



## **MENTAL HEALTH UPDATE MEETING COMMUNITY ROOM**

This meeting may be closed to the public.

**October 1, 2021 @ 11:30 AM**

- **Discussion and Decision re: Statement of Work # 008 with WMMHC.**
- **Discussion and Decision re: Co-Responder Service.**

**Statement of Work # 008**  
**Fiscal Year 2022**

This Statement of Work is governed by and subject to the Master Service Agreement (Gallatin County Contract No. 2018-441) entered between WMMHC and the COUNTY and is incorporated into the Master Services Agreement by this reference.

Western Montana Mental Health Center (WMMHC) shall provide Gallatin County (COUNTY) with the services described in this Statement of Work (“SOW”). WMMHC shall commence the services no later than October 1, 2021 and continue the services through December 31, 2021. Commencing January 1, 2022, this SOW will automatically renew on a monthly basis until terminated. Either party may terminate the SOW without cause by providing fifteen (15) business days’ written notice to the other party. Such notice shall be provided to WMMHC’s current Chief Executive Officer or to the County Commission per Paragraph 23 of the Master Services Agreement.

COUNTY agrees to pay WMMHC a total amount not to exceed \$29,417.50 per month, to be paid per the Master Services Agreement upon receipt of invoices and accompanying reporting required below for each service. The Parties recognize that, in accordance with contract 2010-171, the Funding and Availability of Services Agreement, the County also will pay the annual debt service on the loan secured previously by WMMHC for the construction of the Hope House.

In addition to the services identified below, WMMHC shall provide the COUNTY with Emergency Detention Services at the Emergency Detention rate set forth in the Master Services Agreement. The Parties agree that the nightly rate per person paid to WMMHC for Emergency Detention Services during the term of this Statement of Work shall be \$536.60. In accordance with Contract 2010-171, the Funding and Availability of Services Agreement, and the Master Services Agreement, WMMHC shall at all times have the Hope House available for the purposes of housing no less than one person in Emergency Detention as designated and arranged by the Gallatin County Attorney or the Eighteenth Judicial District. WMMHC shall submit all required reporting to the County Administrator’s Office within 15 days of the close of each month.

**1) Mental Health Professional (MHP)/Crisis Response Team (CRT) – not to exceed \$9,157.35 per month**

The Mental Health Professional (MHP)/Crisis Response Team (CRT) shall respond to mental health emergencies and perform first mental health evaluations in Gallatin County with as close to 24/7/365 service as practicable. WMMHC shall prioritize responses to mental health emergencies occurring while the individual is detained by law enforcement.

When WMMHC performs an evaluation, it will gather pertinent collateral information, including interviewing witnesses and law enforcement involved in the events necessitating the evaluation, interviewing available family members and friends, and speaking with local MHP/CRT members regarding community resources available in Gallatin County to assist the individual. WMMHC agrees to thoroughly document the above-information and provide contact information for any source of collateral information that MHP/CRT member relies upon in conducting the evaluation. WMMHC

agrees to conduct reasonable follow-up investigation at the request and direction of the Gallatin County Attorney's Office to support a request for involuntary commitment proceedings.

As part of the MHP/CRT service, WMMHC will assist the Gallatin County Attorney's Office as requested for involuntary commitment proceedings, which may include testifying remotely or in court in support of professional findings, judgement, or opinions related to any evaluation performed by the MHP/CRT.

Reporting required for each reporting period (quarterly):

- The total number of responses and initial evaluations, as well as the outcome of each encounter.
- In-person initial evaluations provided and costs.

## **2) Hope House - not to exceed \$20,260.15 per month**

Hope House is a 24/7/365 crisis stabilization facility providing a safe, therapeutic environment for persons experiencing a mental health emergency. Individuals admitted to Hope House have a variety of presenting issues including, but not limited to: thoughts of harming self or others, medication management problems, alcohol or drug use-related mental health treatment interference, and biological- or stress-related symptom exacerbation. Hope House additionally provides emergency detention placement for individuals experiencing mental health emergencies that have been ordered to engage in treatment by the Court pursuant to Title 53, Chapter 21, Part 1, Montana Code Annotated.

Costs to operate the Hope House exceed revenues realized through self-pay or reimbursed by Medicaid and other insurance. The County agrees to subsidize uncompensated care (bad debt incurred by non-payment and financial assistance/cost reductions for patients the facility knows are unable to pay), underpayment of Medicaid and Medicare, and operational and direct costs up to the amount listed above. Emergency detention nightly costs are already paid by the County; these costs cannot be included. If any emergency detention costs are claimed it must be clearly delineated that they are costs above those which are already compensated by the County. Operational and direct costs can include: training, travel, licensure, equipment, office supplies, overhead staffing costs (billing, etc.), and maintenance and repairs to the facility.

Reporting required for each reporting period (quarterly):

- Expenditure and revenue reports for Hope House, including but not limited to the following breakdowns to demonstrate the funding gap that the County allocation helps fill:
  - o Staffing costs compared to associated revenues
  - o Any operational or direct costs not reimbursed by other revenues, delineated by each cost.

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Subject to and in consideration of the mutual promises, conditions, and agreements contained herein, the receipt and sufficiency of which are hereby acknowledged, the Parties enter this Statement of Work, effective the date last signed below.

**WESTERN MONTANA MENTAL HEALTH CENTER**

\_\_\_\_\_  
Levi Anderson  
Chief Executive Officer

\_\_\_\_\_  
Date

**GALLATIN COUNTY**

\_\_\_\_\_  
Scott MacFarlane  
Chair, Board of County Commissioners

\_\_\_\_\_  
Date