ATTACHMENT A

2016 GRANT SUMMARY PAGE

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY HUMAN SERVICES DEPARTMENT

Proposal Title: Crisis Response and Coordinated Care Demonstration Project
Please Check One **X New Grant Proposal** ☐ **Continuation Grant Proposal**

Proposal Summary:
This collective impact project will help some of the most vulnerable residents of Bremerton and Central Kitsap, who are experiencing (or are at risk of) mental illness, chemical dependency, physical illnesses, and homelessness by improving access to the care they need. Using a multi-disciplinary, mobile outreach team that includes intensive care coordination services, this project will provide the critical engagement and connective tissue to link these residents with desperately needed services that will ultimately reduce the severity of behavioral health issues, serious physical health complications, and homelessness. This will, in turn, reduce inappropriate or unnecessary utilization of costly services. Over the 18-month grant, we anticipate serving 50 individuals. Lessons learned from this demonstration project will be applied to refine the program design with the intent of scaling up to the entire county over time.

Requested Funds Amount: $ 541,060

Matching/In-kind Funds Amount: $242,296 ($105,766 in in—kind program costs, $136,530 in housing vouchers/rapid-rehousing services)

Kitsap Public Health District			
Agency or Organizational Name			
345 6th Street, Suite 300			
Street Address			
Bremerton		WA	98335
City		State	Zip
Katie Eilers	360-337-5224	katie.eilers@kitsappublichealth.org	
Primary Contact	Phone	E-Mail	

Non-Profit Status: 501©3 of the Internal Revenue Code? ___Yes _X__No
Federal Tax ID Number: 42-1689063

- If incorporated, attach a list of the members of the Board of Directors, including names and addresses.
- If not incorporated (sole proprietor or partnership), attach a list of the names and addresses of the principals.

Signature	Title	Date
Health Officer		3-9-16

KITSAP PUBLIC
HEALTH DISTRICT

Kitsap Public Health Board

Our seven-member Kitsap Public Health Board is our governing body. They have broad legal authority and responsibility to protect the community's health and to enforce a variety of local, state and federal laws and regulations. They select and oversee our leadership, work with us to set our policy and priorities, approve our annual budget and enact health policies through new, local public health regulations when the need arises.

Sarah Blossom
Bainbridge Island City Council
Board member since January 2012

Becky Erickson
Mayor of Poulsbo

Charlotte Garrido
Kitsap County Commissioner, District 2
Board member since January 2009

Robert Gelder
Kitsap County Commissioner, District 1
Board member since April 2011

Patty Lent
Mayor of Bremerton
Board member since January 2010

Rob Putaansuu
Mayor of Port Orchard
Board member since January 2016

Ed Wolfe
Kitsap County Commissioner, District 3
Board member since January 2015

2016 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY HUMAN SERVICES DEPARTMENT

1. Organizational Capacity

A. Organizational Governance

Kitsap Public Health District (KPHD) will serve as the backbone agency for this collective impact project – the Crisis Response and Coordinated Care Demonstration Project, which services the Bremerton and Central Kitsap areas. KPHD is governed by a Public Health Board ("Board") consisting of seven elected officials – the three County Commissioners, the Mayors of Port Orchard, Bremerton, and Poulsbo, and a City Council person from the City of Bainbridge Island. The Board directly hires the Administrator and the Health Officer. KPHD's Executive Leadership Team (ELT) is comprised of the Administrator, Health Officer, the Directors of Environmental Health and Community Health, and their Assistant Directors.

The Board sets policy and the ELT leads program development based on the policy direction of the PHB and the ten year strategic plan jointly developed by the Board and KPHD staff. The ELT operates in a participatory fashion by scheduling Program Managers to participate in monthly ELT meetings on a rotating basis. The Program Manager in attendance at the monthly ELT meeting has an equal vote on decisions. Most decisions are made by consensus; in the event consensus is not reached, majority rules.

Monthly ELT meetings provide an excellent venue to share program development and implementation plans and gain cross sector support for the work of all KPHD programs. The ELT develops the agenda for PHB meetings, creating the opportunity to educate the Board on the value of evidence based programs through presentations at the Board meetings.

Major internal controls consist of segregation of duties and a second review & approval of transactions. Grant billings are also reviewed and approved by the contract administrator for each grant. For the District's Financial and Single Audit for the year ended 12/31/2014, the Washington State Auditor (SAO) issued an unmodified opinion. There were no significant deficiencies, material weaknesses or issues with non-compliance. SAO made this comment related to accountability, "In the areas we audited, District operations complied with applicable requirements and provided adequate safeguarding of public resources. The District also complied with state laws and regulations and its own policies and procedures in the areas we examined."

In addition to KPHD program management and staffing for this project, two agencies will be subcontracted for work on this project: Kitsap Community Resources (KCR) and Kitsap Mental Health Services (KMHS). KCR is a not-for-profit community action program whose mission is to create hope and opportunity for low-income Kitsap County residents by providing resources that promote self-sufficiency. KCR has a 50 year history of serving the needs of low-income and vulnerable residents of Kitsap County, including more than a 30 years working to address the needs of individuals who are experiencing homelessness or facing the imminent threat of homelessness. The agency operates 36 units of emergency and supportive housing, an emergency shelter for women and children, and multiple types of rental assistance providing deposit and rent programs to help move individuals and families into stable housing. In addition, KCR administers the Housing Solutions Center (HSC) which provides coordinated entry and assessment services for residents of Kitsap County. The HSC partners closely with all the major housing and emergency shelter providers to coordinate access to these services as well as more than 100 community landlords who are open to working with households that may have multiple housing barriers. All KCR housing programs are case managed using a progressive engagement approach by certified Family Development Specialists. In addition, the agency offers multiple Employment and Training programs, Head Start, Women Infant and Children (WIC) nutrition, Energy Assistance, Weatherization and Veterans programs.

Kitsap Mental Health Services (KMHS) is a private not-for-profit 501(c) (3) corporation governed by an eleven member Board of Directors. KMHS was created by the Kitsap County Board of Commissioners in 1978 as a comprehensive mental health center and is the primary provider of countywide behavioral health services for children and adults, serving nearly 6,000 Kitsap County residents annually. Services are funded primarily through Medicaid dollars under contract with the Peninsula Regional Support Network (Salish BHO). KMHS provides 24/7 crisis response services. For adults 18 and over, KMHS operates an Adult Psychiatric Inpatient Unit for evaluation and treatment; a 30 day Residential Treatment Unit for patient stabilization prior to return to community; Adult Outpatient; and at various levels, owns, manages and staffs 105 units of housing with Bremerton Housing Authority (BHA), Housing Kitsap and private landlords. In this way, and through multiple partnerships, KMHS provides a continuum of services. A Crisis Triage and Detox Center will be operational July 2017, developed in partnership with law enforcement, Emergency Medical Services (EMS), CHI Franciscan/Harrison Medical Center (HMC) and chemical dependency providers. KMHS is an active member of the Kitsap County Continuum of Care Coalition and multiple working groups seeking to reduce unnecessary jail and hospital utilization by providing the needed behavioral health services at the right place, at the right time, in the right way. KMHS has had active conversations with the two housing authorities, the emergency housing providers, including the Salvation Army, about how to effectively increase and place the right level of services in housing and emergency housing settings.

B. History of Project Management

KPHD has effectively managed several complex multi-year grants from varied funding sources in the last decade across disciplines, many of which require rigorous fiscal monitoring and program compliance. Most recently, KPHD has been serving as the lead organization for the Washington State Department of Health, Healthy Communities Obesity, Diabetes, Heart Disease, and Stroke Prevention Program, which is a regional grant consisting of partners from Kitsap, Jefferson, and Clallam Counties. KPHD manages 13 subcontractors, including tribal clinics, public health departments, primary care providers, behavioral health providers, and non-profit agencies to successfully engage 15 strategies in this chronic disease prevention work. KPHD has the fiscal and program management expertise to oversee complicated, multi-sector partnerships.

KPHD currently serves as the backbone agency for the Olympic Community of Health, our three county (Clallam, Jefferson, and Kitsap) region's accountable community of health, through funding from the Health Care Authority. This multi-sector group which includes providers of public health services, primary care, acute care, long-term care, and social services, aims to address the triple of aim of health care reform: reduce costs of care, improve quality of care, and enhance population-based health by improving care coordination across providers.

KPHD is also one of four agencies, including the Suquamish Tribe, Kitsap Community Foundation, and the United Way, who together serve as the founders and the current backbone of Kitsap Strong. This collective impact project aimed at reducing adverse childhood experiences and mitigating their impacts through resiliency-building arose out of the KPHD-facilitated Kitsap Community Health Priorities (KCHP) process, during which a broad range of service providers identified the most pressing health issues in our county based on extensive review of health and socio-demographic data. Should this grant proposal be selected for funding, the proposed project would be KPHD's second opportunity to serve as a backbone agency to address health priorities identified through KCHP, namely improving behavioral health care access and reducing homelessness/unstable housing.

