

Instructions For Service Provider County Designation Forms

The purpose of the attached form is to allow County Commissioners to designate a State-Approved Substance Use Disorder (SUD) Treatment and Prevention Provider(s) to receive earmarked alcohol tax monies for the provision of substance misuse/abuse treatment and prevention services in accordance with 53-24-206, MCA.

When designating a provider, the designated provider will be responsible for working with county commissioners to develop and seek Department approval for the countywide plan and annual updates.

1. Select the provider from the list below.
2. Select the percentage of the alcohol tax dollars you would like to designate to each provider.
3. Select the services to be provided and indicate a percentage of the alcohol tax dollars you would like to designate for that service under the provider selected.
4. This attached form must be signed by a majority of the County Commissioners and electronically returned **no later** than **June 14, 2024**, to:

Natacha Bird, Fiscal Bureau Chief
 Behavioral Health and Developmental Disabilities Division (BHDD)
 Department of Public Health and Human Services (DPHHS)
natacha.bird@mt.gov (406) 444-3969

Yellowstone County

CURRENT STATE APPROVED SUD TREATMENT AND PREVENTION SERVICES AVAILABLE IN THE COUNTY

Program Name	Prevention	Outpatient	Residential Home	Inpatient	Detox
South Central Montana Regional Mental Health Center	x	x			
Alternatives Inc.		x			
Billings Addiction Counseling LLC		x			
Billings Urban Indian Health & Wellness Center		x			
New Day Ranch		x	x		
Rimrock Foundation		x	x	x	x
Yellowstone Boys and Girls Ranch		x	x		
Youth Dynamics		x	x		
Change on the Horizon		x			
Moving Forward		x			
On Track Counseling		x			
Sheyrl Whiteman		x			

Fiscal Year: 2025 (07/01/24 - 06/30/25)

Service Provider Designation Form

Yellowstone

When designating a provider, the designated provider will be responsible for working with county commissioners to develop and seek Department approval for the countywide plan and annual updates.

The following designation will be effective July 1, 2024 through June 30, 2025.

Program Name	Total % given	Prevention	Outpatient	Residential Home	Inpatient	Detox
South Central Montana Regional Mental Health Center						
Alternatives Inc.						
Billings Addiction Counseling LLC						
Billings Urban Indian Health & Wellness Center						
New Day Ranch						
Rimrock Foundation						
Yellowstone Boys and Girls Ranch						
Youth Dynamics						
Change on the Horizon						
Moving Forward						
On Track Counseling						
Sheyrl Whiteman						

Fiscal Year: 2025 (07/01/24 - 06/30/25)

The Board of County Commissioners, hereby, designates the above State-Approved SUD Treatment and/or Prevention, and/or public health department and/or tribal council Provider(s) to receive earmarked alcohol tax monies and/or State-Approval for the provision of substance misuse/abuse treatment and prevention services in the county indicated above in accordance with 53-24-206, MCA.

The Board of County Commissioners also acknowledge that revenue generated by 16-1-404, 16-1-406, and 16-1-411 for the treatment, rehabilitation, and prevention of substance misuse/abuse that has not been encumbered for those purposes by the counties of Montana or the department must be returned to the state special revenue fund for the treatment, rehabilitation, and prevention of alcoholism within 30 days after the close of each fiscal year and must be distributed by the department the following year as provided in 53-24-206(3)(b).

The Board of County Commissioners acknowledges that revenue generated by 16-1-404, 16-1-406, and 16-1-411 earmarked to the counties for the treatment, rehabilitation, and prevention of alcoholism in fiscal year 2024 was encumbered for those purposes. Any unencumbered funds were returned to the department within 30 days after the close of the fiscal year in accordance with 53-24-108(6).

The Board of County Commissioners confirms these designations represents the majority of county commissioners on the Board of County Commissioners.

Commissioner Signature: _____ Date: _____

Commissioner Signature: _____ Date: _____

Commissioner Signature: _____ Date: _____