



County and Tribal Matching Grant—COVID-19 Application

County or Tribe:		
The county government authorizes AMDD to contract directly with the county health department for disbursement of funds: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Primary Contact for Contract/Task Order		
Name:	Title:	
Email:	Phone:	Fax:

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 (PSA's), 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 (Not to total more than \$40,000)
Community Coordination	<input type="checkbox"/> Community coordinator <input type="checkbox"/> Community assessment	<i>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?</i>	
Information Sharing	<input type="checkbox"/> Public Service Announcements and media campaigns <input type="checkbox"/> Flyers <input type="checkbox"/> Communication systems (e.g. “phone trees”) <input type="checkbox"/> Other (describe in column C)	<i>Who will these funds go to? Who will outreach efforts target? How will this be tracked and reported?</i>	
Telehealth	<input type="checkbox"/> Telehealth equipment <input type="checkbox"/> Telehealth access <ul style="list-style-type: none"> <input type="checkbox"/> Phones, tablets, or laptops <input type="checkbox"/> Headphones (to ensure confidentiality) <input type="checkbox"/> Phone plan/minutes <input type="checkbox"/> Wi-Fi <input type="checkbox"/> Other (describe in column C)	<i>Who will these funds go to (what providers, for what services; what clients)? How will this be tracked and reported?</i>	

<p>Increased Behavioral Health Capacity</p>	<ul style="list-style-type: none"> <input type="checkbox"/> ER, hospital or healthcare facility coverage <input type="checkbox"/> Detention center coverage <input type="checkbox"/> Law enforcement coverage <input type="checkbox"/> Community service provider coverage <input type="checkbox"/> Mobile crisis response (FTE and/or mileage) <input type="checkbox"/> Crisis stabilization unit coverage <input type="checkbox"/> Crisis line coverage (e.g. enhanced data capacity) 	<p><i>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?</i></p>	
<p>Personal Protective Equipment (PPE) + other COVID-19 Protections</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Isolation gowns <input type="checkbox"/> Face masks <input type="checkbox"/> Eye protection <li style="padding-left: 20px;">Gloves <input type="checkbox"/> Thermometers (for screening at entry and exit) <input type="checkbox"/> Sanitization supplies <input type="checkbox"/> Other (describe in column C) 	<p><i>What providers will these funds go to? What COVID-19 protocols have they established? How will this be tracked and reported?</i></p>	
<p>Housing</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Hotel rooms, apartments, or housing units (for transitional housing, crisis stabilization, or social distancing/isolation/quarantine) <input type="checkbox"/> Essential furniture and appliances <input type="checkbox"/> Coverage of: <ul style="list-style-type: none"> <input type="checkbox"/> Housing Deposits <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage 	<p><i>What individuals and/or programs will these funds go to? What COVID-19 protocols have they established? How will this be tracked and reported?</i></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 type="checkbox"/> Infectious disease control <input type="checkbox"/> Suicide risk assessment and safety planning <input type="checkbox"/> Crisis de-escalation and response <input type="checkbox"/> Other (describe in column C)	<i>How will training be conducted (who will train, who will be trained, where, how)? How will this be tracked and reported?</i>	
TOTAL			
(Not to exceed \$40,000)			

SIGNATURES

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

Name: _____ Title: _____

Signature: _____ Date: _____

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:
