

AGREEMENT KC-049-24

This Agreement is entered into between Kitsap County Department of Human Services and Kitsap County Division of Recovery Center, to provide two mobile outreach Substance Use Disorder professionals for direct assessments in the field alongside the Heart Coordinator, for treatment options and detox placement.

I. Purpose

This Agreement is for the appropriation of \$242,335 for the purpose of augmenting state and federal funding of mental health, chemical dependency and therapeutic court programs and services with the goal of preventing and reducing the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data driven programs for a continuum of recovery-oriented systems of care per RCW 82.14.460 for the time period January 1, 2024 – December 31, 2024. Funding must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. No funding provided under this contract may be used to supplant existing funding for these programs.

II. Collaboration and Collective Impact

Kitsap County Division of Recovery Center, shall take the initiative to work with other systems to reduce fragmentation or duplication and to strengthen working relationships utilizing collective impact strategies. Kitsap County Division of Recovery Center, will provide quarterly updates on collaborative efforts and outreach activities that will include issues mutually identified by Kitsap County Division of Recovery Center, and respective systems that can be addressed through collective impact strategies. Examples of such systems include: mental health, veterans, adult protection and welfare, education, criminal justice, housing, employment services, primary health care plans and other publicly-funded entities promoting substance abuse and mental health services.

All entities providing services to working age adults and youth shall establish a connection with the local WorkSource system to ensure people have access to employment training and placement services.

III. Identification and Coordination of Available Funding Sources

Kitsap County Division of Recovery Center, is required to identify and coordinate all available funding resources to pay for the mental health and chemical dependency services funded by this contract, including Federal (Medicaid and Affordable Care Act, etc.), State, local, private insurance and other private sources. The 1/10th of 1% funding should be utilized as a Payor of Last Resort.

IV. Project Description

This project will provide behavioral health services within the Recovery Support level of the continuum of care and addresses the following strategic goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Reduce the incidence and severity of chemical dependency and or mental health disorders in adults and youth.

This project will provide two full time Substance Use Disorder professionals with the Heart Outreach team. The Substance Use Disorder professionals will have access to a secure laptop and hotspot and will be able to offer an immediate assessment for evaluations and treatment option while in the field meeting individuals where they are at. Kitsap Recovery is in a unique position with the full array of services to get those that are interested, connected to inpatient detox and substance use disorder treatment started immediately when they are requesting help.

V. Project Activities Project Activities

This project will collaborate with Kitsap County Housing and Homelessness division and work in conjunction with their Heart Outreach Team to provide in real time, immediate evaluations and offer connections to services same day. By conducting evaluations in the field, barriers of getting into treatment are substantially reduced/eliminated with Kitsap Recovery Centers ability to provide those services. The mobile outreach coordinator will be a trained navigator who can assist individuals with setting up Medicaid and connecting them to immediate inpatient, outpatient, and detox services, including transportation to the center.

VI. Project Design

Kitsap Recovery Center plans to serve the homeless population with this program. Along with community partners, Kitsap County Housing and Homelessness division's Heart Coordinator, Kitsap Recovery Centers mobile outreach will provide field ASAM assessments, insurance navigation, and referral services. The mobile outreach will offer assessments and transportation to ensure a seamless and trauma informed approach to supporting the transition from homelessness to treatment and recovery with appropriate level of care identified and adhered to.

Outreach will seek the targeted population through encampments, shelters, foodbanks, and other community agencies where targeted population frequent. The mobile outreach will provide 5 days per week of service, Monday through Friday between 8 a.m. and 5 p.m. Further, the mobile outreach will be available to law enforcement and

other service agencies who require immediate access to substance use disorder treatment.

The program will follow the person-centered approach for meeting sensitive and culturally competent care. Ensuring clients understand proposed services in their own language. With internal monitoring of performance systems and patient integration to increase inclusivity objectives. The program will continue ongoing measures to enhance cultural competence that reflects the populations being served.

Kitsap Recovery Center employs counselors who are experienced in acknowledging and addressing trauma as a risk in client's lives. There is a high co-occurrence between substance use and trauma. Counselors are involved in ongoing training for proficient standards in managing symptoms and reducing re-traumatization through the care experience. Counselors are trained to connect clients to further external resources of support. One on one counseling sessions are focused on strength based approaches identifying trauma informed supports. Through trauma informed care, relationships of respect, compassion and acceptance are built and creates opportunities for individuals suffering to restore balance, safety, self-empowerment, and self-worth.

VII. Project Outcomes and Measurements

Kitsap County Division of Recovery Center, will participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax are reviewed by the Citizens Advisory Committee and monitored by the Human Services Department. Kitsap County Division of Recovery Center, will have an evaluation plan with performance measures developed in partnership with Kitsap Public Health District Epidemiologist. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs met expectations. Some common measures will be identified that will be reported on. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs)
- Level of change occurring among participants (outcomes)
- Return-on-investment or cost-benefit (system savings) if evidence-based
- Adherence to the model (fidelity)
- Common measures

Data will be collected to monitor the following goals and objectives identified by the Contractor:

Goal #1: Offer immediate assessment and referral services for Kitsap's homeless population.

Objective #1: The (AIC) Assessment Intervention Counselor will assist no less than 100 people in need of mobile substance use disorder services. Including assessments, case management with treatment options and referrals.

Goal #2: To provide immediate access to treatment services.

Objective #2: To have 50% of clients screened enter services same day.

