

TASK ORDER AMENDMENT NUMBER ONE

**TASK ORDER NUMBER HHS-BHDD-0114AP-P
EFFECTIVE JULY 13, 2024 to JUNE 30, 2027
DPHHS 25-101-74048-0**

**TO THE MASTER CONTRACT
HHS-PHSD-00000499
EFFECTIVE JULY 1, 2019 to JUNE 30, 2026
BETWEEN THE STATE OF MONTANA,
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AND YELLOWSTONE COUNTY**

CRISIS DIVERSION IN MONTANA COMMUNITIES

This Task Order Amendment is entered into between the Montana Department of Public Health and Human Services, ("Department"), PO Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Yellowstone County ("Contractor"), Federal ID Number 81-6001449, Unique Entity ID FNVKTJD3B7C1, and ~~316 N 26th St #3404~~ 2825 3rd Ave N room 311, Billings, MT 59101, Phone Number (406) 256-2701 ~~Fax Number (406) 254-7928;~~

Effective October 1, 2025, this Task Order is amended as follows. Existing language has been struck; amended language underlined.

SECTION 3. TERM OF TASK ORDER

A. The term of this Task Order for the purpose of delivery of services is from July 13, 2024, through June 30, 2027.

B. will remain unchanged.

SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK, will be amended as follows:

A. The Contractor agrees to the following services:
Attachment A: Scope of Work Amendment One

B. will remain unchanged.

SECTION 7. SOURCE OF FUNDS AND FUNDING CONDITIONS

The sources of the funding for this Task Order are \$1,665,505.52 from the State General Fund and a State Special Revenue Fund.

TERM	AMOUNT	FUNDING SOURCE
July 13, 2024 – June 30, 2025 <u>2026</u>	\$596,580.00	SGF/SSRF
July 1, 2025 – June 30, 2026	\$565,615.39	SGF/SSRF
July 1, 2026 – June 30, 2027	\$503,310.13	SGF/SSRF
TOTAL	\$1,665,505.52	

SECTION 10. LIAISON AND SERVICE OF NOTICES, will be amended as follows:

A. ~~Violet Bolstridge, Isaac Coy~~, or their successor, will be the liaison for the Department. Contact information is as follows:

~~Violet Bolstridge, Isaac Coy, Special Populations Section Supervisor~~ BHDD Bureau Chief
DPHHS Treatment Bureau
PO Box 4210
Helena, MT 59620
Phone Number (406) ~~439-5213~~ 444-7922
Fax Number (406) 444-7391
~~Violet.bolstridge@mt.gov~~ icoy@mt.gov

Jennifer Jones, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Jennifer Jones, Finance Director
Yellowstone County
~~316 North 26th Street Rm 3401~~ 2825 3rd Ave N room 311
Billings, MT 59101
Phone Number (406) 256-2816
jjones@yellowstonecountymt.gov

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

B. will remain unchanged.

SECTION 15. SCOPE OF TASK ORDER, will be amended as follows:

This Task Order Amendment One consists of three (3) numbered pages and the following Attachments:

Attachment A: Scope of Work Amendment One
Attachment B: Budget Amendment One

SECTION 16. AUTHORITY TO EXECUTE

Each of the parties represents and warrants that this Task Order Amendment is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order Amendment, Task Order, and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order Amendment on the dates set out below:

Remainder of Page Intentionally Left Blank

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BY: _____
Charles T. Brereton, Director

Date: _____

BY: _____
Meghan Peel, BHDD Administrator

Date: _____

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

BY: _____
Contract Officer

Date: _____

CONTRACTOR, YELLOWSTONE

BY: _____
Mark Morse, County Commissioner

Date: _____

ATTACHMENT A

SCOPE OF WORK AMENDMENT ONE

The scope of work will be amended as follows with new language underlined.
Language removed was minimal and does not affect the scope of work.

Contractor is expected to coordinate planning, implementation, and provision of services with local governments and critical community stakeholders such as healthcare and hospital systems, behavioral health providers, public health, local law enforcement, criminal and judicial systems, social services, primary care, and community members.

- A. For services purchased under this ~~Contract~~ Task Order, the Contractor must: [Riverstone Health]
1. Provide reports in a specified timeframe for agreed upon reporting requirements including:
 - a. Monthly member level data;
 - b. Quarterly progress reports; and
 - c. Ad-hoc reports and evaluations that have been supported through this funding source.
 2. Actively participate in virtual check-ins with grant program manager on a basis determined by the program manager.
 3. Actively participate in technical assistance provided by the Department in the form of webinars, conference calls, and one-on-one conversations.
 4. Allow and actively participate in site visits and/or any other activities that are requested by the Department.
- B. For services purchased under this ~~Contract~~ Task Order, the Contractor agrees to provide the following services and conduct the following activities;
1. Establish and maintain an active Crisis Coalition that: [Riverstone Health]
 - a. Is comprised of a diverse array of crisis system stakeholders, including individuals with lived experience;
 - b. Meets on at least a quarterly basis;
 - c. Establishes a Crisis Coalition Charter that outlines the:
 - i. Purpose of the coalition;
 - ii. Responsibilities of the coalition members; and
 - iii. Goals of the coalition.
 - d. Develops a crisis system strategic plan that aligns with local needs, national best practices, and the Crisis Now model;
 - e. Leverages coalition members' resources to support the implementation of the strategic plan; and
 - f. Engages in data sharing that supports accurate crisis system data collection, analysis, and reporting.
 2. 1.1.a. Crisis Coalition Coordinator: [Riverstone Health, Billings Community Foundation (for Substance Abuse Connect)]
Support a Crisis Coalition Coordinator within the community who:

- a. Dedicates a minimum 0.5 FTE to the development of the community's crisis system;
 - b. Facilitates Crisis Coalition meetings;
 - c. Leads the implementation of the Crisis Coalition's strategic plan;
 - d. Supports and coordinates promotional, marketing, and educational efforts identified as necessary in the Crisis Coalition's strategic plan;
 - e. Coordinates crisis system initiatives;
 - f. Acts as the primary contact for local and State stakeholders regarding the community's crisis system;
 - g. Consolidates and reports crisis coalition progress and metrics to local and State stakeholders; and
 - h. Actively participates in technical assistance opportunities provided by the Department and its identified partners.
 - i. Facilitates local resource mapping efforts and subsequent updates.
3. 1.1.b. Resource Mapping: [Riverstone Health]
Assess the available services and resources within a community or region to develop a report that identifies opportunities for system improvement.
 4. 1.1.c. Crisis System Technical Assistance: [Riverstone Health]
Partner with a Technical Assistance Provider that has experience with and will support the establishment and facilitation of a crisis coalition and/or aid in crisis coalition activities that bring together a community's key stakeholders and strategically work toward crisis system improvement. Fund additional costs and supplies associated with coordination of resource mapping project. Fund additional technology, electronic platforms for system improvement, and technical assistance needs under cross system collaboration for crisis system improvement.
 5. 1.1.d. 211 System Support:[United Way of Yellowstone County]
Fund contracted support or staff time of an individual who has a formal relationship with local servicing call center or if applicable, United Way, and updates the 211 system with the most current behavioral health and crisis resources in the community.
 6. 2.1.a. Crisis Intervention Team (CIT) Program: [Community Crisis Center]
Establish and maintain a Crisis Intervention Team (CIT) community in accordance with CIT Montana standards. Contractor will:
 - a. Provide documentation from CIT Montana attesting to program's ability to meet their program standards and agreeing to host an academy; ~~and~~
 - b. Facilitate 2 annual Crisis Intervention Team (CIT) academies in year(s) 1, 2, and 3 of the grant cycle in accordance with CIT Montana standards for law enforcement, first responders, mental health providers, community members and other stakeholders.
 - c. Purchase new and updated equipment needed to facilitate CIT academies in accordance with CIT Montana standards.
 7. 2.1.a. Crisis Intervention Team (CIT) Program: [Community Crisis Center]
Establish and maintain a ~~Crisis Intervention Team~~ (CIT) lead through the Community Crisis Center that will:
 - a. Serve as the primary contact for community's CIT program;
 - b. Foster multilevel interactions among the CIT community, including: stakeholders, committee, police, leadership, and City/County officials;
 - c. Advance working relationships with community partners and state organizations

- d. to promote and sustain the CIT program;
 - d. Provide continual leadership, training, and support to agencies with dedicated CIT coordinators;
 - e. Develop, implement, and review CIT policy and procedures;
 - f. Provide leadership for CIT Patrol officers;
 - g. Teach the CIT 40 Hour Basic Training Academy and on-going CIT In-Service; and
 - h. Help facilitate at least two other academies outside their community.
8. 2.2.a. Community based Care Coordination: [Riverstone Health, Alternatives, Inc., South Central Regional Mental Health Center dba Bridgemont Health for Veteran's Navigation Network]
 Support up to 2 FTE Community Based Care Coordinators that work with eligible clients based on Medical Necessity as defined in the RFP for this grant, or in updates provided by the Department, to ensure they receive the right care at the right time by coordinating services and referrals and tracking clinical outcomes. The Care Coordinators must be approved by the Behavioral Health and Developmental Disabilities Division (BHDD) of the Department and be trained in trauma informed care, de-escalation strategies, and harm-reduction, as specified by the Department. Care Coordination services must be delivered by a Care Coordinator whose primary responsibility is the delivery of Care Coordination services.
- a. Community Based Care Coordination includes the following:
 - i. Coordinating and implementing care plans;
 - ii. Advocating on the client's behalf;
 - iii. Facilitating access to needed services;
 - iv. Guiding clients through community resource options; and
 - v. Assisting clients in reducing barriers to community integration.
 - b. It is not required that each client receiving Care Coordination receive every service listed above. Medically necessary services delivered must be documented clearly in the client's individualized treatment plan in the client's file.
89. 2.3.b. Tenancy Support Specialist: [Alternatives, Inc., District 7 HRDC]
 Support 4 up to 2 FTE Tenancy Support Specialist in years 1 and 2 of the grant cycle that addresses the housing needs of adults who are disabled, chronically homeless, and seeking permanent housing. Services to be provided include the assessment, identification, arrangement, and provision of pre-tenancy, housing stabilization, tenancy sustaining, and housing-focused service coordination. Provider must:
- a. Receive approval from the Department to provide services and be enrolled in Montana Medicaid as a service provider;
 - b. Ensure staff either hold a bachelor's degree in a social-service related field or have relevant experience that may substitute for education;
 - c. Ensure staff have at least one year of experience interacting with individuals who have mental health or co-occurring mental health and substance use disorders; ~~and~~
 - d. Develop policies and procedures for initial and ongoing staff training for these services that includes education on federal and local housing programs; and
 - e. Adhere to the service requirements for Tenancy Support Specialist outlined in the RFP for this grant, or in updates provided by the Department.
910. 2.4.b. Mobile Crisis Response Program startup and one-time costs: [Riverstone Health]

Support the establishment and continuation of Mobile Crisis Response Services by funding startup and one-time costs that accrue outside of the normal operational costs of operating a mobile crisis response team.

a. ~~One time costs include:~~ Allowable uses of the funds include:

- i. ~~Equipment to start an additional Mobile Crisis Response Team in year 1 and 2 of the grant cycle;~~ Purchase of vehicle(s);
- ii. ~~Purchase of a vehicle in year 2 of the grant cycle; and~~ Vehicle modification and operational costs;
- iii. ~~Replacement of worn equipment in year 3 of the grant cycle.~~ Supplies, equipment, and technology;
- iv. Program planning and design;
- v. Hiring and training staff; and
- vi. Revenue supplementation due to low volume/lack of economies of scale through the initial startup period.

b. The Department cannot reimburse through grants for Medicaid reimbursable services.

~~c. If contractor ceases service delivery during this grant cycle, contractor will be required to pay back start-up costs as requested by the Department.~~

~~1011. Pursue a Pathways Community Hub Certification or a similar community care coordination center with Riverstone Health as the lead partner organization. This Innovative Crisis Project will support a 1 FTE Program Coordinator Position that will oversee and supervise Community Health Workers.~~

~~3.1.a. Innovative Crisis Projects: [Riverstone Health]~~

~~This innovative project will support a locally tailored approach to community care coordination service development. This project includes funding for:~~

- a. Pathways Community Hub Certification or a similar community care coordination center with Riverstone Health as the lead partner organization. This Innovative Crisis Project will support a 1 FTE Program Coordinator Position that will oversee and supervise Community Health Workers. Additional innovative project costs may include certification requirements, pilot agency support, community health worker training, Pathways Community Hub certified electronic community-based care coordination platform, and other associated certification expenses.

C. Other Provisions:

1. ~~Anything outside of the scope of above Section B requires the written approval of the Department prior to being funded through these grant monies. Anything within the scope of above Section B that becomes Medicaid reimbursable during the term of this contract must be billed to Medicaid and will no longer be funded through these grant monies~~
2. Cost savings realized during the term of this Task Order may be used only as permitted under the approved Scope of Work and Budget. Any use of cost savings that results in a change to the Scope of Work, Budget, or approved funding options requires an amendment to the Task Order and corresponding updates to Attachment A (Scope of Work) and Attachment B (Budget) of this Task Order.

D. Reporting and Documentation Requirements:

1. Contractor agrees to provide monthly member level data reporting for individuals served under this grant to include:
 - a. month reported;
 - b. date of service;
 - c. type of service;
 - d. service setting;
 - e. disposition;
 - f. For those served, identifying and socio-demographic data including:
 - i. name;
 - ii. date of birth;
 - iii. Social Security Number;
 - iv. gender;
 - v. race;
 - vi. employment status;
 - vii. housing status;
 - viii. veteran status; and
 - ix. highest grade completed;
 - g. Monthly Member-level data must be submitted with monthly invoice by the 15th day of the month following the month in which services are provided.
2. Contractor agrees to provide quarterly progress report to include:
 - a. Progress toward outcome metrics within strategic plan to include:
 - i. successes;
 - ii. challenges;
 - iii. strategies to overcome challenges; and
 - iv. technical assistance needs.
 - b. Number of attendees and dates of grant-funded meetings, trainings, and coalition related activities and events.
 - c. Community-level quarterly data to include:
 - i. total number of individuals diverted from:
 - a. an emergency department;
 - b. hospitalization;
 - c. the Montana State Hospital; and
 - d. jail;
 - ii. total number of behavioral-health related responses from law enforcement;
 - iii. total number of individuals booked into jail with an acute behavioral health diagnosis;
 - iv. total number of individuals with a behavioral health diagnosis who return to a detention center within 6 months of previous discharge;
 - v. total number of individuals diverted from an emergency department, hospitalization, and the Montana State Hospital; and
 - vi. total cost, including both Crisis Diversion Grant funding and other funding sources, of implementing each direct service.
 - d. Quarterly progress reports must be submitted by: Unless otherwise specified by the Department, quarterly progress reports must be submitted by the 15th day of the month following the end of each quarter. Quarters span the following timeframes:
 - i. ~~Quarter 1 (July 2024—September 2024): October 15, 2024-~~

- ~~ii. Quarter 2 (October 2024—December 2024): January 15, 2025~~
- ~~iii. Quarter 3 (January 2025—March 2025): April 15, 2025~~
- ~~iv. Quarter 4 (April 2025—June 2025): July 15, 2025~~
- ~~v. Quarter 5 (July 2025—September 2025): October 15, 2025~~
- ~~vi. Quarter 6 (October 2025—December 2025): January 15, 2026~~
- ~~vii. Quarter 7 (January 2026—March 2026): April 15, 2026~~
- ~~viii. Quarter 8 (April 2026—June 2026): July 15, 2026~~
- ~~ix. Quarter 9 (July 2026—September 2026): October 15, 2026~~
- ~~x. Quarter 10 (October 2026—December 2026): January 15, 2027~~
- ~~xi. Quarter 11 (January 2027—March 2027): April 15, 2027~~
- ~~xii. Quarter 12 (April 2027—June 2027): July 15, 2027~~
- i. Quarter 1: July 2024 - September 2024
- ii. Quarter 2: October 2024—December 2024
- iii. Quarter 3: January 2025—March 2025
- iv. Quarter 4: April 2025—June 2025
- v. Quarter 5: July 2025 - September 2025
- vi. Quarter 6: October 2025—December 2025
- vii. Quarter 7: January 2026—March 2026
- viii. Quarter 8: April 2026—June 2026
- ix. Quarter 9: July 2026 - September 2026
- x. Quarter 10: October 2026—December 2026
- xi. Quarter 11: January 2027—March 2027
- xii. Quarter 12: April 2027—June 2027

- e. The Department will electronically provide monthly and quarterly data reporting template.

E. Per Diem and Travel Cost Allowability:

1. This section applies to all per diem, lodging, mileage, and other travel costs charged to this Task Order, regardless of whether services are provided by:
 - a. Contractor employees;
 - b. Employees of subcontracted entities;
 - c. Individual subcontractors or consultants; or
 - d. Providers compensated on an hourly, salaried, unit-based, or flat-rate basis.
2. Travel costs charged to this Task Order must be directly related to the performance of grant-funded activities and supported by adequate documentation.
3. If an individual performing services under this Task Order is employed by an entity with or without a written and established per diem or travel reimbursement policy, reimbursement under this Task Order may not exceed the applicable State of Montana travel reimbursement rates as set forth by the U.S. General Services Administration (GSA) for the location and travel period.
4. In no circumstances may per diem or travel costs charged to this Task Order exceed applicable GSA rates.
5. If an employer or contractor reimburses travel costs at rates that exceed the GSA allowable limits under this section, the excess cost will not be reimbursable and must be paid using non-grant funds. Nothing in this section requires the Contractor, subcontractors, counties, or tribal governments to amend internal travel or personnel policies.

6. Per diem and travel cost limitations apply regardless of whether services are reimbursed on an hourly, salaried, unit-based, or flat-rate basis, to the extent that such costs are included in or charged to this Task Order.
7. For flat-rate or bundled payments that include travel or per diem costs, the Contractor or subcontractor must maintain documentation sufficient to demonstrate that:
 - a. Travel and per diem costs charged to the Task Order do not exceed allowable limits; or
 - b. Any excess costs are not reimbursable and are paid using non-grant funds.
8. Flat-rate service payments that do not include travel or per diem costs, and for which no separate travel reimbursement is claimed, are not subject to per diem limitations.
9. The Contractor must retain documentation demonstrating compliance with this section and make such documentation available to the Department upon request. The department reserves the right to disallow costs that do not comply with this section.

F. Supplies, Equipment, Technology, and Discretionary Cost Limitations:

1. Grant Funds may be used for supplies, materials, technology, and non-capital equipment that are directly related to services provided under this Task Order, as specified in Attachment A (Scope of Work) and Attachment B (Budget).
2. Costs associated with supplies, technology, meeting facilitation, food and refreshments, training materials, and other non-personnel, non-service expenses may not exceed 10% of the total Task Order budget, unless a higher amount is authorized and explicitly identified in Attachment A (Scope of Work) and Attachment B (Budget) of this Task Order.
3. Items intended primarily for participant incentives or rewards are not considered allowable expenses unless they are clearly programmatic, instructional, or used for outreach or marketing purposes.
4. Allowable technology costs may include, but are not limited to:
 - a. Software licenses or subscriptions;
 - b. Data collection, reporting, or evaluation tools;
 - c. Communication technology required for service delivery or coordination; and
 - d. Laptops, tablets, or peripheral devices necessary to perform grant-funded duties.
5. Capital purchases, including vehicles, buildings, infrastructure, or equipment or technology with a unit cost exceeding \$5,000.00, are allowable only when explicitly identified in Attachment A (Scope of Work) and Attachment B (Budget) of this Task Order. Capital purchases may not be made using cost savings or reallocated funds unless authorized through an amendment to the Task Order with corresponding updates to Attachment A (Scope of Work) and Attachment B (Budget) of this Task Order.
6. Alcohol, tobacco/nicotine products, and items intended for personal use are not allowable.
7. Food and refreshments are allowable when:
 - a. Directly related to grant-funded meetings, training, or coalition activities;
 - b. Integral to participant engagement, attendance, or completion of the activity; and
 - c. Cost is proportional to the duration, size, and purpose of the event and reflects customary practices for the setting and community served, including culturally appropriate practices.

ATTACHMENT B

BUDGET AMENDMENT ONE

The budget will be amended as follows with new language underlined.

Language removed was minimal and does not affect the budget.

The source of the funding for this Task Order is \$1,665,505.52 from the State General Fund, State Special Fund Revenue Fund. This grant requires a local match for applicable expended funds. Administrative costs are not applicable to calculating the required match. The Contractor's established match rate is 0.8, resulting in a match requirement of \$2,081,881.89 if the total applicable budget is expended.

<u>State General Fund, State Special Fund Revenue Fund</u>			
<u>Budget Area</u>	<u>SFY25-26 Budget</u>	<u>SFY26 Budget</u>	<u>SFY27 Budget</u>
<u>Tier 0: Administration</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
<u>Tier 1: Crisis System Foundation Building</u>	<u>\$213,785.80</u>	<u>\$207,700.71</u>	<u>\$238,611.18</u>
<u>Tier 2: Crisis System Capacity Building (excludes Funding Option 2.4.a.)</u>	<u>\$313,043.95</u>	<u>\$269,578.27</u>	<u>\$182,081.15</u>
<u>Tier 3: Innovative Crisis Projects</u>	<u>\$69,750.25</u>	<u>\$88,336.41</u>	<u>\$82,617.80</u>
<u>Fiscal Year Totals:</u>	<u>\$596,580.00</u>	<u>\$565,615.39</u>	<u>\$503,310.13</u>
<u>SFY25-SFY27 Total:</u>			<u>\$1,665,505.52</u>