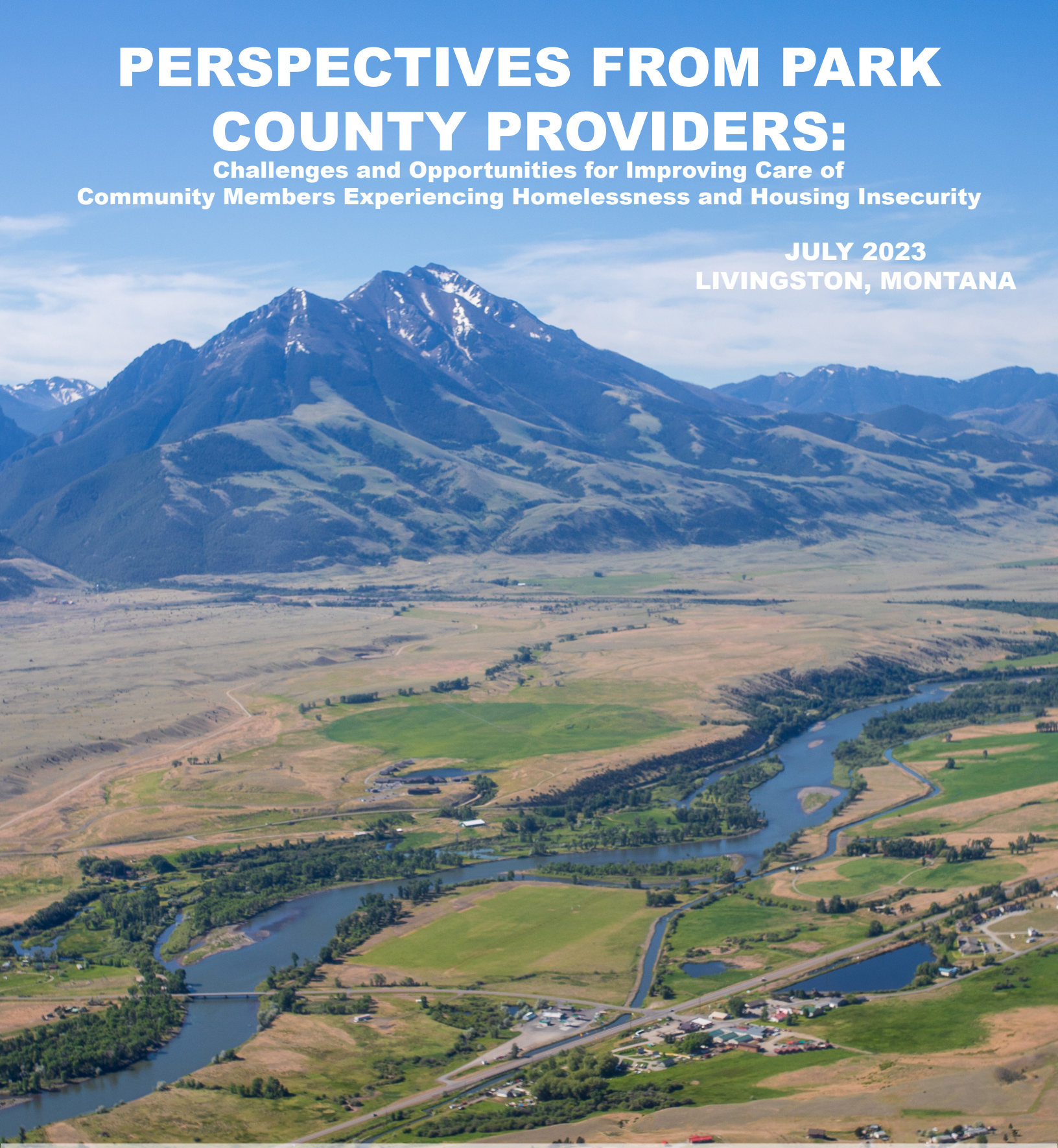
PERSPECTIVES FROM PARK COUNTY PROVIDERS:

Challenges and Opportunities for Improving Care of Community Members Experiencing Homelessness and Housing Insecurity

JULY 2023
LIVINGSTON, MONTANA



PARK COUNTY
HOUSING COALITION

HRDC
BUILDING A BETTER COMMUNITY

ACKNOWLEDGEMENTS

This planning and engagement process has been led by the Human Resource Development Council of District IX (HRDC) on behalf of the Park County Housing Coalition. HRDC is a community action agency that has served southwest Montana since 1975. HRDC's work is guided by the needs of the community within the strategic focus areas of Transportation, Food and Nutrition, Early Childhood Education, Housing, Senior Empowerment, Energy, Emerging Adults, and Financial Opportunity. The Park County Housing Coalition is a community-based, collaborative effort to increase opportunities for Park County residents to access housing where they can afford to live and thrive. Katherine Daly completed this assessment on behalf of HRDC and the Park County Housing Coalition.

HRDC and the Park County Housing Coalition would like to thank the organizations that shared their perspective to create this report:

- Abuse Support Prevention Education Network (ASPEN)
- Community Health Partners (CHP)
- Friends of the Community
- Human Resources Development Council, District IX (HRDC)
- L'esprit Behavioral Health Center
- Livingston Fire & Rescue
- Livingston Food Resource Center
- Livingston HealthCare
- Livingston Police Department
- Park City-County Health Department
- Park County Mobile Crisis Response Team
- Southwest Chemical Dependency Program

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For more information, please visit ParkCountyHousing.com or TheHRDC.org.

INTRODUCTION

Need for the Situation Assessment of Park County Service Providers

The Human Resource Development Council, IX (HRDC) commissioned this report on behalf of the Park County Housing Coalition to inform emergency shelter and tenancy support service planning in the aftermath of the COVID-19 pandemic and the June 2022 Flooding Event. Feedback was sought from professionals working in housing and tenancy support in Park County, as well as adjacent fields such as social services, healthcare, and crisis response, who together form a local network of providers serving community members experiencing housing insecurity. The overall goal was to identify key barriers, gaps, and needs in the existing service network and illuminate shared priorities and opportunities among service providers that could lay the groundwork for future collaboration, service planning, and community education and engagement.

About Situation Assessments

A situation assessment is a best practice planning tool that helps inform decision making and explores the potential for collaborative solutions to shared challenges. Consisting of background research and interviews with a diverse range of key stakeholders, the process strives to bring clarity to complex issues, provide opportunities for voices to be heard, and build mutual understanding. The aim is to capture the diversity of perspectives related to an issue of common concern and to identify areas of agreement, disagreement, and potential mutual gains.

Situation Assessment Methodology

In-depth, confidential interviews were conducted with 18 Park County professionals from 12 organizations that provide housing and tenancy support services, social services, healthcare, law enforcement, and crisis response during the spring of 2023. A list of participating organizations is provided in Appendix A. The interview protocol is provided in Appendix B. A general directory of participating organizations is included in Appendix C. Any errors or omissions are unintentional and are the sole responsibility of the assessor.

EXECUTIVE SUMMARY

Shared Understanding

Providers understand and agree that housing is a core component of health and wellbeing.

Park County Context: Good Services, Good People, Increasing Needs

- Diverse and extensive service network, given Park County's size.
- Providers are good people offering good services.
- Providers generally seem to have good working relationships.
- Providers face challenges related to complex aid systems, unreliable funding, and significant staffing shortages.
- Nearly all providers have observed increased community need for their services.
- Existing contextual and systemic challenges related to funding, housing, community support, and the economy are expected to worsen.

