Mobile Crisis Response

Grant Application Package

Submitted to:
City of Billings
Liz Kampa, Purchasing Agent

Submitted Via: **kampal@billingsmt.gov**

Submitted by:
Rimrock Foundation & Substance Abuse Connect
Amanda Stonerock, Contractor
1231 North 29th Street
Billings, MT 59101

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Mobile Crisis Response Proposal
Table of Contents

Section 3: Information for Suppliers

Rimrock acknowledges all subsections of Section 3: Information for Suppliers.

- Rimrock agrees to prices quoted for at least ninety (90) days after the RFP due date
- Rimrock certifies that it submits this proposal independently and without collusion.
- Rimrock has insurance that meets the requirements of the City. Rimrock has a current business licenses and will complete the new vendor form as needed.
- Rimrock will not submit questions for this proposal.
- Rimrock acknowledges and certifies this is a true representation of services and is accurate and complete.

Section 4: RFP Evaluation and Selection Processes

1) Organizational Background and Capacity (20 points)

Rimrock is a Montana non-profit 501(c)(3) agency, organized in l968 by a voluntary Board of Directors for the purpose of providing information, education, and rehabilitation services to those suffering from a substance use disorder and process addictions, and their family members. Originally conceived, Rimrock's primary service area was South Central Montana. As services have evolved, and the need for multi-disciplinary and dual diagnosis treatment have grown, Rimrock's programs now serve Montana, Northern Wyoming, the Dakotas and other parts of the United States. Approximately 20% of patients seek care at Rimrock from other parts of the United States. We are the largest treatment center in the region, providing rehab services for adults with substance use and co-occurring disorders. Rimrock views addiction as a

whole person illness affecting an individual's emotional, physical, spiritual, and social well-being. Out program is designed to help people find a balance in their lives. We create opportunity for those impacted by addiction and mental illness through innovative, compassionate and life changing care. Rimrock creates a unique therapeutic learning environment that promotes whole person healing during the rehab process. All levels of care are provided, to assure patients of the least restrictive level of care necessary to meet their needs. Our staff of over one hundred eighty professionals have but one purpose– helping patients choose freedom and health over addiction.

As a staff of 189 individuals whom has been in business for over 54 years, we are well qualified and prepared to provide evidence-based services to the community. Through long-standing partnerships with public (BFD and BPD) and other community providers, we provide the City of Billings the best opportunity for successful implementation of Mobile Crisis Response Units. We currently have 14 different programs to meet individual treatment needs and Mobile Crisis Response would bring us to 15. Rimrock has been licensed by the State of Montana as a Mental Health Center for over 30 years and has led the way on innovative therapeutic modalities in working with community members experiencing situations negatively impacting day-to-day life. Rimrock's Mental Health Services team is comprised of dually-licensed counselors that hold a LAC (License in Addiction Counseling) as well as a mental health license (LCSW or LCPC).

Rimrock has a long history of successfully providing integrated, concurrent dual diagnosis care for patients whose addictive illness is compounded by the presence of a mental disorder. We believe we have set the standard for this type of care and our

interdisciplinary treatment team includes a broad range of disciplines inclusive of psychiatry. Patients may access these services and have their psychiatric disorder monitored by the Rimrock's physicians throughout their stay.

While Rimrock does not currently provide Mobile Crisis response in the form of this RFP, it has a history of working with law enforcement and providing acute, immediate community response. This includes the HOT program (Homeless Outreach Team). The Homeless Outreach Team consists of two peer support specialists who partner with Billings Police Officers to respond either in person or via telehealth to non-violent crisis situations. This team serves the downtown Billings area. The Motivated Addiction Alternatives Program (MAAP) is another example of collaboration with law enforcement serving addition and co-occurring services to homeless Billings residents. The program offers specialized treatment for homeless individuals, age 18 or older, with substance use disorders, mental illness or with co-occurring substance use and mental illness. In this program, homeless residents are identified by the Billings Police Department (BPD) and Rimrock's Resource Outreach Coordinator (ROC). This highly qualified team is comprised of crisis intervention trained officers and a Master's of Social Work counselor who interact face to face with homeless intoxicated residents.

Detoxification and treatment services are offered to all identified persons and transportation is provided to Rimrock's medical detox unit or Billings' Community Crisis Center social detox unit. Throughout the detox process, the ROC will meet with the client to assess appropriateness for treatment, determine level of care, and encourage treatment participation. Among the wide variety of treatment programs, MAAP also utilizes the White Bison Wellbriety Program to further connect American Indian Culture to Recovery

concepts by providing a culturally appropriate 12-step program. This program was developed by White Bison, based upon teachings of the Medicine Wheel, the Cycle of Life and the Four Laws of Change.

Rimrock has worked diligently over the last several years to build relationships and collaborate with law enforcement and community partners to create a model which saves taxpayers money and provide necessary services. Currently Rimrock is funded through the National Council for Mental Wellbeing for the CCBHC grant to fund a significant portion of the Mobile Crisis Response and Crisis Stabilization Services identified in this application. Missing from this grant is the funds for the EMT, vehicle, data analysis, and support supplies which this application will support. The funding from that program offers $2,000,000 in funding to support equipment, and 8 staff members including 3 certified clinicians, 2 Care Coordinators, 2 Peer Support Specialists, and 1 Program Manager. With the addition of these City funds, the full Crisis Response team will have the remaining team requirements and equipment necessary to implement services. This team is qualified and able to implement MCR immediately upon hire and obtainment of the vehicle. This includes billing Medicaid for services supporting long term sustainability of the program.

The Billings Crisis Response Unit (CRU) Support Project will address the pressing need to provide a health-first response to behavioral health crises in Montana's largest city by funding the planning process and support staff needed to complete the mobile CRU team being established in Billings, Montana. Billings is home to 109,550 residents and is the state's largest urban center. An estimated one in seven Montanans lives in Yellowstone County which is bordered by two American Indian Reservations.

The project will create a comprehensive collaboration response program that targets individuals with Mental Health Disorders (MHDs) and co-occurring Mental Health Substance Use Disorders who experience crisis and are likely to come into contact with the criminal justice system. Developing a mobile CRU is an evidence-based practice, well supported by research.

2) Principles and Values (15 points)

As a reputable community provider for over 50 years, Rimrock has an organization philosophy and mission that far exceeds the general expectations of trauma informed care. Rimrock utilizes treatment modalities used at Rimrock are selected for application based upon whether they are supported by research and generally accepted for use in addiction treatment settings. Patients at all sites receive these modalities either directly by staff or through Video Conferencing which permits them to have interactive participation.

Rimrock has pioneered the Advanced Integrated Model of Addiction Treatment, which combines the best approaches available today to treat patients with a substance use disorder and process addictions and concurrent mental illness. Our single goal is to assure the highest quality of care, using state of the art approaches, for the purpose of enhancing patient outcomes. To achieve this, we require trained professionals representing addiction, medicine and mental health disciplines, working as a collaborative team in which each discipline contributes and communicates. Each member of our staff is expected to be committed to quality care.

Approximately 80% of patients treated for a substance use disorder or process addictions at Rimrock will be found to have a co-occurring disorder. The incidence of

mental illness co-existing with a substance use disorder or process addictions is increasing both nationally and in Rimrock's population. Rimrock believes in the necessity for comprehensive biopsychosocial assessment of each patient as the foundation for treatment planning. All patients have their care supervised by the Patient Care Monitoring Team, led by Rimrock's physicians. Our experience has been that with appropriate diagnostic and treatment planning services, the co-occurring patient can experience treatment outcomes as positive as those of single disorder patients.

