



Department of Human Services

Doug Washburn
Director

**KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES**

Hannah Shockley,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Anders Edgerton, Administrator
Phone: 360.337.4886

**Mental Health/Chemical
Dependency/Therapeutic Court**
Gay Neal, Coordinator
Phone: 360.337.4827

**Substance Abuse Prevention/
Treatment and Youth Services**
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

**Aging & Long-Term
Care/Senior Information &
Assistance**
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Phone: 360.337.7068 (LTC)
Phone: 360.337.5700 (Sr. I&A)
1.800.562.6418 (Sr. I&A)
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
Block Grant**
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kirsten Jewell, Coordinator
Phone: 360.337.7286

**Kitsap Recovery Center
Outpatient Services:**
1026 Sidney Road
Port Orchard, WA 98366

Inpatient and Detox Services:
661 Taylor Street
Port Orchard, WA 98366
Fax: 360.377.7027
Bergen Starke, Clinical Manager
Phone: 360.337.4625

Workforce Development
1300 Sylvan Way
Bremerton, WA 98310
Elizabeth Court, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811

**Citizens Advisory Committee Meeting
Thursday, January 3, 2019
5:00 p.m. – 7:00 p.m.
Kitsap WorkSource Center, Kitsap Room
1300 Sylvan Way, Bremerton**

AGENDA

1. Call to Order - Introductions 5:00 – 5:05
Richard Daniels
2. Review & Approval of November 20, 2018 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. **RFP Issue #1: Strategic Plan** 5:15 – 5:45
Kimberly Shipp, RFP Sub-Committee
5. **RFP Issue #2: Set Aside Funds** 5:45 – 6:15
Jackie Fojtik, RFP Sub-Committee Chair
6. **RFP Issue #3: Funding Cycle** 6:15 – 6:45
Ursula Petters, RFP Sub-Committee
7. Salish Behavioral Health Organization (SBHO) Update 6:45 – 6:50
SBHO Member
8. Community Input 6:50 – 6:55
9. Committee Member Check-in 6:55 – 7:00
10. Adjourn

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
November 20, 2018**

Jeannie Screws, Vice Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the October 16, 2018 Minutes, the following action was taken:

ACTION: Robert Parker moved to approve the October 16, 2018 meeting minutes as revised. Jackie Fojtik seconded the motion. Motion carried unanimously.

ADDITIONS/CHANGES TO THE AGENDA

ACTION: Russell Hartman moved to approve the agenda as presented. Motion carried unanimously.

KITSAP MENTAL HEALTH SERVICES UPDATE

Joe Roszak, Chief Executive Officer discussed the progress of the Crisis Triage Center since it's opening in August. The facility has provided services for 88 people thus far and the percentages continue to gradually increase monthly. Other topics covered;

- When medical clearance is required prior to admit
- Robert "Neil" Olson, Director KMHS scheduled meeting with Emergency Management Services
- Meetings with hospital liaisons
- Service number statistics
- Myths vs facts misconceptions in the community
- Kitsap Mental Health
 - Reality on why programs are having trouble hiring licensed mental health professionals, education/skills vs. the jobs are not aligned
 - KMH had 311 job postings this year, 84% hires, 40% promotions within
- Behavioral Health and the Managed Care transition
 - Billing will become more complex, multiple companies
 - Managed Care, dual diagnosis not supported
 - Small business fill unique niche, challenges they will face
 - Why managed care as a state solution, a barrier between lawsuits in a society transformed by social engineering as a result of lawsuits
 - Each managed care carries its own overhead and administrative costs

2019 ELECTION OF OFFICERS

ACTION: Jeannie Screws moved to open nominations. Russell Hartman seconded the motion. Motion carried unanimously.

ACTION: Ursula Petters moved to nominate Richard Daniels as the Committee Chair and Richard Daniels nominated Jeannie Screws as Committee Vice Chair. Jeannie Screws asked for further nominations from the floor. None were given.

ACTION: Robert Parker moved to accept both nominations as presented. Russell Hartman Seconded the motion. Motion carried unanimously. Appointments effective January 2019.

2019 REQUEST FOR PROPOSAL COMMITTEE UPDATE

Jackie Fojtik, Chair of the RFP Committee, met with Gay Neal to discuss next steps. Jackie explained the review of the past and present process and requested that the CAC committee, consider and decide the areas of focus for the RFP committee to work on prior to the RFP committee meeting. The CAC committee will email their top five concerns to Gay, core mission and areas of focus will be discussed and decided on at the December meeting.