C. Staffing Capacity

This project will require the following staff positions:

- 15% Project Director (Katie Eilers, current employee of KPHD). This position is responsible for the overall oversight of the project, lending leadership support to the project, ensuring that grant requirements are fulfilled, and supervising the Program Manager. As a seasoned public health professional and registered nurse, Mrs. Eilers has a deep appreciation for the complex needs of persons experiencing mental illness and chemical dependency, and opportunities across the life course to intervene with sub-populations in order to promote optimal health for multiple generations.

- Full-time Program Manager (to be hired as employee of KPHD). This position is responsible for designing program policies and procedures necessary to implement the program, overall program administration, daily supervision of program staff, program communications, convening of case conference meetings with key partners, convening crisis response and coordinated care team advisory council, facilitating regular staff meetings with all project staff, maintaining relationships with external stakeholders, overseeing the monitoring and evaluation of the project, and ensuring grant deliverables (including reporting and outcome measurement requirements) are met. This person will have a proven track record of team building and collaboration with mental health, chemical dependency, homeless and housing service providers, and other social and public service organizations, as well as an intimate understanding of the needs of our community's most vulnerable residents suffering with mental illness, chemical dependency, and housing insecurity.
- Full-time Public Health Nurse (to be hired as employee of KPHD). This position participates on the crisis response and care coordination team as the content expert in chronic and communicable disease, health promotion, self-management tools, and healthy living strategies. This position is responsible for providing targeted health education, resources, referrals, and linkages to appropriate health care providers. This person will have experience in chronic disease and preferably psychiatric nursing care.
- Full-time Behavioral Health Professional (Master's level, co-occurring disorder capable, employed by KMHS through subcontract).This person participates on the crisis response and care coordination team as content expert in behavioral health, and is responsible for conducting outreach and engagement activities, behavioral health screenings with clients, care coordination, and advising on care plan development specifically promoting chemical dependency recovery and effective treatment for mental illness.
- Full-time Housing Outreach and Stabilization Coordinator (to be hired as employee of KCR through subcontract). This person participates on the crisis response and care coordination team as content expert in homelessness and housing, and is responsible to lead outreach and engagement efforts for referred clients facing homelessness and housing instability. Working with HSC, this position assists clients in securing stable, appropriate housing for their needs, and maintaining that housing over time.

2. Community Needs and Benefit

A. Needs Assessment

Community Need. In 2014, as part of the community health needs assessment, KPHD convened stakeholders from multiple sectors to intensively review sociodemographic, health care, morbidity, and mortality data for Kitsap County. This comprehensive process, known as the Kitsap Community Health Improvement

Process (KCHP) culminated in the identification of four leading health priorities including: *Ensuring behavioral health care is accessible, available, and timely for all* and *Increasing affordable housing and making homeless a one-time brief event.*

Community leaders from our behavioral health service providers, hospital, social service providers, affordable housing, homeless services, public health, and EMS responded to these priorities by further identifying gaps in service in our communities. A common agenda emerged: in order to thrive, the most vulnerable persons in our community (who often utilize the costliest resources) require tailored, intensive outreach and coordinated care focused specifically on stabilizing housing, accessing primary care, mental health, and/or chemical dependency services.

Some of the compelling data that further framed the need for the proposed intervention exhibit trends of both over-use and inappropriate use of the most costly services, such as emergency department (ED) and EMS, often by a small group of residents. According to partners at Central Kitsap Emergency Management System, since 2013, 157 patients have been transported by the Central Kitsap EMS a total of 1,137 times, ranging from 5 trips to 28 trips per person. The current Medicaid billing rate per transport is $230, correlating to an estimated cost of over $260,000 per year for EMS transport of the highest users. In 2015, KMHS found that its top 25 users of ED services have in aggregate accessed Emergency Department services a total of 570 times in 2015, an average of almost 23 times per person during the year. In 2015, almost 5% of visits to HMC's ED were attributed to a mental health diagnosis and almost 6% to a chemical dependency. Many of these visits are considered preventable, and resulted from patients not effectively connected to outpatient behavioral health, physical health, and social support resources.

Our housing and homeless service provider network indicates a strong overlap in housing stability and mental health, substance abuse, and physical health issues. In 2015, the HSC at KCR met with 3,258 households of which 1,017 (31%) of the households indicated they were dealing with mental health issues and 359 (11%) reported having substance abuse issues. A total of 197 households reported co-occurring behavioral health concerns. BHA found that 12 of their evictions from subsidized housing in 2015 resulted from unmanaged chemical dependency and mental health issues. All 12 of these evictions resulted in homelessness for those evicted. BHA houses over 2,000 residents throughout Kitsap County either by the Housing Choice Voucher program or those who reside in Public Housing. Of those residents, 60% are disabled with the majority of them suffering from mental illness.

Mental health and chemical dependency issues are pervasive among our community's poor. Peninsula Community Health Services, the County's sole federally qualified health clinic which services the Medicaid population, served 24,884 patients in 2015 through 64,401 office visits. Of these office visits, 42% addressed a mental health and/or substance abuse diagnosis, correlating with 48% of the patient population being seen for a mental health and/or substance abuse related issue.

During the 2015 annual Kitsap County Point in Time Homeless Count (PIT), there were 496 individuals counted, 25% of whom were children under the age of 18. The total count increased to 644 in 2016, a 30% increase. The PIT counts are considered to be underestimates of the true number of unsheltered individuals.

Because the proposed project is new, we do not have an established baseline within our potential clientele population. The program is designed to serve clients with high utilization rates of costly services, including ED, EMS, corrections and housing services, so we anticipate their baseline usage rates of these services to be well above average. Based on community-wide data, we anticipate 60% of clientele to have comorbid conditions of mental illness and chemical dependency, with the most common chronic disease risk and/or diagnoses of diabetes, cardiovascular disease, and asthma. Our evaluation plan establishes a baseline for each client at intake, and post-intervention outcome measures when the client exits the program. Clients are anticipated to be in the program for 6 to 9 months. When appropriate, data will be aggregated to establish a collective baseline and representation of overall program impact.

BENEFIT. This project is organized around a collective impact approach to help the most vulnerable residents in our community, who experience or are at risk of mental illness and chemical dependency and comorbid physical illnesses, effectively access the care they need. Using a multi-disciplinary, team-based intervention, the project aims to reduce the use of costly health, public, and social services by improving the well-being and stability of at risk members in our community through the provision of intensive care coordination services. The geographic focus of this pilot program is Bremerton and Central Kitsap.

Several communities have successfully reduced excessive use of public, social, and health services through the introduction of programs providing intensive care coordination and supportive services for high and/or inefficient utilizers. The proposed Crisis Response and Care Coordination Demonstration Project is a hybrid of many of these promising and evidence-based practices and promising practices:

- ***Harborview Hospital in Seattle High Utilizer Program***: This program provides short-term intensive case management for high utilizers of the ED (4 visits in a 3 month period). The intervention reduced patient use of the ED by 55% and inpatient charges by 63% (Allen, 2015).
- ***Snohomish County Fire District #1***: This community paramedic program connects frequent 911 callers to required health and social services. Approximately 15% of their high utilizers had mental health as the primary issue of concern. In 2014, program participants experienced a 36% reduction in 911 calls and nearly a 12% reduction in ED visits. (MLTNews, 12/14/2015).
- ***San Diego Project 25:*** This 3 year pilot program identified 25 high users of ED, EMS, and in-patient hospitalization and connected them with long-term housing and supportive services. After one year, the per-person average expenditures

were $97,437 - down by $317,904. ED visits declined 77%, ambulance transfers declined 72% and in patient stays declined by 73%. (SDHC, June 7, 2012)

- ***Collaborative Chronic Care Models***: A meta-analysis of collaborative chronic care models for mental health conditions found that intensive case management services that focus on patient self-management support, decision support, organizational support, system redesign, and community resource linkages for persons with chronic mental disorders are effective across a wide variety of care settings. (Woltmann et. al, 2012)

B. Link between Community Need and Strategic Plan

The proposed Crisis Response and Care Coordination Demonstration Project aligns with multiple policy goals of the Mental Health, Chemical Dependency, and Therapeutic Court Programs, including:

- Improve the health status and well-being of Kitsap County residents
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County

In relation to the 2014 Behavioral Health Strategic Planning goals, or gaps, this project addresses the following:

Gap #1: Behavioral Health Prevention, Early Intervention, and Training

- *Support 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.* Although the proposed project is not in its immediacy an early intervention program, the improved systems efficiency through targeted collaboration will result in increased care coordination between key sectors, which will ultimately improve impact on prevention and early intervention services.

Gap #2: Crisis Intervention/Triage Services

- *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.* This project creates such a team and is expected to influence usage rates of the legal system, jails, and the hospital, among other costly services, over time.
- *Establish specialized homeless outreach services.* The mobile Crisis Response and Coordinated Care team includes a Housing Outreach and Stabilization Coordinator, whose responsibilities include specialized outreach to chronically homeless individuals.

Gap #3: Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services

- *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.* HMC will provide referrals of both high ED usage clients and highly vulnerable patients discharging from inpatient services to the Crisis Response and Coordinated Care team to provide tailored linkages to necessary social and health services. When possible, the team will meet patients at the hospital during the discharge process to help ensure optimal success in linkages to needed services.

Gap #6: Recovery Support Services

- *Provide appropriate, tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral Health issues.* BHA will commit to 10 project based vouchers under the condition the units meet Housing Quality Standards and the program meets the needs of the clients who fit the criteria for a "Housing First " model. BHA supports the "Housing First philosophy" which embraces the notion that vulnerable clients are more easily engaged in robust clinical services and experience greater success once the chaos of living on the streets has been eliminated from their lives. Eliminating this debilitating chaos is achieved when a chronically homeless adult is provided a safe and permanent apartment of their own. Kitsap County has established a need for this type of housing in the homeless housing plan.

This particular approach of coordinated case management was also identified by the Kitsap County Board of Commissioners and the Kitsap County Continuum of Care Coalition as a key strategy in their Homeless Housing Plan (updated in 2016). In alliance with this proposed grant project, the Housing Plan supports the creation of care management services for the most vulnerable, housing-insecure people in our community. Development of a multi-disciplinary crisis response team, use of progressive engagement, trauma informed care, harm reduction techniques, and creation of respite beds and housing first options are all supported by this Plan.

KCHP partners have identified that the engagement and linkage provided through this intensive outreach and care coordination multidisciplinary team for "high utilizers" provides the connective tissue to bring these residents into desperately needed services. This will in turn reduce homelessness, severity of behavioral health issues, serious physical health complications, and inappropriate or unnecessary utilization of law enforcement, jails and justice systems and hospital emergency department. The team is designed to be mobile because of our wellness strategy *to reach out to people where they are.*

Tracey: a community member who would be served by this proposed project
(client story from partner agency, name has been changed)

Tracey has a history of un-treated severe mental illness. While Tracey is connected with a mental health counselor at Kitsap Mental Health Services, she is unable to maintain housing stability or effectively utilize primary care. Recently she called 3 times in 6 hours for transport to the hospital for a urinary tract infection. The hospital provided the appropriate medication and discharged her. She is unable to comply with her medication regiment and remains unwell living on the streets. Tracey is unable to sleep well, confused, agitated and unable to maintain hygiene. She requires extensive staff time when she utilizes services.

3. Project Description

A. Project Design and Evaluation

PROJECT DESIGN and PURPOSE. There are a number of Kitsap residents who are inappropriately engaged with costly health and social services that include EMS, emergency departments, law enforcement and jail. There are others who are not effectively or sufficiently utilizing existing health and social resources, which places them at high risk for housing instability, eviction, homelessness, untreated or poorly managed mental illness, untreated chemical dependency, and complications from illness and disease. This project engages a collective impact approach to help these vulnerable residents of Bremerton and Central Kitsap effectively access the care they need. As previously stated, it aims to reduce the use of costly health, public, and social services by improving the well-being and stability of at risk members in our community through the provision of intensive care coordination services.

Agencies will be able to refer participants who they have identified as being in need of outreach, engagement, and/or intensive care coordination because they exhibit risk for or signs of mental illness, chemical dependency, housing instability/ homelessness, or a combination of these, to the multi-disciplinary crisis response and coordinated care team. These team members are the problem solvers of last resort for people who are falling through the cracks and needlessly suffering and even dying. Referring agencies may include: law enforcement, EMS, primary care, behavioral health, social service, emergency department and inpatient discharge, housing and homeless service providers.

The Team will be housed in the Bremerton Downtown Core at the Salvation Army Services Center, with shared team office space and an interview room in which to meet with individuals. The Center is located within two blocks of KCR and the Housing Solutions Center, KPHD, and the Bremerton Housing Authority, and its location creates ease for a quickly responsive "mobile" team to provide services on site or conduct outreach and engagement activities in the Bremerton-Central Kitsap Community.

The team will be comprised of a Behavioral Health Professional, Public Health Nurse, and Housing Outreach and Stabilization Coordinator. This team will engage participants via telephone, face to face meetings, home visits, and street outreach with the goal of identifying key barriers to stability and resource needs. The team offers the individual tailored care by providing intake assessment, referral and connection to appropriate resources, including behavioral health, wellness resources and other social services (food, housing, healthcare, transportation, etc.). The team maintains engagement with participants by coordinating care among these resources, and by providing chronic disease and health education as needed. It is expected that the team can service 25 clients at any given time, and throughout the program period will serve 50 clients. Clients are anticipated to remain "in the program" for 6-9 months.

For those participants who are housed and frequent users of costly interventions, the collaborative care team will focus interventions on resources to maintain housing, which often requires addressing chemical dependency and mental health issues. For those youth and adults who are homeless and struggling with mental illness or drug/alcohol problems, securing stable housing is critical to recovery and stabilization of their symptoms. Similarly, for elderly persons whose primary health concern relates to physical barriers and housing, the ability to age in place will be protective against exacerbating existing or future behavioral health issues.

A Program Manager will oversee the day to day coordination of this project, including convening regular "care conference" sessions with team members and representatives from organizations who service the participant to assess participant status and specific needs. This is a critical and unique aspect of this program – the intentional breakdown of silos to facilitate more effective of coordination of care by these providers. During collaborative care conferences, organization representatives will identify overlap of participant utilization of services and create a consistent, broader care plan for each participant. This tailored care plan forms the baseline for several of our outcome measures. Any applicable privacy regulations will be observed as appropriate to each provider's role.

A key focus of this project is to improve system efficiency and remove organizational silos through enhanced cooperation and collaboration. Care conference sessions will aid in reaching this goal. Additionally, as found with many collective impact projects, we intend to establish an Advisory Committee comprised of decision-makers from key sectors to offer a platform for higher level system change discussions. This Committee will be convened 6 to 9 months into the program year, to allow for time to establish new and enhance existing contacts with sector leaders representing behavioral health services, acute and preventive health care, law enforcement, criminal justice, EMS, housing authorities, and social service. We anticipate the Committee playing an important role in quality improvement of the program moving forward, and potentially stimulating other strategies for this collective impact project. They will meet 2-4 times during the project period.

EVALUATION. This program aims to improve the health and well-being of high utilizers of costly social, public, and health services by improving care coordination among behavioral health, chemical dependency, health, and homeless/housing service providers and providing direct care coordination services for these participants.

Specific goals, activities, and objectives are outlined in the attached Evaluation Worksheet. The timeline for this project is as follows:

1st Quarter (July – Sept, 2016)	Finalize subcontracts; hire staff; develop referring processes with partner organizations; purchase necessary program supplies; develop necessary MOUs, intake forms, care plan forms, and data tracking tools
2nd Quarter (Oct – Dec 2016)	Team begins receiving referrals from partner agencies; care coordination conferences established and held 2 – 4 times per month; outreach, crisis response, care coordination activities begin; baseline data collected for individual participants
3rd Quarter – 6th quarter (Jan – Dec 2017)	Ongoing outreach, crisis response and care coordination activities; care coordination conferences continue; individual-level data behavioral and satisfaction outcomes tracked and recorded; Advisory Committee established and meets 2-4 times
6th Quarter (Oct – Dec 2017)	Partnership survey administered; data analyzed for final report; recommendations made for refining program design; sustainability plans in place

Behavioral outcome data will be tracked per participant based on their tailored care plans and specific usage patterns, and aggregated where appropriate. For example, each client who remains in the program will be assessed for behavioral advancements based on his/her tailored care plan. Participants with high ED or EMS usage patterns will be evaluated for reduction of inappropriate or overuse of these services, and individual data will be aggregated and associated with corresponding cost reductions at the end of the project period. Patient satisfaction surveys will be administered during the exit process from the program for each participant. Partner agencies involved in care conferences and/or the Advisory Committee, will complete a systems improvement survey during the last quarter of the project.

Data will be collected by the team on each client and kept strictly confidential, with files in locked cabinets. KPHD epidemiology staff will assist in data analysis as needed. As necessary, formal data sharing agreements between partner agencies will be established.

A. Community Collaboration, Integration and Collective Impact

This project was conceived collectively by housing and health leaders who share a deep concern for marginalized persons in the community, particularly for people struggling from multiple complex issues related to homelessness, mental illness, chemical dependency, and un-managed chronic health issues. Partners have a shared passion to reduce suffering among the most vulnerable in our community, and at the same time, amidst health care reform, partners have become increasingly aware of the critical need to reduce costly use of health and social services by a highly vulnerable, small percentage of the population. This project is designed to be collaborative, and can only succeed if partners utilize mutually reinforcing activities and open communication, and together depend on each other's expertise.

The proposed project is intended to integrate with existing and emerging services. The same leaders who conceived of this project regularly convene to address other critical gaps in our community, including expansion of low-barrier housing, integration of mental health and chemical dependency services, establishment of a crisis triage center and withdrawal management center, developing medical respite care, promoting aging in place, and facilitating chronic disease management across sectors. Similarly, many of the agencies proposing this project serve on the leadership committee of Kitsap Strong, our community's collective impact initiative to prevent adverse childhood experiences (ACES) and mitigate their impact. This crossover is valuable because of the profound influence ACEs has on long term risk for chemical dependency and mental illness. Much of the resiliency-building work that the Crisis Response and Coordinated Care team will build with clients coincides with strategies supported by Kitsap Strong.

The care conference component of this project, which requires leaders from different partner agencies who service clients to together create care plans for each client, will require us to expand our partners. We intend to have an "open table" for any agency interested in these sessions, including chemical dependency providers, court diversion programs, primary care providers, social services, etc. Information will be shared across providers to the degree possible while observing all applicable privacy regulations. Health care providers are allowed to share information when patients are shared clients. As a collective impact initiative, we will refine our strategies based on lessons learned and shared vision-making. Over several years, we anticipate our collective impact will be reduced suffering and fewer deaths of persons experiencing or at risk of experiencing mental illness, homelessness, and chemical dependency. A critical by-product of this work will be reduced health care and social service costs.

4. Project Financial Feasibility

A. Budget Narrative

The total project budget is supported in part by use of local funds by KPHD in the amount of $63,170, which covers the cost of epidemiology and administrative support towards the project. In-kind contributions by subcontractors and partners, not included in the budget, include:

- The provisional contribution of housing vouchers by BHA valued at $68,520 per year, or $102,780 over 18 months.
- A 25% matching contribution by KMHS towards project staff and administrative support, in the amount of $30,896.
- In-kind salary contribution for supervision of staff at KCR, valued at $11,700.
- Rapid rehousing and rent assistance for clients from KCR Housing Solutions, valued at $33,750.

The requested funds includes the following:

Personnel
Managers:
0.15 FTE of Assistant Director of Health X 18 months = $22,675
Staff:
1.0 FTE Program Coordinator X 18 months = $98,748
1.0 FTE Public Health Nurse X 18 months = $93,432
Total Benefits (taxes, benefits, retirement) = $60,575
SUBTOTAL = $275,430

Supplies and Equipment
Office supplies - $100 per month X 18 months = $1,800
Other: computer software and hardware - $2,000 per person X 4 staff = $8,000
SUBTOTAL = $9,800

Administration
Communication: 4 cell phones at $50/ month X 18 months = $3,600
Client incidentals: $2,000 over an 18 month period to pay for items needed by clients to improve chance of successful engagement in services, including bus vouchers, clothing & shoes, phone minutes, hygiene items, bedding, etc.
Training/Travel/Transportation = $9,480
Mileage reimbursement: 200 miles/month at $0.575/mile X 4 people X 18 months = $8,280
Training: $300 X 4 people for training to be used over the 18 month period = $1,200
Indirect (10%) = $49,187
Other: Professional Services = $170,313
Subcontract to KMHS = $101,958
1.0 FTE Behavioral Health Specialist – salary & benefits = $84,608 for 18 months
Supervision of program staff – salary & benefits = $8,430 for 18 months
Client Incidentals = $2,250
Indirect (7%) = $6,670

Subcontract to KCR = $68,355
1.0 FTE Housing Outreach and Stabilization Coordinator – salary & benefits = $60,000 for 18 months
Supplies = $1,500
Client incidentals = $1,500
Indirect (8.5%) = $5,355
SUBTOTAL = $234,580

Ongoing Operations & Maintenance
Other: Subcontract to Salvation Army for space (office, interview room, utilities, and security) for housing of Team = $21,250 for 18 months
SUBTOTAL = $21,250

TOTAL REQUESTED FUNDS = $541,060

B. Additional Resources and Sustainability

ADDITIONAL RESOURCES. Several agencies have committed financial and in-kind resources to this project. KMHS and KCR, the two subcontracting agencies for the project, have agreed to provide matching funds/in-kind support toward the project: KMHS will provide a 25% match of Medicaid funding toward personnel costs of the project and KCR will provide $11,700 of in-kind supervisory support, along with rapid rehousing & rental assistance to clients valued at $33,750. They, along with staff from EMS, BHA, Coffee Oasis, Salvation Army, HMC, and Housing Kitsap have agreed to attend care conference sessions at no cost. BHA is provisionally contributing 10 housing vouchers valued at of $102,780. As the backbone agency, KPHD will contribute $63,170 of local dollar funds to this project beyond grant funds.

The following agencies have submitted Commitment Letters: Bremerton Fire Department, Bremerton Housing Authority, Bremerton Police Department, Kitsap Community Resources, Kitsap Mental Health Services, Kitsap County Department of Human Services Housing and Homelessness Program, Salvation Army

SUSTAINABILITY. The proposed Crisis Response and Coordinated Care project fits many of the priorities of the pending 1115 Medicaid Waiver submitted by the Health Care Authority and Department of Health and Social Services to the Center for Medicaid and Medicare Services, and is currently being considered as one potential project "option" for these funds, should the waiver be approved. This project implements key strategies to achieve the Triple Aim – to improve the quality of care, reduce the cost of care, and improve population health. This would provide an excellent source of ongoing funding for some of the services of this project.

In addition, as a collective impact project emerging from KCHP, the KCHP Sponsor Group will work with KPHD to identify potential funding opportunities from local sources, as well as state and federal sources.

Over time, low-barrier housing initiatives in the community will likely provide some level of intensive care for high utilizers, and housing stability itself will maintain positive program impacts at the individual level. Additionally, the establishment of an Advisory Committee will form the basis for taking the collective impact to the next level of leadership and scalability, both geographically and within systems.

Sources cited:

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SDHC. (June 7, 2012). Project 25 - Presentation to the National Association of Counties and Corporation for Supportive Housing. *San Diego Housing Commission (SDHC) Partnership - Project 25.* San Diego.

Woltmann, E; Gorgan-Kaylor, A; Perron, B; Georges, H; Kilbourne, AM; and Bauer, MS (2012). Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings: systematic review and meta-analysis. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/22772364.

EVALUATION WORKSHEET

PROJECT NAME: Crisis Response and Coordinated Care Demonstration Project

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G.TARGET	H. RESULTS Continuation grants	I. SOURCE	J. BH Strategic Plan Goal #
Improve the mental and physical health and well-being of highly vulnerable clients	Agencies refer clients to Crisis Response and Care Coordination Team Outreach to referred clients conducted and intake assessments completed	By the December 31, 2017, serve at least 50 highly vulnerable, costly clients with intensive crisis response and care coordination services.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem	☐Short ☒Medium ☐Long Start date: 10/1/16 Frequency: monthly	Click here to enter text. ☐ Assessment of need	50	Click here to enter text.	Client intake forms	Goals 2 & 3
Improve the mental and physical health and well-being of highly vulnerable clients	Crisis Response and Care Coordination team members work with partners through care conferences to establish tailored care plan for participant Crisis Response and Care Coordination team members track progress on care plan goals and record change in behavior/practice for each participant	By December 31, 2017, 50% of enrolled clients remain engaged in the program and make progress on their tailored care plan.	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☐Outcome: Impact on overall problem	☐Short ☒Medium ☐Long Start date: at admission to program Frequency: ongoing	0% ☒ Assessment of need	50%	Click here to enter text.	Client records	Goals 2 & 3
Improve the mental and physical health and well-being of highly vulnerable clients	Clients who maintain participation in the program for at least 3 months tracked and administered patient satisfaction survey upon exiting program	By December 31, 2017, 75% of clients report moderate to high level of satisfaction with program as measured by a patient satisfaction survey	☐Output ☒Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem	☐Short ☒Medium ☐Long Start date: 1/1/17 Frequency: ongoing	0% ☐ Assessment of need	75%	Click here to enter text.	Client satisfaction survey	Goals 2 & 3
Reduce usage of costly health, social, and public	Crisis Response and Care Coordination team identify usage patterns for each client as baseline	By December 31, 2017, 75% of clients decrease use of costly services compared to their	☐Output ☐Outcome: Participant satisfaction	☐Short ☒Medium ☐Long	0	75%	Click here to enter text.	Project database	Goals 2 & 3

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G.TARGET	H. RESULTS Continuation grants	I. SOURCE	J. BH Strategic Plan Goal #
services resulting in cost savings	Crisis Response and Care Coordination team provide intensive care coordination for clients resulting in more efficient usage of system resources by clients	baseline and according to their care plan. Of 911 high utilizers, reduce calls by 30% from baseline. Of inappropriate or high emergency department utilizers, reduce Ed admits by 15% from baseline.	☐Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem	Start date: 10/1/16 Frequency: ongoing	☒ Assessment of need				
Improve system efficiency through enhanced coordination and collaboration of social, public and health service providers	Program Manager will establish timeline for care conferences with referring agencies Referring agencies will complete MOU with KPHD outlining shared commitment to care conferences and collaboration	By December 31, 2017, at least 7 diverse agencies establish MOUs to refer to the program and participate in case conferences as appropriate	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem	☒Short ☐Medium ☐Long Start date: 7/1/16 Frequency: ongoing	0 ☐ Assessment of need	7	Click here to enter text.	Contracts database	Goals 1 & 3
Improve system efficiency through enhanced coordination and collaboration of social, public and health service providers		By December 31, 2017, 90% of agencies participating in care conference and the Advisory Committee will report improved collaboration via a systems assessment survey	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☒Outcome: Impact on overall problem	☐Short ☐Medium ☒Long Start date: 10/1/17 Frequency: end of program	0% ☐ Assessment of need	90%	Click here to enter text.	Partner Systems Assessment Survey	Goals 1 & 3

ATTACHMENT E

Total Agency or Departmental Budget Form

Agency Name: Kitsap Public Health District

Project:

☐ Accrual ☑ Cash

AGENCY REVENUE AND EXPENSES	2014 Actual	2014 Percent	2015 (DRAFT) Actual	2015 (DRAFT) Percent	2016 Budget	2016 Percent
AGENCY REVENUE						
Federal Revenue (Direct & Indirect)	$ 1,537,250	15%	$ 1,589,725	15%	$ 1,774,418	16%
WA State Revenue (excluding Fee for Service included in Agency Revenue below)	$ 2,226,314	21%	$ 2,129,399	21%	$ 2,492,158	22%
Local Revenue (excluding Fee for Service included in Agency Revenue below)	$ 1,368,591	13%	$ 1,417,351	14%	$ 1,442,451	13%
Private Funding Revenue	$ 78,496	1%	$ 101,419	1%	$ 411,162	4%
Agency Revenue (Fees)	$ 5,200,977	50%	$ 5,057,848	49%	$ 5,274,783	46%
Miscellaneous Revenue	$ 25,347	0%	$ 44,892	0%	$ 24,830	0%
Total Agency Revenue (A)	**$ 10,436,975**		**$ 10,340,634**		**$ 11,419,802**	
AGENCY EXPENSES						
Personnel						
Managers*	$ 1,516,790	15%	$ 1,630,203	15%	$ 1,621,930	14%
Staff*	$ 4,595,442	46%	$ 4,758,944	44%	$ 5,253,100	44%
Total Benefits*	$ 1,893,057	19%	$ 2,063,328	19%	$ 2,411,350	20%
Subtotal	**$ 8,005,289**	**79%**	**$ 8,452,475**	**78%**	**$ 9,286,380**	**77%**
Supplies/Equipment						
Equipment	$ 7,269	0%	$ 13,794	0%	$ 4,900	0%
Office Supplies	$ 213,853	2%	$ 262,017	2%	$ 239,347	2%
Other (Describe) **Computer Software & Hardware**	$ 185,560	2%	$ 41,776	0%	$ 34,600	0%
Subtotal	**$ 406,682**	**4%**	**$ 317,587**	**3%**	**$ 278,847**	**2%**
Administration						
Advertising/Marketing	$ 8,459	0%	$ 14,679	0%	$ 10,000	0%
Audit/Accounting	$ 26,571	0%	$ 23,519	0%	$ 27,200	0%
Communication	$ 150,228	1%	$ 157,137	1%	$ 182,898	2%
Insurance/Bonds	$ 93,962	1%	$ 99,653	1%	$ 101,267	1%
Postage/Printing **(included in Office Supplies)**	$ -	0%	$ -	0%	$ -	0%
Training/Travel/Transportation	$ 158,469	2%	$ 192,208	2%	$ 176,251	1%
% Indirect	$ -	0%	$ -	0%	$ -	0%
Other (Describe) Miscellaneous **(includes memberships, subscriptions, etc)**	$ 53,282	1%	$ 109,116	1%	$ 68,351	1%
Other (Describe) **Profession & Legal Services**	$ 390,036	4%	$ 595,975	6%	$ 1,016,153	8%
Subtotal	**$ 881,007**	**9%**	**$ 1,192,287**	**11%**	**$ 1,582,120**	**13%**
Ongoing Operations and Maintenance						
Janitorial Service	$ -	0%	$ -	0%	$ -	0%
Maintenance Contracts	$ -	0%	$ -	0%	$ -	0%
Maintenance of Existing Landscaping	$ -	0%	$ -	0%	$ -	0%
Repair of Equipment and Property **(includes Software Maintenance)**	$ 96,592	1%	$ 112,002	1%	$ 149,328	1%
Utilities	$ 1,256	0%	$ 1,308	0%	$ 1,345	0%
Other (Describe) **Condominium Operations & Maintenance**	$ 275,249	3%	$ 291,817	3%	$ 307,485	3%
Other (Describe) **Rents & Leases**	$ 60,587	1%	$ 52,591	0%	$ 47,218	0%
Other (Describe)	$ -	0%	$ -	0%	$ -	0%
Subtotal	**$ 433,684**	**4%**	**$ 457,718**	**4%**	**$ 505,376**	**4%**
Other Costs						
Debt Service - **Mortgage Principal & Interest**	$ 288,200	3%	$ 305,256	3%	$ 300,750	3%
Other (Describe) **Capital Equipment, Software & Hardware**	$ 57,948	1%	$ 70,359	1%	$ 34,000	0%
Subtotal	**$ 346,148**	**3%**	**$ 375,615**	**3%**	**$ 334,750**	**3%**
Total Direct Expenses	**$ 10,072,810**		**$ 10,795,682**		**$ 11,987,473**	

NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail. *see tab for Agency Labor Summary for line items larger than 10% (all labor costs)

Kitsap Public Health District
Agency Salary Summary

Description	2014 Actual	2015 Actual	2016 Budget
Number Of Manager FTEs	14.8	13.8	16.0
Number of Clerical FTEs	24.5	24.5	23.4
Number of Professional FTEs	60.4	64.5	61.8
Total FTEs	**99.7**	**102.8**	**101.2**
Salary Information			
Administrator Salary	125,372	133,020	133,020
Other Manager Salaries	1,391,635	1,496,936	1,488,910
Staff Salaries (Clerical & Professional)	4,595,225	4,759,191	5,253,100
Total Salaries	**6,112,232**	**6,389,147**	**6,875,030**
Benefit Information			
Total Payroll Taxes	456,816	474,682	564,119
Total Cost of Benefits	882,342	946,439	1,100,553
Total Cost of Retirement	553,899	642,207	746,678
Total Benefit Costs	**1,893,057**	**2,063,328**	**2,411,350**
Proof to A-2	-	0	-

Special Project Budget Form

Agency Name: Kitsap Public Health District

Project: Crisis Response and Coordinated Care Demonstration Project
July 1, 2016 - December 31, 2017 (18 Months)

Enter the estimated costs assoicated with your project/program	Total Funds Budget	Total Funds Percent	Requested Funds Budget	Requested Funds Percent	Other Funds Budget	Other Funds Percent
Personnel						
Managers	$ 22,675	4%	$ 22,675	4%	$ -	0%
Staff **(Includes Program Coordinator and Public Health Nurse)**	$ 228,160	38%	$ 192,180	36%	$ 35,980	57%
Total Benefits	$ 79,038	13%	$ 60,575	11%	$ 18,463	29%
SUBTOTAL	**$ 329,873**	**55%**	**$ 275,430**	**51%**	**$ 54,443**	**86%**
Supplies & Equipment						
Equipment	$ -	0%	$ -	0%	$ -	0%
Office Supplies	$ 2,550	0%	$ 1,800	0%	$ 750	1%
Other (Describe) **Computer Software & Hardware**	$ 8,000	1%	$ 8,000	1%	$ -	0%
SUBTOTAL	**$ 10,550**	**2%**	**$ 9,800**	**2%**	**$ 750**	**1%**
Administration						
Advertising/Marketing	$ -	0%	$ -	0%	$ -	0%
Audit/Accounting	$ -	0%	$ -	0%	$ -	0%
Communication	$ 3,816	1%	$ 3,600	1%	$ 216	0%
Insurance/Bonds	$ -	0%	$ -	0%	$ -	0%
Postage/Printing **(included in Office Supplies)**	$ -	0%	$ -	0%	$ -	0%
Training/Travel/Transportation	$ 11,498	2%	$ 9,480	2%	$ 2,018	3%
% Indirect	$ 54,930	9%	$ 49,187	9%	$ 5,743	9%
Other : Miscellaneous **(client incidentals)**	$ 2,000	0%	$ 2,000	0%	$ -	0%
Other: **Professional Services (subcontract to KCR & KMHS)**	$ 170,313	28%	$ 170,313	31%	$ -	0%
SUBTOTAL	**$ 242,557**	**40%**	**$ 234,580**	**43%**	**$ 7,977**	**13%**
Ongoing Operations & Maintenance						
Janitorial Service	$ -	0%	$ -	0%	$ -	0%
Maintenance Contracts	$ -	0%	$ -	0%	$ -	0%
Maintenance of Existing Landscaping	$ -	0%	$ -	0%	$ -	0%
Repair of Equipment and Property **(includes Software Maintenance)**	$ -	0%	$ -	0%	$ -	0%
Utilities	$ -	0%	$ -	0%	$ -	0%
Other (Describe)	$ -	0%	$ -	0%	$ -	0%
Other: **(subcontract for space and security at Salvation Army)**	$ 21,250	4%	$ 21,250	4%	$ -	0%
Other (Describe) _____	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ 21,250**	**4%**	**$ 21,250**	**4%**	**$ -**	**0%**
Other						
Debt Service - **Mortgage Principal & Interest**	$ -	0%	$ -	0%	$ -	0%
Other (Describe) **Capital Equipment, Software & Hardware**	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Total Project Budget	**$ 604,230**		**$ 541,060**		**$ 63,170**	

NOTE: Indirect is limited to 10%

Project Salary Summary -

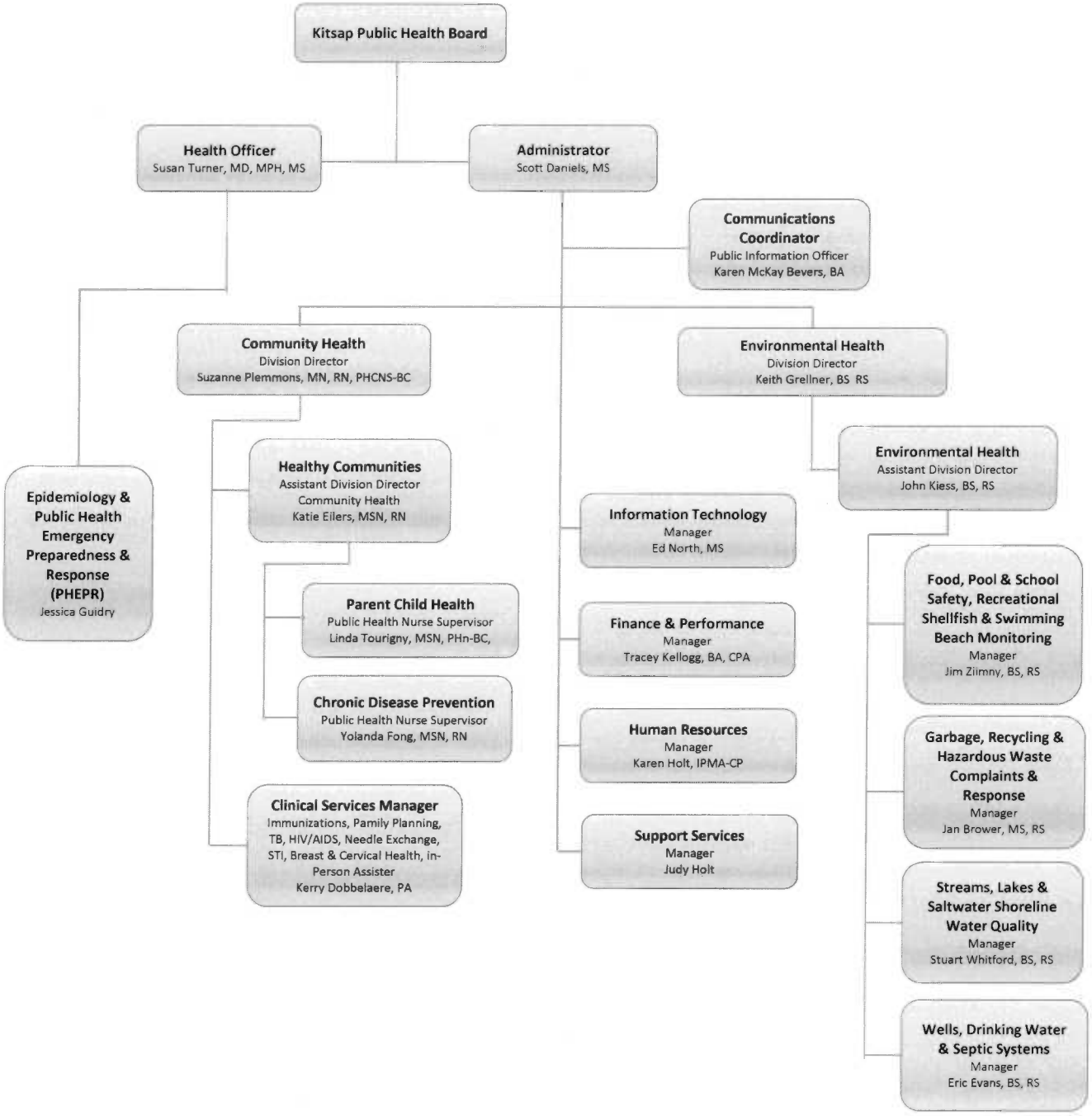
Description		
Number of Professional FTEs		2.15
Number of Clerical FTEs		0.00
Number of All Other FTEs		0.00
Total Number of FTEs		**2.15**
Salary Information		
Salary of Manager	$	22,675
Salaries of Professional Staff: **Program Coordinator 2**	$	98,748
Salaries of Professional Staff: **Public Health Nurse**	$	93,432
Salaries of Clerical Staff	$	-
Other Salaries (Describe Below)	$	-
Description:		
Description:	$	-
Description:	$	-
Total Salaries	**$**	**214,855**
Total Payroll Taxes	$	16,201
Total Cost of Benefits	$	23,004
Total Cost of Retirement	$	21,370
Total Taxes & Benefits	**$**	**60,575**
Total Payroll Costs	**$**	**275,430**

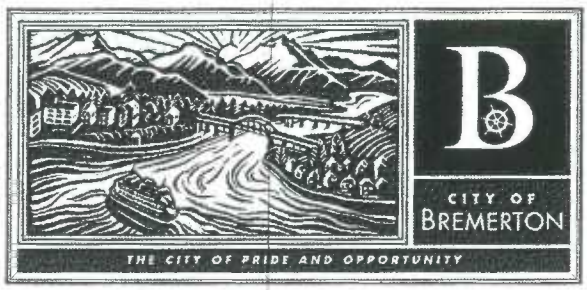
Description		
Number of Manager FTEs		0.15
Number of Professional FTEs		2.30
Total Number of FTEs		**2.45**

Salary Information		
Manager Salary	$	22,675
Staff Salaries (Clerical & Professional)	$	228,160
Total Salaries	**$**	**250,835**
Total Payroll Taxes	$	21,146
Total Cost of Benefits	$	30,026
Total Cost of Retirement	$	27,866
Total Taxes & Benefits	**$**	**79,038**
Total Payroll Costs	**$**	**329,873**

Professional Services:	**Contract Costs**		**Match provided by subcontractor**	
Subcontract to Kitsap Mental Health Services:		**75%**		**25%**
1.0 FTE MA Level Behavioral Health Specialist - salary & benefits	$	84,608	$	26,259
Supervision	$	8,430	$	2,616
Travel	$	2,250		
Indirect at 7%	$	6,670	$	2,021
Total Contract	**$**	**101,958**	**$**	**30,896**
Subcontract to Kitsap Community Resources:				
Supervision	$	-	$	7,800
1.0 FTE Housing Outreach and Stabilizaiton Coordinator - salary & benefits	$	60,000		
Supplies	$	1,500		
Mileage	$	1,500		
Indirect at 8.5%	$	5,355		
	$	**68,355**	**$**	**7,800**
Total Professional Services	**$**	**170,313**	**$**	**38,696**

KITSAP PUBLICH HEALTH DISTRICT
AGENCY ORGANIZATIONAL CHART
January, 2016





February 25, 2016

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
614 Division Street MS-23
Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Kitsap Public Health District's grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Public Health District (KPHD) will serve as the backbone agency for the evolving collective impact project – the Crisis Response and Coordinated Care Demonstration Project, which services the Bremerton and Central Kitsap areas. KPHD is Kitsap County's governmental public health agency committed to preventing disease and protecting and promoting the health of all persons in Kitsap County. KPHD works closely with mental health, chemical dependency, primary care, acute care, and social service providers to identify and address the most pressing health issues in our community. Through an extensive data review and prioritization process, KPHD joined with community partners in identifying limited access to behavioral health and housing services as top health priorities for the County. The proposed project addresses the significant need in our community for a crisis response and coordinated care team to service our most fragile residents who over-utilize and/or ineffectively utilize behavioral health, physical health, and social services in our community. Participating agencies will be able to refer participants in need of outreach, engagement, and/or intensive care coordination because they exhibit risk for or signs of mental illness, chemical dependency, and/or housing instability/homelessness to a multi-disciplinary crisis response and coordinated care team who will provide tailored care to these residents.

The Bremerton Fire Department (BFD) will commit the following resources to the proposal submitted by KPHD:

- Staff time devoted to support the project, including serving on the case conference meetings as appropriate and referring clients to the Crisis Response and Care Coordination Team

The BFD has played an integral role in the development of this collective impact approach to reducing inappropriate use of costly services. The BFD has come to recognize that individuals frequently encountered during emergency medical service delivery often suffer from challenging and complex health or social circumstances particularly, mental illness, substance abuse and/or chronic homelessness. Their underlying psychosocial issues remain unaddressed and needs unfilled as they seek and receive primary assistance from ill-suited, ill-equipped emergency medical services. The resulting episodic, uncoordinated, unfocused care is of inferior quality and of substantially higher community and societal cost while simultaneously consuming valuable public safety resources better addressed by a Crisis Response and Care Coordination Team. Our most vulnerable residents require a collaborative and coordinated approach to addressing their highly complex needs. We support KPHD's role as the backbone agency on this project, and will work with partners to refine shared measurements, enhance intervention strategies, and maintain excellent communication across sectors.

We believe our support and commitment will significantly improve the availability of Mental Health, Chemical Dependency and/or Therapeutic Court Program services in the County and we look forward to working with you on this exciting endeavor.

Sincerely,

Doug Baier

Doug Baier, Medical Officer

BREMERTON HOUSING AUTHORITY

600 Park Avenue
Bremerton WA 98337
(p) 360-616-7241
(f) 360-616-2811
www.bremertonhousing.org

March 8, 2016

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
614 Division Street MS-23
Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Kitsap Public Health District's grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Public Health District (KPHD) will serve as the backbone agency for the evolving collective impact project – the Crisis Response and Coordinated Care Demonstration Project, which services the Bremerton and Central Kitsap areas. KPHD is Kitsap County's governmental public health agency committed to preventing disease and protecting and promoting the health of all persons in Kitsap County. KPHD works closely with mental health, chemical dependency, primary care, acute care, and social service providers to identify and address the most pressing health issues in our community. Through an extensive data review and prioritization process, KPHD joined with community partners in identifying limited access to behavioral health and housing services as top health priorities for the County. The proposed project addresses the significant need in our community for a crisis response and coordinated care team to service our most fragile residents who over-utilize and/or ineffectively utilize behavioral health, physical health, and social services in our community. Participating agencies will be able to refer participants in need of outreach, engagement, and/or intensive care coordination because they exhibit risk for or signs of mental illness, chemical dependency, and/or housing instability/homelessness to a multi-disciplinary crisis response and coordinated care team who will provide tailored care to these residents.

Bremerton Housing Authority (BHA) will conditionally commit the following resources to the proposal submitted by:

- Project Based Vouchers for 10 units in the support of creating a "housing first" project.

BHA supports the concept of Housing First, which embraces the notion that vulnerable clients are more easily engaged in robust clinical services and experience greater success once the chaos of living on the streets has been eliminated from their lives. Addressing this debilitating chaos is achieved when a chronically homeless adult is provided a safe and permanent apartment of their own.

Kitsap County has established a need for this type of housing in the homeless housing plan. BHA will commit to 10 Project Based Vouchers under the condition the units meet Housing Quality Standards for clients who meet the requirements for a Housing First model of residential living. The cost of providing this ongoing rental subsidy averages $68,520.00 per year.

Without safe, decent, and affordable shelter it is extremely unlikely that any progress will be made towards ending the cycle of homeless for vulnerable populations in Kitsap County. The value of these 10 Project Based Vouchers is a critical component to the success of a Housing First initiative.

We believe our significant financial support and commitment will significantly improve the availability of Mental Health, Chemical Dependency and/or Therapeutic Court Program services in the County. We look forward to working with you on this exciting endeavor.

Sincerely,

Kurt Wiest
Executive Director

March 8, 2016

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
614 Division Street MS-23
Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Kitsap Public Health District's (KPHD) grant proposal for the Crisis Response and Coordinated Care demonstration project. KPHD will serve as the backbone agency for this evolving collective impact project which services the Bremerton and Central Kitsap areas. KPHD is Kitsap County's governmental public health agency committed to preventing disease and protecting and promoting the health of all persons in Kitsap County. KPHD works closely with mental health, chemical dependency, primary care, acute care, law enforcement and social service providers to identify and address the most pressing health issues in our community. Through an extensive data review and prioritization process, KPHD joined with community partners in identifying limited access to behavioral health and housing services as top health priorities for the County. The proposed project addresses the significant need in our community for a crisis response and coordinated care team to service our most fragile residents who over-utilize and/or ineffectively utilize law enforcement, behavioral health, physical health, and social services in our community.

The Bremerton Police Department will commit the following resources to this project, should it be funded:

- Staff time devoted to referring clients to the Crisis Response and Coordinated Care team, as well as serving on the case conference meetings for clients who are known to law enforcement.
- Identifying a specific officer to be a liaison with the team, and working with the team on ensuring a safe and inviting environment for those served.
- Working directly with the team to assist in separating those who victimize and prey on vulnerable or fragile people.

We believe law enforcement is a critical player in ensuring high-utilizers of public, health, and social services receive the coordinated care, and are pleased to be a part of this collective impact project.

Sincerely,

Steve Strachan
Chief of Police

KITSAP COMMUNITY Resources

A Community Action Partnership helping people, changing lives

March 3, 2016

Kitsap County Citizens Advisory Board
c/o Kitsap County Human Services
614 Division Street MS-23
Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Kitsap Public Health District's grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Public Health District (KPHD) will serve as the backbone agency for the evolving collective impact project – the Crisis Response and Coordinated Care Demonstration Project, which will serve the Bremerton and Central Kitsap areas. KPHD is Kitsap County's governmental public health agency committed to preventing disease and protecting and promoting the health of all persons in Kitsap County. KPHD works closely with mental health, chemical dependency, primary care, acute care, and social service providers to identify and address the most pressing health issues in our community. Through an extensive data review and prioritization process, KPHD joined with community partners in identifying limited access to behavioral health and housing services as top health priorities for the County. The proposed project addresses the significant need in our community for a crisis response and coordinated care team to service our most fragile residents who over-utilize and/or ineffectively utilize behavioral health, physical health, and social services in our community. Participating agencies will be able to refer participants in need of outreach, engagement, and/or intensive care coordination because they exhibit risk for or signs of mental illness, chemical dependency, and/or housing instability/homelessness to a multi-disciplinary crisis response and coordinated care team who will provide tailored care to these residents.

Kitsap Community Resources will commit the following resources over an 18-month period to the proposal submitted by KPHD:

- Hiring and supervision of the Housing Outreach and Stabilization Coordinator position. Estimated Value: $11,700
- Access to KCR Housing programs including Rapid Rehousing deposit and rent assistance for eligible participants. Estimated Value: $33,750

Kitsap Community Resources is committed to the success of this collective impact initiative. Through our extensive experience managing housing units, emergency shelters and rent assistance programs, we understand well the complex nature of assisting individuals with multiple barriers to stabilized housing. With overlapping issues of chemical dependency, chronic disease, mental illness, coupled with poverty and involvement in the criminal justice system, it will take a coordination of multiple providers to successfully stabilize these individuals in long-term housing. Once achieved, this stability will not only result in improved health outcomes for the individuals served, but it will also reduce the costly over-reliance on EMS, local law enforcement and emergency department services.

We believe our support and commitment will significantly improve the availability of Mental Health, Chemical Dependency and/or Therapeutic Court Program services in the County and we look forward to working with you on this exciting endeavor.

Sincerely,

Larry Eyer,
Executive Director

February 26, 2016

KITSAP MENTAL HEALTH SERVICES

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
614 Division Street MS-23
Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

On behalf of Kitsap Mental Health Services, I am writing to express our support and commitment for the Kitsap Public Health District grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Mental Health Services staff have a long history of working with the Kitsap Public Health District in our mutual efforts to work with vulnerable individuals in need of behavioral health and physical health services, housing, and social service supports. We have been strong partners with the Health District in the Kitsap Community Health Improvement Priorities and the projects that have resulted as a result of this prioritization for our community. One of these priorities was to better address housing and homelessness. This project is an outgrowth of much shared discussion and strategy setting to improve our crisis response and care coordination for persons at risk of or homeless and experiencing behavioral health issues. We believe its design will help reduce homelessness, improve likelihood of engagement in needed treatment and assist people in becoming more able to live successfully in our community.

Kitsap Mental Health Services is pleased to commit staffing capacity that will support this endeavor and commit the following resources to the KPHD proposal:

- 1 FTE KMHS behavioral health professional, with KMHS providing 25% of salary, benefits, and indirect expense for a total KMHS in-kind of $30,896.
- Administrative oversight of therapist and regular supervisory guidance.

Ph (360) 373-5031
TDD (360) 478-2715
Fax (360) 377-0458

5455 Almira Drive NE
Bremerton, WA 98311-8331

www.kitsapmentalhealth.org

The KMHS Behavioral Health Professional will, under the guidance of the KMHS Community Services Director or her supervisor designee, provide clinical outreach and engagement and care coordination services.

Kitsap Mental Health Services is an active member in the Kitsap County Coalition on Homelessness and has been engaged in the development of our community's homeless housing plan, as well as providing services to some of the most impacted individuals. We work closely with the partners involved in this application to help our clients with their behavioral health concerns, including reducing likelihood of homelessness by helping individuals maintain or secure housing. We are familiar with the Kitsap County Behavioral Health Strategic Plan and are pleased to work together with KPHD and allied partners in this critical effort to end the service gaps identified in the plan.

We believe our support and commitment will significantly improve the availability of Mental Health and Chemical Dependency services to some of the most vulnerable adults in the County and we look forward to working with you on this important endeavor.

Sincerely,

Joe Roszak
Chief Executive Officer

Department of Human Services

Doug Washburn
Director

KITSAP COUNTY
DEPARTMENT OF HUMAN SERVICES
Nicki Kremer, 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

Mental 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 Montgomery, 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
[illegible]0.562.6418 (Sr. I&A)
[illegible]. 360.337.4609
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
1975 NE Fuson Road
Bremerton, WA 98311
Fax: 360.377.7027
Bergen Starke, Clinical Manager
Phone: 360.337.4625

Workforce Development
1300 Sylvan Way
Bremerton, WA 98311
Bob Potter, Director, OWDA
Phone: 360.337.4873

Veterans Assistance
Stacey James, Coordinator
Phone: 360.337.4811

February 26, 2016

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
614 Division Street MS-23
Port Orchard, WA 98366

Re: Letter of Support for Mental Health, Chemical Dependency and Therapeutic Court Programs Application

Dear Citizens Advisory Committee:

I am writing to express my support for the Kitsap Public Health District's grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Public Health District (KPHD) will serve as the backbone agency for the Crisis Response and Coordinated Care Team Demonstration Project -- a collective impact project, which will serve the Bremerton and Central Kitsap areas. KPHD is Kitsap County's governmental public health agency committed to preventing disease and protecting and promoting the health of all persons in Kitsap County. KPHD works closely with mental health, chemical dependency, primary care, acute care, and social service providers to identify and address the most pressing health issues in our community.

During 2014 I participated with many other community stakeholders in an extensive data review and prioritization process to identify community health priorities. Through that KPHD-lead process, improving access to behavioral health and housing services were identified as top health priorities for the County.

There are many fragile Kitsap County residents who over-utilize and/or ineffectively utilize behavioral health, physical health, and social services in our community. Because these issues have such an impact in their lives – financially, behaviorally, and emotionally – many of these residents have difficulty navigating the array of services they need and, as a result, experience homelessness and/or housing instability. Data collected in Kitsap indicates that of the 941 unsheltered households seeking housing assistance in 2015, self-reported primary causes of homelessness: 23% reported illness or health problems, 22% reported alcohol or drug use, 21% reported mental health issues. (It is likely that these are under-reported factors because of social stigma associated with them.)

Because of their complex needs and barriers to housing, these residents are often "falling through the cracks" and not successfully accessing supportive services that address their underlying needs. These are some of the most vulnerable, and visible, people living on the streets in Kitsap County.

KPHD's proposed project addresses the significant need in our community for a crisis response and coordinated care team to assist these individuals. Partner organizations will identify potential participants who are "high utilizers" of emergency services, in need of outreach, engagement, and/or intensive care coordination because they exhibit risk for or signs of mental illness, chemical dependency, and/or housing instability/homelessness. These individuals will be referred to a multi-disciplinary crisis response and coordinated care team who will work to ensure that participants are connected with all appropriate services and that these services deliver coordinated care. The goal is to improve their behavioral health, physical health, and housing stability, while at the same time increasing efficiency and reducing costs due to inappropriate utilization of emergency services.

The need for the services this project will provide are identified in the Kitsap Homeless Housing Plan: 2016 Update, which was developed through extensive stakeholder input, and approved by the Board of Commissioners in November 2015. The Kitsap Homeless Housing Plan is a strategic planning instrument that provides a blueprint for a coordinated approach to making homelessness rare, brief, and one-time for residents of our county. Specifically identified in the Plan:

> **Strategy 2.4.** Prioritize ending homelessness as soon as possible for people who are unsheltered and/or chronically homeless
>
> > **Action Step B.** Expand outreach case manager positions to engage unsheltered homeless individuals on a pathway to stable housing
> >
> > **Action Step C.** Create crisis response/engagement mobilization teams to work with first responders to assist people experiencing homelessness

The Housing and Homelessness Program is committed to providing technical assistance on the development of the Advisory Committee and design of program policies and procedures as they relate to serving clients experiencing homelessness.

The proposed Crisis Response and Coordinated Care Team project will significantly improve the lives of extremely vulnerable residents through improving their access to mental health, chemically dependency and housing support services in Kitsap County. We are excited to work with KPHD on this project that will help achieve the goal of making homelessness rare, brief, and one-time in Kitsap County.

Sincerely,

Kirsten Jewell
Housing and Homelessness Program Coordinator
Kitsap County Department of Human Services

The Salvation Army
Founded in 1865 Serving Kitsap County since 1920
832 Sixth Street • P. O. Box 886 • Bremerton, WA 98337-0204
(360) 373-5550 FAX (360) 373-2134 • www.bremerton.salvationarmynw.org

Our mission: to save souls, grow saints and serve suffering humanity in Bremerton, Kitsap County and beyond as God enables

ATTACHMENT G

LETTER OF COMMITMENT

March 3, 2016

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
614 Division Street MS-23
Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express the support and commitment of the Salvation Army for the Crisis Response and Care Coordination Demonstration Project as submitted by Kitsap Public Health District. This Project addresses a critical need in the Bremerton/Central Kitsap community for a crisis and housing response that is designed to engage highly vulnerable people within the service gap areas defined in the Mental Health, Chemical Dependency and/or Therapeutic Court Programs and Behavioral Health Strategic Plan.

The Kitsap Public Health District, through its Community Health Improvement Plan and process, identified increasing services to the unengaged homeless and "high utilizers" of services who would benefit by outreach/engagement and care coordination as a priority area. The Health District has worked together with housing and social service agencies to create this Demonstration Project. These organizations concluded that the Salvation Army, as the "place of last resort" for the homeless (many of whom struggle with mental illness, chemical dependency and chronic disease), and which feeds and shelters between 40 – 140 people on any given day, is an ideal location for program staff to be housed. Consequently, the Salvation Army was approached as a prime location to place a Project Team, a location where development of relationships and trust among individuals who can be difficult to engage in services can be readily made.

We recognize that the Team is mobile and will be serving individuals at other locations as well, but the Salvation Army is pleased to serve as "home base," and to that end we are committed to providing space to the Crisis Response and

Care Coordination Team Demonstration Project. Two rooms, a space of about 450 square feet total, is valued at approximately $7500 annually.

The Salvation Army is an active member of the Kitsap County Coalition on Homelessness and highly engaged in the development of our community's homeless housing plan, as well as providing services to some of the most impacted individuals. We work closely with the partners involved in this application to help our clients with their daily survival needs. We are aware of the Kitsap County Behavioral Health Strategic Plan and are pleased to work together with our partners in this critical effort to end the service gaps identified in the plan.

We believe our support and commitment will significantly improve the availability of Mental Health and Chemical Dependency services to some of the most vulnerable adults in the County and we look forward to working with you on this important endeavor.

Sincerely,

Scott Ramsey

Major Scott Ramsey