Substance use disorders and process addictions can be interrupted through interdisciplinary professional treatment. One of the primary goals of treatment is continued meaningful abstinence from mood altering chemicals, substances or experiences, which have been sustained by the pathological relationship. The patient is an active participant in the treatment program with group therapy functioning as the primary modality. Each patient is introduced to the healing principles of the twelve step programs while undergoing treatment.

Successful treatment also requires the active participation of the patient's family. Rimrock's family program is designed to enlist the family's cooperation and secure their involvement in the treatment experience. Family members are involved in a therapy-intensive week during the course of the patient's stay, as well as weekend sessions if they choose.

The attitudes, knowledge and skills gained in the treatment program are supported in Rimrock's continuing care program, directed by the clinical staff of the outpatient department or a certified addiction counselor in the patient's home community. Recovery rates are increased significantly for patients who complete a structured continuing care

program which enables them to begin to integrate their newfound knowledge into their daily living experiences. Each patient participates in a minimum of twelve weeks of outpatient continuing care programming. Dual diagnosis patients are followed up for the duration of their medication course by a Rimrock physician or, an appropriate physician in their community.

Rimrock recognizes that substance use disorders and compulsive illnesses carry an inherent risk of relapse for the patient. Thus, relapse prevention is an essential part of the continuing care program and patients are advised that Rimrock's staff and programs will continue to be available to them should they be required.

Each patient is followed up for at least one year following discharge. In addition, each diagnostic group served is identified for special follow-up/applied research studies to evaluate the effectiveness of Rimrock's services and to identify trends, needs and areas for program enhancements over 3-5 year periods.

3) Service Delivery (35 points)

As discussed previously, Rimrock has been working with law enforcement to create and implement MCR for years. Rimrock is prepared to meet the requirements of the Scope of Services through the following Crisis Response Unit (CRU) approach. Based on a rigorous assessment and planning process that engaged over eighty local organizations and outside experts, Substance Abuse Connect seeks to realign behavioral health crisis services in Yellowstone County to meet the National Guidelines for Evidence Based Crisis Care published by the Substance Abuse Mental Health Services Administration. A Crisis Response Unit is one essential element of the national model. Based on results from implementation in other communities, we anticipate:

• Improved outcomes for clients in mental health or substance abuse crisis – less re-entry to crisis, less use of expensive ED, less arrest

• Decrease of time police spend on behavioral health, enabling police to focus on crime

• New funding sources

The CRU will respond to emergent behavioral health calls in the city of Billings in the identified Billings Fire Response area. CRU will respond to any individual, including children, adolescents and adults, experiencing a behavioral health related crisis throughout the city of Billings and surrounding urban area. The mobile CRU team will provide assessment, stabilization and referral coordination to individuals in crisis stemming from a behavioral health related concern. The purpose of the CRU is to rapidly respond, effectively screen, and provide early intervention to help those individuals stabilize in the least restrictive setting and to ensure their entry into the continuum of mental health care at the appropriate level through follow-up by the care coordinator. The CRU will be comprised of:

- A behavioral health care professional (LCPC, LCSW, Ph.D., Psy.D., etc.) or a Clinician-In-Training (pre-licensure), providing services either in person or via telehealth to stabilize patients in the least restrictive settings. CRU clinicians will be employed by Montana's largest behavioral health provider, Rimrock.
- A Peer Support Specialist, providing support through crisis de-escalation and intervention by sharing lived-experience and creating connection for ongoing stabilization. Like the CRU clinicians, CRU peer support specialists will be employed by Rimrock.

- A CRU Emergency Medical Technicians—the EMT responds to calls with the Peer Supporters to provide an abbreviated medical evaluation, maintain scene safety and Response the clinician in the field when requested. The CRU EMT will be employed by the Billings City Fire Department. A 1.0 FTE CRU EMT position will be funded through this project.
- A CRU Care Coordinator – The care coordinator, employed by Rimrock, will follow up with individuals who had encounters with CRU to connect them with primary care, mental health care and social services. In addition, the care coordinator will receive and triage non-emergency referrals from other first responders when the CRU is not available. This 1.0 FTE position will be funded through this grant and will receive specialized training in behavioral health or mental health crisis intervention.

Crisis Response Unit (CRU) referrals will be initiated from dispatch either upon initial call coming in to 911 or from first responders currently on scene in which they have determined the individual in question is experiencing a behavioral health related crisis. Dispatch will contact the First Responders upon receiving a call they deem to be behavioral health related and the First Responders determine if and when the CRU is needed on scene in order to de-escalate the individual and to provide acute crisis services.

First Responders will accompany CRU clinicians and EMTs to all CRU responses unless the CRU is directed to go alone. The CRU clinicians will arrive on scene with the EMT in the CRU vehicle. If CRU was requested by an officer already on scene, the on-scene officer(s) will clear the scene for safety before any CRU member comes into

contact the individual in question. Once the scene has been cleared for safety, the CRU clinician will engage with the person of concern and as appropriate. They may also gather additional information from individuals at the site in order to gain an understanding of the current crisis and any relevant history. The CRU works to provide acute crisis services, referrals, and recommend resources as necessary. CRU clinicians and EMTs will work together to be swift and responsive to all calls for which they have been dispatched to provide services. When in need of additional support while on a call, the acting Fire Chief is always on call and available to assist with any issues that arise. Additionally, clinicians can call the Rimrock CRU program manager or Rimrock administrative on-call staff member. In the event an individual needs a higher level of care outside of business hours, the CRU clinician will help that person go to the nearest emergency department or crisis receiving facility.

The CRU team will be trained in and deploy intervention skills (including and not limited to de-escalation techniques, screening, and safety planning) to support individuals in crisis and maintain them in the community whenever possible, thereby reducing the risk of arrests as a result of mental illness, reducing emergency room visits, eliminating costly ambulance transports and eliminating any excessive usage of resources. Consultations may include brief health screen, a mental health assessment, a suicide risk screening, safety planning, brief intervention, and resource review to ensure the most appropriate course of action. When appropriate and with the individual's consent, the CRU may transport individuals to facilities including but not limited to emergency rooms, walk-in crisis centers, inpatient psychiatric facilities, and other community

resources. CRU vehicles will be equipped with resources such as food, water, bus passes, blankets and other resources depending on the need for individuals they encounter.

CRU will provide referral services to clients in crisis. Referrals will be provided in a way that will allow for CRU clinicians and/or the care coordinator to follow up to determine if clients have obtained those services and to assist in decreasing barriers to accessing the needed services. If the individual is not willing to go to the ED voluntarily and they present a danger to themselves or others, the CRU may request a transport from law enforcement. A CRU care coordinator will provide follow-up services for individuals previously encountered during a crisis within 24 hours. This is done with the verbal consent of the person of concern during the initial CRU contact. The care coordinator will provide comprehensive follow-up and referral services to link individuals with service providers (e.g., medical and behavioral health services) and community supports (e.g., temporary housing programming). The care coordinator and Peer Support Specialist will continue to assist the client in accessing needed services until the client has stabilized and wrap-around services are secured. Peer Support services may continue indefinitely, as long as needed by the individual being served.

The CRU team developed through this project will adhere to best practices for mobile crisis response teams, as outlined by the SAMHSA crisis guidelines. These best practices include:

- Incorporate peers within the mobile crisis team: A CRU peer support specialist will be on the team that responds on-site to all calls
- Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion: Our model is

based out of the Billings Fire Department and involves and EMT, not a law enforcement official, responding with a peer support specialists.

- Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care: This funding opportunity will allow us to employ a care coordinator who will provide these referrals and warm hand offs within 24 business hours for all CRU clients.
- For safety and optimal engagement, the guidelines recommend that mobile crisis response teams include two staff: The onsite CRU response will always involve at least two people-a peer support specialist or clinician and an EMT. If the clinician does not respond on site, he or she will be available via telehealth.

