ATTACHMENT A

## 2014 GRANT SUMMARY PAGE

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

**Proposal Title:** Integrated Drug Awareness Program in Primary Care

**Proposal Summary:**
**Peninsula Community Health Services** (PCHS) is the largest primary care provider and Community Health Center in Kitsap County. We use an integrated behavioral health program and have Behavioral Health Professionals (BHPs), who are championed by a Psychiatrist, and a Psychiatric Advanced Registered Nurse Practitioner (ARNP), who collectively provide immediate services at all sites. As a result of our work on this integration, we now recognize a gap in **screening, assessment and intervention of our adult patients for substance abuse, chemical dependency and drug awareness.** The proposed PCHS Integrated Drug Awareness Program (IDAP) will build on our existing programs and will support the needs of patients challenged with substance abuse and chemical dependency, as well as provide for early intervention for those patients not yet suffering from the most serious consequences of addiction.

Requested Funds Amount: $ 100,000

Matching/In-kind Funds Amount: $ 0.00

Peninsula Community Health Services
Agency or Organizational Name

400 Warren Avenue, Suite 300
Street Address

Bremerton, WA 98337
City State Zip

| Barbara Malich | 360-475-3702 | bpmalich@pchsweb.org |
|---|---|---|
| Primary Contact | Phone | E-Mail |

Barbara P. Malich — Chief Executive Officer
Signature Title

**Legal Status:**

Non-Profit Status: 501©3 of the Internal Revenue Code? __X_Yes ___No

Federal Tax ID Number: 94-3079770

If incorporated, attach a list of the members of the Board of Directors, including names and addresses.
Monica Bernhard, Manager, Housing Solutions Center for Kitsap County, Kitsap Community Resources, 1201 Park Ave, Bremerton, WA 98337
Mary Ann Best-Rabonza, 19310 4th Ave NE #29, Poulsbo, WA 98370
Beryl Cochran, 1884 SE Spruce, Port Orchard, WA 98367
Christopher Cook, 11317 41st Ave Ct NW Gig harbor, WA 98332
Sharon Cromley, 1325 Jacobsen B1-B, Bremerton, WA 98310
Yolanda Fong, 345 6th St, Suite 300, Bremerton, WA 98337
Paul Hathaway, 1325 Elizabeth Ave, Bremerton, WA 98337
Evelyn Hetrick, 511 Kendall St, Port Orchard, WA 98366
Al Pinkham, 5115 NW Discovery Ridge Ct, Silverdale, WA 98383
Jeanell Rasmussen, Sr. Vice President/CNO, Harrison Medical Center, 2520 Cherry Ave, Bremerton, WA 98310
Marilyn Raynor, 16170 Bay Ridge Dr NW, Poulsbo, WA 98370
Tessie Reed, 617 ½ Washington Ave, Bremerton, WA 98337
Sharon Tucker, 3575 NW Tanda Place, Bremerton, WA 98312

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

**Organizational Capacity**

The **Integrated Drug Awareness Program (IDAP)** will build on our already existing integrated behavioral health program and will support the needs of patients challenged with substance abuse and chemical dependency, as well as provide for early intervention for those patients not yet suffering from the most serious consequences of addiction. The program will expand our ability to **Screen,** provide **Brief Intervention**, and improve **Referral to Treatment (SBIRT)** to 12,000+ unduplicated adult patients who we serve annually.

**Staffing Capacity**

At PCHS, all staff has firsthand experience serving the needs of the underserved. This population is often plagued with financial, psycho-social, mental health and substance abuse problems. A listing of key staff, qualifications, experience and roles includes:

| **Key Staff** | Role at PCHS | PCHS Yrs | Role in PCHS IDAP |
|---|---|---|---|
| Regina Bonnevie Rogers | MD, Medical Dir. | 15 | Clinical Project Director |
| Jennifer Kreidler-Moss | PharmD, COO | 11 | Operations |
| Nancy Schnoor | CFO | 20 | Finance |
| Katie Kerns | ARNP | < 1 | Psychiatric Provider |
| Barbara Malich | CEO | 21 | Principal Contractor |
| IDAP Program Coordinator | MA or LPN | TBD | Program Coordination |
| Amy Sharrett | HealthSystems Specialist | 4 | Data Reporting |

Dr Bonnevie Rogers MD, will serve as the Project Director for the IDAP, with of Katie Kerns, Psych-ARNP who brings multiple years of SBIRT experience. Both already work directly providing patient care to the mentally ill and substance abusing population, and will help the Program Coordinator to grow the clinical aspects of the program.

The project will include the following staff, their roles, level of effort and qualifications:

- Identify and engage all adult patients by pre-screening with an evidence-based prescreening tool administered by the Allied Medical Staff (40+ Certified Medical Assistant (MA)/Licensed Practical Nurse (LPN) staff).
- If a concerning response is obtained to a prescreening tool, other clinical tools will then be used in the patient's assessment (typically, the AUDIT or CAGE-AID tool for alcohol or the DAST tool for drugs of abuse) which will be administered by the primary care provider in the course of the medical visit (25 providers).
- If clinically indicated, the provider will provide brief treatment, which may include transferring the patient for a brief counseling visit to the in-house behavioral health staff (6 specialized providers - BHPs, Psychiatric ARNP, Psychiatrist)
- Essential training components include: training of all 160 staff on the program goals plus intensive training for all providers in supporting the patient to seek assistance through therapeutic referral or to community 12 step programs. The intensive training program is available regionally and will involve 5 hours for all providers, plus 2 hours for the all-staff training prior to program implementation. While PCHS has some staff turnover every year, and thus the need for on-going training would be essential, this initial program implementation training will require the most support and use of resources.

- A Program Coordinator, typically certified as an MA or LPN, will be hired to coordinate the IDAP and provide care coordination to ensure no patients are lost in the complex healthcare system during their time of greatest need.