THIRD QUARTER REPORT JULY 1 – SEPTEMBER 30, 2018

The full Third Quarter Report is available online. The reports were reviewed, with a summary of each program's progress and implementation of program activities, including outcomes and spending plans. With one exception, West Sound Treatment Center did not submit outcomes. There will be a fiscal review of all 1/10th funding from January – June of 2018 conducted the first week of December by the Human Services Department. Requirements will be set for 2019.

BEHAVIORAL HEALTH ORGANIZATION (BHO) UPDATE

Integration will take place in two phases.

- Full financial integration by 2020
- Full service integration by 2022
- Olympic Community of Health will have a role until 2024, where they will oversee the integration is implemented as intended

Management of funds moving forward

- Managed Care will manage behavioral health for Medicaid only
- Question unknown; how much money will the ASO be allotted to manage
- Decision must be made by May 15th
- Deciding to be an ASO, will require a consensus of the 3 county commissioner vote of approval and passing the readiness test by the state

DECEMBER MEETING SCHEDULE

COMMUNITY INPUT

OPEN TO PUBLIC

Opportunity for public attendees to address the Committee.

COMMITTEE MEMBER CHECK-IN

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, December 18, 2018 at the Work Source Center, Kitsap Room, Bremerton starting at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 7:00 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Kathleen Cronin	Summer Anderson, Salish Recovery Coalition
Richard Daniels	Joe Roszak, KMHS
Jackie Fojtik	Tom Pinkham, Citizen
Russell Hartman	Megan Kelly, KMHS
Lois Hoell (EXCUSED)	Elena Epsten, RMH
Valerie Nau (EXCUSED)	Gladys Kuwein, Citizen
Robert Parker	
Ursula Petters	
Jeannie Screws	
Kimberly Shipp (EXCUSED)	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	



Request for Proposal (RFP) Sub-Committee Briefing

2019 marks the fifth year of funding for mental health, chemical dependency and therapeutic courts program services. The Request for Proposal Committee would like to review the history of award making and see if there are any changes, updates or improvements to the process moving forward. They met in December and have several issues they would like the full CAC to discuss at the January 3, 2019 CAC Meeting.

RFP Issue #1: Strategic Plan

The 2014 Strategic Plan was developed using a *Continuum of Care*, which is a comprehensive approach to addressing behavioral health issues at all levels including prevention, early intervention and training; crisis intervention and triage; outpatient treatment; medical and sub-acute detox; acute inpatient care; recovery support services. The Strategic Plan identifies gaps in each level of the continuum. The RFP Committee would like to review the investments made in each of these levels on the continuum over the last five years and discuss options for making award decisions in the future. Questions include:

- Is there a level on the continuum that would benefit more focused funding?
- Does the CAC want to be more intentional and prioritize any of the levels for funding in the next RFP cycle?
- Does the CAC want to target funds to unaddressed gaps in the continuum of care? If so, which gaps are priority?

RFP Issue #2: Set Aside Funds

The Request for Proposals (RFP) for the local retail sales tax has, for the past five years, awarded short-term 12 – 18 month contracts and required organizations to reapply for funding every year for ongoing operations and maintenance. Are there programs that have established a track record of performance or established need to designate operations and maintenance funding on a recurring basis and make ongoing fiscal commitments. Given that reoccurring fiscal commitments and long-term funding could be established, it is important to insure sufficient resources are available each year for new and innovative programs. The RFP Committee would like to discuss the potential to set aside funds. Questions include:

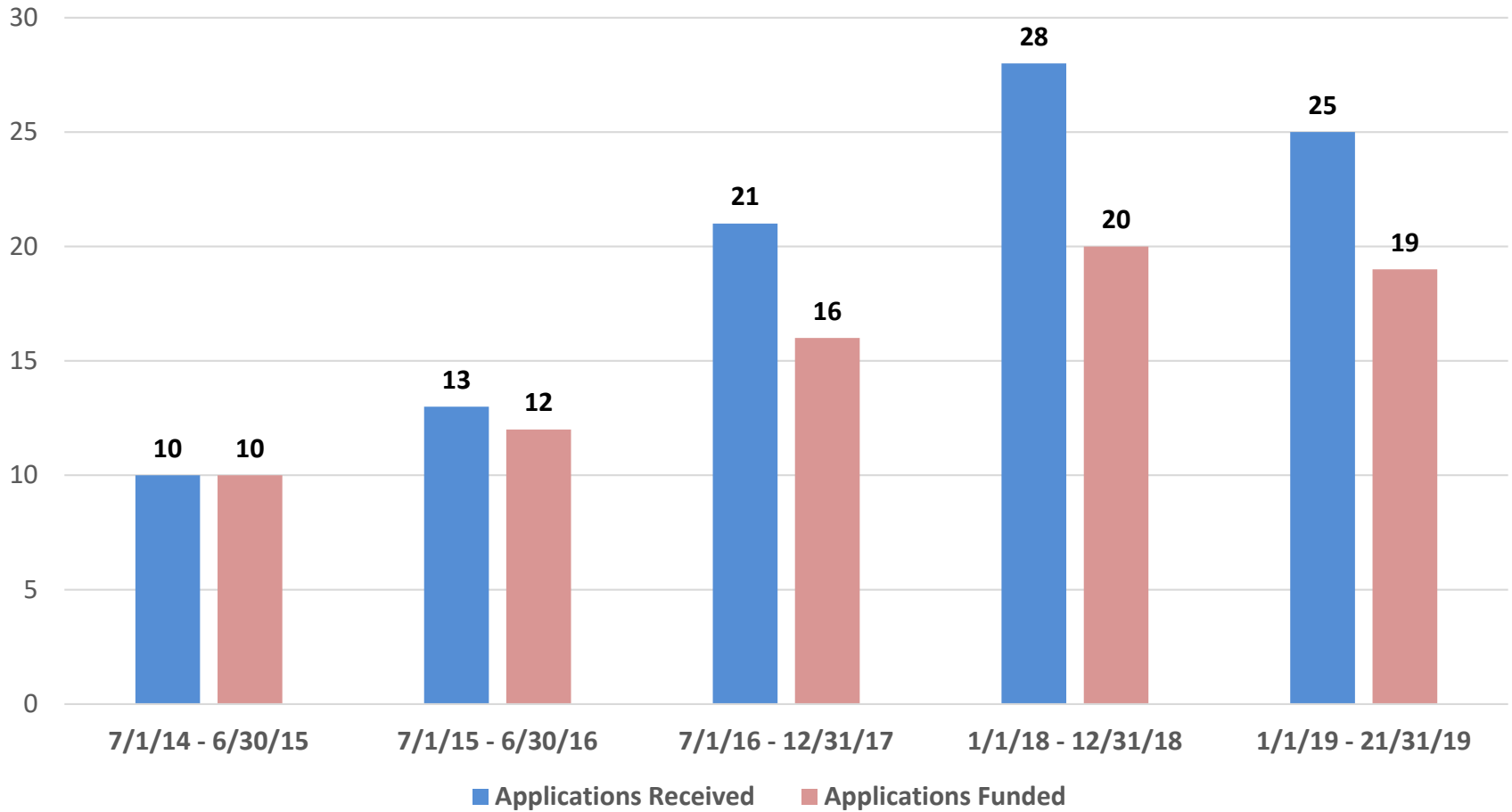
- Are there any programs, projects or initiatives that would benefit from a set aside?
- What benefits would the CAC receive if they set aside funds for certain programs or projects?
- How can funding for new and innovative projects be assured with set asides?

RFP Issue #3: Funding Cycle

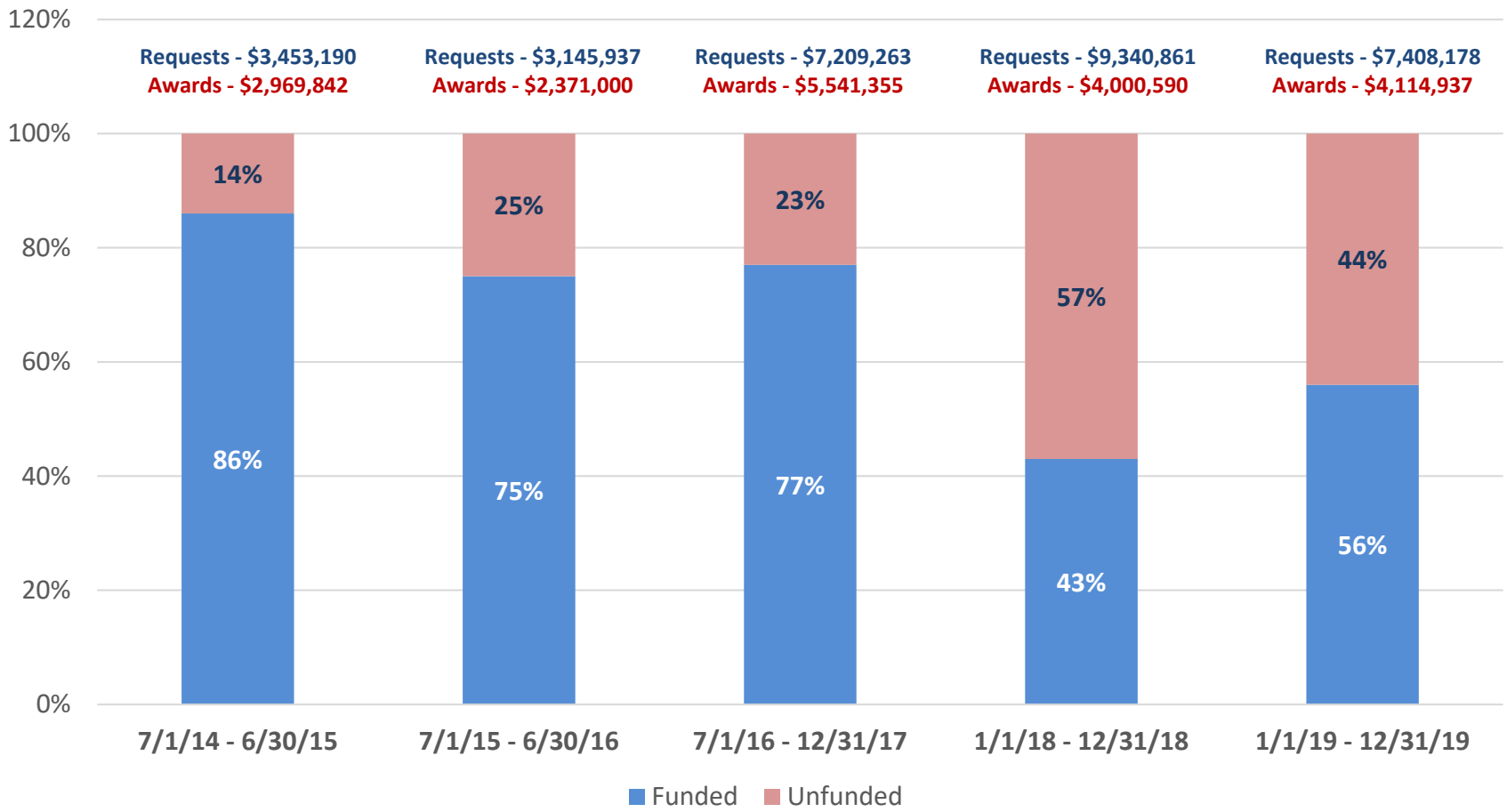
The Request for Proposals (RFP) for the local retail sales tax has, for the past five years, awarded short-term 12 – 18 month contracts and required organizations to reapply for funding every year for ongoing operations and maintenance. Continuation of program funding has been awarded based on performance and progress towards meeting evaluation outcomes. The RFP Committee would like to discuss options regarding the length of funding awards. Questions include:

- What are the benefits of the current practice of funding one year?
- Are there compelling reasons to award funding over a longer period of time than one year?
- What are the risks of longer-term funding? How can they be addressed if the funding period is lengthened?

Applications Received and Funded 2014 - 2019



2014 – 2019 Award History



2014 - 2019 Kitsap County Continuum of Care

- Juvenile Therapeutic Courts
- Behavioral Health Court
- Adult Felony Drug Court
- Veterans Treatment Court
- Prosecuting Attorney's Office
- Peninsula Community Health Services
- KRC Outpatient
- KRC Trauma Informed Care

Outpatient
\$4,579,974

- Crisis Intervention Training
- Homeless Youth Intervention
- Behavioral Health Outreach
- Kitsap Connect
- Crisis Triage Center
- RideAlong/BHU in Jail

Crisis Intervention
\$3,452,681

- SBIRT
- School based Behavioral Health Services
- Social Emotional Learning

Early Intervention
\$4,105,662

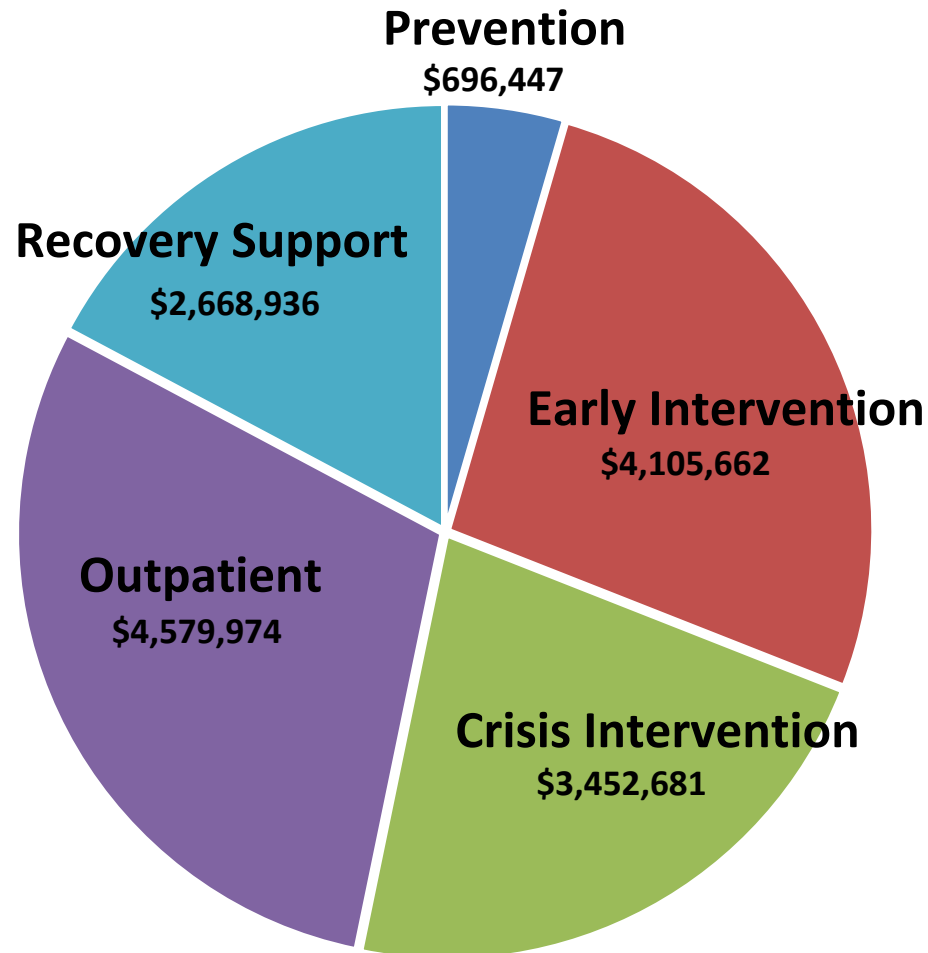
- Nurse Family Partnership
- Maternity Support Services
- Strengthening Families
- BI Healthy Youth Alliance
- Substance Abuse Prevention

Prevention
\$696,447

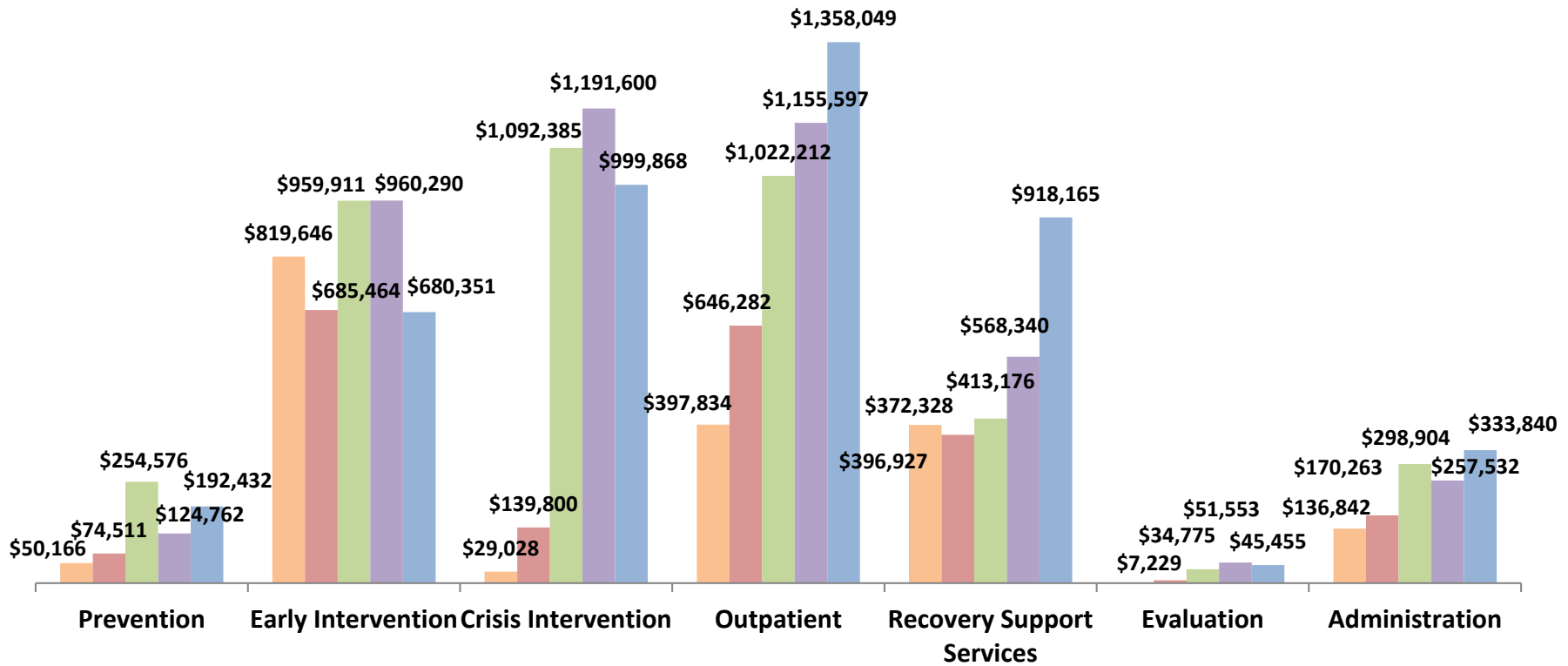
- GeroPsych Success
- Partners in Memory Care
- Housing Support Services
- Jail Re-Entry program
- New Start Re-Entry Program
- Housing Feasibility Study

Recovery Support Services
\$2,668,936

2014 – 19 Continuum of Care Investments

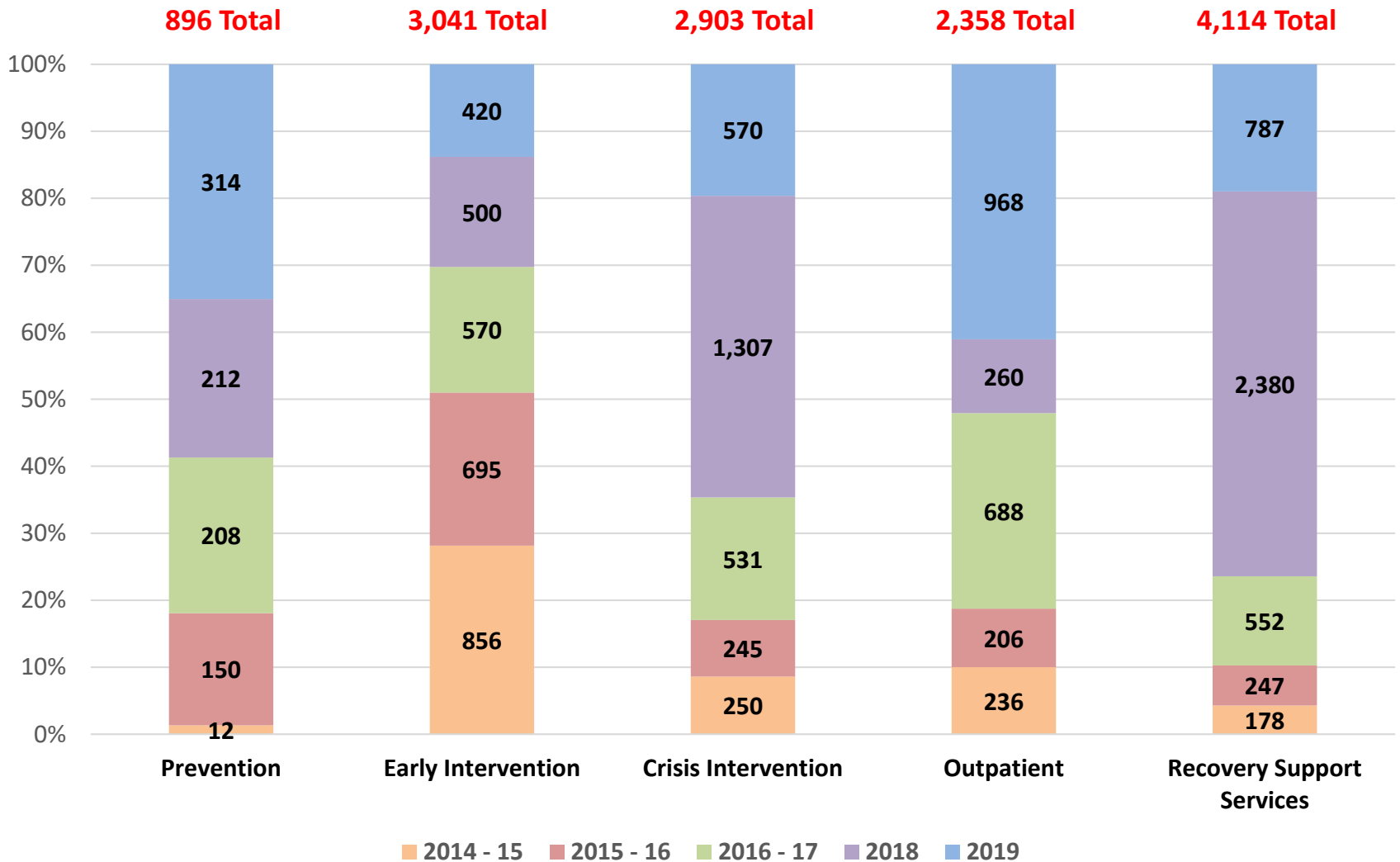


2014 – 2019 Fiscal Expenses



2014 – 15 2015 – 16 2016 – 18 2018 Awards 2019 Awards

2014 – 2019 Individuals in Services



2019 Kitsap County Continuum of Care

- Enhancements for Juvenile Therapeutic Courts
- Behavioral Health Court
- Adult Felony Drug Court
- Veterans Treatment Court
- Prosecuting Attorney's Office
- Peninsula Community Health Services

Outpatient

Crisis Intervention

- Crisis Intervention Training
- Homeless Youth Intervention
- Behavioral Health Outreach
- Kitsap Connect
- Crisis Triage Center

- Social Emotional Learning
- School based Behavioral Health Services

Early Intervention

Prevention

- Nurse Family Partnership
- Maternity Support Services
- Substance Abuse Prevention

- Partners in Memory Care
- Housing Support Services
- Jail Re-Entry program
- New Start Re-Entry Program

Recovery Support Services

Prevention, Early Intervention and Training - Programs which create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness; substance abuse, including tobacco; and suicide. Includes evidence-based mental health and substance abuse early prevention and intervention parent programs; community and school-based curriculums; and training to identify the effects of behavioral health problems. **The following gaps have been identified:**

- Support a shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Train all systems on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate the community on Healthy Option Services and Medicaid Expansion.
- Educate local behavioral health treatment providers on Veterans' issues and available resources.
- Provide behavioral health education and training to providers working with the aging population.
- Provide consistent behavioral health consultation to providers working with the aging population.
- Embed strategies for working with individuals with behavioral health disorders within the existing local CNA/ LPN/ nursing curriculum.
- Expand mental health and substance abuse prevention coalitions County-wide.
- Expand evidence-based mental health and substance abuse early prevention and intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families).
- Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support.
- Conduct professional development for educators, youth development and community agencies on youth mental health and substance abuse issues, concerns and supportive intervention strategies.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.

Crisis Intervention and Triage - Services provided on a very short-term basis to intoxicated or mentally ill individuals on the streets or in other public places and may include general assessment of the patient's condition, an interview for diagnostic or therapeutic purposes, and transportation home or to an approved treatment facility. Includes mobile or other outreach staff at a variety of community sites to identify hard to reach individuals who are abusing alcohol and other drugs. **The following gaps have been identified:**

- Develop County-wide protocols for first responders responding to a call where mental illness or substance use may be a factor.
- Conduct crisis intervention training for all first responders County-wide to respond to calls where mental illness or substance use may be a factor.
- Establish a Mobile Crisis Team and infrastructure to handle attempts by law enforcement or mental health outreach teams to preempt entry into the legal system, jail or the hospital.
- Develop, enhance or expand an adult diversion programs for low level offenders with mental illness or substance abuse disorders.
- Establish specialized homeless outreach services, including specialized outreach to Veterans with mental health or substance abuse issues.
- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide behavioral health screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.
- Provide crisis triage/respite and/or drop-off center alternatives for individuals with behavioral health needs not eligible for acute hospital or evaluation and treatment services but are in need of short-term 24 hour services, including assessment and referral.
- Expand capacity for 24-hour crisis response for youth through law enforcement training, mobile crisis team, emergency housing and crisis triage.
- Expand youth Involuntary Treatment Act/Crisis Response services, including crisis residential center.
- Provide advance beds for dementia patients who are not currently accepted by Western State Hospital, Kitsap Mental Health Services or other providers.

Outpatient Treatment – Psychiatry, Medical and Medication Management, Counseling – Group; Individual or family counseling services provided in a non-residential chemical dependency or mental health treatment facility. Includes services associated with case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. Also includes medication management. **The following gaps have been identified:**

- Increase substance abuse treatment funding for youth and adults who are not eligible for Medicaid, including individuals on Medicare, Veterans and those who do not have private insurance.
- Increase access and options for medication-assisted treatment.
- Increase efforts to attract more providers within Kitsap County to provide pain and addiction consultations.
- Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid.
- Evaluate geriatric population needs.
- Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individual's behavioral health needs.
- Expand the use of evidence and research-based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.
- Develop shelter-based behavioral health prevention, outreach, assessment, intervention, referral and treatment.
- Provide on-site behavioral health screening and referral to Superior, Municipal and District Courts.
- Expand behavioral health outreach, assessment, intervention, referral and treatment in the jail.
- Expand behavioral health outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts.
- Expand behavioral health prevention, outreach, assessment, intervention, referral and treatment within the juvenile justice system.
- Establish a dedicated behavioral health specialist to serve the juvenile detention facility, Individualized Treatment Court and be available for consultation to Probation Counselors dealing with the general probation population.
- Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing with/without supportive services, and mental health & substance abuse treatment.

Medical and Sub-Acute Detoxification - Treatment of patients either in a medical or social setting while the patient recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. **The following gaps have been identified:**

- Educate first responders, mental health and housing program providers, and criminal justice staff on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.
- Dedicate funds for out of County medical detoxification services for youth and adults, including those in the criminal justice system.
- Provide local medical detoxification services.
- Enhance linkages at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

Acute Inpatient Care - A concentrated program of mental health or chemical dependency treatment, individual and group counseling, education, and related activities, including room and board in a twenty-four-hour-a-day supervised facility. **The following gaps have been identified:**

- Educate first responders, mental health and housing program providers, and criminal justice staff on available inpatient substance abuse treatment beds at Kitsap Recovery Center.
- Increase number of local residential substance abuse treatment beds for youth and adults.
- Increase number of local mental health inpatient beds for adults, including geropsychiatric beds.
- Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis).
- Increase number of local co-occurring disorder residential substance abuse/mental health treatment beds.
- Expand family education, involvement and support activities for individuals in residential substance use disorder treatment.
- Enhance linkages at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

Recovery Support Services - Includes a focus on providing for the health, housing, vocational, and social support needs of people with mental health problems. These include peer- and family-operated services. **The following gaps have been identified:**

- Provide funding for recovery supportive services for individuals in treatment including child care, transportation and employment.
- Increase project-based subsidized housing vouchers for individuals in Behavioral Health treatment.
- Provide appropriate, tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral Health issues.
- Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment.
- Establish flexible rental assistance funds for individuals with Behavioral Health needs.
- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, and North and South Kitsap.
- Identify transportation barriers to getting to treatment and increase transportation options.
- Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.
- Increase wrap-around services for serious emotionally disturbed youth.
- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts.
- Explore local reimbursement options implemented in Pierce and Clallam Counties.
- Provide local cursory competency evaluation for out of custody, low-risk offenders.
- Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA.
- Assess and identify the mental health service needs of an aging population.