Another best practice for mobile crisis response teams is to ensure that they are adequately trained in evidence-based practices. Throughout the funding period, CRU team members will be supported to participate in on-going training including and not limited to cultural, delivery of assessments and screening tools, clinical documentation, commonly encountered scenarios, and brief interventions. CRU team members may be requested to participate in additional training throughout their employment focused on safety, clinical skills, or other topics as deemed necessary by supervising staff. CRU team members will attend the annual CIT Academy when possible. CRU team members are expected to complete a minimum of 24 hours of training prior to providing service with the CRU and a minimum of 2 ride-alongs with the Billings Fire Department prior to providing service. In addition, CRU members will be required to demonstrate the following core competencies: 1) Ability to be empathetic and non-judgmental 2) Ability to triage by level of urgency and need for services; 3) Assessing suicide/safety risk; 4)

Communication and problem-solving skills; 5) Knowledge of data documentation system.

This project will help support the non-billable staff for the CRU. The CRU clinician and peer support specialist will bill for their services through third party billers and Montana Medicaid. The state of Montana is working on developing Medicaid billing codes for mobile crisis units, which we will use to sustain the CRU in coming years. Rimrock has grant funding to support the CRU clinicians and peer support specialists as we wait for these Montana Medicaid state plan amendments to be approved. Once there is robust Medicaid billing for Mobile Crisis Response Units, the EMT and care coordination positions will be sustained through billing and support from the City of Billings mental health mill levy after the project period ends.

In terms of priority areas, Billings, MT census information for 2020, indicates 4.6% of the city's population is Native American, however 22% of the clients treated for SUD and/or Mental Health Disorders by Rimrock in 2021 were Native American. This demonstrates a disproportionate number of Native American's receiving services compared to the general population. To improve cultural interventions within the CRU, the clinician serving this population is Native American. Further, Rimrock has initiated Native American specific Peer Support services and programming to address multi-generational behavioral health and social disparities.

A Rimrock liaison, Coralee Schmitz, will be responsible for overseeing the work of the Rimrock CRU staff and ensuring that all data collection for CRU services is completed in accordance with HIPAA and other privacy standards. She will also ensure that all performance measures for the grant are collected and reported on schedule.

Attached you will see a signed MOU with Rimrock and Billing Police Department showing commitment to this project.

Reporting requirements and agency coordination are not new concepts for Rimrock. They agree to port any data collection as required by the City of Billings. A proposed report is submitted in the attachments of this application. All reporting requirements by DPHHS for billing and audit purposes will be made available to the City of Billings at their request. Rimrock has adequate retention policies for statistics and reporting to meet the needs and goals of the State and City. Rimrock will work with agency partners to identify key metrics for reporting ocne the award is approved.

4) Staffing Plan (30 points)

The CRU team will be trained in and deploy intervention skills (including and not limited to de-escalation techniques, screening, and safety planning) to support individuals in crisis and maintain them in the community whenever possible, thereby reducing the risk of arrests as a result of mental illness, reducing emergency room visits, eliminating costly ambulance transports and eliminating any excessive usage of resources. For Staffing and supervision, the City of Billings will collaborate with the Billings Fire Department and Rimrock to hire the following positions for the diversion program. A total of 5 EMTs, 5 Licensed MH Professionals, 5 peer Support Specialists, and 1 Care Coordinator is needed to staff the CRU 24/7/365. It is expected that this will be a long-term plan to be staffed 24/7. For now, Rimrock and its partners propose providing this program during peak hours identified at need by the City of Billings. These are the key personnel responsible for carrying out all project activities.

Role	Name and Organization	Level of Effort	Role
EMT	TBD – Billings Fire Department	2.0 FTE	On-site CRU response with peer support specialist and/or clinician. Trained in safety checks, assessment, and de-escalation.
Licensed counselor	To be hired – Rimrock	2.0 FTE, in kind	Assessment of behavioral health crisis either on-site or via telehealth. De-escalation and recommendation of transport or on-site stabilization.
Peer Support Specialist	To be hired – Rimrock	2.0 FTE, in kind	On-site CRU response with EMT and/or clinician. Trained in de-escalation, advocacy and referral. Can stay with client after the response for ongoing support. Uses lived experience to guide practice.
CRU Care Coordinator	To be hired – Rimrock	1.0 FTE	Care coordination and follow up for all CRU clients within 24 hrs referred to treatment and recovery supports
Billings Police Department Liaison	Brand Mansur, BPRD	0.25 FTE, in kind	Supporting planning and implementation and ensuring ongoing communication
Billings Fire Department Liaison	Jason Banfield, BFD	0.25 FTE, in kind	Supporting planning and implementation and ensuring ongoing communication
Rimrock Liaison	Coralee Schmitz, Rimrock	0.25 FTE, in kind	Supporting planning and implementation and ensuring ongoing communication

The Rimrock Liaison is Coralee Schmitz, Chief Operating Officer at Rimrock. Ms. Schmitz will devote 10 hours per week to this project, proving direct oversite to the program to ensure the expectations and budget of the grant are achieved. She will also be responsible for setting up the CRU database to track all of the client assessments and referrals and for analyzing the data for use by partners in decision making and for reporting to the Bureau of Justice Assistance. Ms. Schmitz holds a master's degree in Psychology and an MBA in Healthcare Administration. She has been with Rimrock since 2001 and has experience developing, implementing and growing new and existing programs.

The Care Coordinator for the Program will be hired upon commencement of the Program. The Care Coordinator will provide after care referrals and linkage to care within 24 hours of the CRU response. The Care Coordinator must have a bachelor's degree in human services or equivalent work experience. competency in working with technology, and be able to establish rapport with clients. The EMT will be hired within 2 months of the grant award. Her or she will be required to be Nationally Certified by the NREMT and have at least two years' experience with the population of focus. All CRU staff will receive specialized training in behavioral health crisis response.

The Crisis Response Unit EMT works together with a Mental Health Worker responding to mental health/behavioral health crisis, welfare checks, and public services. These specialized EMTs will collaborate with Billings Police, Yellowstone County Sheriff's Office, and local hospital health care workers to achieve the best standard of care. The tentative work schedule for the CRU EMT is: 12 hour, 2-2-3 shift schedule (2 days on, 2 days off, 3 days on, 2 days off, 2 days on, 3 days off) This equals 84 hours each pay period.

5) Program Evaluation and Quality Assurance (10 points)

Rimrock's Quality Improvement and Information Measurement Program (included in the attachments) is the responsibility of the Quality Improvement Committee. This Committee collects, screens and analyzes data which is gathered from external and internal organization-wide sources. This data allows for systematically monitoring the attainment of efficiency, effectiveness, access, and satisfaction objectives. As a result, opportunities to improve care, and to resolve identified care-related and system problems for the purpose of improving service delivery and patient outcomes is

possible. Any additional program evaluation or QA deemed appropriate by the City in collaboration with agency partners may be negotiated at the time of contract award.

6) Proposed Program Budget (15 points)

The actual costs for this program to provide 24/7 services is approximately $992,940 in staffing salaries and benefits and $106,030 in startup costs (vehicle, supplies, equipment, insurance, data analysis, and uniforms). The ongoing yearly costs are approximately $21,180 plus salaries and benefits. It can be expected that these expenses will mostly be covered under reimbursable Medicaid billing as early as January 2023. However, initial funds to hire, train, and purchase equipment are necessary for start and implementation.

