



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

**2018 Submitted Proposals
RFP 2018-134**

January 1, 2019 – December 31, 2019

2018 Mental Health, Chemical Dependency and Therapeutic Court Submitted Proposals

The Kitsap County Department of Human Services (KCDHS) received 25 proposals for moneys collected under RCW 82.14.460 and “**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.** Programs and services includes, but is not limited to, **treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service.**” Approximately \$4,250,000 will be awarded for projects or program services delivered between January 1, 2019 and December 31, 2019.

Continuation Proposals:

Aging and Long-Term Care

Partners in Memory Care – \$104,214.46 in grant funds requested to provide dementia-friendly supports, strategies and consultation for challenging behaviors in order to prevent and delay institutionalizations and preserve placements.

Bremerton School District

Social and Emotional Learning – \$333,000 in grant funds requested to provide a comprehensive, evidence-based, social and emotional teaching and learning system within the Bremerton School District that integrates Adverse Childhood Experiences (ACEs) and Washington State social and emotional learning standards.

City of Poulsbo

Behavioral Health Outreach - \$319,669 in grant funds requested to provide Behavioral Health Outreach Services staffed by three Behavioral Health (BH) Navigators to serve adults with a mental illness or co-occurring mental health and substance abuse disorders who are charged with minor, non-violent crimes throughout Kitsap County or are identified as at-risk of arrest or crisis.

The Coffee Oasis

Homeless Youth Intervention - \$306,279 in grant funds requested to support intervention and outreach to homeless youth struggling with substance abuse and mental illness and connect them to services that will provide opportunities for restoration with their families and community.

Kitsap Community Resources

Housing Stability Support – \$144,331 in grant funds requested to provide a Family Development Specialist and a Behavioral Health Support Specialist who work collaboratively to provide long-term housing stability and support for individuals with behavioral health problems.

Kitsap County District Court

Behavioral Health Court – \$232,711 in grant funds requested to provide two Behavioral Health Specialist and dedicated public defense to the growing number of participants in Behavioral Health Court.

Kitsap Juvenile Court Services

Enhancements for Juvenile Therapeutic Courts - \$185,400 in grant funds requested to improve the continuity of treatment services to participants in the Individualized Treatment Court by establishing a dedicated behavioral health specialist to serve all participants and establish a full-time Therapeutic Court Case Monitor.

Kitsap County Sheriff's Office

Crisis Intervention and Triage for Law Enforcement - \$87,700 in grant funds requested to provide funding for training for commissioned law enforcement officers in Kitsap County in Crisis Intervention/Triage. The training will also provide 40-hour Crisis Intervention Training and Enhanced Training for Crisis Intervention Officers (CIOs).

Kitsap County Superior Court

Adult Drug Court Expansion - \$376,144 in grant funds requested to expand the capacity of the Adult Felony Drug Court from 100 participants to 150 participants. Expansion also includes mental health screening, assessment and counseling; and behavioral compliance tools.

Kitsap County Superior Court

Veterans Treatment Court - \$72,312 in grant funds requested to support the Veterans Court Treatment Track, designed to serve up to 25 veterans engaged in the criminal justice system due to co-occurring substance abuse and/or mental health issues.

Kitsap Public Health District

Crisis Response and Coordinated Care Demonstration Project (Kitsap Connects) – \$410,105 in grant funds requested to support a multi-disciplinary, mobile outreach team to intervene with adults who are experiencing (or are at risk of) mental illness, chemical dependency, physical illnesses, and homelessness and includes intensive care coordination services.

Kitsap Public Health District

Improving Health and Resiliency of High Risk Mothers and their Children - \$127,828 in grant funds requested to support evidenced-based nurse home visiting program (Nurse Family Partnership) for first time, low-income moms and their babies and adds a bilingual Community Health Worker (CHW) to the Parent Child Health Team to provide outreach and case management to high risk, low-income pregnant women.

Olympic Educational Service District 114

School Based Behavioral Health Enhancement Project - \$656,220 in grant funds requested to provide school-based behavioral health services for both mental health and substance abuse in targeted high risk elementary and high schools.

West Sound Treatment Center

New Start (Jail Transition Services) - \$364,000 in grant funds requested to provide Substance Use Disorder Assessments, Court-ordered Assessments, Treatment, Life-Skill Building and Re-entry services at the Kitsap County Jail as well as housing, case management and supportive services for 16 men and women through the New Start men and women's houses.

New Proposals:

Eagles Wings

Coordinated Care – \$103,500 in grant funds requested to provide transitional housing services to members of the community that suffer from drug and alcohol addiction by placing individuals in an environment in which trained on-site case management team and structure program help them become productive members of society.

Kitsap County Prevention & Youth Services

Substance Abuse Prevention Program - \$64,610 in grant funds requested to increase youth substance abuse efforts to all of Kitsap County through the application of Research Proven Prevention Strategies

Kitsap County Prosecuting Attorney's Office

Therapeutic Courts Alternative to Prosecution - \$298,854 in grant funds requested to support their roles in rapidly increasing role in all five Therapeutic Courts. Funds would provide 2 full-time Deputy Prosecuting Attorneys and one full-time Legal Assistant to support the growth of all five Therapeutic Courts.

Kitsap County Sheriff's Office

Crisis Intervention Coordinator - \$183,792 in grant funds requested to fund a full-time Kitsap County Crisis Intervention Coordinator Deputy to provide essential services in the community and provide outreach to the homeless population in Kitsap County.

Kitsap County Sheriff's Office

Reentry Officer and Coordinator - \$210,720.23 in grant funds requested to fund a Reentry Officer and Reentry Coordinator to collaborate with the current services that are being provided in the jail, and also add services that are currently not being provided.

Kitsap Mental Health Services

Permanent Supportive Housing Pre-Development - \$119,900 in grant funds requested to fund the predevelopment costs necessary to construct a 70 unit permanent supportive housing complex serving individuals and couples experiencing chronic homelessness and living with mental health and/or substance abuse issues.

Kitsap Mental Health Services

Housing Navigation Center - \$1,685,943 in grant funds requested to develop and operate a Housing Navigation Center which creates 60 – 80 beds in a year-round, 24x7 non-time limited shelter for people experiencing chronic homelessness who are living with mental illness and substance use disorders.

Kitsap Recovery Center

Kitsap County Drop In Center - \$367,518.00 in grant funds requested to provide comprehensive trauma services and substance use disorder services at a local Drop In Center located in Central Kitsap. Individuals who have experienced sexual exploitation and trauma would have access to immediate services.

Kitsap Strong

Trauma Informed Community - \$134,032 in grant funds requested to transform the culture of care in Kitsap County by bringing SaintA, a national leader in the field of trauma-informed care, to conduct a train-the-trainer session with leaders from up to 10 local organizations.

Peninsula Community Health Services

Wellness on Wheels - \$199,628.96 in grant funds requested to provide optimal access to high quality, integrated behavioral health care services by mobilizing our team into the community to serve the needs of people who, complicated by their mental health and/or substance abuse issues, struggle to access care in traditional ways.

Sound Integrated Health, LLC

MAT (Medication Assisted Treatment) - \$328,766.83 in grant funds requested to provide Medication Assisted Treatment to 250 – 500 individuals with substance use disorder in conjunction with mental health and social services.

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap County Division of Aging & Long Term Care

Proposal Title: Partners in Memory Care (Continued grant)

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

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

Number of Individuals Screened: 80 (Jan-June 2018) Number of Individuals Served: 80 (Jan-June 2018 months)

Proposal Summary:
 This continued modified Partners in Memory Care project will provide successful strategies and services to Kitsap residents, and their caregivers, to address challenging behaviors and stress associated with aging and mild to major neurocognitive dementia disorders. The project proposes a two-pronged approach to sustain dementia-friendly supports to our community, regardless of an individual's ability to pay or funding source:

1. Continue Dementia consultant dedicated to providing home-based personalized education and optional strategies to address challenging behaviors threatening placement
2. Through existing Alzheimer's Association partnership provide two new educational presentations on dementia, as well as two new evidence-based Staying Connected workshop series for caregivers to reduce stress, depression and isolation

Requested Funds Amount: \$ 104,214.46

Matching/In-kind Funds Amount: \$ 18,392 (15%)

Street Address: 614 Division St., MS-5 (located at Givens Community Center)

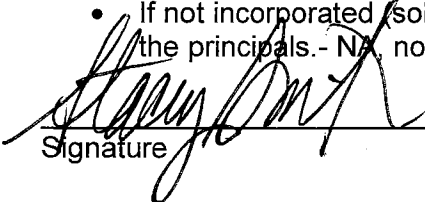
City: Port Orchard State: WA Zip: 98366

Primary Contact: Stacey Smith Phone: (360) 337-5624 E-Mail: sasmith@co.kitsap.wa.us

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

Federal Tax ID Number: 91-6001348

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



Signature

Administrator
Title

July 27, 2018
Date

Attachment C

Narrative Template for Continuation Grant
Proposals

2019 NARRATIVE TEMPLATE FOR CONTINUATION GRANT PROPOSALS

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

1. Project Design (30 points)

A. Project Design

The 2018 Partners in Memory Care proposal was a three-pronged approach for connecting impactful new services and resources to individuals and their caregivers in Kitsap County to address the challenges associated with a mild to moderate neurocognitive dementia disorder.

- Various individualized and group services were created for informal caregivers, healthcare professionals, service providers and the individual with early memory loss and dementia to better understand the disease progression, strategies for managing caregiver stress and interventions for challenging behaviors such as aggression, anxiety, confusion, agitation, repetition, suspicion, and wandering.

2018 Strategy 1 & 2019 Continued Funding Request: Dementia Consultant

Kitsap Aging executed a professional service subcontract with Denise Hughes, MSN, RN, GMHS to provide 1:1 home-based consultation and educational services to informal and formal caregivers (family, facility-based staff, systems, etc.) in dealing *with challenging behaviors related to neurocognitive disorders that could jeopardize an individual's placement*. This subcontracted service was available to all individuals and their caregivers in Kitsap County (regardless of enrollment in public assistance programs or insurance).

The consultant provides information to better understand concerning behavior(s), discuss strategies, review medications, refer to resources and provide support to maintain a placement. The consultant provides individualized consultation, training to facility staff, co-facilitate community educational workshops, connect families to existing community resources (collective impact), as well as provides expertise to existing ancillary agencies through a collective impact model. This includes services and programs provided by Kitsap Aging, Alzheimer's Association and other long-term care system partners.

From March – June 2018, Ms. Hughes provided 20 consultation services for individuals with dementia and their caregivers, 19 education/trainings to long term care facilities (staff), and 5 community educational presentations about the behavioral challenges with dementia and interventions.

This innovative approach targeted maintaining current placement, increasing connections to existing community resources, decreasing emergency room use, decreasing hospital admissions and length of stays, as well as preserving formal and informal long-term services and systems.

This strategy meets the following 2019 grant proposal policy goals:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services.
- Improve the health status and well-being of Kitsap County residents.