Key Challenges: Housing and Staffing

- A lack of housing along the entire continuum within Park County
- Difficulties with staff recruitment and retention, driven by low pay/limited funding, a lack of housing for existing or potential employees, burnout, and a lack of qualified applicants

Network Service Gaps

- Facilities that combine housing with supportive services, particularly mental and behavioral health care. These could include transitional and/or permanent supportive housing.
- Geographically closer crisis stabilization units
- Flexible transportation, particularly for connecting Park County residents to healthcare

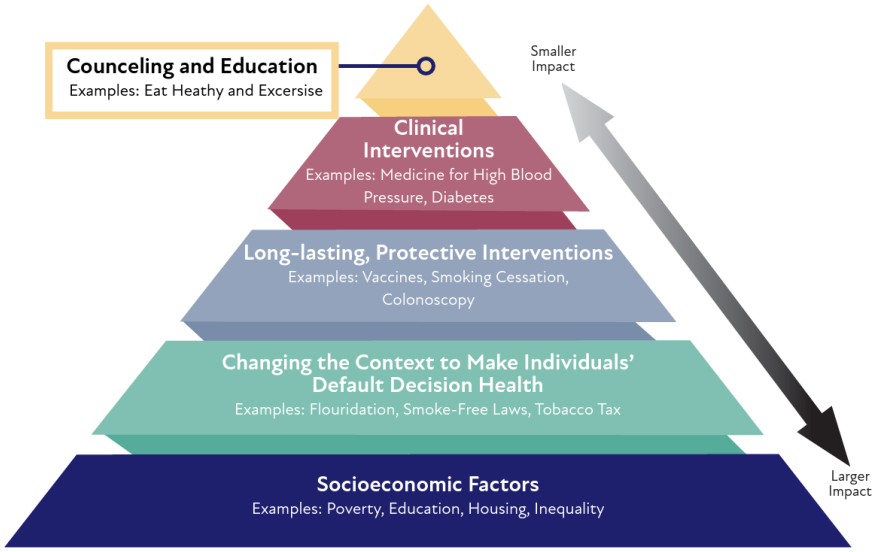
Opportunities

- Prioritizing and pursuing strategies for filling network service gaps
- Opening the drop-in mental health center in Livingston in Fall 2023
- Increasing collaboration among providers within Park County's network by:
    - strengthening the existing Coordinated Entry System;
    - clarifying roles of specific providers, organizations, and entities;
    - developing a quick reference guide to Park County's housing, social service, healthcare, and crisis network for people experiencing housing insecurity; and
    - considering ways to enhance local data collection and sharing.
- Enhancing public education and outreach efforts, particularly to Park County's business community, faith communities, local governments, youth and families, and community members experiencing housing insecurity and homelessness

PART 1: SHARED UNDERSTANDING

Housing is a core component of health and wellbeing

The link between housing and health emerged as a prominent theme for nearly all providers, even though the interview protocol did not include questions specific to the topic. Providers framed their responses in different ways, likely in part due to the lack of a prompt. However, the frequency and consistency of the comments on this theme reflect a shared understanding of the key role housing plays in health and wellbeing.



A handful of providers explicitly identified housing as fundamental to health and wellbeing. Several noted that housing is considered a social determinant of health, a category that encompasses a range of conditions influencing the health of individuals and groups. One provider pointed out that housing forms the base of the Center for Disease Control's Health Impact Pyramid, along with other socioeconomic factors with the greatest potential to impact public health (e.g., poverty, education, and inequality). Another identified housing as a fundamental part of Maslow's hierarchy of needs, explaining that "you can't really solve other problems, unless you have shelter." Several providers echoed this sentiment. One noted that when their clients are "overwhelmed with not having housing, it's difficult for them to make progress." This understanding is reflected in Park County's 2022 Community Health Improvement Plan, which identifies "housing and income inequality" as one of three priority areas, along with "behavioral health" and "children and families."

Many service providers noted an association between housing insecurity and the incidence of co-occurring health issues like mental illness and substance use disorder. A couple providers reported that most – if not all – of their clients are experiencing homelessness or housing insecurity. Two others described housing and mental or behavioral health as "going hand-in-hand." One provider acknowledged there is "overlap" between mental health and

housing insecurity, but wanted to make it clear that the relationship is “not a causal [one]” and that “not all folks who experience mental health issues are also homeless." Similarly, another provider noted that housing is not a silver bullet for other challenges an individual might be facing: "There are a few people who, even if they had housing, we’d still be helping them with the same issues." These observations accord with data from the 2022-2023 Homeless Population Point-in-Time Counts[1]. In Livingston, 62% of the sheltered and unsheltered people experiencing homelessness who were surveyed reported living with one or more disabling conditions related to mental, physical, or chronic health issues or substance use. One provider explained that those struggling with co-occurring issues can be “harder to house and harder to keep in their housing.” In fact, many providers saw the need for housing that could support residents with co-occurring issues was identified as a gap in the provider network. This is discussed in greater detail in part 3 of the report.

[1] The Point-in-Time count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. The US Department of Housing and Urban Development requires that recipients of their Continuums of Care Program funding conduct an annual count of people experiencing homelessness who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. These organizations also must conduct a count of unsheltered people experiencing homelessness every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

PART 2: CONTEXT

Diverse and Extensive Service Network

In order to better understand the extent and diversity of the community's service network and the community's knowledge of it, providers were asked to identify organizations in Park County that serve people experiencing homelessness and housing insecurity. Most listed between five and nine organizations, either directly in response to that question or over the course of their interview. The Human Resources Development Council of District IX (HRDC) was identified by all providers, likely due to the organization's sponsorship of this effort. Along with HRDC, the majority of providers identified six other organizations as part of the County's provider network: Community Health Partners (CHP), L'esprit Behavioral Health Center (L'esprit), Livingston Food Resource Center, Livingston HealthCare, the Livingston Police Department, and the Park County Sheriff's Office (including the Mobile Crisis Response Team). Surprisingly absent from this short list are Southwest Chemical Dependency Program and the Abuse Support and Prevention Education Network (ASPEN). Providers from both organizations reported that their clientele is almost or entirely composed of those experiencing homelessness or housing insecurity.

Beyond the core group, responses varied widely. All told, the providers identified almost 30 non-profit organizations, local government agencies, businesses, coalitions, and individuals that play a role in the local network. These ranged from faith-based organizations and local school districts, to transportation providers, the Park County Justice Court, and joint Park City-County entities such as the Public Library and the Health Department. Several providers reflected on the network's overall capacity, noting that Livingston in particular has "a good amount [of resources] for a town of this size." Furthermore, a couple providers observed that each organization has "certain special areas where [it] can help," which those with knowledge of the network can "tap into." These areas of expertise include public outreach and education; trusting relationships with clients, customers, residents, patients, and/or the public; knowledge of how to navigate Medicaid, Medicare, Social Security Disability Insurance, and/or the Supplemental Nutrition Assistance Program systems; the ability to provide Crisis Intervention Team training; and unique partnerships and programs. The diversity and number of organizations means that, in certain instances, multiple organizations offer similar services (e.g., mental health counseling, substance use recovery, direct assistance, etc.). One provider pointed out that this is a strength of the network, because it offers clients and patients the opportunity to connect with a provider or program that works for them. As they put it, "We've had success where others haven't and vice versa. All of these people deserve all the help they can get."

Of course, providers commonly acknowledge that the network has its limits. There is a "lack of [certain types of] resources or opportunity to access resources in the Livingston area," particularly mental and behavioral health, other types of healthcare, and legal services. All providers were asked to identify gaps in and outstanding needs of the network as part of the interview process. Their responses are detailed in part 3.

Good Services, Good People

When asked about the network's strengths, "good services" and "good people" were at the fore. Most providers highlighted at least two entities whose efforts they appreciated. These organizations are "dialed in," "quick and eager to help," "outstanding," "innovative," and "great all[ies]." Individuals in the network are "very fair," "wizard[s]," and "godsend[s]," who "go the extra mile," "walk the talk," and are "sometimes annoyingly engaging" because of how responsive they are. Many providers are "cross-trained" in different areas, which allows them to better assist their colleagues and advise other providers in the network. Providers often referred to one another by first name, reflecting the personal connections that undergird the network. One person summed this up: "It goes back to the small town atmosphere, where people wearing multiple hats call each other on a personal cell phone and ask for advice."

A handful of providers saw room for improvement by some of the organizations within the network, largely in terms of their availability and willingness to communicate and collaborate. This is discussed in part 4. Secondary concerns and challenges generally related to the lack of organizational capacity, which is discussed throughout this report, particularly under "waitlists." One provider expressed concerns about the interactions local law enforcement have with people of color and those with developmental disabilities.

Community Need for Support has Increased

Providers working as first responders, law enforcement officers, mental and behavioral health professionals, and those working to improve access to food and housing all reported an increase in community need for their services during the "uncertainty and insecurity" that characterized the last several years of the Covid-19 pandemic. They describe the increased need for support coming from all parts of our community, including "families," "people who no longer have housing," those from the "middle class," and people struggling with substance use disorder and/or mental illness. One provider estimated at least 50% growth in the number of people they served in the last 18 months. Another described having to double the number of group therapy sessions for the first time in the organization's multi-decade history due to increased demand. Several providers perceived an increase in community members losing stable housing and shelter. Their observations are validated by the 2022-2023 Homeless Population Point-in-Time Counts, which identified 48 individuals experiencing homelessness in Livingston, a 336% increase from the 11 people identified the previous year.

Challenges are Expected to Increase

Providers also almost uniformly expect their challenges to increase over the next five years. They share a significant concern about the continued "widening of income disparities" and the rise in costs of living — particularly housing — to "unachievable" levels, as Park County is increasingly seen as a desirable place to live. A handful of providers shared a perception that the inequitable distribution of economic opportunities and burdens are harming the community. One said they "don't begrudge anyone who wants to make money and get ahead," but

wondered: “You can make a lot of money, but at what cost?” Another expressed exasperation at “outrageous” rents that they felt were driven by “greed” and concern for the resulting impacts to “working poor,” who “don't have money left for food, for medical co-pays, for gas to get to the low-paying jobs, etc.”

Providers also identified a broad array of work-related challenges on the horizon in addition to these core concerns. These ranged from recruiting support from local governments and the public, which is discussed in part 4, to responding to increasing fentanyl use and meeting the needs of the county’s aging population.

Several others were anticipating complications of the March 2023 expiration of Montana Emergency Rental Assistance and the start of the state’s Medicaid eligibility redetermination process the following month. Between 370 and 477 Park County households have received emergency rental assistance to date, according to information provided to HRDC by NeighborWorks Montana and Montana Housing. One provider said they were “bracing for the impact” to families and other community members who might lose financial assistance that was keeping them in their homes or keeping their utilities on. Another pointed out that the state’s mechanism for contacting Medicaid enrollees about the redetermination process — via a mailing address entered into the Medicaid portal — disproportionately disadvantages those experiencing homelessness and housing insecurity, who may “change their addresses or may no longer have an address.” The Department of Public Health and Human Services’ online dashboard for the Medicaid redetermination process shows that coverage was canceled for nearly half of all Montanans assessed in April 2023. Among this group, 72% (11,187 people statewide) reportedly lost coverage because they “failed to provide requested information.”

Difficulty Navigating Aid Systems

Concerns about specific federal aid programs reflect a broader challenge facing Park County’s providers, who are generally united in their frustration with the complexities and peculiarities of systems that are supposed to help their clients, patients, residents, and customers. As one person put it: “If there were 1,000 patients navigating this system, most wouldn’t do it properly.” Providers shared challenges with agencies, processes, and programs such as adult and child protective services, social security disability insurance, and the Emergency Food Assistance Program. However, Medicaid and Medicare were the most often cited sources of ongoing challenges.

Providers described significant challenges associated with Medicaid and Medicare reimbursement processes. Some saw decisions about which services and practitioners are reimbursable seem arbitrary and hinder access to care. One provider pointed out that “people with Medicare can only see [licensed clinical social workers], they can’t see [licensed clinical professional counselors],” wondering “Why are you excluding a whole population of therapeutic care providers?” Another shared that all of their recent referrals had been rejected because Medicaid will not pay for what are commonly known as “duplicate services.” Essentially, Medicaid beneficiaries enrolled in one program that offers a certain service (e.g., therapy,

mentoring, case management) will not be eligible to receive that service from a different provider. By preventing those seeking services from accessing multiple Park County programs and providers, this rule undermines the network's strengths in service diversity and overlap. Finally, certain programs in Park County are only accessible to those with Medicaid, which one provider pointed out is a low bar: "You have to be very low income and have very few resources to access those services." A couple providers expressed interest in either collaboratively puzzling together the network's various Medicaid- and Medicare-eligible services in order to improve understanding and access or training a single person to be the network's primary resource navigator.

Other aspects of Medicaid and Medicare create additional hurdles to effective, efficient, and continuous care. One provider reported that they had become the contact point for their clients who are enrolled in Medicaid or Medicare and lack internet access. "If anyone [from the state] needs to get in touch with one of my clients … they have to do it through me. I'm almost her guardian … I really should talk to a lawyer." Another provider highlighted how Medicaid rules make it harder for some people with substance use disorder to access services. "They might disappear for a few weeks, then we have to discharge them and put them at the back of the waitlist." The same person also described challenges facing Medicaid enrollees who become incarcerated, then lose access to coverage for medications and medical care.

In addition to impacts to their clients, several providers also felt burdened by the "horrific" paperwork these programs require to achieve and maintain access. "It's my life now," one person ruefully admitted, later adding that the documentation requirements make providers "busy taking care of the paperwork more than the patient. But the people using that deserve it, so their lives can be more independent." Another echoed this sentiment, pointing out that "it's hard to meet the vulnerable when you're in your office. There are a lot of requirements that keep you from being out in the community." This paperwork is not only voluminous, but complex for people of all incomes and education levels. One provider joked: "I work with someone who graduated from Harvard, and she's said 'I can't do my insurance without you!'"

Waitlists Present a Barrier to Care

This landscape of increasing community need is complicated by another shared challenge: waitlists. Providers from a handful of organizations expressed concerns about the ability of their clients and patients to access services provided by their own organizations, as well as those from other entities. The limitations they mentioned included years-long waitlists for federal insurance and housing programs, waitlists for local mental and behavioral health professionals, and local health care providers who were no longer accepting new patients. One ruefully mentioned having "a list of 20 [mental health professionals] on my text chain — all in Park County — and almost all of those are full. And that's ridiculous." Another identified organizations that are at capacity, but are the sole provider of certain services for County residents. "HRDC is completely overloaded and there's not another option for folks to get assistance with their housing needs. That's true of healthcare, too, like getting a pacemaker done or a colonoscopy done: It has to be in Bozeman." Aside from preventing individuals from accessing care and

support when they need it, one provider observed that waitlists stifle collaboration: “It’s hard when we’re all trying to work together to get someone help and everyone’s six months out on a mental health evaluation or other services.”