The costs of this grant will be used to cover an AWD vehicle expenses ($50,000 includes vehicle, maintenance and insurance), vehicle supplies ($1,800), program supplies and uniforms ($4,380/year), 2 salaries and benefits of CRU EMT in the initial years of the service ($118,976/year), and data analysis support ($10,000/year). Funding will be used to hire an EMT to serve on the CRU as well as a care coordinator who will follow up with CRU clients within 24 hours of the crisis and provide referral services. The EMT will be on the two-person team with a peer support specialist during the mobile crisis response and the care coordinator will provide comprehensive follow-up and referral services to link individuals with service providers and community supports.

Both the Montana Department of Health and Human Services and the federal Department of Health and Human services are aligning funding opportunities with the national guidelines. We will be able to access these funds if we are implementing the evidence-based model.

Based on data and numbers from 2021 Top incident categories provided from Dispatch, over 12,250 calls could be de-escalated by the CRU team. 70% of these calls can be de-escalated through the 988 program supported by Substance Abuse Connect and Rimrock. Of the remaining callers, approximately 3680 callers will need the deployment of the CRU team. It is expected that approximately 40% of those CRU responses will connect at least 40% to ongoing service (1,472). Using these numbers we expect that the cost for CRU only responses to amount to $1,265,851.20/year with a full 100% reimbursement through Medicaid. The additional 40% ongoing services will also be billed to Medicaid amounting to $506,340.48/year in funding to support the services provided to these clients.

To address 10 frequent callers a week, we expect that implementing CRU services in conjunction with BPD will provide an annual Profit of $100,880.00/year to support the long-term stability within the program. If BPD is not needed to respond and only the CRU team responds, that number could be as high as $178,880.00/year through reimbursement of Medicaid supporting the program.

Top Categories: 2021 Calls by Incident Type	Total Calls in 2021
Assault	610
Drunk	628
Intoxicated Subject	158
Missing Person	250
PFMA	1118
Sick/Injured	1012
Suicide Attempt/Threat	1541
Welfare	6949
Total calls	12266

About 70% can be deescalated by 988	8586.2
Left for CRU to respond to	3679.8
If CRU can connect 40% to ongoing services	1471.92

Cost of response for 3680 calls	Cost	With Medicaid Reimbursement	Total Annual Cost
Traditional Response	$ 1,563,915.00	$ -	$ 1,563,915.00
CRU and BPD	$ 1,817,821.20	$ 551,970.00	$ 1,265,851.20
CRU only	$ 1,265,851.20	$ 1,265,851.20	$ -
If 40% connected to ongoing services by CRU & no longer need to call CRU; 60% still calling BHU	$ 506,340.48	$ 506,340.48	$ -

MCR Budget 24/7 coverage

*Highlight denotes one-time costs

Personnel	FTE for 24/7 service	Salary	Total
EMT	5	$45,760	$228,800
Licensed Mental Health Professional	5	$60,000	$300,000
Certified Behavioral Health Peer Support Specialist	5	$40,000	$200,000
Care Coordinator	1	$35,000	$35,000

Fringe Benefits (30% of salary)			
EMT		$13,728	$68,640
Licensed Mental Health Professional		$18,000	$90,000
Certified Behavioral Health Peer Support Specialist		$12,000	$60,000
Care Coordinator		$10,500	$10,500
		Total Annual Salaries and Benefits	**$992,940**

Technology	Count	Cost	Total
Ipads	5	$450	$2,250
Laptops	16	$650	$10,400
Cell phone	4	$100	$400
Cell phone monthly plan	4	$40	$160
Internet	1	$60	$720
			$17,430
Uniforms and Supplies	1	$3,500	$3,500
Data collection applications			
Crew Force licensing fee	16		TBD
JG Research	1	$10,000	$10,000
CAD	No user fee		
Image Trend	16		TBD
Vehicle			
Ford Explorer or similar	1	$50,000	$50,000
Safety and technical package add-on	1	$20,000	$20,000
Annual Vehicle Maintenance	1	$5,000	$5,000
Annual Vehicle Insurance	1	TBD	TBD
Vehicle supply set up	1	$1,800	$1,800
Vehicle supply monthly inventory	12	$150	$1,800
			$78,600
		Total for 24/7 program recurring costs (excludes one time costs and PSS)	**$810,620**

Frequent Caller Profit/Loss based on Response Type

Traditional Response (BFD & BPD)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Charges: BPD ($150); BFD ($275)	Medicaid Reimbursement	Total Cost of services per week	Total cost per sevices per year	Profit/Loss with reimbursable services
Frequent caller 1	$425.00							$ 425.00	$ -	$ 425.00		
Frequent caller 2		$425.00						$ 425.00	$ -	$ 425.00		
Frequent caller 3						$425.00		$ 425.00	$ -	$ 425.00		
Frequent caller 4				$ 425.00				$ 425.00	$ -	$ 425.00		
Frequent caller 5	$425.00							$ 425.00	$ -	$ 425.00		
Frequent caller 6			$425.00					$ 425.00	$ -	$ 425.00		
Frequent caller 7		$425.00						$ 425.00	$ -	$ 425.00		
Frequent caller 8							$425.00	$ 425.00	$ -	$ 425.00		
Frequent caller 9						$425.00		$ 425.00	$ -	$ 425.00		
Frequent caller 10					$425.00			$ 425.00	$ -	$ 425.00		
								$ 4,250.00	$ -	$ 4,250.00	$ 221,000.00	$ (221,000.00)

CRU (Crisis Response Unit) and BPD Response	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Charges: CRU ($344); BPD ($150)	Medicaid reimbursement for CRU	Total Cost of services per week	Total cost per sevices per year	Annual Profit/Loss with reimbursable services
Frequent caller 1	$494.00							$ 494.00	$ 344.00	$ 150.00		
Frequent caller 2		$494.00						$ 494.00	$ 344.00	$ 150.00		
Frequent caller 3						$494.00		$ 494.00	$ 344.00	$ 150.00		
Frequent caller 4				$ 494.00				$ 494.00	$ 344.00	$ 150.00		
Frequent caller 5	$494.00							$ 494.00	$ 344.00	$ 150.00		
Frequent caller 6			$494.00					$ 494.00	$ 344.00	$ 150.00		
Frequent caller 7		$494.00						$ 494.00	$ 344.00	$ 150.00		
Frequent caller 8							$494.00	$ 494.00	$ 344.00	$ 150.00		
Frequent caller 9						$494.00		$ 494.00	$ 344.00	$ 150.00		
Frequent caller 10					$494.00			$ 494.00	$ 344.00	$ 150.00		
								$ 4,940.00	$ 3,440.00	$ 1,500.00	$ 78,000.00	$ 100,880.00

CRU Response; no BPD to secure scene (if clients are wellknown)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Charges: CRU ($344); no BPD response	Total reimbursement for CRU	Total Cost per services per week	Total cost per sevices per year	Profit/Loss with reimbursable services
Frequent caller 1	$344.00							$ 344.00	$ 344.00	$ -		
Frequent caller 2		$344.00						$ 344.00	$ 344.00	$ -		
Frequent caller 3						$344.00		$ 344.00	$ 344.00	$ -		
Frequent caller 4				$ 344.00				$ 344.00	$ 344.00	$ -		
Frequent caller 5	$344.00							$ 344.00	$ 344.00	$ -		
Frequent caller 6			$344.00					$ 344.00	$ 344.00	$ -		
Frequent caller 7		$344.00						$ 344.00	$ 344.00	$ -		
Frequent caller 8							$344.00	$ 344.00	$ 344.00	$ -		
Frequent caller 9						$344.00		$ 344.00	$ 344.00	$ -		
Frequent caller 10					$344.00			$ 344.00	$ 344.00	$ -		
								$ 3,440.00	$ 3,440.00	$ -	$ -	$ 178,880.00

September 20, 2022

Memorandum of Understanding

An AGREEMENT between

The Billings Police Department (BPD), The Billings Fire Department and Rimrock

The parties to this Agreement endorse the mission and goals of the Billings Police Department and Rimrock in order to enhance public safety, decrease impact of substance use disorders and mental illness and reduce the cost to society. Billings citizens interacting with the Crisis Response Unit (CRU) will be provided with opportunities to address mental and physical health, substance use disorders, trauma and engage in extensive case management. The parties recognize that for the goals and mission of both organizations to be successful, cooperation and collaboration must occur within a network of systems.