This strategy meets the following 2018-2019 identified 1/10th community gaps:

- Assess and identify the mental health service needs of an aging population;
- Evaluate geriatric population needs;
- Provide consistent behavioral health consultation to providers working with the aging population;
- Expand family education, involvement and support.

In 2019, Kitsap Aging requests continued funding to maintain the Strategy 1 Dementia Consultation service through a subcontract with Denise Hughes.

2018 Strategy 2 & 2019 Continued Funding Request (modified strategy): Alzheimer's Association Partnership

In 2018, Kitsap Aging partnered with the Alzheimer's Association to expand community-based Early Stage Memory Loss Support groups and Dementia Cafés in Kitsap County. The Cafés are evidence-based interventions that provided an informal venue for socialization, peer support, and education to individuals diagnosed with memory loss and their caregivers.

This approach targeted prevention of and early intervention for caregiver burnout, education regarding brain health, increased socialization and support for individuals with dementia, and strategies to delay the disease progression.

The 2018 expanded Café and Early Stage Memory Loss Support groups interventions are self-sustaining. In 2019 no additional funding is requested to support them.

Modified request: For 2019, Kitsap Aging and the Alzheimer's Association propose continuing a partnership for two *new services*:

1. Two dementia educational community presentations (up to 100 attendees each) to include information about dementia disorders, healthy brain aging strategies, early detection, understanding resources, communication strategies, legal and financial guidance, local resources and interventions for caregiving for individuals with a dementia and early memory loss brain disorder, and;
2. Two evidence-based Staying Connected workshop series. The four-week health promotion workshop series will be facilitated by trained Alzheimer's Association staff, AmeriCorps participants and volunteers. The series teaches how to stay socially active and engaged to benefit mood and memory and increase social and emotional support while decreasing isolation. Topics covered include; how to cope and live with memory loss challenges, strategies for staying involved in favorite activities,, and how to communicate memory loss to othersThe program gives people in the early stages of memory loss what they have said they need most – improved quality of life.

This strategy meets the following 2019 grant proposal policy goals:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services.
- Improve the health status and well being of Kitsap County residents.

This strategy meets the following 2018-2019 identified 1/10th community gaps:

- Assess and identify the mental health service needs of an aging population.
- Evaluate geriatric population needs
- Expand family education, involvement and support
- Recruit existing organizations/ individuals to develop (expand) support groups

2018 Strategy 3 - 2019 no additional funding requested

Kitsap Aging requested funds for facilitator training for 4 trainers and a commitment of 2 six-week Powerful Tools for Caregivers evidence-based workshops free to public. Powerful Tools for Caregivers provides concrete information and strategies to a caregiver to successfully navigate their stressful and isolated journey.

This workshop series targets prevention of and early interventions for caregiver depression and burn out, referred to local resources, and preserves natural caregiving “systems.”

In 2019, this workshop intervention is self-sustaining through Kitsap Aging Family Caregiver program and no additional funding will be requested.

This strategy meets the following 2019 grant proposal policy goals:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services.
- Improve the health status and well being of Kitsap County residents.

This strategy meets the following 2018-2019 identified 1/10th community gaps:

- Expand family education, involvement and support
- Recruit existing organizations/ individuals to develop (expand) support groups

B. Staffing Qualifications

Kitsap Aging was established in 1989. The organization delivers expertise for serving the aging population and their caregiver’s long-term care needs. In June 2017, AARP ranked Washington State’s Long-Term Services and Supports #1 nationally due to client choice, exceptional quality, and quantity of available services.

Kitsap Aging’s proposed projects complement existing mental health services and are *not currently funded or available* through a local treatment provider or reimbursed by insurance.

Division Administrator: Stacey Smith, M.Ed., WA State Licensed Mental Health counselor, child mental health specialists credential. +25 years’ experience in public Medicaid mental health- providing direct service and administrative program

management at local non-profit agency (Kitsap Mental Health Services) and with the three-county regional plan (Peninsula Regional Support Network).

Currently, Aging Administrator for Kitsap designated Area Agency on Aging oversees daily operations of governmental non-profit agency with 30 staff, two Advisory Boards, and 35 volunteers. The agency provides direct and subcontracted services for 18 Federal, State and locally funded programs. 2018 Aging annual budget= \$4.3 million.

This position will:

- Directly oversee the subcontracted entity providing dementia consultation services (Strategy 1).
- Provide direct service to this strategy through community presentations, program promotion and coordination. These activities may also be delivered by designated Aging staff.
- Subcontract services to Denise Hughes- no additional staff hired.

Division Planner: Tawnya Weintraub, MA. Management. 20+ years' experience at Kitsap Aging in progressive positions that include: case manager, program supervisor, planning and contracts supervisor. Successful implementation of state programs, contract negotiations, and monitoring of subcontractors. This position will:

- Directly oversee the Alzheimer's Association two projects (Strategy 2).
- Provide direct service to this strategy through program promotion and coordination. These activities may also be delivered by designated Aging staff.
- Subcontract services to Alzheimer's Association- no additional staff hired.

Dementia Consultant (subcontractor for Strategy 1): Denise Hughes, MSN, Registered Nurse, mental health professional and geriatric mental health specialist credentials. 20+ years' experience providing Medicaid older adults mental health direct services, as well supervising the Older Adults Treatment Team at Kitsap Mental Health Services. Experienced as a nurse and adult family home administrator, she is uniquely skilled as a consultant to the community and local care facilities.

Alzheimer's Association (subcontractor for Strategy 2): The Alzheimer's Association serves 47 counties in Washington and Northern Idaho. The Washington State Chapter is the premier Alzheimer's resource in the Pacific Northwest.

- Joanne Maher, MSW, is the Director of Programs and Services at the Washington State Chapter of the National Alzheimer's Association. She leads a team of professionals in six departments that work directly with families, friends, and relatives of persons experiencing memory loss, as well as those individuals with Alzheimer's and related dementias. With over 23 years of professional work experience in aging and dementia fields; serving diverse adult populations in a variety of settings. Ms. Maher works closely with academic communities, government agencies, and other social service providers, and serves on several community-based committees and councils.

C. Organizational Licenses and Certifications

Kitsap Aging is not a licensed behavioral health service provider through the Department of Social and Health Services (DSHS) Division of Behavioral Health Recovery (DBHR) or Department of Health (DOH).

- Stacey Smith, Kitsap Aging Administrator, is licensed by Department of Health as a mental health counselor since 2006.
- Denise Hughes, Dementia Consultant, is licensed by Department of Health as retired active registered nurse.

Kitsap Aging is designated as the Area Agency on Aging for Kitsap County and receives Federal Older Americans Act funding from Department of Social and Health Services (DSHS) Aging and Long Term Supports Administration (ALTSA). Last year, the Older Americans federal funds provided \$48,000 dedicated to behavioral health counseling services to older adults and their caregivers. These counseling funds are subcontracted directly to Kitsap Mental Health Services.

D. Outreach

It remains a challenge to increase community awareness and distribute useful information to older people and caregivers, for making informed, person-centered decisions.

In 2018, Kitsap Aging updated our website to provide a more user-friendly experience. We utilize Press Releases, the County community event calendar and the County notification platform for wide distribution and promotion of events.

Kitsap Aging trained existing Aging staff and Advisory Council members to the new services available through this grant. We utilized in-house Senior Information & Assistance and Family Caregiver Support Program referrals; trained in-house Long-Term Care Ombudsman staff and volunteers assigned to Kitsap County skilled nursing, adult family homes, and assisted living facilities; and utilized formal meetings with community partners to highlight expanded services.

Kitsap Aging staff are committed to meeting with community partners to explain services and programs available through this grant. In 2018, Kitsap Aging staff and subcontractors presented to Harrison Hospital staff (nurses and social workers), faith-based churches, disaster response partners, skilled nursing facilities, assisted living facilities, crisis response workers, long term care alliance association, subcontractors and law enforcement navigators.

- In 2017, overall Kitsap Aging provided 26 community presentations to approximately 750 individuals. Ms. Hughes provided an additional 5 community presentations.
- From January to June 2018, Kitsap Aging provided 15 community presentations to approximately 280 individuals.

Kitsap Aging participates in several community-based conferences, as well as hosts informational booths at social events such as a Farmers Markets, Juneteenth, and South Kitsap's First Responders community event.

- In 2017, Kitsap Aging participated in 23 community events to approximately 880 individuals.

- From January to June 2018, Kitsap Aging participated in 13 community events to approximately 350 individuals.

In 2016 Kitsap AAA made a major commitment to increase visibility and expand services through the Senior Information & Assistance Program (I&A). To help facilitate seamless service delivery, a statewide client management and resource directory information system called Community Living Connections was created. This platform links individuals seeking information to the services available. Kitsap AAA provides information, screening for program eligibility, service referral, assistance, and advocacy.

- From 2015 to 2018, the quarterly call volume to the Kitsap Aging Senior Information and Assistance program has increased 125% as a result of the dedicated outreach effort.

E. Evaluation

Direct and subcontracted services are evaluated through monthly invoice and data reporting. In CY 2019, it is anticipated Kitsap Aging will serve:

Activity	Projected number served
Consultant: Individual consultations (out of facility)	10 per month
Consultant: Individual consultations (in facility)	10 per month
Consultant: In-facility trainings/presentations to staff	6 per year
Alzheimer's Association Staying Connected for Caregivers: Two workshop series (up to 12 per workshop)	Total participants: 24 per year
Alzheimer's Association Educational Presentations: Two Presentations per year	Total attendees: 200 per year
Kitsap Aging staff- direct promotion and coordination through service presentations	Total: 500 per year
Total	Approx. 900 individuals/year

Primary Goals & Expected Outcomes

These strategies meet the following 2019 grant proposal strategic goals:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services.
- Improve the health status and well-being of Kitsap County residents.

These strategies meet the following 2018-2019 identified 1/10th community gaps:

- Assess and identify the mental health service needs of an aging population
- Evaluate geriatric population needs
- Provide consistent behavioral health consultation to providers working with the aging population
- Expand family education, involvement and support
- Recruit existing organizations/ individuals to develop (expand) support groups

In addition to the above, Kitsap Aging intends to develop a dementia-friendly and dementia-informed community that better understands the challenges associated with a neuro-cognitive brain disorder, such as dementia.

Dementia is the third leading cause of death in Washington State. The hope is to better support individuals impacted with a diagnosis, as well as their caregiversthrough:

- Developing community awareness and cultural sensitivity, and
- Increasing treatment and support options for caregivers and facility-based staff.