Key Barrier: Recruitment and Retention of Staff

One of the most significant challenges identified by nearly all providers was the recruitment and retention of staff. All but a couple providers reported that their organizations or departments were short staffed, some significantly. One department is at 66% of total capacity and described their turnover as “terrible.” Another is at 75%. A third organization is at a little more than 25% of their professional association’s recommended staff capacity for certain services. A fourth organization reported that they could serve up to 60 people in one of their programs if they were fully staffed; that program currently only has staff capacity to serve 12 people. A couple providers reported that their professions have developed stigmas, which they connect with depressed interest in open positions. Even providers from an organization that is fully staffed lamented how challenging it has been to recruit a lawyer to advise their clients: “We’ve had the position advertised for 18 months, and we’ve only had one candidate.” According to providers, the issues driving retention and recruitment challenges fell into four categories: unreliable program funding and relatively low wages, a lack of housing for existing or potential employees, burnout, and a lack of qualified applicants.

Unreliable Program Funding

Providers from the majority of organizations represented in this assessment described increasing challenges related to funding, including significant cuts to existing funding sources. This has left them trying to “scrape the pot for what’s left over” and their programs “living paycheck to paycheck” or via “a prayer on a wing.” A couple providers struggled to envision the future for their organizations on newly tightened budgets. One wondered how to “continue to sustain the expansion we did” when pandemic funding was available. Another was “thinking about closing [their organization] down.” Several providers reflected on how it feels to work against the backdrop of uncertainty. One described it as “scary and a problem” that “regardless of who gets elected” the state could change what it “decides to reimburse and what’s a priority” and end one of their programs. Another admitted they were ”trying to hold back [their] complete enthusiasm” about their position, because its grant funding could dry up. After all, they pointed out, “I’m a human and am afraid of rejection.”

Relatively Low Compensation

Many providers also commented on their profession’s relatively low pay when compared with earnings in the private practice, in other regions (“salaries are way down here”), or in positions that have fewer licensing and/or education requirements. The last issue was a new wrinkle for one organization’s recruitment. “We’re competing [for employees] with McDonald’s over pay nowadays,” they explained. “The state of Montana tells us we should be paying licensed addiction counselors $26 per hour. You can go to most places in Livingston and get around that amount for a labor job.”

One provider described their pay rate as a “turnoff,” but added that they “love [their job] because [they are] helping.” A few others echoed the sentiment that retaining staff on a lower salary hinges on other aspects of the job, including an employee’s sense of purpose, feelings of agency in being able to serve others, and connection to the community. As one provider put it, “I have a caseload, but I also have the ability to meet with people if I need to. Not having a barrier to service is kind of why I stay here. I don't want someone to not get help because they don’t have Medicaid.” One explained that they expect their employees will “seek higher paying jobs elsewhere…unless they’re engrained in the community,” so they have to “to help [employees] achieve their goals” locally while advocating for higher pay. Access to training and adequate office space were other key aspects of the working environment that providers highlighted as impacting retention. Training was cited as a common need and opportunity by providers, and is discussed in greater detail in part 3.

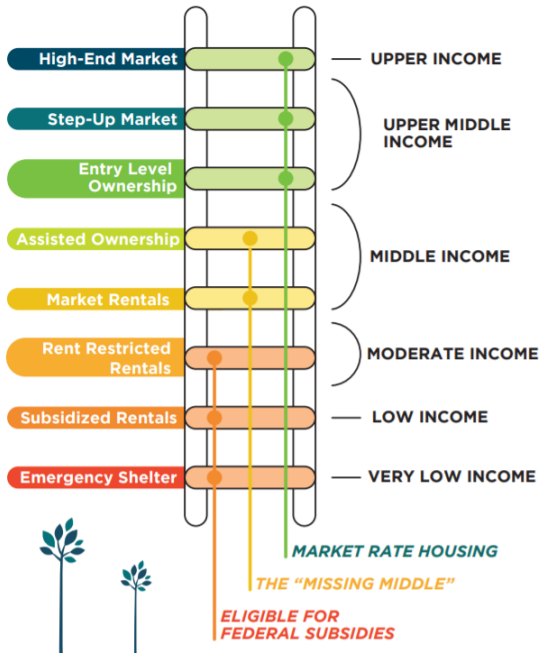
Burnout

A handful of providers said that having access to training was an important factor in managing burnout in a “really heavy” industry. “When case managers are trying to navigate behavioral health without training, guardrails, etc., it leads to burnout. I am hearing this is a real challenge and struggle." The majority of providers described some aspects of their work as emotionally taxing or physically dangerous. Nearly all described challenges associated with trying to do more with less. As one provider put it, “There are always more and more things to do, and something’s gotta give.” This has led some existing employees to “move on to other positions that pay them more or aren’t as emotionally draining.”

Lack of Housing for Prospective Employees

Providers from a handful of organizations identified Park County’s low housing inventory and high housing costs as significant barriers to recruitment and retention of a qualified workforce. Existing employees “can’t find a place to live or can’t afford where they’re at” while candidates who have been offered positions “end up backing out because they can’t find housing at all or can’t find housing within our budget.” One provider described their organization as “lucky” because all of its staff are housed, then shared a story in which they advised a potential out-of-state job candidate to “look at the housing inventory” before applying. A different provider’s way of acknowledging this problem was to suggest a solution: pair jobs with housing. “If you want people to relocate, help identify housing availability for key positions [the provider network is] trying to hire for. I think more people would be willing to relocate to Livingston and work here if they could live here." A couple providers pointed out that this was important not just because some organizations are currently short staffed, but also because they see retirement on the horizon for themselves and their peers. “All of us doing this work are all getting older. We need to have younger people getting involved. If you can’t provide a place for young people to move [that will be difficult]. As older professionals, we need to be able to open the doors for them.”

Key Barrier: Low Housing Inventory Across the Continuum



Providers from most of the organizations represented in this assessment described how a lack of housing along the continuum negatively impacts their clients. The general sense is that nearly all housing options -– ranging from emergency shelter to market-rate housing — do not have any near-term availability, are too costly to access, or do not exist. A couple providers noted that this is not a new problem. “Housing has been a problem since before 2008 and the downturn…We used to have low-income housing here in Gardiner, until it became so lucrative to have a VRBO.” However, providers report that the situation seems to have worsened. "When I started in 2020, even with COVID there was more housing available. Now, it’s like ‘forget it.’ Of course I don’t say that, I say ‘we’ll put you on the list.’" One provider lamented that it is now “too expensive” for their organization to help people stay in their housing or sheltered in a hotel via direct assistance. Their clients “always ask about housing, but I never know of any.” Another provider shared that they “used to have a grant to provide first, last, and deposit, but having the funding doesn’t do you a lick of good if there’s no inventory."