The parties to this Agreement understand that the confidentiality of participants' alcohol and drug treatment records are protected under Federal regulations: Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and HIPPA Privacy Rule, 45 CFR 160, and 164. The parties agree to comply with all confidentiality requirements.

PROGRAM GOALS

Improve the lives of Billings citizens through wrap-around care designed to address substance use, mental illness and physical health.

Decrease the burden on first responders and crisis receiving facilities by assessing and stabilizing clients in their home environment.

Provide referrals and follow-up to wrap-around care coordination, mental health services, substance use services and physical health care.

INDIVIDUAL AGENCY RESPONSIBILITIES AND STAFF COMMITMENTS

Billings Police Department

1. Help identify crisis calls in which CRU may be dispatched
2. Secure the scene prior to the CRU's arrival
3. Collect and provide data as identified by BJA and SAC
4. Submit BJA grant reports at required intervals

Billings Fire Department

1. Provide supervision and oversight of the Crisis Response Unit EMT
2. Help identify crisis calls in which CRU may be dispatched.
3. Provide identified trainings to all members of CRU
4. Collect and provide data as identified by BJA and SAC
5. Ensure proper certification of CRU EMT
6. Provide vehicle maintenance to the CRU vehicle

September 20, 2022

Rimrock

1. Provide supervision and oversight of the Crisis Response Unit Care Coordinator and Mental Health Counselor
2. Provide identified trainings to all members of CRU
3. Collect and provide data as identified by BJA and SAC
4. Assist BPD with report submissions at required intervals
5. Ensure proper licensure of the mental health counselor
6. Document case notes and all follow-up contacts with the client
7. Submit invoicing to BPD by the 5th of each month
8. Provide written and verbal progress reports to the team as needed
9. Make appropriate referrals to community resources
10. Ensure all confidentiality forms have been signed

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend and/or modify this Agreement will notify the BPD, BFD and Rimrock liaison of the issue(s). This core team will discuss the requested modification and amendments made as appropriate.

TERMINATION OF AGREEMENT

Individual agencies contemplating termination of their participation in this Agreement shall first notify the BPD, BFD or Rimrock Liaison of their concerns. The liaison will attempt to resolve the concern to ensure continuation of the CRU. If the concern is not able to be resolved, the issue will be presented to the core team for resolution. If unable to resolve the problem, the individual agency or department can exercise its right to terminate this Agreement by notifying all other agencies in writing a minimum of sixty days prior to such termination.

It witnesses thereof, the parties have caused their duly authorized representative to execute this agreement.

Chief St. John, Billings Police Department — Date: 9/29/22

Lenette Kosovich, CEO, Rimrock — Date: 9/26/2022

ATTACHMENT A

VALIDATION QUESTIONS FOR SUPPLIER

GENERAL INFORMATION

1) Company Name: Rimrock Foundation
Address: 1231 N 29th Street, Billings, MT 59101
Contact Name: Amanda Stonerock
Contact Phone: 406-855-4490
Contact Email: sacleadership@substanceabuseconnect.com
Website/URL: https://www.substanceabuseconnect.com/

2) How many facilities/locations do you have in the U.S? Please list. 8
   a) Rimrock Foundation- 1231 N 29th Street, Billings, MT 59101
   b) Silverleaf 2125 8th Ave N, Billings, MT 59101
   c) Michel's House 18 Alderson, Billings, MT 59101
   d) White Birch Center: 921 N. 19th
   e) Willow Way: 810 N. 17th;
   f) Cottonwood: 1721 8th Ave N.; Billings, MT 59101
   g) Ada's House: 624 Ave D; Billings, MT 59102
   h) Freedom House: 1106 Parkhill, Billings, MT 59102

3) How many years has your company been doing business under this name?
54 years

4) Total Full-Time Employees.
189

5) Do you have Small Business Administration Status? If yes, can you provide documentation?
Yes, yes

6) What are your standard payment terms?
NET30

7) References - Please attach a Word© document with all contact information for at least the following three references:
   a) New Company (started doing business with them in the past 12 months)
   b) Retained Company (have been doing business with them for 3 + years)
   c) Former Company (contract terminated in the past 2 years)
Attached

8) Can you provide a statement and meet the City minimum insurance requirements of $750,000 per claim and $1,500,000 per occurrence, and the City being named as an additional insured?
yes

FUNCTIONALITY

1) A certificate of insurance must be provided prior to signing the contract, commencing on the day contract begins. Are you willing to comply with these requirements?
Yes, yes

2) You must instruct your insurance broker/carrier to notify the City should your coverage change. Are you willing to do this?
Yes

3) The successful proposer will be required to purchase a City business license and complete the new vendor forms in order to be eligible for payment. Are you willing to do this?
Already exists

QUALITY AND SERVICE

1) Do you have a quality assurance program? If yes, please attach a copy.
    a. Yes, attached

2) Are your employees required to take a mandatory drug test?
    a. yes

LEGAL ISSUES

1) Are there any pending lawsuits against your company? If yes, please explain.
no

REPORTING

1) Can your company provide reports as outlined in the Scope of Work, Section 3, above?
Yes

2) If yes to the previous question, please attach samples of all reports that are currently available.
Rimrock creates custom reports for each grant funding source based on SOW and requests. A sample report used for a similar grant is attached.

Vendor References

New Company:

Divvy
13707 S 200 W
Draper, UT 84020
(385) 352-0374

Chestnut Ridge Foam, Inc
PO Box 6015
Hermitage, PA 16148-1015
(724) 537-9000

KMW Communications dba Campaign Counsel
PO Box 350
Sonoita, AZ 85637
kevin@campaigncounsel.org

Retained Company

Sysco Montana Inc
PO Box 31198
Billings, MT 59107
(888) 264-7647

Delta Electric
PO Box 50009
Billings, MT 59105
(406) 861-7110

360 Office Solutions
PO Box 30598
Billings MT 59107
(406) 248-7881

Former Company

Pharmacy 1 LTC
2900 12th Ave N #110-B
Billings, MT 59101
(406) 245-6718
*Still use for MAT but no longer for primary pharmacy services

Reconnect, Inc
91J Auburn St, Ste 280
Portland, ME 04103
Contract termed eft 7.31.22

Beneth Inc
Professional Transcripts
801 W Calle Del Regalo
Green Valley, AZ 85614
(406) 794-2509
Contract termed eft 7.31.22

RIMROCK
LEADING ADDICTION TREATMENT

PERFORMANCE MEASUREMENT AND MANAGEMENT
M-3

Purpose and Scope of the Quality Improvement Program at Rimrock

Rimrock's Quality Improvement and Information Measurement Program is the responsibility of the Quality Improvement Committee. This Committee collects, screens and analyzes data which is gathered from external and internal organization-wide sources. This data allows for systematically monitoring the attainment of efficiency, effectiveness, access, and satisfaction objectives. As a result, opportunities to improve care, and to resolve identified care-related and system problems for the purpose of improving service delivery and patient outcomes is possible.

Within the scope of its measuring, monitoring and evaluating functions, each core program at Rimrock shall be monitored and evaluated, using objective, pre-established criteria which reflect current knowledge and resources. The Committee also monitors patient and stakeholder satisfaction with services, consumer access to services and business operations.

The Committee utilizes data from Rimrock's software systems to fulfill its evaluation and monitoring functions. These areas include:

a. Patient Records-Quality and Appropriateness Review Findings
b. Incident Reports
c. Patient Outcome Survey Reports
d. Patent Satisfaction Survey
e. Utilization Review
f. Infection Control
g. Safety Committee
h. Findings of the Quality Improvement Monitoring System
i. Stakeholder Input
j. Consumer Input
k. Financial Records

The Committee is charged with undertaking corrective action and monitoring the effectiveness of those actions whenever any of the following conditions are found to exist:

a. Patterns of care or outcomes which fail to meet minimum criteria/thresholds
b. Negative trends in care are evidenced in the data
c. Clinical or management systems are inadequate to support the desired quality outcomes
d. Pre-established thresholds are outside the limits

The Committee also has the on-going function of identifying opportunities to improve outcomes. It is the function of the Committee to establish which measures of effectiveness, efficiency, access and

satisfaction will be used to measure program and individual patient outcomes and, at least, annually review and modify these measures as appropriate.

Program Directors, at each quarterly meeting, are responsible for providing an analysis on any areas outside of the established thresholds. This analysis includes trending and an action plan for improvement. The action plan is then monitored and reported on at the next QI meeting.

Quality Improvement Committee Composition

The Quality Improvement Committee is composed of representatives of Administration and Professional Staff, which includes:

Chief Executive Officer-Chair
Director of Court Services
Chief Nursing Officer
Chief Financial Officer
Sr. Director of Residential Services
Chief Operations Officer
Director of Mental Health Services
Director of Outpatient
Director of Medical Records/Quality Review
Inpatient Supervisor

Rimrock physicians are ex-officio members of the Committee and attend meetings whenever the committee seeks their input/participation on issues that affect the scope of their practice.

The Committee may involve any department or staff member necessary to its monitoring and evaluation functions.

Meetings and Records

The Committee is required to meet quarterly or as frequently as is necessary to fulfill its mandated functions. The Quality Review Coordinator maintains complete minutes and compiles monitoring data for review by the Committee. A majority of the Committee constitutes a quorum. The Quality Review Coordinator circulates minutes and all reports to administration, departments and affected staff. The Chief Executive Officer reports all findings to the Board of Directors.

Core Programs Included In the Information and Outcome Program

- Medical Detoxification
- Outpatient – Aftercare, Relapse Prevention
- Intensive Outpatient
- Supplemental: Support Services
- Community Housing: Michel's House, Willow Way, True North
- MAT
- Day Treatment
- Inpatient
- PACT
- Mental Health Services
- Residential Services: Freedom House, White Birch, Ada's House, Cedar Way

Collection Procedures

With the exception of the business and financial data which is stored in the computer systems within the business office, nearly all data used in the QI process is stored in the electronic health record software system, Netsmart. Designated medical records personnel routinely cross check client records to ensure all data is input correctly and available on all persons served. Staff inputting data are trained on the importance of recording each field for every person. The Quality Review Coordinator is the primary source for data collection and input. No data used by the QI Committee or published contains patient names or the means by which a patient may be identified. The process of analyzing data is key to an effective quality monitoring process. Therefore, by limiting the numbers of individuals who input data, greater accuracy is achieved.

Program Evaluation Data

These data are used to evaluate the effectiveness, and efficiency of, and in applicable programs, the access to Rimrock programs. Objectives or indicators are established by the committee and a threshold for attainment is established based upon one of several sources: the historical findings for the indicator based upon Rimrock's history, or a benchmark derived from the benchmarking data of the National Association of Addiction Treatment Providers [NAATP]. Also included are the indicators known as the National Outcome Measures developed by SAMSHA.

Each indicator and threshold are specified in an annual compilation. Data is collected each quarter for the committee's analysis by the Quality Review Coordinator. The committee is also responsible for following up on any adverse findings to assure corrective action is taken. Annually, indicators or thresholds may be modified, added or deleted based upon the committee's recommendations.

Outcome Evaluation Data

The outcome evaluation used at Rimrock consists of questions developed by the outcome management committee using information identified by the National Center for Disease Control, National Association for Addiction Treatment Centers and the Substance Abuse and Mental Health Services Administration as vital to determining positive outcomes for treatment programs. The outcome management committee consists of Rimrock's CEO, COO, Director of Medical Records, and Administrative Assistant.

The annual report summarizes the results of questionnaires administered and compiled at Rimrock. These surveys detail perceptions of individuals who have used Rimrock's drug and alcohol rehabilitation services during the year being evaluated. The purpose of the surveys is to elicit demographic, employment, mental health, and life improvement information as well as general information on a patient's satisfaction of services and overall well-being before and after treatment.

Three surveys, consisting of a battery of questions are administered to patients; at admission, six-month post treatment, and 12 months post treatment. These questions address a number of areas that relate theoretically and practically to the assessment of patient attitudes and perceptions before and after treatment, particularly with regard to employment, housing, illicit substance use, relapse, criminal justice involvement, health status, well-being, and patient satisfaction. Where

appropriate, measures of independence between categorical data are reported. Statistically significant measures are p<.05 unless otherwise indicated.

Patient Satisfaction Data

Patient satisfaction is measured throughout the patient's stay through lecture evaluations, Weekly Resident Assessment and Planning meetings, and significant event forms. Formal satisfaction surveys for inclusion in the annual report are completed through the discharge evaluation survey, Perceptions of Care and Treatment, by each patient receiving services. A section in the patient outcome survey addresses patient satisfaction as well.

Annually, a Clinical Outcome Report is compiled from the Patient Outcome findings. This report contains the summary data of the program evaluation data the patient outcome evaluation and the patient satisfaction data. The QI committee reviews this report extensively and identifies action items that will need to be addressed throughout the year. The committee reviews these items at quarterly meetings.

Separate reports are published for the Michel's House, Willow Way and True North programs.

All of these reports are shared with our board of directors, staff, patients, and other stakeholders. These reports are available on Rimrock's website at www.rimrock.org.

Quarterly Service Delivery Objectives

1.M.4: Effectiveness: Rimrock's effectiveness measure for all programs is the completion rates for each individual program. Thresholds for this measure are based on information from the field and past utilization outcomes.

1.M.4.b(1).Indicators are applied to all patients admitted into Rimrock programs.

1.M.4.b(2). Rimrock's admitting team admits all patients into the EHR. Rimrock's admissions department enters all demographic data and Rimrock's clinical team enters the discharge status. Rimrock's survey coordinator collects results from 6 and 12 month outcome surveys. All initial information is collected in the EHR and the outcome surveys are collected in Survey Monkey.

1.M.3.b(3). Data is collected from an admission, discharge and follow up survey

1.M.3.b(4). Admission surveys are completed at the time of admission. Follow up surveys are completed at 6 and 12 months post discharge from each program

1.M.3.b(5): Rimrock expects to have a 30% return rate on all outcome surveys.

1.M.5.a: Rimrock measures the experience of services received by all clients in all programs with the objective of improving services based on client feedback.

1.M.5.b(1). Indicators are applied to all patients discharging from Rimrock programs regardless of discharge status.

1.M.5.b(2). Program counselors in outpatient levels of care and case managers in inpatient and day treatment are responsible for completing the discharge survey depending on the program.

1.M.5.b(3). Data is collected from the discharge survey, which is obtained from the client.

1.M.5.b(4). The survey is collected at the time of discharge regardless of discharge status.
1.M.5.b(5). Rimrock strives to obtain the highest score (10) in all categories surveyed. Any score less than '10' results in review with the program supervisor and counselor.

1.M.6: Rimrock obtains feedback from stakeholders and referral sources through annual surveys and real-time feedback with the objective of improving community relations, collaborating with other behavioral health organizations and being a partner to serve the best interest of the client.

1.M.5.b(1). Referral sources are tracked in Rimrock's EHR and surveys are mailed or emailed one time per year.
1.M.5.b(2). Rimrock's medical records department mails these surveys and tracks responses
1.M.5.b.(3). Data is collected from all referral sources and compiled in Survey Monkey
1.M.5.b.(4). Surveys are completed annually
1.M.5.b(5). Rimrock expects to have a 30% response rate on all surveys

1.M.7: Efficiency: Rimrock's efficiency measure for all programs and is the utilization of that program, compared to budgeted census.

1.M.7.b(1). Indicators are applied to all patients discharging from Rimrock programs regardless of discharge status.
1.M.7.b(2). Rimrock case managers are responsible for ensuring that the admission surveys are completed. Rimrock counselors are responsible for ensuring the admission surveys are completed for programs that don't have a case manager.
1.M.7.b(3). Data is collected through Rimrock's EHR
1.M.7.b(4). Data is collected on-going as all patients are entered into the EHR. Data is compiled and analyzed quarterly for the quarterly quality improvement meeting.
1.M.7.b(5). Thresholds are based on budgeted

1.M.8: Access to Services: Rimrock makes every effort to decrease wait-time for admission and to decrease barriers to services at all levels of care.

1.M.8.b.(1). The indicator is applied to all persons seeking services at Rimrock
1.M.8.b(2). All staff input the information of the person served into Rimrock's EHR at the time they are placed on the waitlist. A subsequent spreadsheet is maintained by the supervisor of admissions in order to ensure weekly communication with anyone waiting for services.
1.M.8.b(3). Data is collected from the admissions staff member working with the client
1.M.8.b(4). Data is collected during initial phone call and input into EHR at the time the client is approved for admission.
1.M.8.b(5). Rimrock's goal is to admit all outpatient and residential clients within one week of requesting admission.

1.M.9: Business Functions: Rimrock's objective is to decrease days in accounts receivable by having timely invoicing and collection. Rimrock also maintains the objective of keeping sufficient cash on hand to mitigate emergencies.

1.M.9.b(1). Indicators are applied to all program invoices
1.M.9.b(2). The CFO is ultimately responsible for both AR and Cash on hand.
1.M.9.b(3). Data is collected from Rimrock's EHR and Quickbooks
1.M.9.b(4). Data is collected weekly and analyzed and reported quarterly in the QI report. Data is reported monthly to the Board of Directors.
1.M.9.b(5). Rimrock's AR and Days of Cash on Hand threshold is based on industry trends and annual internal reviews.

Sample Report

Substance Abuse Connect

Report on Mill Levy Funded activities

Q2, 2022

Draft: 2022-09-14

Substance Abuse Connect (SAC) supports the delivery of services in Yellowstone County aimed at supporting residents with behavioral health conditions. In this report, we provide data from organizations that partner with SAC to implement services that are funded by the Yellowstone County Behavioral Health Mill Levy. Services that are provided through the Mill Levy have a particular focus on engaging individuals who are experiencing homelessness as well as individuals who come into contact with law enforcement in a behavioral health crisis.

One of the requirements for SAC is to provide quarterly reports on key outcome measures across all participating organizations. The organizations who provide services with Mill Levy funding include: Rimrock, Community Crisis Center (CCC), Montana Rescue Mission (MRM), the Motivated Addictions Alternative Program (MAAP), United Way 211, and the Continuum of Care (CoC) Diversion Fund.

SAC contracted with JG Research & Evaluation, a Bozeman, MT-based research and evaluation firm for data collection, reporting, and analysis. After the start of the contract in June, JG staff met regularly with SAC leadership and sub-committees to determine the processes for data reporting, as well as to finalize definitions of each measure and indicator. JG staff met directly with representatives and leadership of all participating organizations to develop understanding of their data collection processes, ensuring that the reporting processes aligned with existing practices.

This is the first quarterly report, covering the activity period of May 1 – July 31, 2022. May, June, and July 2022 data are included from Rimrock, Community Crisis Center (CCC), Montana Rescue Mission (MRM), Motivated Addictions Alternative Program (MAAP), Continuum of Care (CoC) Diversion Fund, and 211.

The measures and their definitions, as well as an inventory of which organizations have been asked to report on include each measure are listed in Table 1. The measures provided in the first column were established during the contracting process with SAC and the county. Each indicator that corresponds to a given measure was created in a collaborative process with JG and Mill Levy organizations in an effort to operationalize and define data items that can be aggregated to reflect the intent of the primary measure. Table 1 also displays the types of activities by organization, as each individual organization has a

specific program delivery plan with Mill Levy funds. An X in a cell demonstrates that the organization provides data that correspond to the given indicator.

Table 1: Measures and Definitions by Reporting Organization

Measures	Indicators	Rimrock	CCC	MRM	MAAP	211	CoC
Overall number of clients receiving behavioral health crisis services at partner organizations	Unique individuals who are experiencing homelessness or involvement with the criminal justice system who receive detoxification services	X					
	Unique individuals who are experiencing homelessness or involvement with the criminal justice system who receive 72-hour crisis stabilization	X					
	Unique individuals who are experiencing homelessness or involvement with the criminal justice system who receive 24-hour crisis stabilization		X				
	Unique individuals who are experiencing homelessness or involvement with the criminal justice system who receive social detox		X				
Treatment based jail diversion program	Unique individuals who are experiencing homelessness or involvement with the criminal justice system who receive therapeutic supports (counseling, Peer Support specialist)	X	X	X	X		
Referrals made for behavioral health services after stabilization	Referrals to an external agency among those in the target population that received crisis services for behavioral health	X	X	X	X		X
	Referrals to an internal higher level of care within an agency among those in the target population that received crisis services for behavioral health	X	X				
Number and type of services received after stabilization among SAC coalition members	Among those who receive referral to a coalition organization, type and duration of treatment program or social supports/services	X	X	X	X	X	X
Level of care for clients referred for behavioral health among SAC coalition members	ASAM criteria. To be determined by JG with data provided by participating organizations	X	X	X			
# of law enforcement drop offs for crisis services	Among those who receive crisis services at a participating organization, where the disposition is law enforcement	X	X	X	X		X
Client needs that could not be met (#, type)	Referrals, internal or external, that did not lead to utilization of services - add some nuance/staffing/no service/client refusal	X	X	X			X
Number of frequent utilizers and how they flow through the system	Repeat crisis stabilization services or law enforcement drop offs. 4 times in a quarter	X	X		X		

In addition to the measures and indicators listed in Table 1, JG will be using data provided in Q3 to provide estimates for an additional set of measures that were included in the agreement for data reporting on the Mill Levy impact by SAC, but which require multiple time periods to be able to complete the analysis. These measures include:

- Time saved for law enforcement
- Number and rate of clients successfully moved from crisis to stabilization
- Recidivism rates of individuals within the crisis system
- Cost savings due to diversion from higher levels of crisis

Section 1 – Activities by all Organizations

Table 2. Quarterly Measures - All organizations

Measures	**Totals May – July 2022***
Overall number of clients receiving behavioral health crisis services at partner organizations	505
Treatment based jail diversion program	21
Referrals made for behavioral health services after stabilization	446
Number and type of services received after stabilization among SAC coalition members	Unable to estimate
Level of care for clients referred for behavioral health among SAC coalition members	Level 3.5: 115
# of law enforcement drop offs for crisis services	186
Client needs that could not be met (#, type)	14 refusals for support
Number of frequent utilizers and how they flow through the system	39
**Note: These data include records from Rimrock, Rescue Mission, CCC, MAAP, and CoC from May, June, and July 2022.*	

The total population served by the Mill Levy funds by participating organizations is defined as individuals who are experiencing homelessness or involvement with the criminal justice system. The totals reported in Table 1 reflect services provided across all organizations, except for those provided by 211, that relate to the specific measures that are to be reported for the Mill Levy. In addition to these measures, organizations provided services to 1,644 clients during the quarter and 211 responded to 5,552 mental health contacts.

In subsequent reports, JG will be able to provide additional details about the pathways between organizations for individuals, as well as both unique individuals and total clients served by each organization. We were unable to complete this analysis for this initial report due to missing identifiers on client records. However, staff at participating organizations and JG have established a plan and process for future reporting of these data. Data in table 1 reflect unique individuals. Total overall services may reflect the same individual who received multiple services across organizations.

The demographics of those who received services of any type by Mill Levy funded organizations in this quarter are presented in tables 3-5.

Table 3: Client Age - All Organizations

Age	Total	%
0 to 9	16	1.51
10 to 17	4	0.38
18 to 19	22	2.07
20 to 29	159	14.96
30 to 39	244	22.95
40 to 49	256	24.08
50 to 59	211	19.85
60 to 69	107	10.07
70+	20	1.88
NA	24	2.26

Notes: Data is from Rimrock, Rescue Mission, CCC, and MAAP from May, June, and July 2022.

Table 4: Client Sex - All Organizations

Sex	Total	%
Female	712	43.60
Male	921	56.40
Transgender	5	0.31
No Information Given	6	0.37

Notes: Data includes CCC, MAAP, Rescue Mission, Rimrock, and CoC from May, June, and July 2022.

Table 5: Client Race - All Organizations

Race	Total	%
White	811	45.06
Native American	577	32.06
White Hispanic	133	7.34
Missing/Unknown	115	6.39
Black	77	4.28
Hawaiian/Pac Islander	20	1.11
Asian	7	0.39
Multiple races	60	3.33

Notes: Data includes CCC, MAAP, Rescue Mission, Rimrock, and CoC from May, June, and July 2022.

Tables 6-10 provide additional details on the behavioral health services received by the client population during this quarter. For all organizations, only those individuals who are

experiencing homelessness or are involved with the criminal justice system and received services are included in these client totals.

Table 6: Detoxification Services - All Organizations

Detoxification Received	Total	%
NA	586	92.14
Yes	50	7.86

Notes: Data is from Rimrock, Rescue Mission, CCC, and MAAP from May, June, and July 2022; data was only included if an individual was noted as experiencing homelessness or involvement in the criminal justice system. NA denotes that there was no indicator for detoxification services.

Table 7: 24-hour Crisis Diversion - All Organizations

24-hour Crisis Stabilization Received	Total	%
NA	255	41.2%
Yes	363	58.7%

Notes: Data is from Rimrock, Rescue Mission, CCC, and MAAP from May, June, and July 2022; data was only included if an individual was noted as experiencing homelessness or involvement in the criminal justice system. NA denotes that there was no indicator for 24-hour crisis stabilization services.

Table 8: 72-hour Crisis Stabilization - All Organizations

72-hour Crisis Stabilization Received	Total	%
NA	695	100.00

Notes: Data is from Rimrock, Rescue Mission, CCC, and MAAP from May, June, and July 2022; data was only included if an indivudal was noted as experiencing homelessness or involvement in the criminal justice system and whether or not they recieved 72 hour crisis stabilization services. No individuals recieved 72 hours crisis stabilization services who were also homeless or involved with the criminal justice system during this quarter or data was not provided.

Table 9: Social Detoxification Services - All Organizations

Social Detox Received	Total	%
NA	660	94.96
Yes	35	5.04

Notes: Data is from Rimrock, Rescue Mission, CCC, and MAAP from May, June, and July 2022; data was only included if an indivudal was noted as experiencing homelessness and/or involvement in the criminal justice system. NA denotes that there was no indicator for social detoxification services.

Table 10: Law Enforcement Drop Offs - All Organizations

LE Drop-off	Total	%
NA	1,025	80.14
Yes	186	14.54
No	68	5.32

Notes: Data is from Rimrock, Rescue Mission, CCC, and MAAP from May, June, and July 2022; data includes all individuals and whether or not they were dropped of by LE. NA denotes that there was no indicator for LE drop off.

ATTACHMENT B

CONDITIONS AND NON-COLLUSION FORM

To receive consideration, this form must be signed in full by a responsible, authorized agent, officer, employee or representative of your firm.

CONDITIONS AND NON-COLLUSION AGREEMENT

We have read and agree to the conditions and stipulations contained herein and to the Standard Terms and Conditions contained on the attached.

We further agree to furnish the services specified at the prices stated herein, to be delivered to the location and on that date set forth herein.

In signing this proposal, you also certify that you have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the due date and time to any other proposer or competitor; that the above statement is accurate under penalty of perjury.

I/We acknowledge 1 **addendum.**
#

Rimrock Foundation	Amanda E Stonerock
Legal Name of Firm/Corporation	Authorized Signature
1231 North 29th Street	Amanda Stonerock
Address	Printed Name
Billings, MT 59101	Contracted Grant Writer
City/State/Zip	Title
9/30/2022	406-855-4490
Date	Telephone Number

By signing the above, I certify that I am authorized by the Company named above to respond to this request.

ATTACHMENT D

INTENT TO RESPOND FORM

RFP: MOBILE CRISIS RESPONSE **Dated___9/22/2022_____**

Fax or email the following Intent to Respond form within four (4) days of the RFP due date even if your company chooses NOT to participate in the RFP.

To: **City of Billings**
Attn: Liz Kampa, Purchasing Agent
Email: kampal@billingsmt.gov

From: Amanda Stonerock — Contact Name
On Behalf of Substance Abuse Connect — Company Name
231 N 29th Street — Company Address
Billings, MT 59101
406-855-4490 — Phone Number
NA — Fax Number
sacleadership@substanceabuseconnect.com — Email Address

We intend to respond to this RFP by the specified due date:

Yes ___x_____ No _____

_Substance Abuse Connect_____ — Company Name
9/22/22_____ — Date

_Amanda Stonerock — Contact Name (please print)
Contracted Grant Writer — Title

Amanda E Stonerock
_____ — Signature of Contact Person

By signing the above, I certify that I am authorized by the Company named above to respond to this request.

ATTACHMENT E

PROPOSER CONTACT INFORMATION

A. Company Contacts

Primary Contact Person (Name):	Lenette Kosovich
Title/Function:	CEO
Address	1231 N. 29th
Business Hours Phone:	406-248-3175
Fax:	406-248-3824
Internet E-mail Address:	lkosovich@rimrock.org
Name of Person Responding to Request:	Coralee Schmitz
Title/Function:	COO
Address:	1231 N. 29th
Phone:	406-869-7321
Fax:	406-248-3824
Internet E-mail Address:	cschmitz@rimrock.org

B. General Company and Financial Information

Company Name:	Rimrock Foundation
Headquarters Address:	1231 N. 29th
City, State, ZIP	Billings, MT 59101
Headquarters Phone:	406-248-3175
Headquarters FAX:	406-248-3824
Company Owned By:	Non-profit
Percent % Ownership:	NA
Years In Business	54 years
Name of CIO	NA
Name of CEO/President:	Lenette Kosovich