2. Accomplishments to Date (30 Points)

A. Progress to Date

In the first six months of the 2018 funded projects there have been monumental successes. They include:

1. Strategy 1: Dementia Consultant. The Consultant services became available April 1, 2018. By the second month, the community requests for service met the project monthly benchmarks. This has been an on-going trend.
2. Strategy 1: Dementia Consultant. Satisfaction Survey results compiled from April- June indicate the "Overall Experience with consultant" as 4.7 out of 5. Additional comments include:
 - "Denise did a great job with the dementia analysis. Doing so with caring, compassion and knowledge"
 - "Absolutely excellent"
 - "She was a great help to me in my hour of need."
 - "I was listened to and this was needed. Her suggestions were encouraging and helpful."
3. Strategy 2: Partnership with Alzheimer's Association. The first business that was identified and solicited for a South Kitsap Dementia Café location (Cosmos) was eager to work with us. The South Kitsap Café day was launched in April- quicker than anticipated.
4. Strategy 3: Powerful Tools for Caregivers workshops. The number of volunteers to be trained and facilitate the Powerful Tools workshops exceeded expectations. A fifth facilitator was trained, beyond the goal of four.
 - Martha and Mary At-Home program offered two paid staff and Kitsap Aging sent three paid staff. This partnership and generosity allowed Kitsap Aging to send one additional staff to the facilitator training.
5. Strategy 3: Powerful Tools for Caregivers. The announcement of the first Powerful Tools workshop series in July resulted in *overwhelming* community response. As a result, the two planned workshops through the remainder of the calendar, including an additional third workshop, are full.

B. Barriers to Implementation

In the first six months of the 2018 funded projects there have a few noted barriers to new project implementation. They include:

1. As part of the County structure, Kitsap Aging is required to follow County subcontracting protocols. There was a time delay in getting the Dementia Consultant service started in the community due to Request for Proposal and contracting requirements.

- Denise Hughes is a well-recognized service provider in Kitsap County. She demonstrated patience through the County processes.
2. Powerful Tools for Caregivers is an evidence-based workshop that requires facilitators to attend a 2-day training to fidelity. It was incredibly challenging to identify available training dates and locations- nationwide.
 - We tentatively scheduled facilitator training to occur in Oregon. A training in Seattle unexpectedly became available, resulting in training and workshops occurring sooner than expected.
 3. Development of Satisfaction Surveys. The Alzheimer's Association does not routinely use a satisfaction survey for support groups or cafés. Through discussion with the Alzheimer's Association, we designed an optional survey that collects the requested grant information, as well as useful feedback for the Alzheimer's Association.

C. Integration & Collective Impact

Kitsap Aging has strong partnerships and local community connections with local networking groups, cross-system referral sources, subcontractors and local providers. Integration of existing services with new services *and* leveraging partnership is the philosophy of the 2019 "Partners in Memory Care" project proposal to develop shared dementia specific services and supports.

Strategy 1: Dementia Consultant created an innovative outreach approach to meeting individuals with dementia and caregivers where they they reside (for example, home or assisted living facility) and bridges existing caregivers, medical providers and care teams to social services and interventions.

Strategy 2: Staying Connected and Dementia Community Presentations via Alzheimer's Association uses existing experts in the field of dementia. They are able to provide the Staying Connected workshops and community education presentations cheaper than if directly provided by Aging.

D. Key Accomplishments

There has been overwhelming success demonstrated in the 2018 first six months the Partners in Memory Care projects have been implemented.

- Overwhelming positive community response to all three strategies. We anticipated a typical lag with implementing these new projects; however we have experienced the opposite effect.
- 5 out of 6 2018 funded projects are self-sustaining in 2019.
- This Project has been a "true partnership" between existing service providers to meet a dire need (dementia focused services) in Kitsap.
- While we continue to learn about individuals directly impacted by these strategies, the return on investment is already demonstrated in the first six months through caregiver resiliency, connections to ancillary services, and preserved placements.

3. Budget Narrative (20 Points)

A. Past Expenditures

January-June 2018 Expenses

Activity	Expenditure Status
Strategy 1: Dementia Consultant	On schedule; expended \$26,000
Strategy 2: Alzheimer's Association	On schedule; expended \$2,500
Strategy 3: Powerful Tools for Caregivers	Under-spent; facilitator training and one workshop completed: expended \$4,275
Indirect	On schedule; expended \$4,750

B. Funding Request

2019 Partner in Memory Care

Activity	Requested Amount	Justification
Strategy 1: Dementia Consultant subcontract	\$78,000	Same reimbursement from 2018 with increased services. <ul style="list-style-type: none"> • \$6,500 X 12 months= \$78,000
Strategy 2: Alzheimer's Association subcontract	\$11,214.46	<ul style="list-style-type: none"> • Two 4-week Staying Connected workshop series • Two Dementia Community Educational Presentations
Aging Direct Staff Time-coordination, service promotion, direct support	\$5,000	Funding to cover Aging direct staff time to support these services- community presentations, public inquiry, purchasing/ordering materials used by Consultant
Indirect	\$10,000	As a County entity, indirect is charged through County budget process to Aging for staff costs and business operations. <ul style="list-style-type: none"> • Aging is matching indirect with \$1,034 to cover full costs. • See Attachment G.1: Aging revenue, personnel expenses, and subcontractors • See Attachment G.2: current Aging Org. Chart
2019 Partner in Memory Care Requested Total	\$104,214.46	Total Project Budget: \$122,606.46 <ul style="list-style-type: none"> • \$18,392 (15%) matching funds

C. Funding Modifications

2018-2019 Partner in Memory Care

Activity	2018 Awarded Amount	2019 Requested Amount	Justification
Strategy 1: Dementia Consultant	\$65,000	\$78,000	Same monthly \$6,500 reimbursement <ul style="list-style-type: none"> • 2018: 10 months • 2019: 12 months

Activity	2018 Awarded Amount	2019 Requested Amount	Justification
Strategy 2: <ul style="list-style-type: none"> • Staying Connected workshops • Dementia Community Educational Presentations 	NA	Total:	2019: New service
	NA	\$11,412.46	2019: New service
Aging Direct Staff Time- coordination, service promotion, purchase material	NA	\$5,000	2018: Aging incurred direct staff costs that were not requested in proposal. 2019: Aging is requesting funds to cover direct costs
Indirect	\$10,000	\$10,000	Same request
Total Awarded	\$95,000	\$104,214.46	

D. Subcontractors

Reference section 3.B.table (above).

4. Sustainability (20 Points)

A. Leveraged Funds

Local funding will be used to create “dementia-friendly” treatment strategies that do not currently exist in Kitsap. As these strategies are social services, neither Medicare nor Medicaid mental health benefits cover the types of home-based consultation and workshop approaches outlined in this proposal.

B. Sustainability Plan

Kitsap Aging is skilled at identifying and leveraging existing resources to sustain programs. We acknowledge local sales funds are intended for start-up innovative community solutions to address local gaps and needs.

- With the 2018 funded strategies, half of the projects are self-sustaining in 2019. 2018 projects that were funded through 1/10th that no longer need continued funding include: Powerful Tools for Caregivers training and workshops, expanded Memory Loss Support Groups, additional Dementia Café (Port Orchard).

January 2019 the Washington Association of Area Agencies on Aging will be lobbying for increased funding for the Dementia Action Collaborative to develop statewide funding opportunities to support evidence-based and innovative services that create dementia-friendly and dementia-informed communities. Kitsap Aging is hopeful that this will become a reliable funding source for continued projects.

The Kitsap 1/10th sales tax funding has provided Kitsap Aging an opportunity to demonstrate new approaches to solving service gaps; until statewide funding becomes a reality.

Attachment D
Evaluation Worksheet

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 a 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: Partners In Memory Care

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and Time	G. SOURCE
Maintain current placement of individuals diagnosed with neurocognitive DO and exhibiting challenging behaviors.	Provide consultation services for individuals exhibiting challenging behaviors as a result of neurocognitive DO and at risk of placement disruption	Provide up to 10 consultations to individuals at home a month; up to 10 consultations to facility staff a month; and up to 6 in-facility staff trainings per year.	<input checked="" type="checkbox"/> Output: Total served <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 checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/2019</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Monthly	Up to 20 consultations per month beginning January 2019. 6 facility based trainings per year	Completed Assessment and Referral with each consultation.
Provide 2 Staying Connected Caregiving workshops and 2 (additional) community educational dementia-specific presentations	1. Subcontract with Alz Assoc for workshop facilitators, workshop implementation, and community presentations 2. Co-promote workshop series and presentations at various community settings 3. Complete 2 workshop series, four weeks each. 4. Complete 2 community educational presentations	At least 2 groups (approximately 24 participants total) will complete the workshop series by 12/31/2019. At least 2 community presentations (up to 100 attendees per event) will be completed by 12/31/2019.	<input checked="" type="checkbox"/> Output: Total served <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 checked="" type="checkbox"/> Fidelity measure to Staying Connected EBP	<input checked="" type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>3/1/2019</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:	2 Staying Connected workshop series and 2 community dementia presentations completed by 12/31/2019.	Completed number of workshop series and community presentations by 12/31/2019.
Satisfaction Survey: Dementia Consultant, Staying Connected and attendees of the community presentations are satisfied with the services/ information received.	Complete Satisfaction survey to assess satisfaction of services. Optional satisfaction surveys are offered following each consultation, Staying Connected workshop series and educational presentation.	Clients report a moderate to high satisfaction with services received as measured by the client satisfaction surveys. Surveys allow additional narrative comments to be provided.	<input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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 checked="" type="checkbox"/> Fidelity measure for Staying Connected EBP	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/2019</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: Varies	0 as of 1/1/2019 80% of clients report a moderate to high satisfaction with services by 12/31/2019.	Satisfaction Surveys; self report

Attachment E
Total Agency Budget

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Division of Aging & Long Term Care

Project: Partners in Memory Care

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 3,027,057.00	75%	\$ 3,105,934.00	73%	\$ 3,132,434.00	73%
WA State Revenue	\$ 943,250.00	24%	\$ 1,004,452.00	24%	\$ 1,022,381.00	24%
Local Revenue	\$ 39,865.00	1%	\$ 39,865.00	1%	\$ 39,865.00	1%
Private Funding Revenue	\$ -	0%	\$ 95,000.00	2%	\$ 106,000.00	2%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 4,010,172.00		\$ 4,245,251.00		\$ 4,300,680.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 604,188.00	15%	\$ 641,741.00	15%	\$ 661,832.00	15%
Staff	\$ 1,132,574.00	28%	\$ 1,190,562.00	28%	\$ 1,334,535.00	31%
Total Benefits	\$ 720,821.00	18%	\$ 763,486.00	18%	\$ 832,485.00	19%
Subtotal	\$ 2,457,583.00	61%	\$ 2,595,789.00	61%	\$ 2,828,852.00	66%
Supplies/Equipment						
Equipment	\$ 2,833.00	0%	\$ 5,250.00	0%	\$ 5,250.00	0%
Office Supplies	\$ 16,965.00	0%	\$ 19,250.00	0%	\$ 19,250.00	0%
Other (Scheduled Computer Equipment Upgrades)	\$ 21,766.00	1%	\$ 3,000.00	0%	\$ -	0%
Subtotal	\$ 41,564.00	1%	\$ 27,500.00	1%	\$ 24,500.00	1%
Administration						
Advertising/Marketing	\$ 15,203.00	0%	\$ 13,300.00	0%	\$ 13,500.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 22,886.00	1%	\$ 45,037.00	1%	\$ 45,000.00	1%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 13,665.00	0%	\$ 9,050.00	0%	\$ 9,100.00	0%
Training/Travel/Transportation	\$ 41,245.00	1%	\$ 48,725.00	1%	\$ 49,000.00	1%
% Indirect	\$ 224,650.00	6%	\$ 288,438.00	7%	\$ 290,000.00	7%
Other Miscellaneous/Leases/Prof. Services	\$ 34,798.00	1%	\$ 39,800.00	1%	\$ 40,000.00	1%
Subtotal	\$ 352,447.00	9%	\$ 444,350.00	10%	\$ 446,600.00	10%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts - Building	\$ 2,198.00	0%	\$ 2,200.00	0%	\$ 2,200.00	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 2,198.00	0%	\$ 2,200.00	0%	\$ 2,200.00	0%
Other Costs						
Senior Employment	\$ 162,175.00	4%	\$ 147,337.00	3%	\$ -	0%
Other Network Subcontracts	\$ 994,205.00	25%	\$ 1,028,075.00	24%	\$ 998,528.00	23%
Subtotal	\$ 1,156,380.00	29%	\$ 1,175,412.00	28%	\$ 998,528.00	23%
Total Direct Expenses	\$ 4,010,172.00		\$ 4,245,251.00		\$ 4,300,680.00	