**Board Capacity**

As a Community Board, the PCHS Board is intended to reflect the diversity of our community and to bring skills to augment the staff capacity and enhance community relationships. The Board reflects this diversity in terms of age, gender, income, & race/ethnicity. The Board is comprised of at least 51% patients (or family members) who are actively receiving care within the clinics, as well as a broad base of community representatives. Currently, the PCHS Board has 13 members (7 patient advocates and 6 community representatives) with the maximum size of 21 total members and are elected for 3 year terms, which can be renewed one time (6 years) and members can rotate on and off after that time. Our current Board includes members with extensive history with PCHS, as well as some newcomers. Our community representatives are professionally engaged with local finance organizations, the hospital, the local health district, other community agencies and several high energy retirees!

The Board is well versed on the "collective impact" model of mental and behavioral health and is engaged throughout the community. The Board reviews all policies and is in full compliance with all regulatory requirements, including federal (DHHS/HRSA/BPHC), state (HCA/DSHS), foundation (Hartford/Cargill), and the operational requirements of a Federally Qualified Health Center (FQHC). PCHS is accredited for both primary care, and as a patient centered medical home (PCMH), by the Association for Accreditation of Ambulatory Health Care (AAAHC). We undergo many audits (finance and operational) and are committed to the highest standards and quality of care. PCHS is a United Way of Kitsap County member agency.

**Internal Policies**

PCHS has a Washington State Department of Health Approved Quality Management Program that guides all aspects of our program. Policies and procedures are annually reviewed by the Board Quality/Compliance Committee and the Board of Directors and include, but is not limited to: Corporate Compliance, Human Resources, Information Systems, Dental, Medical, Pharmacy and Operations Manuals, as well as Infection Control, Emergency Preparedness, and Safety Data Sheets/Safety Program Manual. A comprehensive Accounting and Finance Manual includes fiscal controls, non-discrimination and competitive procurement policies. Health care billing/coding, credentialing, peer review, utilization management, and risk management are also essential components of our organization.

**History of Project Management**

PCHS was originally founded in 1987 by a county-wide health care access task force. We have been known as *Kitsap Community Clinic, Kitsap Community Health Center*, and since 2000, as *Peninsula Community Health Services*. From a great idea, we have evolved as a comprehensive community health center system with the mission "to provide accessible, affordable, compassionate, quality health care services for our community." Our mission is sustaining and shapes our growth and development. We

have grown from a single site to four clinics providing ambulatory primary care services, dental services, behavioral health, and each of our sites has a Class A Pharmacy. Our fifth site houses our administrative staff and functions.

We have ongoing initiatives to enhance the patient experience, expand programs, & engage patients in living healthy lives and in their primary care/chronic disease management needs (anticoagulation support, diabetes education, "Reach Out and Read"). We are also working hard on the meaningful use of technology and growing the patient centered medical home model. Each step has involved program/project management and has necessitated the engagement of our community and fellow organizations across the county. We provide outreach and education, as well as enrollment assistance, for the Washington Health Benefits Exchange, Washington Apple Health, and for Medicaid recertification and we also work closely with our contracted insurance partners. We currently have several projects in development and the early stages of implementation, such as: Diabetes Eye Exams using a Retinal Camera, Diabetes Education sessions focused on healthy living and self-management goals, and high-risk patient care coordination for certain disease states (e.g. chronic heart failure) and for certain visit types (e.g. post-hospitalization follow-up). We have developed a full call center, referral center, and have other patient support efforts, as well as grown the clinical programs to their current scope and size. We have been funded as a FQHC since 1993 with comprehensive program, financial, and clinical program expectations and requirements, which we have met without exception.

Our most similar project is our integrated behavioral health program, which is a best practice being modeled and spread throughout the county. We are using two temporary grants to help offset those direct costs and have been in complete compliance (Programmatic and Financial) with both Foundations throughout the project period. The key staff for that project help patients in need every day and this expansion will add more tools and training to be even more successful in the substance abuse and chemical dependency arena for thousands of at risk patients.

**Financial Management Capacity – Fiscal Review**

PCHS is directed by a strong Senior Leadership team, including a balance of long term veterans and newly appointed employees—CEO, COO, CFO, CIO, Medical Director, Human Resources Director, and Quality Director. Each service site has a strong provider team, as well as integrated clinical support, on-site behavioral health support, referral support services and community pharmacies.

We live in an environment of fiscal restraint and work hard to assure full compliance with all elements of program management, accounting, internal controls, program monitoring and evaluation. We rarely use outside contractors, but do work with outside auditors for our A-133 external audit, Non-Discrimination/Affirmative Action Audit, and occasionally, for assessment of employee satisfaction, safety, and patient effectiveness. Our 2013 Annual Audit was completed in Feb.2014, but will not be reported to the Board until April 2014. We have had no significant findings on our audits for the last 20 years. Our most recent audit was also "clean" and through self-inquiring discussions with the auditors we try to identify areas of focus to improve further, such as the training and uniformity of the administration of the sliding scale discount offered at FQHCs.

# MH/CD/Courts Special Project Budget Form

Agency Name: Peninsula Community Health Services

Project: Integration of Drug Awareness in Primary Care

| Enter the estimated costs assoicated with your project/program | Total | Requested Funds | Other Funds |
|---|---|---|---|
| **Personnel** | | | |
| Managers and Staff (Program Related) | 80,354 | | |
| Fringe Benefits | 17,146 | | |
| **SUBTOTAL** | $ 97,500 | $ 97,500 | $ - |
| **Supplies & Equipment** | | | |
| Equipment | - | | |
| Office Supplies | - | | |
| **SUBTOTAL** | $ - | $ - | $ - |
| **Administration** | | | |
| Advertising/Marketing | - | | |
| Audit/Accounting | - | | |
| Communication | - | | |
| Fees and Taxes | - | | |
| Indirect Administrative Expenses | - | | |
| Insurance/Bonds | - | | |
| Legal Services | - | | |
| Training/Travel | 2,500 | | |
| Transportation | - | | |
| **SUBTOTAL** | $ 2,500 | $ 2,500 | $ - |
| **Ongoing Operations & Maintenance** | | | |
| Janitorial Service | - | | |
| Maintenance Contracts | - | | |
| Maintenance of Existing Landscaping | - | | |
| Repair of Equipment and Property | - | | |
| Utilites | - | | |
| O & M Staff Salaries & Benefits | - | | |
| Other (Describe): | - | | |
| **SUBTOTAL** | $ - | $ - | $ - |
| **Other** | | | |
| Debt Service | - | | |
| Short Term Rental Assistance | - | | |
| Other (Describe): | - | | |
| **SUBTOTAL** | $ - | $ - | $ - |
| | | | |
| **TOTAL PROJECT BUDGET** | **$ 100,000** | **$ 100,000** | **$ -** |

## Project Salary Summary

| **Description** | | |
|---|---|---|
| Number of Professional FTEs | | 0.30 |
| Number of Clerical FTEs | | 1.00 |
| Number of All Other FTEs | | - |
| **Total Number of FTEs** | | **1.30** |
| **Salary Information** | | |
| Salary of Executive Director or CEO | $ | - |
| Salaries of Professional Staff | $ | 40,137.76 |
| Salaries of Clerical Staff | $ | 40,216.32 |
| Other Salaries (Describe Below) | | |
| Description: | $ | - |
| Description: | $ | - |
| Description: | $ | - |
| **Total Salaries** | **$** | **80,354.08** |
| Total Payroll Taxes | $ | 9,322.93 |
| Total Cost of Benefits | $ | 7,823.00 |
| Total Cost of Retirement | $ | - |
| **Total Payroll Costs** | **$** | **97,500.01** |

ATTACHMENT C

# Total Agency Budget

Agency Name: Peninsula Community Health Services  Project: Integration of Drug Awareness in Primary Care

☑ accrual basis  ☐ cash basis

| AGENCY REVENUE AND EXPENSES | 2012 Column 1 | 2013 Column 2 | 2014 Column 3 | variance between col 2 & 3 |
|---|---|---|---|---|
| **AGENCY REVENUE** | | | | |
| Beginning Fund Balance | 13,936,984.00 | 13,972,020.00 | 13,963,025.00 | (8,995.00) |
| Coordinated Grant Application Funds Revenue | | | 100,000.00 | 100,000.00 |
| Federal Revenue | 1,108,212.00 | 1,272,108.00 | 1,387,394.00 | 115,286.00 |
| WA State Revenue | - | - | - | - |
| Local Revenue | 152,002.00 | 180,220.00 | 16,000.00 | (164,220.00) |
| Coordinated Grant Funds | - | - | - | - |
| Private Funding Revenue | - | 11,253.00 | 167,000.00 | 155,747.00 |
| Agency Revenue | 12,954,379.00 | 12,799,692.00 | 14,028,750.00 | 1,229,058.00 |
| Miscellaneous Revenue | 5,802.00 | 6,229.00 | 5,296.00 | (933.00) |
| **Total Agency Revenue (A)** | 28,157,379.00 | $28,241,522.00 | $29,667,465.00 | $1,425,943.00 |
| **AGENCY EXPENSES** | | | | |
| Personnel (Including Payroll Taxes, Benefits) | | | | |
| Managers | 872,456.00 | 1,043,622.00 | 1,116,338.00 | 72,716.00 |
| Staff (Itemization Attached) | 9,410,887.00 | 9,623,641.00 | 10,534,274.00 | 910,633.00 |
| **Subtotal** | 10,283,343.00 | 10,667,263.00 | 11,650,612.00 | 983,349.00 |
| Supplies/Equipment | | | | |
| Equipment | 132,374.00 | 130,099.00 | 132,177.00 | 2,078.00 |
| Office Supplies | 59,855.00 | 64,885.00 | 65,684.00 | 799.00 |
| Other (Describe) Medical, Dental & Pharmacy Supplies | 711,382.00 | 769,800.00 | 872,125.00 | 102,325.00 |
| **Subtotal** | 903,611.00 | 964,784.00 | 1,069,986.00 | 105,202.00 |
| Administration | | | | |
| Advertising | 13,920.00 | 3,135.00 | 1,666.00 | (1,469.00) |
| Audit | 29,025.00 | 35,111.00 | 36,339.00 | 1,228.00 |
| Communication | 114,149.00 | 116,729.00 | 123,847.00 | 7,118.00 |
| Insurance/Bonds | 60,290.00 | 60,622.00 | 67,666.00 | 7,044.00 |
| Postage/Printing | 53,651.00 | 54,348.00 | 51,992.00 | (2,356.00) |
| Operations and Maintenance Expenses | 971,581.00 | 977,443.00 | 1,023,666.00 | 46,223.00 |
| Training/Travel/Transportation | 144,051.00 | 138,835.00 | 148,836.00 | 10,001.00 |
| Other (Describe) _____ | - | - | - | - |
| **Subtotal** | 1,386,667.00 | 1,386,223.00 | 1,454,012.00 | 67,789.00 |
| Program/Project Costs | | | | |
| Other (Describe) Professional Fees | 253,974.00 | 256,877.00 | 272,434.00 | 15,557.00 |
| Other (Describe) IT Equipment & Maintainance | 204,691.00 | 241,713.00 | 236,217.00 | (5,496.00) |
| Other (Describe) Recruitment & Retention | 24,219.00 | 33,009.00 | 35,810.00 | 2,801.00 |
| Other (Describe) Misc. Taxes | 126,456.00 | 105,012.00 | 110,986.00 | 5,974.00 |
| Other (Describe) Dues & Fees | 80,118.00 | 96,211.00 | 109,458.00 | 13,247.00 |
| Other (Describe) Licenses & Permits | 10,980.00 | 9,395.00 | 17,709.00 | 8,314.00 |
| Other (Describe) Other Miscellaneous Expenses | 39,132.00 | (1,255.00) | 212,905.00 | 214,160.00 |
| **Subtotal** | 739,570.00 | 740,962.00 | 995,519.00 | 254,557.00 |
| Other Costs | | | | |
| Other (Describe) _____ | - | - | - | - |
| **Subtotal** | - | - | - | - |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| Depreciation (Building and Equipment) | 379,159.00 | 519,265.00 | 534,311.00 | 15,046.00 |
| OR-if Cash Basis-Asset Acquisition | - | - | - | - |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| **DEFICIT OR EXCESS - (A) MINUS (B)** | **$14,465,029.00** | **$13,963,025.00** | **$13,963,025.00** | **$0.00** |

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

# Expenditure Line Items Exceeding 10% of Budget

**AGENCY EXPENSES**

| Personnel (Including Payroll Taxes, Benefits) | | | | |
|---|---|---|---|---|
| | | | | |
| **Staff** | | **2012** | **2013** | **2014** |
| Wages | | $7,610,361 | $7,775,696 | $8,439,110 |
| Employer's FICA | | $456,789 | $470,635 | $556,848 |
| Employers Medicare | | $113,695 | $117,113 | $122,056 |
| State Unemployment Tax | | $55,455 | $58,731 | $133,304 |
| Labor & Industries Tax | | $69,028 | $69,143 | $86,236 |
| Employee Flexible Benefit | | $1,090,330 | $1,107,806 | $1,173,315 |
| Life Insurance | | $3,353 | $3,438 | $3,611 |
| Misc. Employee Benefits | | $11,877 | $21,079 | $19,794 |
| | | **$9,410,887** | **$9,623,641** | **$10,534,274** |

## Community Needs and Benefit

### Needs Assessment

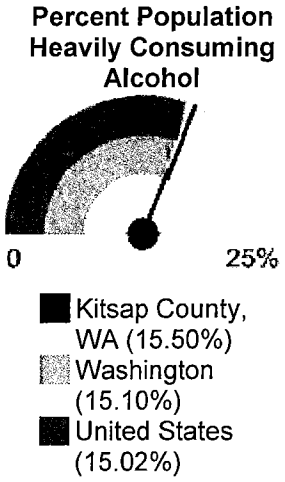
The need to provide screening, intervention, and treatment of substance use disorders in adults is documented in the County Behavioral Health Strategic Plan, February 2014:

*"Substance Abuse is a Key Driver of adverse outcomes across the spectrum of health and human services delivery systems. In the areas of medical service utilization and potentially avoidable medical costs, research has shown that substance abuse 1) increases the risk of injuries, accidents, and overdoses requiring hospitalization, 2) increases the risk of acquiring infectious diseases such as HIV/AIDS or hepatitis, 3) causes drug-seeking behavior associated with extreme Emergency Department (ED) utilization. Prior research has also shown that providing treatment to persons with substance use disorders reduces inpatient admissions, ED utilization, and medical costs... Addiction is a treatable disease. Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives."*

Alcohol Consumption

The indicator below reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as 2+ drinks/day for men and 1+ drink/day for women). This indicator is relevant because current behaviors are determinants of future health and may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

| Report Area | Total Population Age 18+ | Estimated Population Heavily Consuming Alcohol | Percent Population Heavily Consuming Alcohol |
|---|---|---|---|
| Kitsap County, WA | 190,328 | 29,501 | **15.50%** |
| Washington | 4,822,670 | 728,223 | 15.10% |
| United States | 89,135,163 | 13,385,866 | 15.02% |




*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*
*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11.*
*Accessed using the Health Indicators Warehouse. Source geography: County.*

**In Kitsap County**, the percent population is higher than both the state and federal measurements and alcohol has remained the drug of choice for individuals admitted to publically funded treatment (41% in 2007 to 37% in 2012.) Research from the World Health Organization and the Centers for Disease Control and Prevention has shown that alcohol is a major risk factor for a number of medical, social, and legal problems. SBIRT opens up a dialogue that can improve patients' overall health.

A summary of findings of **The Alcohol Misuse Screening and Behavioral Counseling: Technical Report** prepared for the National Commission on Prevention Priorities (2008) (pp. 20-22) Maciosek, Solberg, Edwards and McGree under contract from the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ) reported nationally:

- ✓ Average cost for SBIRT intervention: $44.91
- ✓ Net healthcare cost savings per person: $254
- ✓ Net healthcare cost savings per million adults: $254,000, 000

The primary goal of the **Screening, Brief Intervention, and Referral to Treatment** (SBIRT) model is to identify and intervene with those who are at moderate to high risk for psycho-social or health care problems related to their substance use. SBIRT is defined by SAMSHA (Substance Abuse and Mental Health Services Administration) as an integrated and comprehensive intervention for substance use disorders. The SBIRT approach incorporates the public health concepts of universal screening and interventions based on motivational interviewing strategies.

As the largest primary care practice in Kitsap County, PCHS served a total of 20,299 unduplicated patients in 2013. Approximately 30% of those patients are children under the age of 18 and the remaining 12,000+ patients will serve as our adult target population. In addition, we also collaborate on 600 patients of highest need with KMHS and will be able to collaborate further to ensure these shared patients have access to the chemical dependency services available throughout the community, and specifically at KMHS, through the newly hired IDAP Program Coordinator. PCHS patients are often low income and many qualify for Medicaid, especially with the recent Medicaid expansion under the Affordable Care Act. We have a growing geriatric population with about 6% of patients who are enrolled in Medicare. We believe regular screening and brief intervention would benefit all patients and hope to continue to grow the SBIRT method for all patients of all ages over time that are at risk.

Washington State conducted a cost-benefit study based on a limited implementation of SBIRT in 2007 and found that Medicaid expenditures were reduced by $185.00 per month per patient. (Report 4.61.1.2007.2, WA DSHS) We believe that for our target population of 12,000+ Kitsap County residents, this screening could reflect a potential net healthcare cost savings per year just for Medicaid patients who utilize PCHS of over $11M. (42% of our patients were covered by Medicaid in 2013.)

**Link between SBIRT services and Community Need**:
The **IDAP** will be the first exposure to screening, brief intervention, and referral to treatment for thousands of Kitsap County residents who are patients of PCHS. The SBIRT model identifies issues relating to alcohol and other drugs of choice and is the first step in the conversation with a primary care provider for patients to ultimately achieve the goal. The availability of SBIRT model for integration with primary care and the Emergency Department has been encouraged nationally since 2006 and to date, we are not aware of any local primary care providers who have made alcohol/drug screening, brief intervention and referral to treatment a priority in daily workflow for the majority of their patients. Routine screening is necessary to identify small problems before they hurt the individuals and potentially destroy families.

PCHS is uniquely positioned to launch the SBIRT model to a large section of the county because of a long history of success with behavioral health integration and the incorporation of drug awareness and SBIRT into the integrated care model. The practice workflow is well defined in the model and PCHS has all of the necessary components in place—an integrated electronic health record, committed primary care providers, experience with management of patient registries, data collection and reporting, and the capacity to expand the integrated behavioral health model to incorporate support for our patients dually diagnosed with behavioral health issues and substance abuse concerns.

**Project Scope**:
Within the 2014 Kitsap Behavioral Health Strategic Plan, Kitsap County has an established continuum of care to address the behavioral health needs of the County. Our proposed project would target several of the tiers in the continuum. Although our project would be best categorized within the **Outpatient Treatment – Psychiatry, Medical and Medication Management, Counseling** category by including counseling services, case planning, case consultation and referral services, we would also see our project touching on **Prevention, Early Intervention and Training** of mental health and substance abuse patients, **Crisis Intervention and Triage** and referral into appropriate treatment providers (which may be internal to our organization), and **Recovery Support Services** providing for the health needs of people with mental health problems.

Furthermore, the summary of the recommendations for funding improvements to the County for behavioral health treatment programs and services, our proposed project would target several of the focus areas, such as:

1. **Behavioral Health Prevention, Early Intervention and Training** by: **a**. supporting on-going collaboration and increased care coordination among mental health and substance abuse stakeholders through information sharing, **b**. expanding health education and training to providers working with the aging population, **c**. providing consistent behavioral health consultation to providers working with the aging population, **d**. expanding evidence based mental health and substance abuse early intervention programs
2. **Crisis Intervention/Triage Services** by providing behavioral health screening, brief intervention, & referral for treatment for youth, adults and older adults in primary care
3. **Outpatient Treatment - Psychiatry, Medical and Medication Management, Counseling** by enhancing linkages to services including care coordination, access to medication, health care and mental health & substance abuse treatment
4. **Recovery Support Services** by expanding the mental health service needs of an aging population

Funding from the sales tax will be used to implement a completely new component to our behavioral health program and **will not supplant** any existing funding. No current funding or structure is in place to adequately address those vulnerable or suffering from substance abuse and/or chemical dependency. The required clinical training will be new for all primary care providers and the all staff training will augment this provider level training for integration into daily clinic workflow. The proposed Program Coordinator will be a new role not currently established at PCHS.

**Project Description- "Integrated Drug Awareness Program in Primary Care"**

**Community Collaboration, Support and Synergy**

The Integration of Drug Awareness in Primary Care has long been recognized as a priority need for Kitsap County. The Behavioral Risk Factor Surveillance System 2005-2011 demonstrates the issue. The implementation of the Screening, Brief Intervention, and Referral for Treatment (SBIRT) is specifically identified as a gap in the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Request for Proposal, 2014, under the category of Crisis Intervention/Triage Services (page 7). PCHS already does comprehensive Behavioral Health/depression screening using the PHQ-2 tool followed by PHQ-9 tool (if indicated) on our entire patient population at every visit and has strong behavioral health interventions in place. However, PCHS' primary care providers have identified a gap in performing a similar screening strategy for alcohol and other abused substances. The Integration of Drug Awareness in Primary Care project we are proposing takes the SBIRT model and applies it to alcohol/drugs.

In the routine course of business and because of the strong local referral relationship already in place with the alcohol treatment programs and resources existing in the community, we will continue to collaborate with all agencies involved with our target patient population (adults 18 years+). Some of our more commonly used agencies include: Cascade Recovery Center, Kitsap Recovery Center, Cascadia-Bountiful Life, West Sound Treatment Center, and Agape Unlimited. As the largest primary care provider in Kitsap County, PCHS has always counted on the referral process for many specialty services. We have been helping patient gain access to the referral substance abuse and chemical depends for years through our in-house referral department. The expansion of this program will allow for a Program Coordinator to serve as single point of contact for patients to help them navigate the complex healthcare system.

Behavioral health interventions, such as those provided by Kitsap Mental Health Services (KMHS), for the seriously mentally ill (SMI), and by PCHS for the past 15 years support such conditions as depression, anxiety disorders, and other presentations that are appropriately managed in collaboration with Behavioral Health Professionals and Primary Care Providers are well documented and effective. PCHS participates fully with the University of Washington AIMS Center, a known field expert, in the IMPACT model program for behavioral health intervention. The screening component of both IMPACT and SBIRT are similar.

Letters of support from local alcohol and substance abuse treatment programs, as well as KMHS are attached.

**Project Goals Project Activities**

The proposed **PCHS Integrated Drug Awareness Program (IDAP)** will build on our already existing integrated behavioral health program and will support the needs of those patients challenged with issues of substance abuse and chemical dependency, as

well as provide the opportunity for early intervention for those patients not yet suffering from the most serious consequences of addiction. The program will expand our ability to **Screen,** provide **Brief Intervention**, and improve **Referral to Treatment (SBIRT)** for the 12,000+ unduplicated adult patients we serve annually.

The essential elements of the model require several things to be in place. Some of these elements are a trained and committed staff, a plan supported by clinicians and allied staff alike supporting the patients as they become aware and begin to address issues they have with alcohol and drugs, and a flexible team approach to patient-centered care and the medical home. PCHS will integrate SBIRT within the patient-center medical home model. Within this team-oriented approach, the front desk staff, allied staff, and the clinician together carry out the SBIRT screening and potential subsequent intervention.

PCHS has competent staffing and leadership in place. The primary staffing request is the hiring through this RFP of a Program Coordinator to keep all the pieces moving, to help the patient navigate the complex referral system, and to provide the coaching, education and encouragement to clinical staff and patients. PCHS demonstrates a long history of collaboration between primary care providers and allied health care staff. The SBIRT screening is just one more component that will enhance the "patient centered medical home" model for which PCHS is already recognized

The Integration of Drug Awareness in Primary Care has long been recognized as a priority need for Kitsap County. The Behavioral Risk Factor Surveillance System 2005-2011 demonstrates the issue. The implementation of the Screening, Brief Intervention, and Referral for Treatment (SBIRT) is specifically identified as a gap in the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Request for Proposal, 2014, under the category of Crisis Intervention/Triage Services (page 7)

PCHS will plan to provide universal screening for quickly assessing use and severity of potential alcohol, illicit drugs, and prescription drug abuse. The screening question for alcohol, which may have a follow-up question, can be as simple as—"Do you sometimes drink beer wine, or other alcoholic beverage?"(No/Yes) If the answer is "Yes" the next question is: "How many times in the past year have you had 5 (for men) or 4 (for women or patients over 65) drinks or more in a day?" If there are concerning answers, then more complete screening tools will be utilized. The AUDIT (Alcohol Use Disorders Identification Test) tool was developed by the World Health Organization and is 10 questions which address recent alcohol use, alcohol dependence symptoms and alcohol related problems. The screening question for drugs of abuse can be as simple as How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?" If the answer is "None" or if the response is vague or contains suspicious clues, more complete screening tools will be utilized. The DAST 10(Drug Abuse Screening Tool) was developed by the Center for Addiction and Mental Health and consists of 10 screening questions for at risk drug use. Drinking and drug use can increase risk for health problems, safety risks, and a host of other issues. Drinking and drug use is more common than expected and can often go

undetected in functional adults. Patients are more open to discuss their use and be more willing to change than might be expected.

**Project Design**

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach as defined by SAMHSA (Substance Abuse and Mental Health Services Administration) as an integrated and comprehensive intervention for substance use disorders. This intervention makes use of public and community health approaches including universal screening and interventions based on motivational interviewing strategies. The primary goal of the **Screening, Brief Intervention, and Referral to Treatment** (SBIRT) model is to identify and intervene with those who are at moderate to high risk for psycho-social or health care problems related to their substance use.

SBIRT Improves the Health and Welfare of the Whole Community because it improves public safety; reduces social and workplace problems with at risk users; reduces family conflict and supports health and wellness. Lessons learned by other communities where SBIRT has been implemented include the following:

- SBIRT is a brief and highly adaptive evidence-based practice with demonstrated results.
- SBIRT has been successfully implemented in diverse sites across the nation.
- Patients are open to talk with trusted helpers and primary care providers about substance use.
- SBIRT can make a difference in the lives of the PCHS patients and indeed all of Kitsap County.

It is vital to note that stakeholder involvement and support of this project is essential to its success. Substance abuse is a much larger problem than can be solved by any one single agency, and it affects the well-being of the entire community. SBIRT has been proven to decrease the frequency and severity of drug and alcohol use and it is an important component of wellness and prevention programs associated with the overall health of the community.

A key component to the SBIRT model is assessment followed by intervention which is based on a Motivational Interviewing (MI) skill that must be taught. MI is "a directive, client-centered method for enhancing intrinsic motivation for change by exploring and resolving ambivalence". (Miller and Rollnick, 2002) The Strategic Goals of MI is to resolve ambivalence, avoid eliciting or strengthening resistance, elicit "Change Talk" from the patient, enhance motivation and commitment for change, and help the patient move through the stages of change. Characteristics include learning a style of communication that is non-judgmental and collaborative, based on patient and clinician partnership, gently persuasive, more supportive than argumentative, listen rather than tell, and communicates respect for and acceptance of patients and their feelings.

MI is founded the concept that *"People are better persuaded by the reasons they themselves discover than by those that come into the minds of others." - Pascal*

The four basic principles are to express empathy, develop discrepancy, roll with resistance, and support self-efficacy.
The clinician builds skill to:

- Explore the patient's perceptions without labeling or correcting them
- Involve no teaching, modeling, or skill-training
- Learn that resistance is seen as an interpersonal behavior pattern influenced by the clinician's behavior
- Learn how to meet resistance with reflection

The first step is to engage the patient respectfully to be able to identify where the patient is coming from. Patients are complex people whose issues are not able to simply labeled and analyzed without knowing the whole person – mind, body and spirit. Most of this communication style is counter-intuitive for primary care providers who have been taught to inquire/diagnose/prescribe. This is why the training request is essential to the ultimate success of the project.

**Project Outcomes and Outcomes Measurement**
The launch of a new program such as the SBIRT program entails planning, training, implementation and evaluation. The project will be assessed quantitatively and subjectively throughout the year.

Project outcomes that are more subjective elements include the following:

- Training Completed for all PCHS staff on SBIRT program
- Comprehensive training on SBIRT and Motivational Interviewing (Primary Care Providers and Behavioral Health Professionals)
- Implementation of a care coordinator for the Behavioral Health/Drug Awareness Program

Quantitative/Outcomes Measures:

- Number of PCHS adult patients (18-64yo) pre-screened (establish baseline and measure growth)
- Number of PCHS adult patients (65yo+) pre-screened (establish baseline and measure growth)
- Number of PCHS adult patients (18-64yo) requiring secondary screening for alcohol and/or drugs (baseline/growth)
- Number of PCHS adult patients (65yo+) requiring secondary screening for alcohol and/or drugs (baseline/growth)
- Number of PCHS adult patients (18-64yo) developing a personal plan (baseline/growth)
- Number of PCHS adult patients (65yo+) developing a personal plan (baseline/growth)
- Number of PCHS adult patients (18-64yo) referred for SA/CD intervention elsewhere in the community (baseline/growth)
- Number of PCHS adult patients (65yo+) referred for SA/CD intervention elsewhere in the community (baseline/growth)

Other elements of the project's success will include hiring a Project Coordinator who can specialize in chemical dependency/behavioral health. The position will work to develop, implement, and coordinate the program and would also be involved in the oversight of case management, coordination of referrals, and the development of expanded supportive relationship with treatment service provides for alcohol and drugs of abuse in the community. PCHS will also continue close affiliation with the Bremerton Substance Abuse Coalition and the Kitsap County Substance Abuse Advisory Board by continuing to allocate organization time and resources by way of employee representation to their groups and can bring informal updates to those two county groups on a regular basis.

Affected staff, board members and interested stakeholders are routinely notified of agency performance on a variety of measures through the Quality Management Department. Through the use of clinical dashboards and a Balanced Quality Scorecard, the measures are displayed in run charts and reported widely across the organization, including the provider group, staff quality council, and board of directors. This allows for the analysis of the measures and actions taken for improvement and turns data into information for decision making and provider coaching when indicated.

The PCHS Quality Management program, through the Health Systems Specialist, will assist in the development of the measures and reporting tools for assessment of the SBIRT project. Additional health outcomes measures may be developed in subsequent years. Clinical outcomes will be obtained by query of electronic healthcare records. PCHS has been fully engaged with EHR since 2004.

**Project Financial Feasibility**
**Budget**

PCHS undertakes an extensive budgeting process. In order to preserve our financial viability, we must maintain programs most needed by our communities in an efficient, cost effective manner. The budget is viewed as the financial plan of the organization. The budget serves as a forecast of income and expenditures. It is also a tool for decision making and a means to monitor organizational performance. The budget in its final form becomes an effective means of communicating our mission, goals, programs and activities to staff, our community and other interested parties. The involvement of program managers is essential in developing a budget that accurately reflects program expenditures.

Following Finance Committee and Board approval, the CFO is responsible for implementing financial monitoring; including preparing and analyzing budgeted versus actual income and expense reports for management and board use, and overseeing any corrective action needed. Ongoing monitoring, analysis, and revised projections in order to be responsive to the organizational needs and priorities are an ongoing process.

Costs for the project consist solely of wages, payroll taxes, and employee benefits for the staff responsible for implementation and oversight. The projected costs are shown on the Project Salary Summary.

PCHS does an annual salary survey to assure competitive wages are offered for all positions. The payroll tax line item includes statutory fringe benefits provided to all employees, (FICA, Employment Security Taxes, and Worker Compensation Taxes), as well as non-statutory fringes. All PCHS employees that work a minimum of 20 hours per week are entitled to participation in a cafeteria-style benefit package. Eligible employees receive an annual benefit amount of $7,800 based on full time equivalency. The employee may chose from options including health insurance, dental insurance, dependent care reimbursement, non-reimbursed medical expenses, life insurance, disability insurance, fixed and variable annuities, and other available benefits. PCHS provides Group Life Insurance to all eligible employees with a base coverage of $10,000.

Training costs will be provided by an agency knowledgeable in the SBIRT model to providers and staff. Dr. Bonnevie has contacted the agency and PCHS has received a projection of training costs.

PCHS provided medical services to 20,299 individuals in 2013. Based on this number, an estimated 12,000+ adults will be screened. PCHS is estimating 1800 of those patients will be referred to our in-house behavioral health staff for brief intervention or referral to treatment, if indicated.

## Additional Resources

PCHS will be exploring the potential revenue that can be generated for screening and brief intervention services and will use that leveraging money to continue the project indefinitely. The American Medical Association (AMA) has approved several billing codes that will allow providers to be reimbursed. Virtually all payers use AMA's codes to pay provider services.

No outside additional funding or resources will need to be leveraged or secured.

## Sustainability

Common Procedure and Terminology (CPT) and Healthcare Common Procedure Codes (HCPCS) are in place that will allow PCHS to bill insurance companies, including Medicaid, Medicare and other commercial carriers, for providing screening and brief intervention services in a provider office to new and established patients. Some third party payers will also reimburse for licensed health practitioners, such as advance nurse practitioners, psychologists and masters-level social workers.

The dollars provided by Kitsap County Human Services Department will provide the initial training and assist in the implementation of the program.

We have been involved with an integrated care approach to mental health in the primary care setting since 2002. Over this time, we have significantly expanded our mental/behavioral health program with designated funds from two national foundations (John A. Hartford and Margaret A. Cargill). As those programs have become an expected norm in the care of patients, we would use program dollars to continue to fund any costs that are not otherwise covered by special funding. The integrated approach that PCHS has embraced has proven to create a more efficient and productive team of medical providers and has resulted in increased revenue

# CASCADE RECOVERY CENTER

*P.O. Box 3452*
*Silverdale, Washington 98383*
*Phone: (360) 698-7267 Fax: (360) 698-5967*
*Email: cascaderecoverycenter@yahoo.com*

April 8, 2014

Barbara Malich, CEO
Peninsula Community Health Services
P.O. Box 960
Bremerton, WA 98337

Dear Ms. Malich,

This correspondence is a letter of support for all the vital services you perform on behalf of the residents of Kitsap County. As you are aware a high percentage of our patients have experienced a variety of medical issues related to their alcohol and other drug use.

It is essential that our patients address these medical issues early on in treatment in order to increase their chances for a successful recovery. We have been able to refer our patients to Peninsula Community Health Services so their medical issues may be addressed and resolved.

We sincerely value the important role your organization plays in our community and offer our continued support. If there is any way we can grow and enhance our relationship with you in any way please let us know. Again we deeply appreciate your work and look forward to working with you in the future.

Sincerely,

*Rick Bialock*

Rick Bialock, MA, CDP
Executive Director

# Department of Human Services

**Doug Washburn**
Director

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

**Community Development Block Grant**
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
**Bonnie Tufts, Manager**
Phone: 360.337.4606

**Developmental Disabilities**
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
**Kelly Oneal, Coordinator**
Phone: 360.337.4624

**Kitsap Recovery Center**
1975 NE Fuson Road
Bremerton, WA 98311
Fax: 360.377.7027
**Bergen Starke, Clinical Manager**
Phone: 360.337.4625

**Mental Health**
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
**Anders Edgerton, Administrator**
Phone: 360.337.4886

**Substance Abuse Prevention and Treatment**
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
**Gay Neal, Treatment Coordinator**
Phone: 360.337.4879
**Laura Hyde, Prevention Specialist**
Phone: 360.337.4878

**Veterans Assistance**
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
**Jim McKenna, Coordinator**
Phone: 360.337.4767

**Workforce Development**
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
**Bob Potter, Coordinator**
Phone: 360.337.4873

**Youth Services**
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
**Gay Neal, Coordinator**
Phone: 360.337.4879

April 08, 2014

Barbara Malich, CEO
Peninsula Community Health Services
P.O Box 960
Bremerton, WA 98337

RE: Letter of Commitment

Dear Barbara:

As Clinical Manager of Kitsap Recovery Center of Kitsap County, I am offering you this letter of commitment from Kitsap Recovery Center to provide Detox/Triage services, CD assessments, IIP Treatment, and Involuntary Treatment Services based on appropriate referrals for the clients of Peninsula Community Health Services. As you know, we have actively assisted in providing a variety of Chemical Dependency and Emergency Shelter services through our Kitsap Recovery Center programs. Kitsap Recovery Center services include a Detox/Triage Unit, Chemical Dependency Assessments, Inpatient Treatment, Family Weekend Programs, 30 day Emergency Shelter, Involuntary Treatment Services, and Drug Court. In order to further support your project, our agency is happy to partner with Peninsula Community Health Services.

The increasing need for medical care for individuals with chemical dependency issues has grown significantly in Kitsap County and your organization has provided leadership in meeting those needs.

The Kitsap Recovery Center welcomes the opportunity to continue partnering with your agency, and we are willing to enter into a formal agreement or MOU describing our role in providing services to your participants. We wish you the best in securing resources to make Peninsula Community Health Services a reality.

Respectfully,

Bergen Starke
Clinical Manager

Cascadia-Bountiful Life
Addiction Treatment Center, PLLC
2817 Wheaton Way, Suite 205
Bremerton, WA 98310-3440
360-373-0155 / FAX 360-373-0258
LINDSY@CASCADIA.COMCASTBIZ.NET
WWW.BOUNTIFULLIFE.ORG

April 13, 2014

Peninsula Community Health Services
P.O. Box 960
Bremerton, WA 98337

RE: Letter of Commitment

Dear Barbara,

Thank you for inviting Cascadia-Bountiful Life Addiction Treatment Center, PLLC to partner with Peninsula Community Health Services. As administrator of Bountiful Life, I am offering you this letter of commitment in support of Peninsula Community Health Services' proposal to seek funding to increase screening of primary care patients and fully endorse your efforts to secure resources for those services. As you know, Bountiful Life has actively provided adult outpatient substance use disorder treatment services for low-income and high-risk persons in Kitsap County since 2004. Bountiful Life offers outpatient and intensive outpatient treatment services in addition to assistance with access to sober housing, employment security and social security administration, military and veteran's administration benefits, sober support networking, and education for the more vulnerable, at risk persons of Kitsap County.

Peninsula Community Health Services' successful work providing high need level individuals with medical and mental health services has demonstrated your commitment to improving the community. Cascadia-Bountiful Life appreciates the opportunity to partner with Peninsula Community Health Services to help improve the lives of those with substance use disorders and we hereby enter into a formal agreement defining our role in providing services to your participants.

Respectfully,

Lindsy Anderson, CDP, DAD
Administrator

West Sound Treatment Center

Improving Lives & Restoring Hope

O'Hana House | The Lighthouse | Forward Bound

Barbara Malich, CEO
Peninsula Community Health Services
PO Box 960
Bremerton, WA 98337

Re: Letter of Support

Dear Barbara,

West Sound Treatment Center offers this letter of commitment to provide substance abuse/chemical dependency treatment services in partnership of care for our mutual patients.

As an established provider of a wide range of primary care health services from medical, dental, and integrated behavioral health for the various populations throughout Kitsap County, Peninsula Community Health Services has helped to improve the health of our communities through accessible and affordable quality care. We appreciate and value the support Peninsula Community Health Services has given in helping our shared patients and the community with the serious issues of substance abuse and chemical dependency.

Recognizing that financial barriers are not the only reasons patients do not access care, we appreciate the continued efforts to help patients access services regardless of their challenges.

Thank you for partnering with West Sound Treatment Center throughout the years. We have greatly appreciated your help in caring for the underserved of Kitsap County and look forward to continuing our affiliation.

Sincerely,

Robin O'Grady
Executive Director



United Way

1415 Lumsden Road, Fuller-Wise Building
Port Orchard, Washington 98367-9179

360-876-9430
Fax 360-876-0713

westsound6@wavecable.com
www.westsoundtreatmentcenter.org

APR 1 0 2014

Agapé unlimited

State Certified Drug and Alcohol Program

April 8, 2014

Barbara Malich, CEO
Peninsula Community Health Services
PO Box 960
Bremerton, WA 98337

RE: Letter of Support

Dear Barbara:

As Executive Director of Agape Unlimited, I am offering you this letter of commitment to provide outpatient substance abuse/chemical dependency treatment services for the patients of Peninsula Community Health Services. As you know, we have actively assisted in providing treatment services through our outpatient treatment program over the years. Agape Unlimited is happy to continue our partnership with Peninsula Community Health Services.

Agape Unlimited welcomes the opportunity to help improve the lives of those in need of substance abuse/chemical dependency treatment and we are willing to enter into a formal agreement or MOU describing our role in providing services to your participants. We look forward to a continuing partnership with Peninsula Community Health Services.

Respectfully,

Barbara Day-Max

Barbara Day-Max
Executive Director

April 3, 2014

KITSAP MENTAL HEALTH SERVICES

Barbara Malich, CEO
Peninsula Community Health Services
P.O. Box 960
Bremerton, WA 98337

Dear Barbara,

Thank you so much for partnering with Kitsap Mental Health Services through the years. We have greatly appreciated your help in caring for the underserved of Kitsap County, and in particular, the services PCHS provides our shared clients.

We are pleased to provide this letter in support of Peninsula Community Health Services intention to provide screening, brief intervention, referral and treatment to their patients. We are acutely aware that the first place most people turn to for help with behavioral health needs is their primary care provider, and that PCHS as our local federally qualified health center, serves the majority of vulnerable individuals in the community. PCHS and its staff have worked tirelessly to ensure their medical needs have been well met, providing essential primary medical care and dental services for residents of Kitsap County through the Bremerton, Port Orchard and Poulsbo clinics. Many KMHS clients rely on PCHS services for their primary health care, and together with PCHS referral of clients for KMHS services, more people in our community are receiving the help they need.

KMHS has long awaited implementation of SBIRT in primary care offices, and the policy and funding supports to make this possible. We are strong supporters of PCHS efforts, particularly as we understand the extensive medical needs among this population and for the clients we share across our systems. We can't say enough about the impact that PCHS has had, and continues to have in our community, and we look forward to PCHS's increased capacity to screen, treat, and refer individuals in need of behavioral health services.

Sincerely,

Joe Roszak
Chief Executive Officer



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

5455 Almira Drive NE
Bremerton, WA 98311-8331

www.kitsapmentalhealth.org

**Peninsula Community Health Services**

# Organizational Chart

***Our Mission***

***PCHS provides accessible, affordable, compassionate, quality health care services for our communities.***