

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap Public Health District

Proposal Title: Kitsap Connect

Please Check One **New Grant Proposal** **Continuation Grant Proposal**

Please check which area of the Continuum this project addresses:

<input type="checkbox"/> Prevention, Early Intervention & Training	<input type="checkbox"/> Medical and Sub-Acute Detoxification
<input checked="" type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Acute Inpatient Care
<input type="checkbox"/> Outpatient treatment	<input type="checkbox"/> Recovery Support Services

Number of Individuals Screened: 92 **Number of Individuals Served:** 50 (30 intensive)

Proposal Summary: Kitsap Connect is a multi-disciplinary collective impact program that provides innovative outreach, engagement, and care coordination services to Kitsap residents in Bremerton and Central Kitsap who are inappropriately engaged with costly health and social services including emergency medical systems (EMS), emergency departments (ED), law enforcement and jail, *and* to those who are not effectively utilizing existing health and social resources. These practices place them at high risk for housing instability, eviction, homelessness, untreated or poorly managed mental illness, untreated chemical dependency, and complications from complex illness and disease. The project aims to promote wellness while reducing the use of costly health, public, and social services. Agencies refer participants to the multi-disciplinary Kitsap Connect team for outreach, engagement, and/or intensive care coordination because they exhibit risk for, or show signs of, mental illness, chemical dependency, housing instability/homelessness, or a combination of these. Team members are the problem solvers of last resort for people who are falling through the cracks and needlessly suffering

Requested Funds Amount: \$410,105

Matching/In-kind Funds Amount: \$72,800

Street Address: 345 6th Street, Suite 300

City: Bremerton

State: WA Zip: 98337

Primary Contact: Katie Eilers

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Non-Profit Status: 501C3 of the Internal Revenue Code? Yes No

Federal Tax ID Number: 42-1689063



Administrator

8/1/18

Signature

Title

Date

2018 KITSAP PUBLIC HEALTH BOARD OFFICERS

Chair: Mayor Becky Erickson
Vice Chair: Commissioner Rob Gelder

2018 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS

**Finance &
Operations**

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Commissioner Charlotte Garrido
Mayor Greg Wheeler

Policy

Mayor Becky Erickson
Commissioner Rob Gelder
Mayor Rob Putaansuu

Personnel

Mayor Kol Medina
Mayor Greg Wheeler
Commissioner Ed Wolfe

2018 Kitsap Public Health Board – Member Roster

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Mayor Rob Putaansuu

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Mayor Greg Wheeler

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Commissioner Edward Wolfe

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1. Current Project Summary

A. Project Design

Kitsap Connect is a multi-disciplinary collective impact program that provides innovative outreach, engagement, and care coordination services to Kitsap residents in Bremerton and Central Kitsap who are inappropriately engaged with, and are the highest-utilizers of, costly health and social services including emergency medical systems (EMS), emergency departments (ED), law enforcement and jail, *and* to those who are not effectively utilizing existing health and social resources. These practices place them at high risk for housing instability, eviction, homelessness, untreated or poorly managed mental illness, untreated chemical dependency, and complications from complex illness and disease. The project aims to promote wellness while reducing the use of costly health, public, and social services. Building from best practices in working with the target population, agencies refer participants to the multi-disciplinary Kitsap Connect team for outreach, engagement, and/or intensive care coordination because they exhibit risk for, or show signs of, mental illness, chemical dependency, housing instability/homelessness, or a combination of these. Team members are the problem solvers of last resort for people who are falling through the cracks and needlessly suffering.

Kitsap Connect was launched in 2016 as a collective impact pilot project by Kitsap Public Health District (KPHD), Kitsap Mental Health Services (KMHS), Kitsap Community Resources (KCR), Bremerton Housing Authority (BHA), and the Salvation Army (TSA). These founding agencies have intentionally modified the design of the program based on lessons learned and system improvements between partnering agencies. As such, this proposal has components of program design that represent improvement and modifications as follows:

- **More formalized and intentional collaboration and coordination.** Partners have established a bi-monthly High Utilizer Care Coordination (HUCC) Team meeting, where agencies who work directly with clients discuss each client on a case-by-case basis. The HUCC Team is comprised of representatives from CHI Franciscan, Harrison Hospital in Bremerton, Bremerton Municipal Court, Peninsula Community Health Services (PCHS), KCR/Housing Solution Center, Kitsap Rescue Mission (KRM), EMS of Bremerton, TSA, and KMHS. During care coordination meetings Kitsap Connect staff share pertinent client information within constraints of privacy regulations. The HUCC Team works together to create care plans and tailored crisis intervention plans to streamline and improve the quality of care provided, while increasing the effectiveness of utilization of our community services.
- **Expansion of core leadership team.** PCHS has become a more central leadership partner to Kitsap Connect, as they provide primary care and access to behavioral health care for some of the Kitsap Connect clients who do not qualify for KMHS, or who choose not to utilize services at KMHS for a variety of reasons. In 2019, PCHS will house their in-kind Behavioral Health Specialist with the

Kitsap Connect Team, and their Community Health Worker will continue to help Kitsap Connect clients navigate medical and behavioral health services.

- **Change in client enrollment period.** Some Kitsap Connect clients require supportive services beyond the standard 6-9 month enrollment in the program. This is particularly true when clients are being transitioned to a stable housing environment and face significant barriers (often related to behavioral health issues) to maintaining the level of stability required for permanent housing. In 2019, Kitsap Connect will allow clients to remain on their caseload until they have been successfully and stably housed for at least 6 months. This period will provide the time needed for necessary skill-building and also allow the Housing Stabilization Specialist (KCR) and Housing Support Specialist (KMHS) to establish trusted relationships with each client after becoming housed. In order to serve the maximum number of high-utilizers possible, staff will work with the HUCC Team to balance the make-up of the clientele by ensuring a percentage of the high-utilizer client panel is comprised of individuals who may have fewer barriers to overcome in order to stabilize their behavioral, physical health and housing situations than higher acuity clients. Kitsap Connect will continue to serve 30 clients intensively in 2019.
- **Change to coordination team structure.** For the past two years, the Coordinated Care team has been comprised of a Program Coordinator, Behavioral Health Professional, Public Health Nurse, and Housing Outreach Coordinator. This team is responsible for engaging clients 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 maintains engagement with participants by coordinating care among these resources, and by providing chronic disease and health education as needed. Chronic disease and acute illness are addressed in order to help clients achieve the level of physical wellness needed to engage successfully in recovery and mental health services.

In 2019, the team will be comprised of shared program coordinators between two seasoned full-time public health nurses, who have been working part-time for Kitsap Connect to date. In order to provide a more wholistic behavioral health support to Kitsap Connect clients, KMHS will provide an in-kind part-time Peer Recovery Navigator, a grant funded 0.5FTE Mental Health Professional, and an in-kind Housing Support Specialist (to support clients once housed). KCR will continue to provide a grant-funded 0.75 FTE Housing Outreach Coordinator and an in-kind Housing Support Specialist (to support clients once housed). PCHS will provide a grant funded 0.25 FTE CHW to help engage Kitsap Connect clients more fully in integrated physical and behavioral health care.

- **Reduction to barriers for housing placement.** As we have learned more about the barriers to placing clients with complex needs into housing, it has become evident that anything we can do to rapidly house clients once they are ready will increase our success of stabilizing them. BHA has been working to reduce barriers to qualifying for rental assistance funds for Kitsap Connect clients and will continue to do so in 2019.

B. Staffing Qualifications

The following staff are dedicated to this project, and funding for their positions as part of this proposal:

- Public Health Nurse/ Program Coordinator (KPHD)– 2.0 FTE; a minimum of a bachelor’s degree in Nursing or related field; maintenance of a Washington State registered nurse license
- Mental Health Professional (KMHS) – 0.5 FTE; master’s degree in a related field and two years of clinical work supervised by an MHP
- Housing Outreach Coordinator (KCR) – 0.75 FTE; bachelor’s degree preferred
- Community Health Worker (PCHS) – 0.25 FTE; Department of Health Community Worker Training and Health Benefit Exchange Navigator training

The following staff are dedicated to serve the Kitsap Connect clients, and funding for their position is NOT part of this grant application. The FTE allocation to Kitsap Connect for some of these positions varies, based on client need.

- Housing Stabilization Specialist (KCR) – FTE varies; affiliated counselor credential.
- Housing Support Specialist (KMHS) – FTE varies; bachelor’s degree.
- Peer Recovery Navigator (KMHS) – 0.5 FTE; 40 hrs of certified peer navigator training
- Behavioral Health Specialist (PCHS) – 0.1 FTE; licensed mental health counselor and chemical dependency provider

C. Organizational Licenses and Certifications

KPHD itself is not licensed to provide behavioral health services through the Department of Social and Health Services or the Department of Health. KMHS and PCHS, two key partners of this collective impact project, are licensed to provide behavioral health services. KMHS is licensed with both DSHS and DoH; PCHS is accredited with the Accreditation Association of Ambulatory Health Care and a Patient Centered Medical Home and is pending receipt of licensure with the Department of Behavioral Health and Recovery. PCHS has 20 providers with their DATA waiver to prescribe buprenorphine.

D. Outreach

Kitsap Connect continues to receive referrals from the following: Law enforcement and Police Navigators, EMS, primary care, behavioral health organizations, social service agencies, emergency department and inpatient social workers and case managers, and housing and homeless service providers. After vetting clients for eligibility through use of EMS services, 911 interactions, hospitalizations, and emergency room data, we provide outreach to the potential clients by offering our services at locations such as TSA, Kitsap Rescue Mission (KRM), court, hospitals, encampments, homes, and the street. We follow up with our referring agencies on the outcome of their referral and notify them weekly via fax of our current Kitsap Connect clientele.

We strengthen our capacity to provide culturally competent behavioral health care services through trainings provided by KMHS and Kitsap Strong. KMHS Chief Operating Officer and other certified mental health professionals will provide staff with

training on trauma informed care, personality disorders, post-traumatic stress disorder, depression, anxiety, psychotic disorders, and chemical dependency and recovery. We were recently selected to participate in a 50-hour training provided by Kitsap Strong on neuroscience, epigenetics, adverse childhood experiences and resiliency to deepen our understanding of the social and cultural needs of our clients. We will continue to attend trainings provided by Health Care for the Homeless Coalition and other credible organizations to ensure we are utilizing the most up-to-date evidence-based practices.

E. Evaluation

Kitsap Connect is currently contributing to all six of the county-identified policy goals to (a) increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County (b) reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services (c) reduce the number of people in Kitsap County who recycle through our criminal justice system, including jails and prisons (d) reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement (e) reduce the incidence and severity of chemically dependent and/or mental health disorders in adults and (f) improve the health status and well-being of Kitsap residents. The effectiveness in achieving these goals will be expanded upon in the following section, "Accomplishments to Date."

In 2019, we will continue to measure many of the same outcomes including: clients served, non-client referrals and linkages, client satisfaction, and client improvement in the Knowledge, Behavior and Status over time in the key problem areas of: Mental Health, Substance Use, Healthcare Supervision, Income, Residence, and Abuse, when applicable (See Attached D for Evaluation outline). We plan to loosen our eligibility criteria to include those clients who have had usage of five or more emergency response encounters in the past 12 months (versus 9 months). This will allow us to ensure our caseload has a better balance of moderate acuity clients with severe acuity clients, which we elaborate on in "Barriers to Implementation."

We will expand our evaluation to include new measures indicative of specific gaps identified in the 2019 RFP. Specifically, we will measure engagement and re-engagement with mental health and primary care providers to capture our efforts toward the gap of, "linkages to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment (p. 13 of RFP)." We will begin to collect these data now and establish outcome targets based on our findings by January 2019. Due to the often complex, severe, and sometimes debilitating medical and behavioral issues of our clients, we have noted that some clients do not show a decrease in emergency department services. However, they often transition from inappropriate to appropriate usage of these services through their involvement with us. Therefore, we will dig deeper into our ED data to differentiate between "inappropriate" (i.e. a non-life-threatening issue) and "appropriate" (i.e. those resulting in hospitalization) ED usage. We especially want to focus on our older clients, as these clients often have the most complex care needs and there are identified gaps in the "evaluation of geriatric population needs" and in the

“identification of mental health services needs of an aging population (p. 12-14, RFP).” It is important to emphasize that Kitsap Connect focuses on stabilizing physical health issues when these must be addressed in order for the client to effectively engage in behavioral health services. Lastly, despite a very critical housing crisis in Kitsap, the program has been quite successful at housing many of our clients through a variety of programs which will be expanded upon in “Integration and Collective Impact.” To capture this success, we will measure housing status at intake compared to graduation, noting where and what type of partnerships and funding were integral to that success (for example. BHA, KCR, HARPS funding, Section 8, Supportive Housing Program, Medicaid, etc.). Similar to our plan for outpatient services, we will establish an outcome target for housing based on data we collect from now to the end of 2018.

2. Accomplishments to Date

A. Progress to Date

Since the inception of Kitsap Connect, 51 clients have completed intakes for the program; and 41 have received care plans and outreach, engagement, and care coordination services. Since January 2018, 18 referrals and linkages have been provided to non-Kitsap Connect clients, and 137 have been provided to Kitsap Connect clients. It is important to emphasize that a “referral/linkage” typically represent several hours of coordination, which often includes accompaniment to behavioral health, housing, and social service appointments; tracking down official documents needed to secure housing or social security payments; coordinating transportation for clients to appointments; negotiating substance abuse recovery screening and placement; coordinating vital health care appointments necessary to stabilize the client’s health; arranging for housing placement; and problem-solving when issues arise with service providers about client mis-behavior or non-compliance. Care coordination between key social, health, and housing agencies has improved in efficiency since Kitsap Connect launched the twice-monthly HUCC Team meetings.

Kitsap Connect tracks progress for each client according to an established care plan, which the client participates in developing and modifying over time. We specifically track improvement in Knowledge, Behavior, and Status (KBS) within “problem areas” – defined areas of concern for targeted intervention. This program year, 94% of clients to date have improved Knowledge, 88% of clients had an improved Behavior score, and 91% had an improved Status score, overall. We saw a statistically significant improvement in KBS for clients who had the following problem areas:

- Abuse - a client’s ability to identify abusive behavior, strategize a safety plan, and internalize information around boundary setting in relationship
- Health Care Supervision - client’s obtaining preventative health care, receiving health care in a timely manner and following up on health care appointments – including behavioral health
- Income - clients increasing their awareness of financial and community resources, developing a budget and prioritizing spending, and having money to pay for bare necessities

- Mental Health - clients increasing their awareness of the effects of life stressors, coping skills, adverse mental health symptoms, and at least one treatment option for help; practicing mental health self-care
- Residence– clients increasing their awareness of housing, resources, and tenant’s rights; making an effort to look for stable housing and maintain housing; and identify household hazards
- Substance Use – client’s awareness of the dangers of substance use, self-awareness of use

In addition, in terms of high utilization of costly services, 59% of Kitsap Connect clients reduced their use of emergency services (ED and EMS).

Some of the most powerful accomplishments to date relate to the improved communication among partner providers, and the “stretching” of their service models to meet the unique needs of the Kitsap Connect clientele. Additionally, we have made significant progress in the placement and securing of housing for clients. These accomplishments are highlighted below in “Integration and Collective Impact”.

B. Barriers to Implementation

Transition to Stable Housing. During the past two years, we have identified several barriers to long-term client stability in housing, chemical dependency recovery, and physical and mental health wellness. As found with other high-utilizer programs, individuals facing a history of homelessness and complex behavioral health and health care needs require some level of long-term support from a trusted skilled care coordinator. For individuals with substance-use induced dementia, personality disorders, and debilitating physical health conditions comorbid with substance use disorder and mental illness, finding and sustaining housing (including adult family homes/assisted living) can be particularly challenging. These challenges further perpetuate the barriers to recovery and sometimes require a longer enrollment period to ensure a full transition to other community supports. Kitsap Connect has been asked to accept previously discharged clients back into services from its’ community partners due to a client’s risk of losing or loss of established housing combined with one or more of the following: mental health exacerbations, chemical dependency relapse, and worsening medical conditions. Taking previously discharged high-acuity clients back into services impacts Kitsap Connects’ ability to bring on new clients into services.

On average Kitsap Connect clients are in active services for 11 months. Moving forward, we will not discharge clients until they have experienced 6-months to a year of housing stability and full engagement in behavioral health services. Note that once housed, the Kitsap Connect team reduces the level of engagement significantly because community partners provide housing and behavioral health services support. In order to ensure the maximum number of high-utilizers can be served by Kitsap Connect, staff will work with the HUCC Team partners to balance the make-up of the clientele by identifying and enrolling high utilizer clients who may have fewer barriers to overcome in order to stabilize their behavioral, physical health and housing situations than higher acuity clients.

Refining EMS/911 data. We have encountered data collection challenges for EMS/911 calls. Over time, we have realized the importance of breaking 911 and EMS data apart. Currently, we are collecting this data through www.emergencyreporting.com which only allows us access to 911 calls that result in EMS being dispatched. Although this is very useful data to capture, it does not reveal 911 calls that have resulted in a police officer or crisis intervention officer being dispatched. We have realized that many of our referred and active client utilization of 911 would fall in this category versus EMS alone. Access to this data would assist us in more accurately representing the utilization of 911, potentially qualifying more people for Kitsap Connect services, as well as further demonstrating the impact our program has on active clients.

In response to this we have reached out to the Kitsap County Sheriff's Office for more accurate data. Lieutenant Penelope Sapp will continue to provide jail bed night data and will begin providing 911 encounter data for our clients through the program ILEADS. Additionally, we will be working with Bremerton Sargent and Crisis Intervention Officer Kelly Mead to access a new mobile phone application, Ridealong, which will enable us to review a list of Bremerton Police Department (BPD) identified high-utilizers with established crisis response plans. We can be incorporated as a resource in the BPD's crisis response plan for our clients and use this plan to inform our work with each client. Lastly, the Ridealong system will capture additional police interactions not necessarily in response to a 911 call, further increasing our ability to more accurately identify our impact of the high utilization of law enforcement.

C. Integration and Collective Impact

Kitsap Connect was collectively conceived by housing and health leaders who share a deep concern for marginalized persons in the community, particularly for people struggling with multiple complex issues related to homelessness, mental illness, chemical dependency, and un-managed chronic health issues. Partners continue to 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 need to reduce costly use of health and social services by a highly vulnerable, small percentage of the population. This program is designed to be collaborative and has only been effective because partners have utilized mutually reinforcing activities, open communication, and depend on each other's expertise.

As mentioned, we created a HUCC Team that meets twice monthly consisting of providers throughout our community that work directly with our clients. During these interagency care coordination meetings, we share pertinent patient information (observing all applicable privacy regulations). We create care plans and tailored crisis intervention plans regarding our mutual clients to streamline and improve the quality of care we provide while improving effective utilization of our community services.

Kitsap Connect has shown proof of concept to our partnering agencies, who have shown adaptation of their practices to better serve these clients. PCHS is working to reduce barriers to care by allowing the public health nurses access to pertinent patient health information necessary for care coordination. They agreed to increase the hours

of service from 0.1 to 0.25 FTE of a Community Health Worker to assist with making appointments, transportation to medical and behavioral health appointments, and navigating health insurance issues. Additionally, PCHS will partner even closer in 2019 by housing one of their behavioral health professionals in the Kitsap Connect office. With this growing partnership we anticipate that we will see an increase in appropriate use of PCHS provider appointments, particularly for behavioral health needs.

KMHS has also been a willing partner in adapting their processes to partner more closely with Kitsap Connect. They have dedicated the services of their Housing Support Specialist to provide assistance in crisis intervention and facilitating ongoing access to behavioral health resources needed for the long-term housing stability of Kitsap Connect clients (discharged and active). The difficulty in retaining a KMHS mental health professional (MHP) on the Kitsap Connect team has allowed us to reconsider the best structure for behavioral health supports to clients. Moving forward, KMHS plans to house an MHP at 0.5 FTE and an in-kind Peer Recovery Navigator at 0.5 FTE at TSA. They will offer supportive services such as onsite new patient mental health assessments, assistance with transportation to mental health and chemical dependency related appointments, coordination with treatment centers for detox and inpatient placement, and referrals to other social services. Additionally, KMHS will provide in-kind mental health and substance use recovery training to the Kitsap Connect team to help build expertise in understanding the unique behavioral health needs of clients.

KCR continues to provide the Housing Outreach Coordinator at 0.75 FTE as well as in kind supervision for the position. They provide Kitsap Connect clients with Consolidated Homeless Grant (CHG) and Housing and Recovery through Peer Supports (HARP's) funding for deposits and short-term rental assistance. In response to the difficulty Kitsap Connect clients have faced in maintaining their housing after years of chronic homelessness and unmanaged behavioral health challenges, in 2018 KCR began to provide an in-kind Housing Stabilization Specialist to support Kitsap Connect clients (discharged and active) once they obtain housing. The goal is to provide long-term supportive housing services such as budgeting, obtaining employment or sustainable funding for housing, landlord/tenant issue mitigation, and continued referrals to supportive social services. The partnership with KCR has resulted in 20 Kitsap Connect clients being housed and 10 clients receiving support in maintaining their housing (18 of these 23 clients still reside in their homes).

BHA is a dedicated partner in making a collective impact on reducing homelessness in central Kitsap. They prioritize Kitsap Connect clients for their Supportive Housing Program (SHP) funds which provide long-term rental assistance, qualifies clients for Section 8, and access to both KCR Housing Stabilization Specialist and KMHS Housing Support Specialist. BHA is committed to reducing barriers to housing retention and plans to expand which services SHP funding can cover including deposits, rapid rehousing, and utility assistance if needed. Additionally, BHA will not immediately exit SHP clients that do not report their income on time and clients that will not likely succeed with Section 8 regulations may continue to have access to SHP funding indefinitely or as long as BHA has funding to support the program. Lastly, BHA will

approve clients for SHP funding for units above fair market value on a case-by-case basis. To date, 4 clients of Kitsap Connect have been housed with SHP funds and at least 3 additional clients will be moving into homes with SHP funding in 2018.

D. Key Accomplishments

The accomplishments we are most proud of are:

- **The true collective impact of this program.** As discussed above, partner agencies have leaned into filling the gaps in service for this population in meaningful, intentional, and powerful ways. Partners have worked hard to reduce systems barriers for housing placement and health care access, including plans of PCHS to provide mobile behavioral health care, KMHS piloting onsite intakes to service by their MHP, and BHA reducing the rental assistance barriers. These represent systems changes that will have long-lasting implications for sustained reduction in gaps.
- **Notable improvements in Knowledge, Behavior, Status** within top priority areas of Mental Health, Residence score, and Substance Use
- **Housing placement.** Despite the incredible challenge in finding and securing housing for high-utilizer clients with high levels of behavioral and physical health challenges, Kitsap Connect has worked with partners to place 23 clients in housing, 18 of which are still housed.

3. Budget Narrative

A. Past Expenditure

Through June 20, 2018, we have billed 44% of the grant, with \$192,529 remaining. KMHS (subcontractor) has underbilled because of staffing turnover. Their MHP position is posted for hiring, and they will begin billing down when hiring occurs.

B. Funding Request

We are requesting a grant of \$410,105 for the additional year of programming. KPHD has a federally negotiated indirect rate that exceeds 10%, and as such, has requested a 10% indirect rate in this proposed budget.

C. Funding Modification

The budget request for 2019 represents an approximate increase of \$67,000 to the budget from the current year. This is due to increase salary/benefits costs for the program staff, lease of space, increase in client incidentals, and inclusion of the cost of security at Salvation Army. Please note that we plan to request security guard costs continue to be covered by the City of Bremerton in the amount of \$30,000, and we have a \$30,000 grant request being submitted by invitation to Medina Foundation to cover salary costs of the public health nurses. These were not included as in-kind contributions because they are not secured at the time of submission.

D. Subcontractors

We plan to subcontract with the following critical partners. We have described in detail their contribution to this project in the "Integration and Collective Impact" section:

- KMHS, for their clinical expertise in working with severe and persistent mental illness, chemical dependency recovery; grant request of \$49,265; in-kind contribution of \$31,914
- KCR, for services of the Housing Solutions Center, which include housing placement and stabilization supports; Grant request of \$42,350; in-kind contribution of \$9,800
- PCHS, for community health worker coordination for clients for their integrated behavioral health/primary care needs; grant request of \$20,059; in-kind contribution of \$6,875.

4. Sustainability

A. Leveraged Funds

We understand the importance of containing costs of this program and each core partner has made meaningful in-kind contributions to this work, stretching their own agency budgets and redesigning their workflows to meet the clients “where they are at” by placing staff onsite at Salvation Army. The City of Bremerton has continued to be a generous partner in this work by covering the \$30,000 cost of the security guard at Salvation Army. We have been invited to request the same of the City Council for 2019 but have no guarantee of this funding at this time.

B. Sustainability Plan

The challenge we face with Kitsap Connect is that the types of services required to stabilize these high utilizers fall outside of the scope of our existing systems – this funding is truly a gap in our system. We have been encouraged to see partner agencies stretch their budgets and scopes to begin filling this gap more, and there are important community-wide initiatives that should reduce the cost of Kitsap Connect over time. These include the opening of the Crisis Triage Center, the pilot medical respite care program at Benedict House, and community plans to eventually open long-term low barrier supportive housing.

In terms of soliciting other funding, we submitted a letter of intent to Medina Foundation for \$30,000 towards operating expenses of this grant were invited to submit a full proposal. If successful, we would be awarded this funding in early 2019. We are also working with the Health Care Authority and DSHS to determine whether the Housing Outreach Coordinator position can be billed in part to Medicaid Initiative 3 for Housing Support. Finally, this past year we met with the Kaiser Foundation and Harrison Foundation to solicit support for Kitsap Connect though have not received funding to date. We submitted a letter of intent to the CHI Franciscan Foundation which was not approved. We will continue to approach CHI Franciscan/Harrison for contributions to this program, as well as look for ways that the scope of work of Kitsap Connect can be more integrated into existing funding structures of partner agencies.

EVALUATION WORKSHEET

INSTRUCTIONS:

Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program has at least one end goal and might have several – one or more activities are required to make progress toward meeting the goal. Progress is measured with one or more objectives that might cover an output (number of something) or outcome (change over time) due to the program. The type of outcome (column D) and expected timeframe for change (column E) should be defined. Objectives must follow the “SMART” guideline: specific, measurable, attainable, realistic, and time-bound (column C). Each objective should include an expected target result and completion date (“time-bound” part of column C).

New and continuing grant proposals must fill out the Evaluation Worksheet.

DEFINITIONS:

Goal:	A broad statement or a desired, longer-term, outcome of a program. A program can have one or multiple goals. Each goal has one or more related specific objectives that, if met, will collectively achieve the stated goal.
Activity:	Actions taken or work performed to produce specific outputs and outcomes.
Objective:	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
Output:	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
Outcome:	Effect of a program (change) - can be in: participant satisfaction; knowledge, attitude, skill; practice or behavior; overall problem; or a measure of return-on-investment or cost-benefit. Identify any measures that are “fidelity” measures for an evidence based practice.
Timeline:	Is the outcome expected to measure short-term, medium-term or a longer-term change? When will measurement begin? How often will measurement be done (frequency: quarterly, semi-annual, annual, other)?
Baseline:	The status of services or outcome-related measures before an intervention against which progress can be assessed or comparisons made. Should include data and time frame.
Source:	How and from where will data be collected?

EVALUATION WORKSHEET

PROJECT NAME: Kitsap Connect

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Improve the mental health and physical health and well-being of highly vulnerable clients	Agencies identify clients for potential services and refer to Kitsap Connect Outreach to referred clients conducted and intake assessments completed Kitsap Connect Team members work with partners through care conferences to establish tailored care plan for client	By December 31, 2019, serve at least 30 highly vulnerable, costly clients with established care plans	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/19</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Ongoing	23 as of 6/30/18	Client Referral Forms Client Intake Forms
Click here to enter text.	Kitsap Connect Team members track progress on care plan goals and record change in behavior/practice for each participant	By December 31, 2019, the following percent of enrolled clients (those participating at least 3 months-does not have to be consecutive) will make progress on their tailored care plan as evidenced by improved Knowledge, Behavior and Status (KBS) scores: - Knowledge: 50% - Behavior: 55% - Status: 55%	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem (status) <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/19</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	94%, 88%, and 91%, respectively as of 6/30/18	KBS Data/Score* *Problems to be collapsed
Enhance linkages to comprehensive services including care coordination, access to medication, prompt access to benefits, health care	Help clients to become engaged or re-engaged with their primary care providers, mental health professionals, etc.	By December 31, 2019, XX% of high utilizers of the ED and/or EMS clients will increase their number of primary care visits By December 31, 2019, XX% of clients will be engaged or re-engaged with a mental health services at graduation	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/19</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	New measure; will establish baseline to quantify SMART goal	PCHS (Lynette Bird-Clinical Operations Director) PCHS and KMHS data

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
Increase access to stable housing for those Kitsap County residents with mental illness and/or substance use disorders	Work collaboratively with partner agencies, landlords, assisted living facilities and adult family homes to advocate for and prioritize housing our clients and provide housing support after move-in for up to 6 months	By December 31, 2019, XX% of clients who entered the program as homeless will be in either temporary or stable housing at time of discharge/graduation	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Ongoing <input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>1/1/19</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:	New measure; will establish baseline to quantify SMART goal	Intake and discharge/graduation data
Click here to enter text.	Click here to enter text.	By December 31, 2019, 80% of clients report improvement in well-being as measured by an Anonymous Services Survey at exit of program	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/19</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: <u>One time at exit</u>	100% as of 6/30/18	Anonymous Services Survey
	Clients engaged in the program administered internal quarterly Satisfaction Survey	By December 31, 2019, 80% of clients report moderate to high level of satisfaction with program as measured quarterly and at discharge with the internal Satisfaction Survey	<input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable:	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/19</u> Frequency: <input checked="" type="checkbox"/> Quarterly	100% as of 6/30/18	Satisfaction Survey

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and Date	G. SOURCE
Reduce usage of costly health, social, and public services resulting in cost savings	<p>Crises & Care Coordination Team identify usage pattern baseline for each client</p> <p>Crises & Care Coordination Team provide intensive care coordination for clients resulting in more efficient usage of system resources by client</p>	<p>By December 31, 2019, at least 25 % of high utilizers* enrolled in the program (those participating at least 12 months-does not have to be consecutive) decrease use of costly services compared to their baseline</p> <p>*Defined as clients who have at least 5 combined ED, 911, EMS, and jail events in the 12 months prior to intake</p>	<p><input type="checkbox"/> Fidelity measure</p> <p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input type="checkbox"/> Outcome: Impact on overall problem</p> <p><input checked="" type="checkbox"/> Return-on-investment or cost-benefit if applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input checked="" type="checkbox"/> Other: + At discharge</p> <p><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/19</u></p> <p>Frequency:</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input checked="" type="checkbox"/> Other: <u>Ongoing</u></p>	<p>New inclusion criteria</p>	<p>Intake- self-report</p> <p>Community data: EPIC/ED ERS-911/EMS KMHS</p>
		<p>By December 31, 2019, there will be a statistically significant decrease in the average emergency services used by high utilizers* enrolled in the program (those participating at least 12 months-does not have to be consecutive) compared to their baseline</p> <p>* Defined as clients who have at least 5 combined ED, 911, EMS, and jail events in the 12 months prior to intake</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input checked="" type="checkbox"/> Return-on-investment or cost-benefit if applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/19</u></p> <p>Frequency:</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input checked="" type="checkbox"/> Other: <u>Ongoing</u></p>	<p>New inclusion criteria</p>	
		<p>By December 31, 2019, EMS high utilizers* enrolled in the program (those participating at least 12 months- does not have to be</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input checked="" type="checkbox"/> Return-on-investment or cost-benefit if applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/19</u></p> <p>Frequency:</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input checked="" type="checkbox"/> Other: <u>Ongoing</u></p>	<p>New inclusion criteria</p>	<p>www.emergencyreporting.com</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
		<p>consecutive) reduce the number of calls by 30 % from baseline.</p> <p>* Defined as clients who have had at least 6 EMS events in the 12 months prior to intake</p>	<p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input checked="" type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p>Start date: <u>1/1/19</u></p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: <u>Ongoing</u></p>		
		<p>By December 31, 2019, 911 high utilizers* enrolled in the program (those participating at least 12 months- does not have to be consecutive) reduce the number of calls by 30% from baseline.</p> <p>* Defined as clients who have had at least 3 distinct 911 call events in the 12 months prior to intake</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input checked="" type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long</p> <p>Start date: <u>1/1/19</u></p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: <u>Ongoing</u></p>	New inclusion criteria	<p>Community data: iLEADS pulled by Lt. Sapp and/or Sgt. Meade.</p> <p>Ride Along app data pulled by Sgt. Meade</p>
		<p>By December 31, 2019, inappropriate or high emergency department utilizers** enrolled in the program (those participating at least 12 months- does not have to be consecutive) reduce their number of ED visits by 15% from baseline</p> <p>* Kitsap Connect to track appropriate/inappropriate ED use by looking at ED visits that result in hospitalization (appropriate)</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long</p> <p>Start date: <u>1/1/19</u></p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: <u>Ongoing</u></p>	New inclusion criteria	<p>Community data: EPIC/ED</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and time</small>	G. SOURCE
		<p>** Defined as clients who have had at least 4 ED events in the 12 months prior to intake</p> <p>By December 31st 2019, the number of jail bed days for enrolled participants (at least non/consecutive three months) statistically significantly decreased compared to year prior to services.</p> <p>*Jail bed days should be from charges that occurred after engagement with services.</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/2019</u></p> <p>Frequency:</p> <p><input checked="" type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Other:</p>	<p>78% reduction as of 6/30/18. Have not run statistical analyses yet</p>	<p>Jail Reporting</p>
<p>Improve system efficiency through enhanced coordination and collaboration of social, public, and health service providers</p>	<p>Referring agencies will complete or renew Partner Service Agreements with KPHD outlining shared commitment to care conferences and collaboration</p>	<p>By December 31, 2019, the following eight diverse agencies will have current Partner Service Agreements to refer to the program and participate in case conferences as appropriate: Law Enforcement, EMS, KMHS, community health and treatment centers, TSA, KCR/HSC, PCHS, CHI</p>	<p><input checked="" type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input type="checkbox"/> Outcome: Practice or behavior</p> <p><input type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/19</u></p> <p>Frequency:</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input checked="" type="checkbox"/> Other: <u>Once</u></p>	<p>0 as of 1/1/19</p>	<p>Partner Service Agreements</p>
	<p>Partner agencies will attend bi-monthly High Utilizer Care Coordination Team (HUCC Team) Meetings when they have clients on active client caseload</p>	<p>By December 31, 2019, at least 20 HUCC Team meetings will be held with a variety of diverse partner agencies</p>	<p><input checked="" type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p>	<p><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <p>Start date: <u>1/1/19</u></p> <p>Frequency:</p>	<p>12 as of 6/30/18</p>	<p>Program Data</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and/or Unit</small>	G. SOURCE
			If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:		
		By December 31, 2019, 90% of agencies participating in care coordination and/or on the Advisory Committee will report improved collaboration via a Systems Assessment Survey during the 4 th Quarter of program.	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>1/1/19</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:	90% as of 7/1/17	Systems Assessment Survey

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name:

Kitsap Public Health District

Project:

Kitsap Connect

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 1,079,765	9%	\$ 1,501,549	12%	\$ 1,520,020	13%
WA State Revenue	2,223,001	19%	2,457,939	20%	2,480,920	21%
Local Revenue	1,960,753	17%	2,371,088	19%	2,056,224	17%
Private Funding Revenue	58,807	1%	44,407	0%	38,070	0%
Agency Revenue	5,850,066	51%	5,676,633	46%	5,872,675	49%
Miscellaneous Revenue	276,570	2%	242,891	2%	41,100	0%
Total Agency Revenue (A)	\$ 11,448,963		\$ 12,294,507		\$ 12,009,009	
AGENCY EXPENSES						
Personnel						
Staff	\$ 6,746,319	57%	\$ 6,831,011	56%	\$ 6,942,160	58%
Total Benefits	\$ 2,343,233	20%	\$ 2,567,580	21%	\$ 2,605,201	22%
Subtotal	\$ 9,089,551	76%	\$ 9,398,591	76%	\$ 9,547,361	80%
Supplies/Equipment						
Equipment	\$ 115,517	1%	\$ 139,684	1%	\$ 136,734	1%
Office Supplies	\$ 259,027	2%	\$ 261,940	2%	\$ 261,650	2%
Subtotal	\$ 374,544	3%	\$ 401,624	3%	\$ 398,384	3%
Administration						
Advertising/Marketing	\$ 9,122	0%	\$ 5,850	0%	\$ 5,850	0%
Professional Services	\$ 930,261	8%	\$ 1,165,048	9%	\$ 1,063,465	9%
Communication/Postage	\$ 114,288	1%	\$ 109,736	1%	\$ 110,348	1%
Insurance/Bonds	\$ 111,342	1%	\$ 116,444	1%	\$ 116,444	1%
Training/Travel/Transportation	\$ 476,689	4%	\$ 304,813	2%	\$ 305,864	3%
Subtotal	\$ 1,641,701	14%	\$ 1,701,891	14%	\$ 1,601,971	13%
Ongoing Operations and Maintenance						
Repair of Equipment and Property	\$ 461,576	4%	\$ 445,783	4%	\$ 117,748	1%
Utilities	\$ 2,766	0%	\$ 1,300	0%	\$ 2,775	0%
Rentals/Leases	\$ 53,157	0%	\$ 39,018	0%	\$ 34,470	0%
Subtotal	\$ 517,499	4%	\$ 486,101	4%	\$ 154,993	1%
Other Costs						
Debt Service	\$ 311,256	3%	\$ 306,300	2%	\$ 306,300	3%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 311,256	3%	\$ 306,300	2%	\$ 306,300	3%
Total Direct Expenses	\$ 11,934,551		\$ 12,294,507		\$ 12,009,009	

NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.

Attachment E-Total Agency Budget Form

Kitsap Connect

Line items > 10% of budget

Request for Funding	FTE	Salary	Benefit	Total
Public Health Nurses	2.0	\$ 163,533	\$ 49,995	\$ 213,528
Subcontractors	1.5	\$ 65,890	\$ 22,306	\$ 88,196
Total	3.5	\$ 229,423	\$72,301	\$301,724

Special Project Budget Form

Agency Name: Kitsap Public Health District

Subcontractor: ___ Yes ___X___ No

Project: Kitsap Connect

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers (Director Community Health)	\$ 12,861	3%	\$ -	0%	\$ 12,861	18%
Staff (2.0 FTE Program Coordinator/Public Health Nurses)	164,880	34%	163,533	40%	1,347	2%
Total Benefits	54,798	11%	49,995	12%	4,803	7%
SUBTOTAL	\$ 232,539	48%	\$ 213,528	52%	\$ 19,011	26%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	500	0%	-	0%	500	1%
Client Incidentals	8,040	2%	8,040	2%	-	0%
SUBTOTAL	\$ 8,540	2%	\$ 8,040	2%	\$ 500	1%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Professional Services (subcontractors; note all in-kind from subcontractors is in this line item)	160,263	33%	111,674	27%	48,589	67%
Communication	2,780	1%	2,780	1%	-	0%
Insurance/Bonds	-	0%	-	0%	-	0%
Postage/Printing	-	0%	-	0%	-	0%
Training/Travel/Transportation	2,000	0%	2,000	0%	-	0%
% Indirect (Limited to 10%)	37,282	8%	37,282	9%	-	0%
Other:	-	0%	-	0%	-	0%
SUBTOTAL	\$ 202,325	42%	\$ 153,736	37%	\$ 48,589	67%
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	-	0%	-	0%	-	0%
Utilities	-	0%	-	0%	-	0%
Leases - space Salvation Army (in-kind contribution is from Salvation Army)	7,400	2%	4,800	1%	2,600	4%
Security*****	30,000	6%	30,000	7%	-	0%
Electronic Medical Record, Nightingale Notes	2,100	0%	-	0%	2,100	3%
SUBTOTAL	\$ 39,500	8%	\$ 34,800	8%	\$ 4,700	6%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other:	-	0%	-	0%	-	0%
SUBTOTAL		0%		0%	\$ -	0%
Total Project Budget	\$ 482,904		\$ 410,105		\$ 72,800	

NOTE: Indirect is limited to 10%

* we will be asking City of Bremerton to continue covering this cost, but include it here as true expense of program because we have not secured this for 2019

Special Project Budget Form

Agency Name: Kitsap Mental Health Services

Subcontractor: Yes No

Project: Kitsap Connect

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%		0%
Staff (0.5 FTE MHP; 0.5 FTE Peer Navigator)	42,592	52%	29,240	59%	13,352	42%
Total Benefits	19,564	24%	10,956	22%	8,608	27%
SUBTOTAL	\$ 62,156	77%	\$ 40,196	82%	\$ 21,960	69%
Supplies & Equipment						
Equipment (data management system)	\$ 720	1%	\$ 720	1%	\$ -	0%
Office Supplies	290	0%	290	1%	-	0%
Client Incidentals	-	0%	-	0%	-	0%
SUBTOTAL	\$ 1,010	1%	\$ 1,010	2%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Professional Services	-	0%	-	0%	-	0%
Communication	400	0%	400	1%	-	0%
Insurance/Bonds	-	0%	-	0%	-	0%
Postage/Printing	190	0%	190	0%	-	0%
Training/Travel/Transportation	12,494	15%	2,540	5%	9,954	31%
% Indirect (Limited to 10%)	4,479	6%	4,479	9%	-	0%
	-	0%	-	0%	-	0%
SUBTOTAL	\$ 17,563	22%	\$ 7,609	15%	\$ 9,954	31%
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	-	0%	-	0%	-	0%
Utilities	-	0%	-	0%	-	0%
Leases	-	0%	-	0%	-	0%
Other (license fee):	50	0%	50	0%	-	0%
Other (liability insurance):	400	0%	400	1%	-	0%
SUBTOTAL	\$ 450	1%	\$ 450	1%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other:	-	0%	-	0%	-	0%
SUBTOTAL		0%		0%	\$ -	0%
Total Project Budget	\$ 81,179		\$ 49,265		\$ 31,914	

Special Project Budget Form

Agency Name: Kitsap Community Resources

Subcontractor: Yes N Project: Kitsap Connect

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%		0%
Staff (0.75 FTE Housing Outreach Coordinator; Supervisor (in-kind))	33,600	64%	26,250	62%	7,350	75%
Total Benefits	11,200	21%	8,750	21%	2,450	25%
SUBTOTAL	\$ 44,800	86%	\$ 35,000	83%	\$ 9,800	100%
Supplies & Equipment						
Equipment (data management system)	\$ -	0%		0%	\$ -	0%
Office Supplies	1,000	2%	1,000	2%		0%
Client Incidentals	-	0%		0%	-	0%
SUBTOTAL	\$ 1,000	2%	\$ 1,000	2%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Professional Services	-	0%		0%		0%
Communication	-	0%		0%	-	0%
Insurance/Bonds	-	0%	-	0%	-	0%
Postage/Printing	-	0%		0%	-	0%
Training/Travel/Transportation	1,500	3%	1,500	4%		0%
% Indirect (Limited to 10%)	3,850	7%	3,850	9%	-	0%
	-	0%	-	0%		0%
SUBTOTAL	\$ 5,350	10%	\$ 5,350	13%	\$ -	0%
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	-	0%	-	0%	-	0%
Utilities	-	0%	-	0%	-	0%
Leases	-	0%		0%		0%
Other (client incidentals):	1,000	2%	1,000	2%		0%
Other (describe):	-	0%		0%	-	0%
SUBTOTAL	\$ 1,000	2%	\$ 1,000	2%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other:	-	0%		0%	-	0%
SUBTOTAL		0%		0%	\$ -	0%
Total Project Budget	\$ 52,150		\$ 42,350		\$ 9,800	

Special Project Budget Form

Agency Name: Peninsula Community Health Services

Subcontractor: Yes No

Project: Kitsap Connect

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%		0%
Staff (0.25 FTE CHW; 0.1 FTE BHS (in-kind))	15,900	59%	10,400	52%	5,500	80%
Total Benefits	3,975	15%	2,600	13%	1,375	20%
SUBTOTAL	\$ 19,875	74%	\$ 13,000	65%	\$ 6,875	100%
Supplies & Equipment						
Equipment (lap top)	\$ 1,700	6%	\$ 1,700	8%	\$ -	0%
Office Supplies	520	2%	520	3%		0%
Client Incidentals	-	0%		0%	-	0%
SUBTOTAL	\$ 2,220	8%	\$ 2,220	11%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Professional Services	-	0%		0%		0%
Communication	1,800	7%	1,800	9%	-	0%
Insurance/Bonds	-	0%	-	0%	-	0%
Postage/Printing	-	0%		0%	-	0%
Training/Travel/Transportation	1,215	5%	1,215	6%		0%
% Indirect (Limited to 10%)	1,824	7%	1,824	9%	-	0%
	-	0%	-	0%		0%
SUBTOTAL	\$ 4,839	18%	\$ 4,839	24%	\$ -	0%
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	-	0%	-	0%	-	0%
Utilites	-	0%	-	0%	-	0%
Leases	-	0%		0%		0%
Other (describe):	-	0%		0%		0%
Other (describe):	-	0%		0%		0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other:	-	0%		0%	-	0%
SUBTOTAL		0%		0%	\$ -	0%
Total Project Budget	\$ 26,934		\$ 20,059		\$ 6,875	

Project Salary Summary

Agency Name: Kitsap Public Health

Subcontractor: Yes No

Project: Kitsap Connect

Description

Number of Professional FTEs	\$	2.00
Number of Clerical FTEs	\$	-
Number of All Other FTEs	\$	-
Total Number of FTEs	\$	2.00

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	163,533.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	163,533.00

Total Payroll Taxes	\$	12,510.00
Total Cost of Benefits	\$	17,011.00
Total Cost of Retirement	\$	20,474.00
Total Payroll Costs	\$	213,528.00

Project Salary Summary

Agency Name: Kitsap Mental Health Services **Subcontractor:** Yes No

Project: Kitsap Connect

Description

Number of Professional FTEs	\$	0.50
Number of Clerical FTEs	\$	-
Number of All Other FTEs	\$	-
Total Number of FTEs	\$	0.50

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	29,240.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description: Community Health Worker	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	29,240.00
<hr/>		
Total Payroll Taxes	\$	2,684.00
Total Cost of Benefits	\$	7,102.00
Total Cost of Retirement	\$	1,170.00
Total Payroll Costs	\$	40,196.00

Project Salary Summary

Agency Name: Kitsap Community Resources **Subcontractor:** Yes No

Project: Kitsap Connect

Description

Number of Professional FTEs	\$	-
Number of Clerical FTEs	\$	-
Number of All Other FTEs	\$	0.75
Total Number of FTEs	\$	0.75

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	-
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description: Housing Outreach Coordinator	\$	26,316.00
Description:	\$	-
Description:	\$	-
Total Salaries	\$	26,316.00
Total Payroll Taxes	\$	1,858.00
Total Cost of Benefits	\$	5,619.00
Total Cost of Retirement	\$	1,207.00
Total Payroll Costs	\$	35,000.00

Project Salary Summary			
Agency Name: Peninsula Community Health Services		Subcontractor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Project: Kitsap Connect			
Description			
Number of Professional FTEs		\$	-
Number of Clerical FTEs		\$	-
Number of All Other FTEs		\$	0.25
Total Number of FTEs		\$	0.25
Salary Information			
Salary of Executive Director or CEO		\$	-
Salaries of Professional Staff		\$	-
Salaries of Clerical Staff		\$	-
Other Salaries (Describe Below)		\$	-
Description: Community Health Worker		\$	10,400.00
Description:		\$	-
Description:		\$	-
Total Salaries		\$	10,400.00
Total Payroll Taxes		\$	1,965.60
Total Cost of Benefits		\$	634.40
Total Cost of Retirement		\$	-
Total Payroll Costs		\$	13,000.00

July 25, 2018

**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. Our four agency collaboration, Kitsap Connect, is a shared response to this priority. Now in its a second year, through a shared staffing model and with each agency bringing its mission specific expertise, we have been able to more effectively engage and serve persons at risk of or homeless and experiencing behavioral health and physical issues, especially in Bremerton where the project is sited at The Salvation Army. Kitsap Connect has been able to reduce homelessness, improve engagement in treatment services, 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:

- 0.5 FTE KMHS Behavioral Health Professional (MHP)
- 0.5 Peer Support Specialist (as in-kind service)
- Administrative oversight of therapist and regular supervisory guidance.

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Joe Roszak
Chief Executive Officer

The mission of Kitsap Mental Health Services is to shape the future of mental health through state of the science service delivery, community partnerships and advocacy.

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

5455 Almira Drive NE
Bremerton, WA 98311-8331

www.kitsapmentalhealth.org



KMHS does not discriminate against any person on the basis of race, color, national origin, sex, disability, marital status, religion, ancestry, age, veteran status, or other protected status under applicable laws in its programs and activities.

- Inclusion of KPHD Staff in KMHS Behavioral Health staff trainings to increase cross sector knowledge and skills that support integrated health services (in-kind). The KMHS Behavioral Health Professional will, under the guidance of the KMHS Adult Outpatient 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 KCR, BHA and The Salvation Army 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



Established 1902

Doug Baier
Medical Officer, Bremerton Fire Department

911 Park Ave
Bremerton WA 98337
360.473.5384

26 July 2018

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

Reference: 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 Connect grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Public Health District (KPHD) serves as the backbone agency for the evolving collective impact project – Kitsap Connect, which currently serves the Bremerton and Central Kitsap areas. Kitsap Connect is a collective impact approach to helping the most vulnerable residents in our community (who experience or are at risk of chronic mental illness, chemical dependency, comorbid physical illnesses and housing instability/homelessness) effectively access the care they need. Using multi-disciplinary and team-based interventions, 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. Such interventions have helped distract many of our high-utilization patients from recurrent and inappropriate 9-1-1 use.

The Bremerton Fire Department will commit the following resources to the proposal submitted by Kitsap Connect:

- Use of facilities or services
- Staff time devoted to project

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, Medical Officer





BREMERTON HOUSING AUTHORITY
 600 Park Avenue
 Bremerton, WA 98337
 (360) 616-7241
 www.bremertonhousing.org

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

July 26, 2018

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 Connect grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Bremerton Housing Authority (BHA) is pleased to serve on the leadership committee of Kitsap Connect, a collective impact project for which Kitsap Public Health District (KPHD) serves as the backbone agency. Kitsap Connect is a collaborative approach to helping the most vulnerable residents in our community (who experience or are at risk of chronic mental illness, chemical dependency, comorbid physical illnesses and housing instability/homelessness) effectively access the care they need. Using multi-disciplinary and team-based interventions, the project reduces 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.

We have worked diligently with the Kitsap Connect staff and partner agencies (Kitsap Mental Health, Kitsap Community Resources, and Peninsula Community Health Services) to help reduce barriers to housing stability for persons with significant behavioral health challenges. Most recently and moving into the next program year, our focus will be on reducing barriers to accessing rental assistance monies for Kitsap Connect clients. We commit to continuing to provide low-barrier supportive housing rental assistance for these clients.

BHA supports the concept of Housing First, which embraces the notion that vulnerable clients are more successful in recovery services and more engaged in clinical mental health services



Bremerton Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.

Equal Opportunity Employer.

If you need to request a reasonable accommodation, contact the BHA Section 504 Coordinator at (360) 616-7122. Telecommunication for the hearing impaired TRS dial 7-1-1.



BARRIER FREE

once the chaos of living on the streets has been eliminated from their lives. Addressing this debilitation chaos is achieved when chronically homeless individuals are provided a safe and permanent home of their own, with supports in place to help them stay engaged in needed services. Without safe, decent and affordable shelter made possible in part through rental assistance, it is unlikely that any progress will be made towards ending the cycle of homelessness and improving behavioral health service access. We believe our agency's continued financial commitment and leadership support will meaningfully improve the wellness of our community. Please give the Kitsap Connect application your utmost consideration for continued funding.

Sincerely,

A handwritten signature in black ink that reads "Sarah Van Cleve". The signature is fluid and cursive, with the first name "Sarah" being larger and more prominent than the last name "Van Cleve".

Sarah Van Cleve
Housing Director



KITSAP COMMUNITY
Resources

A Community Action Partnership. Helping people. Changing lives.

July 18, 2018

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 Connect grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Community Resources is pleased to be a founding member and to serve on the leadership committee of Kitsap Connect, a collective impact project for which Kitsap Public Health District (KPHD) serves as the backbone agency. Kitsap Connect is a collaborative approach to helping the most vulnerable residents in our community (who experience or are at risk of chronic mental illness, chemical dependency, comorbid physical illnesses and housing instability/homelessness) effectively access the care they need. Using multi-disciplinary and team-based interventions, the project reduces 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.

We have worked diligently with the Kitsap Connect staff and partner agencies (Kitsap Mental Health, Bremerton Housing Authority, and Peninsula Community Health Services) to help reduce barriers to housing stability for persons with significant behavioral health challenges. Through our Housing Solutions Center, we have worked with partners to help find housing for 21 Kitsap Connect clients – a formidable challenge given the barriers Kitsap Connect clients face in maintaining stable lives because of behavioral health issues, chronic disease, and ramifications of chronic homelessness and poverty. At the time of this letter, 16 of these clients remain housed.

In addition to continuing to commit staff resources within our Housing Solutions Center to prioritize housing placement of Kitsap Connect clients, our Housing Stabilization Specialist and

the Behavioral Intervention Specialist will also provide behavioral health and wrap around services supports to clients once housed to maximize potential for long-term housing sustainability.

Please give the Kitsap Connect application your utmost consideration for continued funding.

Sincerely,

A handwritten signature in cursive script that reads "Irmgard Davis".

Irmgard Davis

Interim Executive Director



07/25/18

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 Connect grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Public Health District (KPHD) serves as the backbone agency for the evolving collective impact project – Kitsap Connect, which currently serves the Bremerton and Central Kitsap areas. Kitsap Connect is a collective impact approach to helping the most vulnerable residents in our community (who experience or are at risk of chronic mental illness, chemical dependency, comorbid physical illnesses and housing instability/homelessness) effectively access the care they need. Using multi-disciplinary and team-based interventions, 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.

Kitsap Rescue Mission will commit the following resources to the proposal submitted by Kitsap Connect:

- Donation of supplies, equipment, or other goods
- Use of facilities or services
- Staff time devoted to project
- Other: Partnership in community outreach

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,
Mike O'Shaughnessy

Executive Director

Kitsap Rescue Mission



Peninsula Community Health Services

Provides accessible, affordable, quality health and wellness services for our communities.

July 18, 2018

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

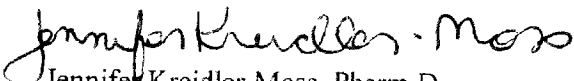
Dear Citizens Advisory Committee:

Please receive this letter of commitment in support of the Kitsap Connect project application to the Mental Health, Chemical Dependency and Therapeutic Courts continuation funding opportunity. Kitsap Connect is a collective impact project jointly facilitated by Kitsap Public Health, Bremerton Housing Authority, Kitsap Mental Health, Kitsap Community Resources, and more recently, our agency. The project aims to stabilize the most at-risk residents in the Bremerton area who are experiencing mental illness, chemical dependency, physical illness, and homelessness by providing comprehensive care coordination among a broad range of service providers on behalf of individual clients. This project has been instrumental in breaking down silos between service organizations, identifying gaps in service for the high-utilizer population, and stabilizing some of our most vulnerable community members through supportive housing placement, tailored outreach and engagement, coordinated behavioral and physical health care, and connection to vital social services.

In addition to committing our Community Health Worker to shepherd Kitsap Connect clients through the PCHS system to ensure they receive the whole-person care required for wellness, we will be housing a Behavioral Health Specialist onsite at the Salvation Army to serve those clients who cannot navigate or choose not to access other behavioral health services in the community. Kitsap Connect not only provides intensive outreach and engagement to those high utilizers who qualify for their services, but also offers referrals and linkages to additional vulnerable community members at Salvation Army who do not formally qualify to be on the Kitsap Connect caseload. The PCHS Behavioral Health Specialist will also provide a necessary onsite resource to Behavioral Health services for these individuals at Salvation Army and work to encourage those with the highest needs to access services with Kitsap Mental Health Services, as the most appropriate agency for those with complex behavioral health needs. Finally, we also plan to coordinate the provision of behavioral health services through our mobile van with the Kitsap Connect team to offer another access point to further reduce access barriers to care for their clients.

Kitsap Connect truly represents a collective impact initiative in alliance with the Kitsap County Behavioral Health Strategic Plan, and as such, we thank you for prioritizing this program for continued funding.

Sincerely,


Jennifer Kreidler-Moss, Pharm D
CEO



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

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

July 18, 2018

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

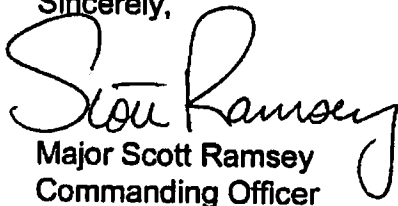
Dear Citizens Advisory Committee:

I am writing to express the support and on-going commitment of The Salvation Army for the Kitsap Connect program. This project has provided necessary support to the homeless individuals we serve through our meal and winter shelter program. The clients served through the trusting relationships with the Kitsap Connect staff face formidable challenges in their daily lives because of mental illness, addiction, disease, disability and poverty. Since the inception of Kitsap Connect, many of our participants have been housed, and we have seen a significant improvement in access to mental health, recovery, and care coordination services. We consider Kitsap Connect a critical service within our facility – with the outreach, engagement, and care coordination services of the many agencies involved in Kitsap Connect, these clients would continue to be high utilizers of expensive services and suffer from untreated substance abuse, mental health issues, and physical health challenges.

Kitsap Connect staff is housed on the second floor of our building, which costs approximately \$7,500 per year. We have committed to providing in-kind space valued at \$2,400 and are charging only \$400 per month for the space. In addition to this donation, we commit to continued participation of Sheryl Piercy, Social Services Director, on the Leadership Team of the Kitsap Connect collective impact project.

Please prioritize continued funding of this critical program.

Sincerely,


Major Scott Ramsey
Commanding Officer

WILLIAM BOOTH
Founder

ANDRÉ COX
General

KENNETH G. HODDER
Territorial Commander

BILL DICKINSON
Divisional Commander

MAJORS SCOTT & CHERILEE RAMSEY
Corps Officers





CHI Franciscan Health

07/31/2018

Harrison Medical Center
2520 Cherry Avenue
Bremerton, WA 98310

P 360.377.3911
harrisonmedical.org

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 Connect grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Public Health District (KPHD) serves as the backbone agency for the evolving collective impact project – Kitsap Connect, which currently serves the Bremerton and Central Kitsap areas. Kitsap Connect is a collective impact approach to helping the most vulnerable residents in our community (who experience or are at risk of chronic mental illness, chemical dependency, comorbid physical illnesses and housing instability/homelessness) effectively access the care they need. Using multi-disciplinary and team-based interventions, 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.

Harrison Hospital (part of CHI Franciscan Health) will commit the following resources to the proposal submitted by Kitsap Connect:

- Staff participation in high utilizer team meeting
- Collaborate on shared patients
- Refer to Kitsap Connect as a resource for identified hospitalized patients

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,

Elizabeth Tomer, CCM, LICSW
Complex Case Manager-CHI Franciscan Health

St. Anthony Hospital – Gig Harbor
St. Clare Hospital – Lakewood
St. Elizabeth Hospital – Enumclaw
St. Francis Hospital – Federal Way

St. Joseph Medical Center – Tacoma
Harrison Medical Center
Bremerton + Silverdale

Highline Medical Center – Burien
Regional Hospital – Burien
Franciscan Medical Group

Franciscan Foundation
Harrison Medical Center Foundation
Highline Medical Center Foundation