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

* Please reference attachment G.1.A. for 2017-2019 revenue, personnel expense, and subcontractor details

Attachment F

Special Project Budget

- F.1. Kitsap Aging Budget
- F.2. Dementia Consultant Budget
- F.3. Alzheimer's Association Budget

Special Project Budget Form

Agency Name: Division of Aging & LTC

Subcontractor: Yes No

Project: Partners in Memory Care

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 5,273.00	4%	\$ 2,377.00	2%	\$ 2,896.00	16%
Staff	\$ 2,212.00	2%	\$ 1,106.00	1%	\$ 1,106.00	6%
Total Benefits	\$ 3,187.00	3%	\$ 1,517.00	1%	\$ 1,670.00	9%
SUBTOTAL	\$ 10,672.00	9%	\$ 5,000.00	5%	\$ 5,672.00	31%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ 10,720.00	9%	\$ 10,000.00	10%	\$ 720.00	4%
Other: Dementia Specialist Subcontract	\$ 78,000.00	64%	\$ 78,000.00	75%	\$ -	0%
Other: Alzheimer's Association Subcontract	\$ 11,214.00	9%	\$ 11,214.00	11%	\$ -	0%
SUBTOTAL	\$ 99,934.00	82%	\$ 99,214.00	95%	\$ 720.00	4%
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%
Other (Describe): Rentals/Leases	\$ 6,000.00	5%	\$ -	0%	\$ 6,000.00	33%
Other (Describe): Computer IS Services	\$ 6,000.00	5%	\$ -	0%	\$ 6,000.00	33%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 12,000.00	10%	\$ -	0%	\$ 12,000.00	65%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 122,606.00		\$ 104,214.00		\$ 18,392.00	

NOTE: Indirect is limited to 10%

Special Project Budget Form

Partners in Memory Care:
Strategy 2 Dementia
Consultant

Agency Name: Alzheimer's Association Subcontractor: Yes No

Project:

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 2,620.00	23%	\$ 2,620.00	23%	\$ -	0%
Staff	\$ 3,624.85	32%	\$ 3,624.85	32%	\$ -	0%
Total Benefits	\$ 1,449.68	13%	\$ 1,449.68	13%	\$ -	0%
SUBTOTAL	\$ 7,694.53	69%	\$ 7,694.53	69%	\$ -	0%
Supplies & Equipment						
Equipment	\$ 56.07	0%	\$ 56.07	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 56.07	0%	\$ 56.07	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 125.46	1%	\$ 125.46	1%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 200.00	2%	\$ 200.00	2%	\$ -	0%
Training/Travel/Transportation	\$ 2,300.50	21%	\$ 2,300.50	21%	\$ -	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2,625.96	23%	\$ 2,625.96	23%	\$ -	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%
Other (Describe): Rent	\$ 837.90	7%	\$ 837.90	7%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 837.90	7%	\$ 837.90	7%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ 1.00	100%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ 1.00	100%
Total Project Budget	\$ 11,214.46		\$ 11,214.46		\$ 1.00	

NOTE: Indirect is limited to 10%

Please reference Attachment G.3 - Alzheimers Association for special project salary details

Please reference Attachment G.3.A - Alzheimers Association for budget back-up details

Special Project Budget Form

Agency Name: Denise Hughes
 Consultation & Design (Dementia
 Consultant)

Subcontractor: Yes No

Project: Partners in Memory Care:
 Strategy 1 Dementia
 Consultant

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 78,000.00	100%	\$ 78,000.00	100%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 78,000.00	100%	\$ 78,000.00	100%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ 1.00	100%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ 1.00	100%
Total Project Budget	\$ 78,000.00		\$ 78,000.00		\$ 1.00	

NOTE: Indirect is limited to 10%

Attachment G

Project Salary Budget & Back-Up

- G.1. Kitsap Aging Budget
- G.1.A. Aging Budget Back-Up
- G.1.B. Aging Organization Chart
- G.2. Dementia Consultant Budget
- G.3. Alzheimer's Association Budget
- G.3.A. Alzheimer's Association Back-Up

Project Salary Summary

Agency Name: Division of Aging & Long
Term Care

Subcontractor: Yes

XX No

Project: Partners in Memory Care - oversight and project coordination/outreach

Description

Number of Professional FTEs (Excludes Match)	0.025
Number of Clerical FTEs	0.010
Number of All Other FTEs	0.000
Total Number of FTEs	0.035

Salary Information

Salary of Executive Director or CEO- Stacey Smith	\$ 103,769.00
Salaries of Professional Staff - Tawnya Weintraub	\$ 89,301.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ 110,632.00
Description: Vicki Hansen, Office Supervisor	\$ 70,316.00
Description: Myriah Howard, Office Assistant	\$ 40,316.00
Description:	\$ -
Total Salaries	\$ 303,702.00
Total Payroll Taxes	\$ 23,233.00
Total Cost of Benefits	\$ 46,200.00
Total Cost of Retirement	\$ 39,102.00
Total Payroll Costs	\$ 412,237.00

AGING REVENUE BACKUP FOR 2017 - 2019

YEAR	OAA - FED	FEDERAL	STATE	LOCAL	OTHER	TOTALS
2017	\$ 866,388	\$ 2,160,669	\$ 943,250	\$ 39,865	\$ -	4,010,172
2018	\$ 949,830	\$ 2,156,104	\$ 1,004,452	\$ 39,865	\$ 95,000	4,245,251
2019	\$ 949,830	\$ 2,182,604	\$ 1,022,381	\$ 39,865	\$ 106,000	4,300,680

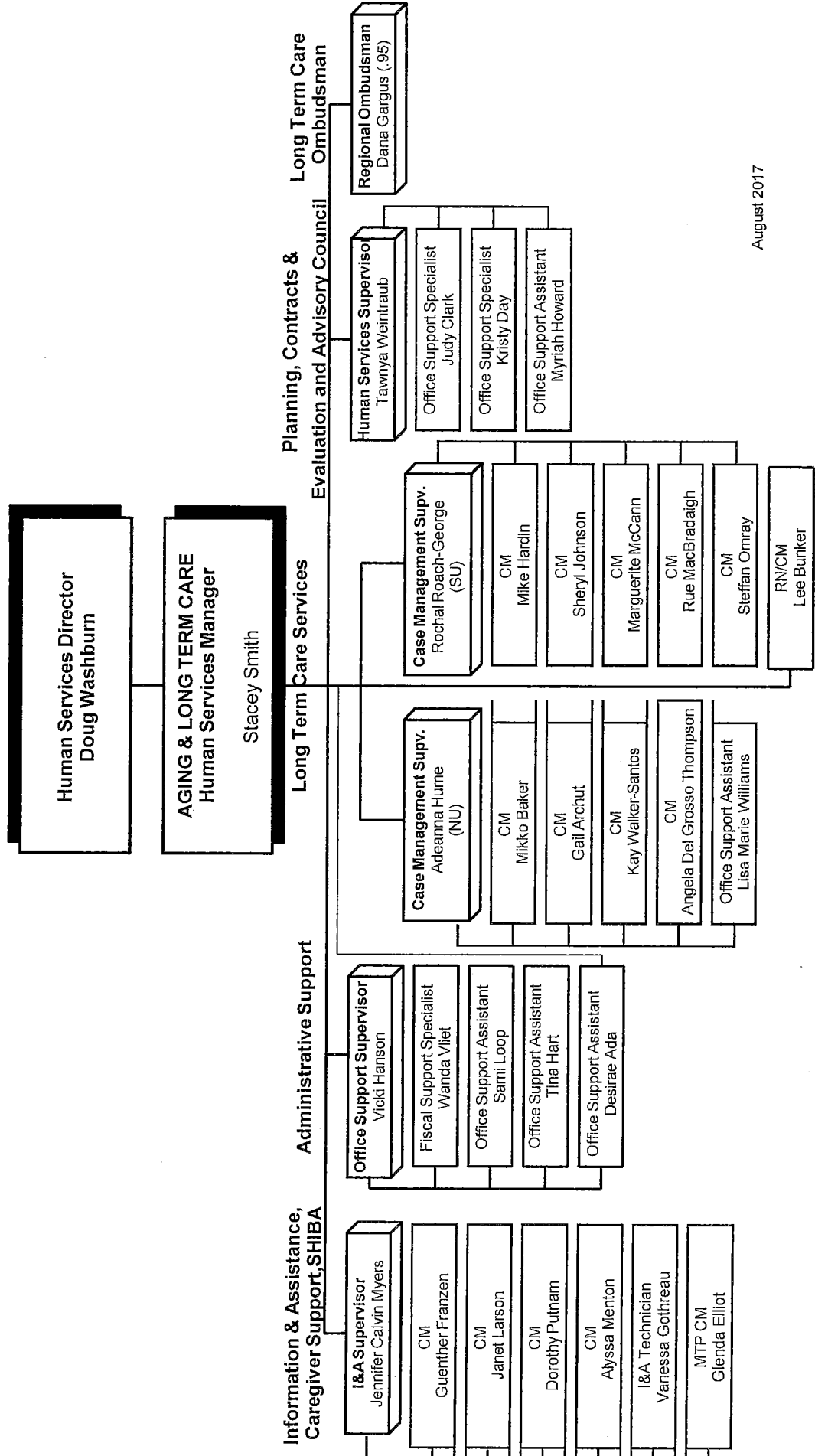
PERSONNEL BACKUP EXPENSES FOR 2019

Managers	Salary plus	
	Longevity	Benefits
P-13	\$ 103,769	\$ 43,272
P-16	\$ 89,301	\$ 37,239
P-10	\$ 70,316	\$ 29,322
P-46	\$ 76,278	\$ 31,808
P-39	\$ 80,656	\$ 33,634
P-42	\$ 80,775	\$ 33,683
P-44	\$ 80,896	\$ 33,734
P-98	\$ 79,841	\$ 33,294
TOTALS	\$ 661,832	\$ 275,984