Goal #3: Track individuals screened

Objective #3: Collect on a continuous basis, further identifiable barriers to treatment or success.

Goal #4: Individuals entering treatment who are unhoused at admission will be housed following treatment 100% of the time.

Goal #5: Program will track individuals progress 90 days post exit from program for success measures.

VIII. Data Collection and Reporting

Kitsap County Division of Recovery Center, will provide a Quarterly Report to the Kitsap County Department of Human Services by April 30, July 31, and October 31, 2024; and January 31, 2025 each year funding is received under this grant, detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition, outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

IX. Billing and Payment

Kitsap County Division of Recovery Center, will send a monthly invoice to the Kitsap County Department of Human Services for reimbursement for expenses incurred.

The Department of Human Services will prepare an interdepartmental transfer and make payment to Kitsap County Division of Recovery Center.

Reimbursement shall not exceed the total amount indicated on the Agreement Budget Sheet (Attachment A) \$242,335 of this agreement and any other modifications hereof.

X. Duration

This agreement is in effect from January 1, 2024 – December 31, 2024.

No change, addition, erasure of any portion of this agreement shall be valid or binding upon either party. There shall be no modification of this agreement, except in writing, and agreed by both departments.

XI. Amendments

This agreement may only be modified by one or more written amendments duly approved and executed by both parties.

XII. Attachments


The parties acknowledge that the following attachments, which are attached to this agreement, are expressly incorporated by this reference:

Attachment A: Budget

This Agreement shall be effective January 1, 2024.

Dated this 18 day of December, 2023.

**CONTRACTOR
KITSAP COUNTY DEPARTMENT OF
HUMAN SERVICES**

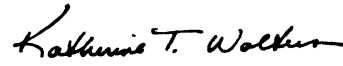


Doug Washburn, Director



Dated this 8 day of Jan, 2024.

**KITSAP COUNTY BOARD OF
COMMISSIONERS**



KATHERINE T. WALTERS, Chair



CHRISTINE ROLFES, Commissioner



CHARLOTTE GARRIDO, Commissioner

ATTEST:



Dana Daniels, Clerk of the Board

Attachment A: Budget

Mental Health, Chemical Dependency and Therapeutic Court Program 2024 Special Project Budget Form

Agency Name: Kitsap Recovery Center

Project: Person in Need

Enter the estimated costs associated with your project/program	2023			2024		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -		#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 88,197.00	\$ 20,124.01	23%	\$ 151,299.00	\$ 63,102.00	72%
Total Benefits	\$ 40,018.00	\$ 8,924.56	22%	\$ 60,496.00	\$ 20,478.00	51%
SUBTOTAL	\$ 128,215.00	\$ 29,048.57	23%	\$ 211,795.00	\$ 83,580.00	65%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ 3,000.00	\$ 3,000.00	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe): cell phone /2024 request h	\$ 1,000.00	\$ 190.81	19%	\$ 15,000.00	\$ 14,000.00	1400%
SUBTOTAL	\$ 1,000.00	\$ 190.81	19%	\$ 18,000.00	\$ 17,000.00	1700%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 500.00	\$ 375.85	75%	\$ 1,000.00	\$ 500.00	100%
% Indirect (Limited to 5%)	\$ 6,694.40	\$ 2,914.33	44%	\$ 11,540.00	\$ 4,845.60	72%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 7,194.40	\$ 3,290.18	46%	\$ 12,540.00	\$ 5,345.60	74%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 136,409.40	\$ 32,529.56	24%	\$ 242,335.00	\$ 105,925.60	78%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2024 Project Salary Summary

Agency Name: Kitsap Recovery Center

Project: Person in Need (PIN)

Description

Number of Professional FTEs	2.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	2.00

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	151,299.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	151,299.00
Total Payroll Taxes	\$	14,092.00
Total Cost of Benefits	\$	30,684.00
Total Cost of Retirement	\$	15,720.00
Total Payroll Costs	\$	211,795.00



Department of Administrative Services
Kitsap County Courthouse
614 Division Street, MS-7, Port Orchard, Washington 98366-4676
Phone (360) 337-7150 • Fax (360) 337-7052

Amber D'Amato
Director

January 18, 2023

Kitsap Recovery Center Credentialing Information

Subject: Contractual obligations and proof of liability insurance

To whom it may concern,

This letter is to serve as proof that Kitsap County maintains a combination of Self-insurance and Commercial Liability insurance for liability in excess of \$1 million per occurrence and \$2 million aggregate. Kitsap County purchases Commercial General Liability Insurance Policies for all liabilities above our retention amount up to \$25 million in coverage.

Our self-insurance and Commercial General Liability policies provide coverage for all County liabilities such as those required by contracts administered within our Human Services Department and the Kitsap Recovery Center. A copy of our certificate of insurance evidencing the policy period, coverage limits, and retention levels is attached for your review.

Please give me a call at (360) 337-4675 or email me at tperez@co.kitsap.wa.us if you have any questions, concerns, or would like additional information.

Sincerely,

A handwritten signature in black ink that reads "Timothy M. Perez".

Timothy M. Perez
Risk Manager

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Kitsap County	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 614 Division Street	Requester's name and address (optional)
6 City, state, and ZIP code Port Orchard, WA 98366	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] [] - [] [] [] []	
or	
Employer identification number	
9	1 - 6 0 0 1 3 4 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

11/8/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.


Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name: Principal: From: To:

WA UBI Number: RCW: Penalty Due: Wage Due:

License Number:

[Download all debarment data](#) 

Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria.									