For these providers, this means that a fundamental need of their clients, customers, patients, and residents is unmet. Distress, frustration, and a sense of powerlessness characterized their discussions of this impasse. One provider described not being able to provide services to their clients as “really painful,” then clarified that the experience is one of “moral injury.” Another said the “lack of [shelter and housing] options is really stressful for providers” and that discharging patients from their care without anywhere for them to go “feels like a failure.” This is because options for these clients are not good, particularly, as one provider pointed out, for those who lack a rental history or have experienced homelessness for more than a year. These people “gotta white knuckle it” or “leave and go to Bozeman, where their problems could get much worse.” Providers from an organization offering an in-patient substance use recovery shared that they “tell people coming to our program to plan on not staying in Livingston" once they graduate, because they will have “no place to go.” This is particularly unfortunate, given that they praised Livingston as having “by far one of the best recovery communities I’ve ever seen.”

Challenges associated with the short supply and high cost of housing in Park County are exacerbated by the lack of providers whose focus is on housing. ASPEN’s safehouse and Southwest Chemical Dependency Program’s recovery house provide short-term shelter for their residents, but HRDC is the county’s sole organization focused on securing housing for people

along the continuum, from accessing emergency shelter to buying a home. A couple providers at different organizations acknowledged as much in their interviews. At a preliminary meeting in April 2023, providers were split into small groups and asked to map Park County's service network. One of the groups depicted this situation, in which multiple organizations refer their clients to HRDC for shelter, as an actual bottleneck (see below; both maps are included in Appendix D). A couple providers shared ideas about who could bring insight and capacity to future conversations about and work on creating housing along the continuum in Park County. These include: larger local businesses, such as Kenyon Noble; community members experiencing homelessness and housing insecurity; Frontier Assisted Living; and Enterprise Community Partners, a national nonprofit with a connection to Park County that is dedicated to increasing housing supply, advancing racial equity, and building resilience and upward mobility.

Group 2 Map

People experiencing homelessness and housing insecurity may get bought into the provider network via any of the following entities/organizations:

Law Enforcement, Mobile Crisis Response Unit, Community Health Partners, ASPEN, Livingston HealthCare, Livingston Food Resource Center, Southwest Chemical Dependency Program, L'esprit, Park City-County Health Department Rural School Nurse

↓

Referral to HRDC for shelter

↓

Check-in happens to ensure person is on the radar of other local providers

HRDC will send someone to their Warming Center, to ASPEN's Safe House, a hotel (e.g. one-night vouchers available via Livingston Police Dept.), etc. depending on the situation.

If Jeanette Tecca, in her role on the Mobile Crisis Unit, has referred an individual, she will follow up with them.

Once a person has shelter, consideration goes to:

- Referral to ASPEN or L'esprit for additional services and consideration additional supportive services and programs (MediCaid, MediCare, Southwest Chemical Dependency Program, case management)
- Getting on waitlist for subsidized housing or section 8 vouchers
    - Miles and Sherwood - mental health and/or substance use disorder
    - Timberline - the only subsidized housing that isn't restricted to folks aged 65 years or older
    - Frontier - has taken in 6 people experiencing homelessness without state assistance or a way to pay. HRDC then fills in the gaps for these individuals.

If stabilization is necessary:

- Closest facility is in Helena
- Closest facility for those with private insurance is Billings Deaconess Hospital

PART 3: NETWORK GAPS AND NEEDS

Housing Paired with a Gradation of Supportive Services

When asked to identify gaps in the local service network, nearly all providers commented on a need for facilities that combine housing with mental and behavioral health services. Although providers from several organizations used the term “transitional housing,”[2] representatives from the majority of organizations described a need for facilities that provide homes in tandem with a gradation of supportive services. As one provider put it, a “kind of in-between place between homelessness and institutionalization” that would not only help people access housing, but remain in their homes through a combination of care and accountability. Another described “housing that’s a one-stop shop for medical, mental health, Medicaid, SNAP, food resources” that could be “tiered” according to the needs of residents. Although there seems to be consensus among providers that housing paired with other services would fill a gap in the service network, focused discussion is needed to clarify what types of facilities would provide the most benefit.

These providers have observed a service “no-man’s land” for community members who “aren’t healthy enough to do well independently, but there’s no reason to commit them,” including the “people in the middle” who “have mental capacity and faculties that they sometimes lose,” people with disabilities, people recovering from substance use disorder, and people ages 55 and over. One provider commented on seeing “a lot” of potential participants in their residential substance use recovery program “who are so mentally ill that we can’t accept them” and “need level 3.5 or 3.7 care.” This is because “they don’t do all that well living in a dorm-style environment” while engaging in the work of treatment. Another provider described additional challenges that people with severe disabling mental illness (SDMI)[3] face when seeking housing. “They might have bizarre behavior or an unusual affect, so a lot of places say they’re disruptive and can’t live in a housing development. … Most folks who have an SDMI are not violent; they’re typically victims of violence." A third provider shared concerns about “people who are really sick” and have other factors complicating their care, such as having restraining orders against them, having recently been released from “Warm Springs” (a.k.a., Montana’s sole public psychiatric hospital), or having “just burnt every bridge in terms of services.” Another echoed some of these concerns, asking: "If an individual gets kicked out of the Warming Center and it’s 10 below zero and he doesn’t have any friends who he can couch surf with, what do we do?" One provider summarized this with potential solutions: “We’re asking people to climb a [housing] ladder,” out of homelessness “but we’re missing, like, three rungs. Few people navigate that

[2] The U.S. Department of Housing and Urban Development describes transitional Housing (TH) as providing “temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing. TH projects can cover housing costs and accompanying supportive services for program participants for up to 24 months.”

[3] The Montana Department of Health and Human Services defines “severe and disabling mental illness.” Generally, it refers to people ages 18 and older who have either recently been involuntarily committed to a state facility for more than 30 days and/or received diagnoses such as schizophrenia, bipolar disorder, and major depressive disorder that contribute to high levels of impairment.

ladder successfully without subsidized apartments. When I see people move off the street, it's either into assisted living or subsidized housing."

Closer Crisis Stabilization Units

Several providers from different organizations highlighted a dearth of options for someone experiencing a mental health crisis. One provider characterized this as a "lack of psychiatric services" and "access to a traditional response team." Two other providers specifically called out a need for crisis stabilization units.[4] CSUs are considered by the Substance Abuse and Mental Health Services Administration to be one of three "essential elements of effective, modern, and comprehensive crisis care," along with a mobile crisis response team, which Park County is in the process of building out, and a regional crisis call center, which for Park County is Help Center 211.[5] Specifically, both providers noted a need for CSUs that are located closer to Park County, although they cited different locations of the closest existing one (Helena and Missoula). One of them saw an opportunity in engaging Connections Health Solutions, a behavioral health provider with expertise in crisis care and treatment that currently staffs Gallatin County's mobile crisis team, about the possibility of them opening a crisis response center in Bozeman.

Flexible Transportation

Transportation was another gap identified by a handful of providers, in particular, travel to and from medical appointments both within Park County and beyond. Many providers praised Windrider and Angel Line, which provide public, fixed-route free transit and donation-based paratransit for disabled and senior community members, respectively. However, "the bus options here can be tricky," leaving providers wishing they "had an ability to transport people when we need to." Providers pointed to challenges with short-term and seasonal scheduling, transportation for those under anesthesia, and how to provide mobility for individuals that have been banned from these services. Several admitted to having driven clients in their personal vehicles. "It's no big deal as long as it's safe," one said. Trips outside of Park County are more challenging. A couple providers mentioned the need for transportation to both Bozeman and Billings for medical care. One expressed frustration about it: "Livingston HealthCare is making appointments for people in Billings or Bozeman, and these people can't get there! Our help with gas is often life-saving." In addition to Park County's transit services, the Livingston Fire Department plays a critical role in medical transport that gives local patients access to advanced care. They typically provide four ambulance trips daily from Livingston HealthCare to regional clinics in Bozeman or Billings or facilities as far as Salt Lake City, Utah.

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[4] The National Alliance on Mental Illness describes CSUs as "small inpatient facilities of less than 16 beds for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs may be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital."

[5] U.S. Substance Abuse and Mental Health Services Administration. (2020). *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit*. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

PART 4: PROVIDER NETWORK OPPORTUNITIES

Drop-in Mental Health Center

Several providers identified the opening of the Park County Drop In Center in Livingston as a key opportunity to expand local access to mental and behavioral health and strengthen Park County's service network. The Drop In Center will provide "a safe place for individuals aged 18 and over experiencing mental health or co-occurring disorders to gather for socialization, support, and access to community services, free of charge." Two of the providers who highlighted this opportunity serve on the center's board; a third was unaware of plans for the center but said it "would be lovely" for the community to have one. Although this facility was not mentioned by a majority of providers who participated in this assessment, a 2021 poll of Park County mental health professionals revealed unanimous agreement on the community's need for this type of facility. The center has received financial support from the City of Livingston and is slated to open fall of 2023, pending the recruitment of additional funding.

More Effective Collaboration Across the Provider Network

All but one provider expressed a desire for more and more effective collaboration across Park County's service network. Collaboration for this group is particularly important, given the interconnectedness of their fields, the complexity of the systems they are working in, and the varied resources and capabilities each organization and individual contributes to the network. One provider summed this up. "[The network's] biggest strength is the willingness of other service providers to be collaborative," because that is "the only way we're going to get anything done." For the one provider who did not see collaboration as a priority, they characterized their role in the network as unidirectional: their organization is simply a place other providers refer their clients, not vice versa.

The majority of providers saw room for improvement in collaboration among Park County's service providers. Several said they were not aware of prior attempts at collaboration, despite there being "an awful lot of very passionate folks with a lot of ideas" participating in the network. One provider chalked this up to their own "really good home-work boundaries," but a couple others saw this as an unintentional gap hindering their understanding of and participation in the network. "If all of the providers were together and working together, I guess I'd be able to name more [of them]" one observed. The primary explanation for a lack of collaboration was insufficient time, although staffing contributed as well. Some noted that turnover within the network made it "really hard to keep collaboration going."

After acknowledging these difficulties, one person added that a "homeless coalition" could "bridge the gap" among providers. Another thought that having a single individual with an "understanding of all these different services and how to meet the criteria and having follow through" could offer some broader benefits. A handful of providers noted specific relationships they would like to improve with folks at other organizations within the network. Providers

expressed particular interest in collaborating more with Livingston HealthCare and Park County Sheriff's Office, which were both identified among the seven organizations within the core service network. One provider shared a desire for “a more forward-facing liaison…than LiveWell49" at Livingston HealthCare, while several others saw value in having Livingston HealthCare staff return to coordinated entry system meetings. A couple providers expressed interest in engaging the Sheriff's Office more on the mobile crisis response team and in coordinating when their clients, patients, and customers are admitted to the county jail.

Providers identified a wealth of specific benefits associated with more robust collaboration, ranging from having a clearer understanding of which providers were billing Medicaid for certain services to coordinated data collection and distribution. One simple benefit was better timing of communication. As an example, one provider expressed a desire to hear from Livingston HealthCare's discharge case manager “at intake, before thinking about discharge…because I know [my clients are] sober and I can document their symptoms” in a “safe environment.” Another pointed out that timely communication about staffing changes could help prevent interruptions and confusion caused by turnover, especially when paired with “having a transitional plan in place when people leave.” One provider who has had experience evaluating grant applications highlighted the potential fundraising benefits of breaking down “non-profit silos.” “[W]e should all be coming together to strengthen what we’re doing. I think from a donor’s perspective, they want to see it. It doesn’t have to be a competition.” A couple others noted that better communication could prevent the duplication of services that happens “understandably” when “people panic and think: ‘HRDC can’t do it fast enough, so I’m going to go to the Food Resource Center, to ASPEN, etc.’"

Strengthen Partnerships and Consider Developing Specific Tools

Strengthen the Coordinated Entry System

One simple way of enhancing network collaboration is by strengthening existing ways that the providers work together. Currently, L’Esprit, CHP, ASPEN, HRDC, and the Mobile Crisis Response Team are part of a coordinated entry system (CES)[6] that strives to meet every other week. The 2022 Park County Housing Action Plan recommends the CES as one of 12 tools to prioritize in the effort to increase local access to affordable homes.

A couple participants cited Park County’s CES as a strength of the network, although both acknowledged that the meetings are not as regular as they could be. One simply described the meeting frequency as “as often as we can.” The other shared that the partners are “all so busy that lately [the meetings] get canceled. So, I don’t feel like they’re as effective as they used to be.” A couple others saw value in expanding the team’s scope or core partners. One described the team’s current focus as being on “service coordination,” although they would like to also engage in “systems planning and program evaluation.” The other mentioned that

[6] Coordinated entry is a process developed by the U.S. Department of Housing and Urban Development to prevent or remediate homelessness. The process helps “ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.”

representatives from Livingston HealthCare used to participate before “they lost all their social workers.” The Housing Action Plan emphasizes the value of including healthcare providers in the CES and recommends expanding partnerships with Livingston HealthCare. Without prompting on this topic, a provider from Livingston HealthCare voiced a desire for “a more robust case management program” in Park County that could “coordinate…housing, transportation, health care, etc.” for community members who are “seen a lot” or “seek care frequently.”

Clarify Roles Within the Network

Another simple strategy is to clarify the roles of providers whose work is not exclusively focused on preventing or remediating homelessness and facilitate their participation in the network. A handful of providers in different fields — public health, law enforcement, first responders, and food and nutrition — identified themselves as being well positioned to make initial connections with community members experiencing homelessness and housing insecurity who might benefit from learning about local services. One provider described this strength simply as “know[ing] who’s out there,” knowing “who has zero housing…who are on the verge of losing their housing, who are couch surfing or living in their cars.”

Providers working in public health and food and nutrition both saw their fields as being conducive to building trust with people who might not otherwise seek services and described the relationships they have with the public, their patients, and their customers as strengths. One focused on being a “conduit for resources and a connection” to children and their families via interactions at school and routine health care such as annual fall immunization clinics and newborn home visits. Another shared a hope for their organization to be "kind of a hub” that doesn’t “provide every service in house” but can “through building trust…send people to HRDC, CHP, or other places to get them assistance.”

Those working in law enforcement and as first responders highlighted the roles they could play in providing accurate information about local services to people once their immediate needs have been met. A requisite for this is a clear understanding of the network’s capacity, which some said they did not yet have. “We just don’t know what resources we can offer to people. If there are other organizations out there that can help, we can connect them. As the population of homeless people has increased, the question has been ‘Where can we point them?’” One provider thought that the new Crisis Coalition and/or the Community Paramedic could assist with the dissemination of information, but reiterated that “having the resources is key.”

Develop a Quick Reference

Several providers expressed a desire for a product that would provide “quick access to a resource,” so that knowledge of the network is not collected and maintained solely by a couple of individuals. One suggested a “pamphlet of providers” that could be shared across the network more broadly, including via communities of faith, libraries, etc. This would not only build the capacity of providers, but help disseminate information to community members who “struggle to find out about and access what resources are available.” Another pointed out, however, that “the

biggest key is keeping a resource list updated," hinting at the variability of services offered due to funding and staffing changes.

Consider Collaborative Data Collection and Sharing

One provider saw benefit in improved data collection and sharing within the network, although this idea was only met with interest from a couple of providers. Among those that explored the idea, they noted that clear parameters and definitions, including a common definition of homelessness, would be required for any such efforts. One thought that having better data could assist their organization with public outreach and engagement. Although no providers mentioned this during their interviews, the Livingston Enterprise reported in April 2023 that “data must be gathered to help [Park County’s Mobile Crisis Response Team] stay eligible for state grant funds to field a permanent MCRT” and to evaluate the team’s effectiveness once it is “up and running.” This data includes “how many people in crisis use the hospital’s emergency room” and “the number of law enforcement encounters with people in crisis.” Providers with the Livingston Police Department indicated that, although it is not a policy of theirs to track the housing status of individuals on their reports, it might be possible to incorporate that into their protocols moving forward and relevant information could be gleaned from existing records. However, they noted several barriers to that effort: data retrieval could be very time intensive, the “data set might not be complete or accurately reflect [someone’s housing status]” because of the potential for human error, and the query would “also drag up all the people who may not live here, may have found a home."

Offer More Support to Providers

Providers generally saw a need for additional support to help them meet the demands of their professions. The most common need they expressed was for more training, which is discussed in greater detail below and seems to be an opportunity the network is poised to act on. Another idea was compassion fatigue counseling, which came recommended from providers whose organization provides seven sessions annually as part of each staff member’s benefit package. One provider saw an opportunity in involving the local businesses in sponsoring an “event or retreat” that could serve as a “reprieve or a thank you” to Park County’s providers.

Ongoing Training

Nearly all providers shared a need for ongoing training and described its value in everything from maintaining their professional licenses and improving their work performance to protecting them in “unsafe environments” and providing a guardrail against burnout. One provider observed that “this work wears you down a little bit. When someone’s in a crisis, we’re not always able to recruit those tools. The more we train with those tools, the more automatic the response is.” Another pointed out that training was necessary following staff turnover, to bring new hires up to speed. A handful of providers shared a need for a few different trainings: the Crisis Prevention Institute’s de-escalation training, crisis intervention team training[7], and SOAR

[7] The National Alliance on Mental Illness promotes crisis intervention team programs that create connections between law enforcement, mental health providers, hospital emergency services, and

training[8]. A couple providers expressed interest in “having more types of training, like those dealing with mental health, homelessness, or addiction.” It was noted that training requires funding and staff time, both of which are limited. Fortunately, several organizations within the network, including the Livingston Police Department, HRDC, and L'esprit, were identified as capable of and/or expressed interest in hosting training for local providers in their respective areas of expertise.

More Effective Public Education and Engagement

The majority of providers saw a need and an opportunity for greater public education and engagement about their work and the community’s needs. This includes meaningful engagement with community members experiencing housing insecurity and homelessness, or those on the verge of losing their housing. As one provider put it, “[I]nvolving the clients is a critical piece, because they’re gonna have perspectives we don’t have.”

Several providers identified outreach as a strength of their organization, describing the “really nice rapport” they have with local businesses, the “level of trust” they have built with the public, and the “tremendous” help they have received from volunteers. However, more shared a sentiment that public support is “lacking or it’s perceived as lacking.” This is in large part due to these providers’ perceptions that their work is “invisible” and that their neighbors “have no idea” about the challenges facing providers and their clients, patients, residents, and customers. One provider views this gap in understanding as resulting from expectations about homelessness. “The face of homelessness — what you picture — is so different here. We have people with mental health issues who live on the street, but there are a lot of people living in trailers. We have folks living out of a hotel, both working full time, paying more than my wife and I pay for our mortgage.” Another shared that they felt like their organization lacks “a good source of communication with the community” and cited opportunities for events like fundraising drives and ASPEN’s awareness month. Potential and proven avenues for public engagement and education included healthcare events such as free health screenings, seasonal immunization clinics, and home health visits, along with annual dinners and regular YouTube broadcasts.

Engage the Community in Marshaling Resources

Providers saw particular value in engaging Park County’s faith communities and businesses in marshaling resources. One provider was optimistic about this: "We can raise however much money it took to ‘save the Teslow’ in a couple days just so people could take pictures of it. We should be able to raise money pretty readily to address this issue…People like to give to the right causes." A handful of providers noted that local faith-based organizations, including the Park County Ministerial Association and Expedition Church, have historically and could continue

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individuals with mental illness and their families to improve communication, identify mental health resources for those in crisis, and ensure officer and community safety.

[8] SOAR training provides case workers information on Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), the U.S. Social Security Administration’s disability determination process, and guidance on preparing and submitting SSI/SSDI applications.

to offer support by recruiting and overseeing volunteers or sharing money from their “benevolent fund” to purchase gas or hotel stays for community members who need it.

Several providers shared that some local businesses provide financial and other types of support to their clients, customers, residents, and patients, and saw opportunities for larger businesses that are not working in human services to contribute more, particularly when it comes to housing and fundraising. One provider shared the perspective that some of the area's larger businesses “aren’t showing up and giving back as much as they can” adding that “[t]here’s a lot of money in Park County, but you don’t really see it.” Collaborating with local businesses aligns with the Park County Housing Action Plan, which recommends employer-assisted housing partnerships to expand the availability of housing that is affordable to their workers and other community members.

APPENDIX A: PARTICIPATING ORGANIZATIONS

During the spring of 2023, a contractor with HRDC of District IX conducted in-depth confidential interviews with 18 individuals from 12 organizations. Interviewees included individuals from the following organizations:

- Abuse Support Prevention Education Network (ASPEN)
- Community Health Partners (CHP)
- Friends of the Community
- Human Resources Development Council, District IX (HRDC)
- L'esprit Behavioral Health Center
- Livingston Fire & Rescue
- Livingston Food Resource Center
- Livingston HealthCare
- Livingston Police Department
- Park City-County Health Department
- Park County Mobile Crisis Response Team
- Southwest Chemical Dependency Program

Organizations that were invited to participate, but we were unable to speak with:

- Livingston School District
- Park County Sheriff's Office law enforcement officers
- Loaves and Fishes

APPENDIX B: INTERVIEW PROTOCOL

1. Tell me a little bit about yourself:
    a. Describe your role within your organization. How long have you been in this role?
    b. Describe how you serve those experiencing homelessness or housing insecurity.

2. Thinking about how your organization serves those experiencing homelessness or housing insecurity, what are its:
    a. Strengths and opportunities
    b. Gaps and needs

3. What other organizations in Park County serve those experiencing homelessness or housing insecurity?

4. Thinking about the provider community in Park County, what are its:
    a. Strength and opportunities
    b. Gaps and needs

5. What barriers exist to you meeting your goals (e.g., lack of data, funding, staff, space, training, other providers, technology, public support, etc.)? Be specific.

6. What do you see as the top three work-related opportunities:
    a. In the next year?
    b. In the next five years?

7. What do you see as the top three work-related challenges:
    a. In the next year?
    b. In the next five years?

8. What else do you want to share that I haven't thought to ask?

APPENDIX C: DIRECTORY OF PARTICIPATING ORGANIZATIONS

Abuse Support Prevention Education Network (ASPEN)
ASPEN serves the residents of Park, Sweet Grass, and Meagher Counties of Montana, but also extends their services to anyone in a situation of domestic or sexual violence who are fleeing an abusive situation and need assistance. These services include an emergency Safe House, a 24-hour support line, crisis counseling, support groups, legal advocacy, information and referrals, safety planning, emergency 911 phones, assistance with orders of protection and/or law enforcement reporting, forensic medical exam support, community outreach and educational programs, and health and wellness activities.

411 E Callender St.
Livingston, MT 59047
(406) 222-5902
https://www.aspenmt.org/

Community Health Partners (CHP)
CHP is a federally-qualified “one-stop” health center providing a wide range of services to community members, regardless of their ability to pay and without judgment. Services available at CHP’s Livingston clinic include: medical, dental, behavioral health, adult education, resource coordination, and support for parents and families.

112 W Lewis St.
Livingston, MT 59047
(406) 222-1111
https://chphealthmt.org/clinics/livingston

Friends of the Community
Friends of the Community is a non-profit organization that provides no-barrier assistance to anyone who requests help. Assistance is aligned with the needs of each individual and ranges from direct assistance for gas, utilities, clothing, and food to transportation and employment assistance.

P.O. Box 763
Livingston, MT 59047
(406) 222-6526
https://www.friendsofthecommunityinc.org/

Human Resource Development Council of District IX (HRDC)
HRDC is a not-for-profit Community Action Organization serving Park, Gallatin, and Meagher Counties. HRDC’s program areas directly address the causes and consequences of poverty and

aim to provide the tools and resources for every individual and family to achieve and maintain self-sufficiency. Services range from emergency assistance, transportation, and housing to food and nutrition, senior services, energy assistance, early childhood education, and community development.

121 S 2nd St.
Livingston, MT 59047
(406) 333-2537
https://thehrdc.org/

L'esprit Behavioral Health Center
L'esprit is a Montana Licensed Mental Health Center offering youth and adult day treatment services including case management, outpatient therapy, medication management, support groups, and mentoring. They also provide a substance use and recovery program, illness management and recovery therapy, and EMDR therapy.

120 S Main St.
Livingston, MT 59047
(406) 222-7641
https://www.lespritmt.com/

Livingston Fire & Rescue
Livingston Fire and Rescue is a department within the City of Livingston providing firefighting, emergency medical services, home healthcare visits via the community paramedic, infrastructure design and planning, and other services, to locations within Livingston. They also provide services to locations within Park County via a mutual aid agreement with Park County Rural Fire Department.

414 E. Callender St.
Livingston, MT 59047
(406) 222-2061
https://www.livingstonmontana.org/fireandrescue/page/staff

Livingston Food Resource Center
The non-profit Livingston Food Resource Center makes nutritious, locally-sourced food available to all people in need at their brick-and-mortar food pantry in Livingston and a mobile pantry serving Emigrant and Clyde Park. The center also provides an array of programs for Park County residents, ranging from child nutrition education and SNAP assistance to mental health counseling and small business incubation.

202 S 2nd St.
Livingston, MT 59047
(406) 222-5335
https://livingstonfrc.org/

Livingston HealthCare
Livingston HealthCare is a not-for-profit, full-service Critical Access Hospital and level 4 trauma center in the greater Park County area. Included in their services are a 25-bed critical access hospital, a multispecialty physician practice, rehabilitation services, and home-based services. Their two Livingston facilities are a general hospital and an urgent care center.

General Hospital
320 Alpenglow Lane
Livingston, MT 59047
(406) 222-3541
https://www.livingstonhealthcare.org/

Urgent Care Center
104 Centennial Dr. #104
Livingston, MT 59047
(406) 222-0030
https://www.livingstonhealthcare.org/

Livingston Police Department
The City of Livingston's Police Department provides 24-hour patrol services to the community, with the aims of reducing crime, enforcing traffic laws, and responding to citizen requests for assistance. In addition to patrol services, the department offers investigations and operates a School Resource Officer program.

414 E Callender St. # 1
Livingston, MT 59047
(406) 222-2050
https://www.livingstonmontana.org/police

Park City-County Health Department
The Park City-County Health Department provides disease and education information, maternal and child home visiting services, immunizations, rural school nursing services, assistance with environmental health issues such as health inspections and more.

414 E. Callender St.
Livingston, MT 59047
(406) 222-4100
https://www.parkcounty.org/Government-Departments/Health-Department/

Park County Mobile Crisis Response Team
The Park County Mobile Crisis Response Team is a program of the Park County Sheriff's Office. Team members assist police officers who respond to situations that may be better resolved by a mental health expert.

414 E. Callender St.
Livingston, MT 59047

https://www.parkcounty.org/Government-Departments/Sheriff-s-Office/

Southwest Chemical Dependency Program
Southwest Chemical Dependency Program is a non-profit corporation providing outpatient treatment in chemical dependency, codependency, and prevention/education. They are also a state-approved treatment center offering intensive inpatient and outpatient treatment for chemical dependency.

430 E Park St.
Livingston, MT 59047
(406) 222-2812
https://www.southwestchemicaldependency.com/

APPENDIX D: PARK COUNTY SERVICE NETWORK MAPS CREATED APRIL 2023

Group 1 Map	**Housing** ASPEN HRDC Livingston HealthCare **Food + Nutrition** Livingston Food Resource Center L'esprit Loaves and Fishes Meals on Wheels WIC (provided via CHP) SNAP (provided via CHP, LFRC, HRDC) **Legal** courts first responders (e.g., police, fire, sheriff, community paramedic, EMS, etc.) Park County self-help law program Victim witness coordinators **Crisis** domestic violence Shelter MCR/UCR? L'esprit's Montana Assertive Community Treatment program ASPEN HRDC Livingston HealthCare peer support specialists Rural Behavioral Health Institute	**Behavioral Health** L'esprit Southwest Chemical Dependency Program Community Health Partners Livingston Food Resource Center Livingston HealthCare Private/Outpatient Yellowstone Boys and Girls Ranch Youth Dynamics (a.k.a.YDI) Rural Behavioral Health Institute **Medical** Community Health Partners Livingston HealthCare City of Livingston Community Paramedic Program **Social Services** Community Health Partners Livingston HealthCare Park City-County Health Department HRDC Cover MT

Group 2 Map

People experiencing homelessness and housing insecurity may get bought into the provider network via any of the following entities/organizations:

Law Enforcement, Mobile Crisis Response Unit, Community Health Partners, ASPEN, Livingston HealthCare, Livingston Food Resource Center, Southwest Chemical Dependency Program, L'esprit, Park City-County Health Department Rural School Nurse

↓

Referral to HRDC for shelter

↓

Check-in happens to ensure person is on the radar of other local providers

HRDC will send someone to their Warming Center, to ASPEN's Safe House, a hotel (e.g. one-night vouchers available via Livingston Police Dept.), etc. depending on the situation.

If Jeanette Tecca, in her role on the Mobile Crisis Unit, has referred an individual, she will follow up with them.

Once a person has shelter, consideration goes to:

- Referral to ASPEN or L'esprit for additional services and consideration additional supportive services and programs (MediCaid, MediCare, Southwest Chemical Dependency Program, case management)
- Getting on waitlist for subsidized housing or section 8 vouchers
    - Miles and Sherwood - mental health and/or substance use disorder
    - Timberline - the only subsidized housing that isn't restricted to folks aged 65 years or older
    - Frontier - has taken in 6 people experiencing homelessness without state assistance or a way to pay. HRDC then fills in the gaps for these individuals.

If stabilization is necessary:

- Closest facility is in Helena
- Closest facility for those with private insurance is Billings Deaconess Hospital