization supplies</p> <p><input type="checkbox"/> Other (describe in column C)</p>	<p>What providers will these funds go to? What COVID-19 protocols have they established? How will this be tracked and reported?</p> <p>PPE is a difficult commodity to come by during COVID-19, however our peer specialist has made a bunch of cloth face masks that she does wear when telecommunications can't be utilized. However telecommunication is the preferred response right now. My office has gloves, face shields and masks available to our peer specialist. We have obtained our PPE from the national guard and from our suppliers. If further PPE is needed, these funds would go to pay for it.</p>	<p>250.00</p>
<p>Housing</p>	<p><input checked="" type="checkbox"/> Hotel rooms, apartments, or housing units (for transitional housing, crisis stabilization, or social distancing/isolation/quarantine)</p> <p><input type="checkbox"/> Essential furniture and appliances</p> <p><input type="checkbox"/> Coverage of:</p> <p><input type="checkbox"/> Housing Deposits</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Mortgage</p>	<p>What individuals and/or programs will these funds go to? What COVID-19 protocols have they established? How will this be tracked and reported?</p> <p>During this COVID-19 pandemic, it might be necessary to find placement for someone in needing behavioral health services in a hotel for 14 days. These funds would cover the cost of putting one or two folks in our local hotel for a quarantine period and help keep them safe from being infected or transmitting the virus to anyone else. This would be a claimed expenditure through the county finance office and the funds would be deposited into the peer to peer account under the Office of the Sheriff.</p>	<p>3000.00</p>

	<input type="checkbox"/> Utilities <input type="checkbox"/> Support for local homeless or warming shelter <input type="checkbox"/> Other (describe in column C)		
Training	<input checked="" type="checkbox"/> Infectious disease control <input checked="" type="checkbox"/> Suicide risk assessment and safety planning <input checked="" type="checkbox"/> Crisis de-escalation and response <input type="checkbox"/> Other (describe in column C)	<p>How will training be conducted (who will train, who will be trained, where, how)? How will this be tracked and reported?</p> <p>With the current COVID-19 pandemic, our peer specialist has been conducting on-line trainings since everything has been canceled or postponed. These funds would go to pay for those trainings that are not free and when trainings go back to in person, they would cover those costs as well. Our peer specialist has been working with our local clinical supervisor for training topics, classes and other information she has.</p>	500.00
TOTAL (Not to exceed \$40,000)			22305.00

SIGNATURES

Every application must be signed by the applicable government leader: County Commissioner, Tribal Chair or Tribal President.

Name: _____ Title: _____

Signature: _____ Date: **April 29, 2020**

If the county government is electing to have funds disbursed through a task order with the county health department, a health department representative's signature must be included.

Name: _____ Title: _____

Signature: _____ Date: _____

If the county or tribal government is electing to partner with regional neighbors, please list the participating counties or neighbors below. Each listed county or tribe must submit a letter of commitment signed by either the County Commissioner, Tribal Chair or Tribal President. The letters of commitment must accompany this application and must include the following information:

1. Name of county or tribe
2. Name of primary contact
3. Identified county, tribe, county health department, or tribal health department that will be the contracted partner and recipient of the funding
4. Total amount requested (cannot exceed \$40,000 x the number of participating counties and/or tribes)

Participating Counties and/or Tribes:

