

**Department New Request Form
Fiscal Year 2022**

| | | | |
|-------------------------|--|--------------------------------------|----------------|
| Program | Public Safety | Title of New Request: | Rank: 6 |
| Department | Fire | Critical Incident Team (CIT) Program | |
| Request Category | New | | |
| Request Rating | Maintain Level of Service | | |
| Department Goal | Utilize a CIT program to support CIT efforts. Provide CIT training for law | | |

1. How will request assist in achieving Department Goal and benefit the customer?

CIT Program Manager will assist coordination among community resources. Provide CIT training to first responders in Missoula. Increase communication and knowledge among law enforcement, first responders, and community resources. Increase communication among CIT coordinators by organizing and facilitating monthly CIT Coordinator meetings. Assist other Montana counties in providing CIT training. Provide annual five day CIT Academies in Missoula. Provide communication and coordination throughout the community to establish the ten core elements of CIT.

2. What specifically is needed to achieve this goal?

Funding for 1 FTE CIT Program Manager, HMIS software license, supplies, phones, training and travel, practicum student stipend.

3. Cost Impact of New Program:

| Account # | Item | Qty | Unit Cost | Requested One-Time | Requested Ongoing | FY 2022 Unfunded | FY 2022 Funded | Proposed FY 2023 Ongoing |
|--------------------------|----------------------------|------|-----------|--------------------|-------------------|------------------|----------------|--------------------------|
| Ongoing Expenses | | | | | | | | |
| 1000.300.420465.110 | Salaries | 2080 | 28.5559 | | 59,396 | - | 59,396 | |
| 1000.300.420465.130 | Employer Contributions | 1 | 21354 | | 21,354 | - | 21,354 | |
| 1000.300.420465.370 | Travel | 1 | 1500 | | 1,500 | - | 1,500 | |
| 1000.300.420465.380 | Training | 1 | 2000 | | 2,000 | - | 2,000 | |
| 1000.300.420465.220 | Supplies | 1 | 1300 | | 1,300 | - | 1,300 | |
| 1000.300.420420.344 | Phone Service | 3 | 480 | | 1,440 | - | 1,440 | |
| 1000.300.420465.360 | HMIS license | 1 | 1438.5 | | 1,439 | - | 1,439 | |
| 1000.300.420465.360 | Practicum Stipend | 3 | 2500 | | 7,500 | - | 7,500 | |
| One-time Expenses | | | | | | | | |
| 1000.300.429000.360 | HMIS license - initial fee | 1 | 900 | 900 | | - | 900 | |
| | | | | - | | - | - | |
| | | | | - | | - | - | |
| | | | | - | | - | - | |
| | | | | - | | - | - | |
| Expense Sub-Total | | | | 900 | 95,929 | - | 96,829 | - |

Revenue Offset:

| Account # | Revenue Description | Proposed Onetime Revenue | Proposed Ongoing Revenue |
|--------------------------|---------------------|--------------------------|--------------------------|
| 1000 | N ARPA | 96,829 | |
| | | | |
| | | | |
| Revenue Sub-Total | | 96,829 | - |

4. What sort of data will be used to report results and outcomes of request?

Number of graduates of CIT Academy and Mental Health First Aid. Number of community partners involved in CIT. Number of Positive outcomes directly related to CIT gathered with Survey form completed by CIT first responders.

| | Requested/Proposed Funding Source | |
|--------------------------|--|----------------|
| | One-time | Ongoing |
| Tax or Assessment | - | - |
| Non-tax | 96,829 | - |
| Fund Balance | - | - |
| Total | 96,829 | - |