Professional/ Clerical Staff	Salary plus	
	Longevity	Benefits
P-17	\$ 49,625	\$ 20,694
PB-2	\$ 48,525	\$ 20,235
PA-5	\$ 40,316	\$ 16,812
P-14	\$ 57,882	\$ 24,137
P-58	\$ 66,573	\$ 27,761
P-47	\$ 56,284	\$ 23,470
P-60	\$ 59,703	\$ 24,896
P-54	\$ 58,042	\$ 24,204
P-64	\$ 45,838	\$ 19,114
P-59	\$ 68,226	\$ 28,450
P-36	\$ 54,276	\$ 22,633
P-34	\$ 59,728	\$ 24,907
P-50	\$ 49,953	\$ 20,830
P-55	\$ 68,422	\$ 28,532
P-65	\$ 66,986	\$ 27,933
P-37	\$ 37,734	\$ 15,735
P-48	\$ 66,986	\$ 27,933
P-35	\$ 67,343	\$ 28,082
PA-4	\$ 53,566	\$ 22,337
P-57	\$ 53,566	\$ 22,337
P-49	\$ 55,819	\$ 23,277
P-67	\$ 37,892	\$ 15,801
P-41	\$ 53,566	\$ 22,337
P-45	\$ 57,684	\$ 24,054
	\$ 1,334,535	\$ 556,501
GRAND		
TOTALS	\$ 1,996,367	\$ 832,485

SUBCONTRACT BACKUP FOR 2019

Network Subcontractors	Amount
Caregiver Training/Health Insurance	\$ 200,000
Family Caregiver	\$ 130,000
Kinship Caregiver	\$ 35,000
Mental Health	\$ 48,000
Mental Health 1/10th	\$ 91,000
Nutrition	\$ 414,528
Overflow Nursing	\$ 48,000
Senior Legal	\$ 32,000
SUBCONTRACTOR TOTALS	\$ 998,528



August 2017

Project Salary Summary

**Agency Name: Denise Hughes
Consultation & Design
(Dementia Consultant)**

Subcontractor: XX Yes

Project: Partners in Memory Care: Strategy 1 Dementia Consultant

Description

Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	1.00

Salary Information

Salary of Executive Director or CEO	\$ 78,000.00
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 78,000.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 78,000.00

Project Salary Summary

Agency Name: Alzheimer's Association **Subcontractor:** Yes No

Project: Partners in Memory Care

Description

Number of Professional FTEs	0.09
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	0.09

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 5,244.85
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ 1,000.00
Description: AmeriCorps Volunteer Stipend & Fees	\$ 1,000.00
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 6,244.85
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 1,449.68
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 7,694.53

Attachment G.3.A Alzheimers Association Back-Up

PERSONNEL	Hourly	Total Hours	
Education Coordinator	\$30.55	45	\$1,374.75
Volunteer Coordinator	\$27.78	45	\$1,250.10
Program & Services Director	\$52.40	50	\$2,620.00
Total Salaries			\$5,244.85
Benefits (27.64%)			\$1,449.68
TOTAL SALARY & BENEFITS			\$6,694.53
Other Expenses			
AmeriCorp Volunteer			\$1,000.00
Rent			\$837.90
Telephone/IP			\$125.46
Postage			\$200.00
Catering			\$200.00
Facility Rental			\$500.00
Equipment Rental			\$56.07
Travel			\$1,600.50
Subtotal			\$4,519.93
TOTAL			\$11,214.46

Travel Breakdown

1,700 miles @ .565 per mile	\$960.50
16 Ferry trips @ \$30	\$420.00
22 Staff/Volunteer Lunches @\$10 per meal	\$220.00
 AmeriCorp - 100 hours @ \$10 per hour	 \$1,000.00

Attachment H

Letters of Commitment

- Dementia Consultant
- Alzheimer's Association

Denise Hughes Consultation and Design

July 19, 2018

Stacey Smith, Administrator
Kitsap County Department of Aging and Long Term Services
614 Division St. MS-5
Port Orchard, WA 98366

Dear Stacey,

It has been my pleasure to initiate the 2018 contract as the Dementia Specialist for Kitsap County. In these first three months I have found the need for geriatric consultation and education in both private homes and in facilities to be great. Please accept this letter of commitment to continue these services for the next year.

Respectfully,

A handwritten signature in cursive script that reads "Denise Hughes".

Denise Hughes, MSN, RN, GMHS
Denise Hughes Consultation and Design

alzwa.org
P - 206.363.5500
F - 206.363.5700
InquiryWa@alz.org

Washington State Chapter
Serving Washington and Northern Idaho

alzheimer's  association*

July 25, 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 support and commitment for the Kitsap County Division of Aging and Long Term Care grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court programs.

We support the efforts of the Kitsap Division of Aging and Long Term Care proposal to provide much needed resources in dealing with older persons with neurocognitive disorder, such as dementia.

The Alzheimer's Association, Washington State Chapter, will commit the following resources to the proposal submitted by Kitsap County Division of Aging and Long Term Care:

- Provide a minimum of two 4-week evidence-based *Staying Connected* Early Stage Memory Loss series for the person living with dementia/memory loss and for an identified care partner
- Provide at least two 1.5 hour community-based educational presentations; topics to be determined in coordination with ALTC staff
- Continue our commitment to on-going support for the existing Early Memory Loss support groups, Early Stage Educational Seminars, and Dementia Cafés in Kitsap - including staff time to recruit and train meeting facilitators
- Collaboration and technical assistance to promote existing support group and Cafés
- Share successful strategies for increased community awareness and education demonstrated in other areas in Washington State

alzheimer's  association®

We believe our on-going support and commitment will build upon and expand existing Kitsap resources, incorporating the recent, newly created ones provided under our current mutual partnership with Kitsap County Division of Aging and Long Term Care.

Sincerely,



Joanne Maher, MSW
Director of Programs and Services
jmaher@alz.org
206-529-3872

2019 GRANT SUMMARY PAGE

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

Organization Name: Bremerton School District (BSD) Proposal

Proposal Title: BSD and Community Social and Emotional Learning Grant

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

<input checked="" type="checkbox"/> Prevention, Early Intervention and Training <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Outpatient treatment	<input type="checkbox"/> Medical and Sub-Acute Detoxification <input type="checkbox"/> Acute Inpatient Care <input type="checkbox"/> Recovery Support Services
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Number of Individuals Screened: _____ **Number of Individuals Served: 5,200 students**

Proposal Summary: Our 2018 proposal and our 2019 continuation proposal is to address Gap #11 Behavioral Health Prevention, Early Intervention and Training. We have developed effective Tier II and Tier III intervention services and supports for our students and families in collaboration with community agencies. We plan to strengthen our prevention model by implementing a comprehensive, evidence based, social and emotional teaching and learning system that integrates ACES, WA Social and Emotional Learning Standards with effective instructional practices that address the needs of the children and families we serve. By building a strong Tier I that includes self-care for our teaching staff and partner organizations, we will be able to identify behavioral problems early and teach and support the social and emotional development/skills of all children, birth to 21. As a result, we will decrease the need for intensive services, and increase the number of students receiving in-school supports.

Requested Funds Amount: \$333,000 Matching/In-kind Funds Amount: \$3,756,518.00

Street Address: 134 Marion Ave. N

City: Bremerton

State: WA Zip:98312

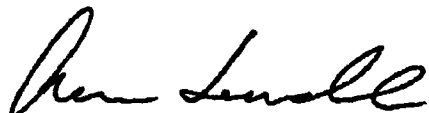
Primary Contact:Linda Sullivan-Dudzic, Special Programs Director

Phone:360.473.1061 E-Mail: linda.sullivan@bremertonschools.org

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

Federal Tax ID Number: 91-6001656

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



 Signature

SUPERINTENDENT

 Title

7-18-18

 Date

BOARD MEMBERS

The Bremerton School Board of Directors is made up of five citizens who are elected from within the District's boundaries. They serve four-year terms and are responsible for approving policies, curriculum, and the District's budget.

You can reach the entire Board along with Superintendent Leavell by sending your email to bsd-board@bremertonschools.org. To contact individual Board members via email, please click on their names below. Note that all correspondence regarding any school district subject are considered public records. Written communication to the Board or Superintendent may be sent to Bremerton School District, 134 Marion Ave. No., Bremerton, WA 98312. For a brief biography of each Director, you'll find a listing under "Board Members" on the [BoardDocs](#) "Welcome" page, or you may visit the "Library" section there.



Naomi Evans
360.277.8219
Position #1
Term Expires: 2019



J. David Rubie
360.277.8686
Position #2
Term Expires: 2019
WIAA
Representative



Jonee Dubos
360.277.8688
Position #3
Term Expires: 2019
Auditor



Alyson Rotter
360.277.8687
Position #4
Term Expires: 2021
2018



Carolynn Perkins
360.782.5449
Position #5
Term Expires: 2021
2018 Vice-President

President 2017/2018 School Year
Student
Representative to the Board
Mr. Nathan Rubie
Bremerton High School Student
(see below for more information)

Each year, the Bremerton High School Associated Student Body (ASB) selects a volunteer to serve as the District's Student Representative to the Board. This person serves as the liaison between the secondary students (grades 7-12) and the Board. This responsibility includes sharing student opinions with the Board regarding items under consideration and reporting to the Associated Student Body on Board deliberations and actions.

**2019 NARRATIVE TEMPLATE FOR CONTINUATION
GRANT PROPOSALS**

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

1. Project Design (30 points)

A. Project Design

Our current grant project is to address Gap #1 Behavioral Health Prevention, Early Intervention and Training. The need at the county and state level was clearly defined in the updated version of the Kitsap County Behavioral Strategic Plan.¹ The Bremerton School District serves 5,200 students, preK-12 and 300 additional preschoolers by working with our Head Starts and state and community preschool partner teachers. We have 430 homeless students. These students are living with under resourced families struggling with basic needs. Our elementary schools average 61% FRL with some schools at 74% FRL. Special education has had a significant increase in the number of social-only referrals due to behavioral concerns. As a result, more students are served in out of classroom and at times, out of school programs and services. These services are considered to be Tier III services. Our goal is to ensure that students are properly identified and that all students regardless of having an IEP receive a strong Tier I classroom and school wide support and that those who require Tier II interventions receive these interventions in the classroom and at school. This will reserve Tier III for students who truly need Tier III intervention. Our Tier II supports are provided by our interventionist/counselors and our partnership with Olympic Educational School District 114 and Kitsap Mental Health. The OESD 114 cooperative provides a half time interventionist at two of our highest poverty schools. Tier III intervention is our out of school cooperative programs with Kitsap Mental Health and Bremerton School District for students and families and out of district placement at NW Soil. All of these programs are very effective. However, too many students are referred due to a lack of preventative measures.

As explained in our previously funded grant, our plan has been to provide a comprehensive system of support for social and emotional learning and to develop classrooms, schools, district and community that respond to the social and emotional needs of students as well as their academic need.

This continuation grant proposal will expand on our initial plan, getting deeper into the critical components on all levels; district and community, teachers, interventionist, students, families and community partners.

¹ Kitsap County Behavioral Strategic Plan, updated 12-12-2013

District and Community

With funds from our first project, Our district has adopted and provided research-based curriculum so that all students will benefit from skill instruction taught on a consistent basis. Second Steps will be used , PreK-5² and Character Strong, grades 6-12. For the first time, our students will be taught the necessary skills before discipline and consequences are provided.³ This continuation grant proposal will get deeper into this cultural shift by training administrators and teacher leaders on the importance of relationships and servant leadership. This will include common agreements, monthly challenges and accountability training provided by John Norlin and team. ⁴

Teachers and Interventionist

Now that all teachers have a core SEL curriculum and have been trained on how to use it, this continuation project will provide additional training on how to infuse social and emotional learning into the classroom, school and district culture. Our continuation grant will utilize the expertise of Dr. Greg Benner to teach the high yield instructional classroom strategies. We will expand the role of Larry Davis to work with teachers on collaborative problem solving for students that have significant behavior challenges to keep these students in classrooms and schools. Larry Davis will also work with teachers on resiliency. The importance was discussed and the suggestion made at our CAC site visit. We have incorporated this principle of teachers examining their own emotional response in order to address the needs of students into our continuation proposal.⁵

Interventionist will continue to work with Dr. Benner and others to learn Tier II effective problem solving and strategies that address the needs of the students and families that are behind the behavior. For example, restorative practices⁶ that build on relationships first and lead to accountability. For example, Recognize, Reconsider, Fix, and Future versus Revenge, Resistance, Resentment and Reluctance. The comprehensive

² Low, S., Cook, C. R., Smolkowski, K., & Buntain-Ricklefs, J. (2015). Promoting social-emotional competence. *Journal of School Psychology, 53*, 463–477.

³www.characterstrong.com The research shows that when a school takes time to cultivate a culture of character and develop social-emotional skills, grades go up and bad behavior goes down.

⁴ John is the Program Administrator for Student Leadership & Community Involvement for the Sumner School District, a Servant Leadership trainer, and motivational speaker.

⁵Mindfulness (2012) 3:291–307 DOI 10.1007/s12671-012-0094-5 Fostering the Resilience of Teachers and Students

⁶ [Restorative Practices in Schools - Johns Hopkins Institute for ...](http://www.edpolicy.education.jhu.edu)
edpolicy.education.jhu.edu › Commentary May 6, 2017 - Restorative Practices in Schools.

version of Check and Connect⁷ that involves access to community resources for families will be added.

Students

We will continue teaching all our students, PreK-12 using our SEL curriculum and go deeper by providing students with opportunities throughout the day in classrooms, schools and before/after school events. Our goal is to decrease the number of out of school suspensions and increase the number of students getting their needs met in class and in school by providing a comprehensive Tier I and Tier II system of support. With this grant we will increase our work on transitions, 5th to 6th and 8th to 9th using Where Everyone Belongs (WEB) and LinkCrew⁸. At the middle level, we are introducing SETS⁹

Community Partners and Families

This grant will expand our efforts to reach families and community partners with culturally responsive training. Our community partners participate in a once per month training. We are reaching our families using a trainer of trainers model with parents at each school and community organization. This includes many of our families from Guatemala and Mexico.

B. Staffing Qualifications

The following is a complete list of staff aligned to Attachment G. The staff funded by this grant do not require professional licenses to meet the requirements for billing private insurance or medicaid.

Staff Dedicated to Project	Role	FTE Funded by Grant
Linda Sullivan-Dudzic	Project Executive Director	.1 FTE
Larry Davis	Behavior Specialist working with teachers and community staff	.5 FTE

⁷ [Contact Us | Check & Connect Student Engagement Intervention ...](http://checkandconnect.umn.edu/contactus/default.html)
checkandconnect.umn.edu/contactus/default.html May 27,2018

⁸ WEB (**Where Everybody Belongs**) is a Middle School Transition program, that welcomes 6th/7th graders and makes them feel comfortable throughout the first year of their middle school experience.

⁹ The SET is a research-validated instrument that is designed to assess and evaluate the critical features of school-wide positive behavior interventions and support across an academic school year.

Wendy Bender	Office Coordinator	.1 FTE plus time sheets
Donna Gearns	Parent to Parent Trainer	20 hours/month
SEL Teams at each school	5 people at each school to lead the SEL work	2 hours/month pp
Interpreters and substitutes	For professional development and parent training	\$12,000 for interpreters \$30,000 for substitutes

C. Organizational Licenses and Certifications

Other than nursing services and school psychological services, we do not provide behavioral health services. We have a formal partnership with Kitsap Mental Health to provide these services. At our elementary and middle level, we have a program that is co-taught by a special education teacher and a KMH behavioral specialist and KMH in-school mental health specialist. This cooperative program provides services to both students and families. KMH provides the services through the Department of Social and Health Services and utilizes private insurance and Medicaid for family services. In addition, we are thankful for the Olympic Education Service District 114 and Kitsap Mental Health cooperative grant funded by your organization. This provides a part time therapist at our two highest poverty schools.

D. Outreach

Based on a request from your organization, we have expanded our outreach so that we may learn from others and they may learn from us. We are using our quarterly reports to document our journey in each of the critical components identified to create a comprehensive SEL system of support. We are being strategic in our participation in state committees and regional organizations to spread the word. All our preschool partners including Kitsap Community Head Start/ECEAP, the YKIDS and Boys and Girls Club and Kltsap Mental Health partners are participating in our trainings. Our superintendent serves on the state SEL committee. We are now working on a video production that includes our work on this project to share with others.

E. Evaluation

As explained in our previously funded grant, our plan has been to provide a comprehensive system of support for social and emotional learning and to develop classrooms, schools, district and community that respond to the social and emotional needs of students as well as their academic need. As a result, we will decrease the amount of students that require out of classroom, out of school and district placements and increase the number of students that receive the necessary Tier I and Tier II to be successful in school. Many of our goals will be reached on our first grant by December 2018. We have listed our continuation project goals below.

Primary Goals	Expected Outcomes
<p>100% of teaching staff will be trained and teach core SEL curriculum PreK-5 Second Step Grades 6-12, character education curriculum</p>	<p>All students will be taught using a comprehensive curriculum. Second Steps PreK-5 Character Counts, grades 6-12</p>
<p>All administrators and building SEL teams will work with John Norlin to lead our SEL initiative. This includes the importance of relationships and servant leadership. We will create common agreements, monthly challenges and accountability training provided by John Norlin and team.</p>	<p>All administrators will have the training and mentoring they require to make this cultural shift of addressing the social and emotional needs of students and staff as well as the academic needs.</p>
<p>All elementary teachers will receive training and infuse social and emotional learning into the classroom, school and district culture.</p> <p>Dr. Greg Benner will teach the high yield instructional classroom strategies.</p> <p>Larry Davis will work with teachers on collaborative problem solving for students that have significant behavior challenges to keep these students in classrooms and schools.</p>	<p>Students will benefit from in-classroom and in-school instructional strategies to address their social and behavioral needs</p> <p>Teachers will implement the high-yield strategies to benefit students.</p> <p>Teachers will increase their ability to work with students with behavioral challenges using a problem solving approach.</p> <p>Teachers will examine their own emotional response in order to take care of themselves and the children in their classrooms.</p> <p>Teachers and support teams will utilize this problem solving approach and effective practices to support students growth and development and ability to participate in class and in school.</p>
<p>Interventionist will continue to work with Dr. Benner and others to learn and apply Tier II effective problem solving strategies that address the needs of the students and families.</p>	<p>Students will access Tier I support in their classroom.</p> <p>Students will access Tier II supports from interventionist/counselors to be successful in their school.</p>

Interventionist/counselors will be trained and train others in check and connect and restorative practices.	Interventionist will be able to shift their focus to students that require Tier II support and keep these students participating in school.
Expand our efforts to reach community partners and families with high-quality professional development that honors cultural diversity. We are reaching our families using a trainer of trainers model with parents at each school and community organizations. This includes many of our families from Guatemala and Mexico.	Community partners will participate in a once per month training that is mutually designed and focused on SEL. More families will participate in SEL training and become trainers
Decrease the number of out of school suspensions	More students will receive the Tier I and Tier II support needed to stay in class and in school regardless of having an IEP.
Increase our ability to measure our efforts using Panorama full scale student version and adjust as needed. At the middle level, we are introducing SETS ¹⁰ to assess and evaluate the critical features of school-wide positive behavior interventions and support across an academic school year.	Students and staff will participate in the panorama pre and post surveys and we will use the results to measure and adjust our supports. At the middle level, administrative staff and teams will participate in SETS to strengthen their support system.

2. **Accomplishments to Date (30 Points)**

A. **Progress Year to Date (YTD) as of July 2017**

Goal I: To implement a comprehensive and systematic approach to Social and Emotional Learning, PreK-12,

- 50% of all teachers and administrators, PreK-12 will receive training on SEL, standards, ACES part 1 this first year. YTD-90%
- 100% of SEL teams at each building, will participate in a TOT training on how to teach social skills using the social skills curriculum YTD-100% of Elementary

¹⁰ The SET is a research-validated instrument that is designed to assess and evaluate the critical features of school-wide positive behavior interventions and support across an academic school year.

- 50% of the SEL teams will participate in implementation trainings (ACES part 2). YTD 70% of our SEL Teams have participated in at least one and 100% will continue with this project
- 100% of elementary SEL teams will utilize SWIS data to analyze the effectiveness and create successful proactive strategies and interventions. YTD 100% are using SWISS. This might not be the best effectiveness data.
- Increase the percentage of classrooms utilizing the SEL curriculum, from 0 to 50. YTD this is not starting until September 2018

Goal 2: To decrease the number of students with IEPs that qualify in social only at grades PreK-4

- Reduce the number of students that qualify for social only by 40% this first year.
- All psychologist and principals will be trained in use of guidance document and implications for students. YTD-100% have been trained. We are facing out this objective and have created a more effective measure in our 2019 project

Goal 3: Increase the number of parents that receive -information, training and/or materials needed to support their child's SEL skills.

- Using a parent to parent model, 100 families will participate in training/discussions and receive materials when needed to support their child's social and emotional development this first year. YTD we are in the process of training parents to be trainers.

B. Barriers to Implementation

The only barriers identified in this project have been time. This work requires a cultural shift in the way we view behavior, A shift from punishment to a proactive teaching approach. Moving away from out of school programs and placements to a problem solving approach to meet the needs of students. This requires participation and differentiated training at all levels at different times in a variety of ways. For this continuation grant, we will intensify this approach and provide specific training to administrators, teachers, interventionist, community providers and families.

C. Integration & Collective Impact

This project is fully integrated with our district and community goals(strategic plans) aligned to our school building goals (principal evaluation and school plans), community partner goals (community preschools, YKIDS, Boys and Girls Club) and teacher student achievement goals (evaluations).

D. Key Accomplishments

Our highest achievement so far is the fact that our entire district is focused on SEL. All of our teachers have materials and are trained in implementing a core research-based curriculum. Implementation starts this 2018-2019 school year. The second most impactful change is the use of our school interventionist. By strengthening our core instruction in the classroom, we are able to utilize of interventionist at each school to provide Tier II. All other outcomes are noted in our quarterly report that provide evidence that we are creating a comprehensive system of support for our students with support from our administration, teachers, families and community members.

3. Budget Narrative (20 Points)

A. Past Expenditures

We are on track for utilizing all our funding by the end of December 2018. Year to date recap of expenditures are at 59% of the total grant as of June 30, 2018. **Professional development** expenditures including consultants (training, travel, subs and consultants) is \$92,237, **coordination and support (staffing)** is \$42,649, **SEL curriculum and materials** are at \$70,279 and indirects for the year @ 10% are \$36,029

B. Funding Request

Please see staffing qualifications section 1B for details of personnel.

Personnel:

- .1 FTE for project director, Linda Sullivan-Dudzic = \$20,000
- .5 FTE for Larry Davis to train teachers = \$55,000
- .1 FTE for clerical support and additional time sheets for after hours = \$18,000
- 20 hours per month for parent trainer = \$10,000
- SEL Building Teams (5/school, 2hrs/mo/pp) = \$40,000

Supplies and Equipment:

Resource books to accompany training for administrators, interventionists and teachers. Panorama Evaluation for staff, parents, and students. Supplemental curriculum aligned to Character Strong, Second Steps, WEB and LinkCrew = \$27,000

Administration:

Professional development (training, travel, substitutes, time sheets). This includes Check and Connect training, Restorative Practices Training, WEB and LinkCrew Training. Transitional program participation for students and staff. Continuation of SEL consultants, including interpreters = \$60,000

Advertising, marketing for outreach = \$15,000

10% indirects = \$33,000

C. Funding Modifications

We are requesting a slight reduction in funds due to the fact that we purchased our SEL curriculum during the first grant project. We increased Larry Davis to .5 FTE due to the demand for his training and need to work at all elementary buildings with staff. We decreased management to increase available funds for training.

D. Subcontractors

We will continue our work with the consultants we used in the first project; John Norlin and team for administrators and secondary staff, Greg Benner for elementary interventionists, teachers and community partners. John Norlin is nationally known as a Servant Leadership Trainer, and motivational speaker. He is also co-author of Character

Counts curriculum. His contract is \$1,500 per day. Dr. Gregory J. Benner is a Professor and Executive Director of the Center for Strong Schools at the University of Washington. His contract is \$2,700 per day.

4. Sustainability (20 Points)

A. Leveraged Funds

Due to the fact that this project is a district and community wide focus, we have leveraged all our funds toward this whole child effort (SEL and Academics). This includes a new DODEA grant, a collaborative grant with OESD 114, and all departments. For example, special education, high poverty Learning Assistance Program, general education funding, Title I and Title IV funding. Three of our elementary schools, used this SEL grant as leverage and were selected by OESD 114, to participate in trauma-informed practices training. In turn, these schools will share this knowledge with other schools in the district.

B. Sustainability Plan

Our sustainability plan remains the same. We are using both our 2018 and now our 2019 project funds to supplement, not supplant our district and community efforts. As we build a stronger Tier I and Tier II at our schools, in our community preschools, and after school programs, we will reduce the strain on our Tier III services. The majority of funds are for training, coaching and evaluation being careful to lessen our dependence on people paid for by the grant. We are building systems that are not reliant on individuals, but rather infused in our culture of how we teach and respond to the social and emotional needs of children and families.

PROJECT NAME: Bremerton School and Community Social and Emotional Learning (SEL) Grant

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>To implement a comprehensive and systematic approach to Social and Emotional Learning, PreK-12, where all students are taught the necessary social skills integrated throughout the day and all staff create a healthy emotional learning environment.</p> <p>We will proactively consider the SEL needs of all staff. This is built into our Trainer of Trainers (TOT) model of instruction.</p>	<p>Train all teaching staff, PreK-12 on</p> <ul style="list-style-type: none"> SEL standards and early childhood outcomes, ACES part 1 (why students struggle) and ACES part 2 (how to teach social skills using the social skills curriculum, how to measure and utilize SEL assessments, how to prepare a learning environment that responds to student's emotional needs). <p><i>Note: SEL training will be included in new teacher training after this first year for sustainability.</i></p>	<p>50% of all teachers and administrators, PreK-12 will receive training on SEL standards, ACES part 1 this first year.</p>	<p><input checked="" type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" 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>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <p>Start date: August 2017</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 checked="" type="checkbox"/> Other: We will use multiple methods to accomplish this goal including after school, summer PD, monthly school and district meetings, in and out of district trainings.</p>	<p>August 2017</p> <p>Current data</p> <p>Less than 5% of staff have had training on the new WA State Standards</p> <p>Less than 10-% of all staff have had ACES (part 1)</p>	<p>Training data base for participation rates.</p> <p>Post training surveys</p> <p>School Board reports (Number of</p>
<p>Building SEL TOT Teams established at each school.</p> <p>SEL TOT Teams will receive training and train others in the building (i.e., Second Steps at elementary, YTRY & AVID at the middle school and Knights Creed</p>	<p>100% of SEL teams at each building, will participate in a TOT training on how to teach social skills using the social skills curriculum (Second Steps (P-5), Y Try & AVID (secondary), Knights Creed (secondary) (Randy Sprick)</p>	<p>100% of SEL teams at each building, will participate in a TOT training on how to teach social skills using the social skills curriculum (Second Steps (P-5), Y Try & AVID (secondary), Knights Creed (secondary) (Randy Sprick)</p>	<p><input checked="" type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" 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>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <p>Start date: August 2017</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:</p>	<p>August 2017</p> <p>Current data</p> <p>SEL Teams have not yet been established.</p>	<p>Training data base for participation rates.</p> <p>Post training surveys</p> <p>School Board reports (Number of</p>

ATTACHMENT D

	<p>(Randy Sprick) at the secondary. PreK-12 will report to the school board on identified social and emotional goals and growth</p>	<p>50% of the SEL teams will participate in implementation trainings (ACES part 2).</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long</p> <p>Start date: August 2017</p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other:</p>	<p>August 2017 Current data SEL Teams have not yet been established.</p>	<p>teachers teaching social skills using the curriculum and number of students served). SWIS comparison data. Pre and post SEL classroom survey data Center for Education Effectiveness (CEE) student, teacher and parent data. Training data base for participation rates. Post training surveys School Board reports (Number of teachers teaching social skills using the curriculum and number of students served). SWIS comparison data.</p>
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ATTACHMENT D

		<p>o 100% of elementary SEL teams will to utilize SWIS data to analyze the effectiveness and create successful proactive strategies and interventions.</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: August 2017 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other:</p>	<p>August 2017 Current data Oh OSEL Teams have not yet been established. Only Head Start preschool teachers teach Second Steps. No classroom teachers at this time are using SEL curriculum to teach social skills consistently Teach social skills.</p>	<p>Pre and post SEL classroom survey data Center for Education Effectiveness (CEE) student, teacher and parent data. Training data base for participation rates. Post training surveys School Board reports (Number of teachers teaching social skills using the curriculum and number of students served). SWIS comparison data. Pre and post SEL classroom survey data Center for Education Effectiveness (CEE) student, teacher and parent data.</p>
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ATTACHMENT D

		<p>a. 100% of SEL Teams will work with our SEL consultants to learn how to prepare a learning environment that accounts for student's emotional needs</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: August 2017 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other:</p>	<p>August 2017 Current data Less than 5% of staff have had training on the new WA State Standards Less than 10-% of all staff have had ACES (part 1) SEL Teams have not yet been established. Only Head Start preschool teachers teach Second Steps. No classroom teachers at this time are using SEL curriculum to teach social skills Teach social skills.</p>	<p>Training data base for participation rates. Post training surveys School Board reports (Number of teachers teaching social skills using the curriculum and number of students served). SWIS comparison data. Pre and post SEL classroom survey data Center for Education Effectiveness (CEE) student, teacher and parent data.</p>
		<p>100% of preschool teachers will teach Second Steps this first year</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long</p>	<p>August 2017 Current data</p>	<p>Training data base for</p>

ATTACHMENT D

			<p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p>Start date: August 2017 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other:</p>	<p>Only Head Start preschool teachers teach Second Steps. No classroom teachers at this time are using SEL curriculum to teach social skills consistently Teach social skills.</p>	<p>participation rates. Post training surveys School Board reports (Number of teachers teaching social skills using the curriculum and number of students served). SWIS comparison data. Pre and post SEL classroom survey data Center for Education Effectiveness (CEE) student, teacher and parent data.</p>
	<p>Increase the percentage of classrooms utilizing the SEL curriculum, from 0 to 50.</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: August 2017 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other:</p>	<p>August 2017 Current data Only Head Start preschool teachers teach Second Steps.</p>	<p>Training data base for participation rates. Post training surveys School Board reports (Number of teachers teaching social</p>	

ATTACHMENT D

<p>ADJUSTED GOAL Decreased the number of inappropriate referrals to special education for behavior only by providing training to school psychologist and teams.</p>	<p>Develop guidance document for school teams to use when considering a referral. Train all teaching staff, PreK-12 on special education referral and evaluation process that takes into account the opportunity to learn social skills, environmental factors and negative consequences. Emphasis on core instruction and creating healthy emotional learning environments. Early identification and appropriate referrals to community agencies.</p>	<p>Reduce the number of students that qualify for social only by 40% this first year. All psychologist and principals will be trained in use of guidance document and implications for students.</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: January 2018 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other:</p>	<p>No classroom teachers at this time are using SEL curriculum to teach social skills consistently. Teach social skills.</p>	<p>skills using the curriculum and number of students served). SWIS comparison data. Pre and post SEL classroom survey data Center for Education Effectiveness (CEE) student, teacher and parent data.</p>	<p>special education monthly count participation in training.</p>
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<p>Increase the number of parents that receive information, training and/or materials needed to support their child's SEL skills.</p>	<p>Preschool and kindergarten will expand social and emotional pre-referral support (training and materials) for staff</p> <p>Revise building RTI to create a MTSS approach at all schools starting Jan 2019</p> <p>Using a parent to parent culturally responsive model, provide families with the training, information and materials unnecessary to support their children with social and emotional development.</p> <p>We will utilize existing methods of parent engagement including family nights, PTAs, and add multiple methods to link families with resources and gain information. Special outreach for families that speak other languages.</p>	<p>a. Using a parent to parent model, 100 families will participate in training/discussions and receive materials when needed to support their child's social and emotional development this first year.</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 type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: January 2018</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: ___</p>	<p>We have supported preschool families by referral only for social and emotional and only three times per year, current participation is 9 families.</p>	<p>MTSS survey from John Norlin training</p>	
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PROJECT NAME: Additional Goals for Continuation Project

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>100% of teaching staff will teach core SEL curriculum PreK-5 Second Step Grades 6-12, character</p>	<p>Teachers at PreK-5 will teach 2nd STEP four times per week</p> <p>Teachers 6-12 will teach Character Strong to provide opportunities for all students. .</p>	<p>All students will be taught skills that are critical to success in school/life</p> <p>Second Steps PreK-5 Character Counts, grades 6-12</p>	<p>X 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><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: October 2018</p>	<p>only PreK teachers are teaching on a consistent basis</p>	<p>Class schedules</p>

ATTACHMENT D

<p>education curriculum</p>	<p>Monthly Admin training with common agreements, monthly challenges and accountability training</p> <p>Monthly Training with principals and building SEL teams</p>	<p>All administrators will have the support they require to make this cultural shift of addressing the social and emotional needs of students and staff as well as the academic needs.</p>	<p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>Training has not started .</p>	<p>Monthly accountability challenges</p> <p>MTSS survey pre and post</p> <p>Attendance at trainings</p> <p>Three times per year report to school board.</p>
<p>All administrators will work with John Norlin and their teacher leaders to lead our SEL initiative. This includes the importance of relationships and servant leadership. This will include common agreements, monthly challenges and accountability training provided by John Norlin and team.</p>	<p>Monthly Admin training with common agreements, monthly challenges and accountability training</p> <p>Monthly Training with principals and building SEL teams</p>	<p>All administrators will have the support they require to make this cultural shift of addressing the social and emotional needs of students and staff as well as the academic needs.</p>	<p>X Output <input type="checkbox"/> Outcome: Participant satisfaction X Outcome: Knowledge, attitude, skill X Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: September 2018. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>Training has not started .</p>	<p>Monthly accountability challenges</p> <p>MTSS survey pre and post</p> <p>Attendance at trainings</p> <p>Three times per year report to school board.</p>
<p>All elementary teachers will receive training and infuse social and emotional learning into the classroom, school and district culture.</p> <p>Dr. Greg Benner will teach the high yield instructional classroom strategies.</p>	<p>Teacher trainings provided by Dr. Benner on high-yield strategies</p> <p>Teacher training by Larry Davis on problem solving approach and self-care.</p>	<p>Students will benefit from in-classroom and in-school instructional strategies to address their social and behavioral needs</p> <p>Teachers will increase their ability to work with students with behavioral challenges using a problem solving approach.</p> <p>Teachers will examine their own emotional response in order to take care of themselves and the children in their classrooms.</p>	<p>X <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction X Outcome: Knowledge, attitude, skill X Outcome: Practice or behavior</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start Date: January 2019</p>	<p>This will start for the 2018-2019 school year</p>	<p>Training exit tickets</p> <p>Admin observations and surveys</p>

ATTACHMENT D

<p>Larry Davis will work with teachers on collaborative problem solving for students that have significant behavior challenges to keep these students in classrooms and schools.</p>		<p>Teachers and support teams will utilize this problem solving approach and effective practices to support students growth and development and ability to participate in class and in school.</p>			
<p>Increase our ability to measure our efforts using Panorama full scale student version and adjust as needed. At the middle level, we are introducing SETS¹ to assess and evaluate the critical features of school-wide positive behavior interventions and support across an academic school year.</p>	<p>Purchase Panorama full scale assessment tool to use with teachers and students. Select surveys that will be used aligned to SEL curriculum</p>	<p>Students and staff will participate in the panorama pre and post surveys and we will use the results to measure and adjust our supports. At the middle level, administrative staff and teams will participate in SETS to strengthen their support system.</p>	<p>X Output <input type="checkbox"/> Outcome: Participant satisfaction X Outcome: Knowledge, attitude, skill X Outcome: Practice or behavior</p>	<p>Start date: October 2018.</p>	<p>Baseline data, all elementary grades 3-4 participated in pre survey. Survey administered pre and post.</p>

¹ The SET is a research-validated instrument that is designed to assess and evaluate the critical features of school-wide positive behavior interventions and support across an academic school year.

ATTACHMENT D

<p>Expand our efforts to reach community partners and families with high-quality professional development that honors cultural diversity. We are reaching our families using a trainer of trainers model with parents at each school and community organizations. This includes many of our families from Guatemala and Mexico.</p>		<p>Community partners will participate in a once per month training that is mutually designed and focused on SEL. More families will participate in SEL training and become trainers</p>		<p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ start date is January 2019</p>	<p>Baseline based on fourth quarter report</p>	<p>Attendance at Training Number of Trainers per school parent surveys</p>
<p>Decrease the number of out of school suspensions</p>	<p>Examine current trend data. Training on new laws regarding out of school suspensions, exclusion from recess etc. Create in school options. All training listed above to strengthen Tier I and training for interventionist on Tier II.</p>	<p>More students will receive the Tier I and Tier II support needed to stay in class and in school regardless of having an IEP.</p>	<p>X 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</p>	<p>Annual January 2019</p>	<p>2017-2018 suspension reports pending</p>	<p>will determine the amount of increase based on results of 2017-2018 report</p>

Total Agency or Departmental Budget Form

Agency Name: Bremerton School District

Project: BSD & Community SEL

AGENCY REVENUE AND EXPENSES	Accrual		Cash		2019	
	2017		2018			
	Actual	Percent	Budget	Percent		
AGENCY REVENUE						
Federal Revenue	\$ 7,891,411.00	12%	\$ 7,765,000.00	11%	\$ 7,389,738.00	9%
WA State Revenue	\$ 45,616,433.00	69%	\$ 47,000,000.00	69%	\$ 65,352,534.00	79%
Local Revenue	\$ 13,036,551.00	20%	\$ 13,200,000.00	19%	\$ 10,352,807.00	12%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$66,544,395.00		\$67,965,000.00		\$ 83,095,079.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 2,910,761.00	4%	\$ 2,977,708.00	4%	\$ 3,201,296.00	4%
Staff	\$ 36,665,118.00	55%	\$ 37,508,416.00	55%	\$ 44,496,555.00	55%
Total Benefits	\$ 15,113,377.00	23%	\$ 15,869,046.00	23%	\$ 18,938,727.00	23%
Subtotal	\$54,689,256.00	81%	\$56,355,170.00	83%	\$ 66,636,578.00	83%
Supplies/Equipment						
Equipment	\$ 1,500,000.00	2%	\$ 1,500,000.00	2%	\$ 1,231,800.00	2%
Office Supplies	\$ 539,389.00	1%	\$ 540,000.00	1%	\$ 800,010.00	1%
Other (Describe)	\$ 3,095,160.00	5%	\$ 2,700,000.00	4%	\$ 3,010,050.00	4%
Subtotal	\$ 5,134,549.00	8%	\$ 4,740,000.00	7%	\$ 5,041,860.00	6%
Administration	\$ -					
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 120,000.00	0%	\$ 100,000.00	0%	\$ 96,000.00	0%
Communication	\$ 75,303.00	0%	\$ 85,060.00	0%	\$ 90,500.00	0%
Insurance/Bonds	\$ 530,000.00	1%	\$ 550,000.00	1%	\$ 585,000.00	1%
Postage/Printing	\$ 279,600.00	0%	\$ 279,900.00	0%	\$ 280,000.00	0%
Training/Travel/Transportation	\$ 592,800.00	1%	\$ 500,000.00	1%	\$ 680,000.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,597,703.00	2%	\$ 1,514,960.00	2%	\$ 1,731,500.00	2%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 1,962,229.00	3%	\$ 1,940,000.00	3%	\$ 2,593,196.00	3%
Maintenance Contracts	\$ 463,389.00	1%	\$ 600,000.00	1%	\$ 820,000.00	1%
Maintenance of Existing Landscaping	\$ 155,483.00	0%	\$ 158,000.00	0%	\$ 181,480.00	0%
Repair of Equipment and Property	\$ 720,000.00	1%	\$ 517,070.00	1%	\$ 1,819,898.00	2%
Utilities	\$ 1,084,000.00	2%	\$ 1,100,000.00	2%	\$ 1,174,000.00	1%
Other (Describe)	\$ 682,000.00	1%	\$ 482,000.00	1%	\$ 400,000.00	0%
Other (Describe)	\$ 580,000.00	1%	\$ 500,000.00	1%	\$ 100,000.00	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 5,647,101.00	8%	\$ 5,297,070.00	8%	\$ 7,088,574.00	9%
Other Costs						
Debt Service	\$ 57,880.00	0%	\$ 57,800.00	0%	\$ 161,891.00	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 57,880.00	0%	\$ 57,800.00	0%	\$ 161,891.00	0%
Total Direct Expenses	\$67,126,489.00		\$67,965,000.00		\$ 80,660,403.00	

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

Summary Totals
 Bremerton School District
 Personnel Expenditures

Object: 2 - Certificated Staff

Program		FTE	Salary
0100	Basic Ed	244.40	\$22,076,035.27
0200	Alternative Ed	8.33	\$842,193.40
0300	Drop out Recovery	2.25	\$217,311.80
2100	Special Ed - State	43.61	\$3,742,210.50
2105	Special Ed Preschool- State	3.35	\$248,462.55
2400	Special Ed - Federal	11.50	\$861,561.00
2405	Special Ed - Federal	0.50	\$54,041.50
3100	Vocational - State	14.60	\$1,381,355.10
3150	Vocational - State	1.00	\$58,928.50
3400	Vocational - State	6.90	\$569,863.23
4500	Skills Center	14.00	\$1,190,759.38
5100	Title I	8.85	\$864,627.95
5200	Title II	0.30	\$32,424.90
5500	LAP	13.80	\$1,294,238.39
5501	Lap Hi Poverty	6.90	\$651,613.56
6500	Bilingual - State	0.60	\$46,306.60
7300	Summer SChool	0.00	\$5,000.00
7950	NJROTC	1.00	\$58,928.50
7951	Wash Youth Academy	7.14	\$672,482.01
7960	DoDEA I	0.50	\$30,862.50
7961	DoDEA II	0.50	\$54,041.50
7968	SEL	0.14	\$16,336.32
9700	Support	1.00	\$201,272.83

Object: 3 Classified Staff

Program		FTE	Salary
0100	Basic Ed	62.41	\$3,397,519.32
0200	Alternative Ed	2.06	\$102,363.12
0300	Drop out Recovery	1.00	\$2,368.00
2100	Special Ed - State	42.05	\$1,820,203.42
2105	Special Ed Preschool- State	4.18	\$165,118.93
3100	Vocational - State	2.17	\$86,371.80
3400	Vocational - State	1.40	\$57,789.61
4500	Skills Center	6.13	\$340,678.50
5100	Title I	1.04	\$45,599.86
5500	LAP	0.45	\$23,533.45
6400	Bilingual Federal	0.00	\$505.00
6500	Bilingual - State	3.67	\$143,017.87
7951	Wash Youth Academy	1.85	\$123,598.75

7968	SEL	0.10	\$4,212.00
8900	Community Services	0.31	\$35,199.75
9700	Support	69.26	\$4,223,650.54
9800	Child Nutrition	17.47	\$771,370.15
9900	Transportation	17.74	\$1,038,058.74
Total Salaries/FTE		624.23	\$47,769,328.00
Benefits			
	Medical		\$7,820,130.00
	L & I Workers Comp		\$431,080.00
	Unemployment		\$37,620.00
	FICA - Medicare		\$3,429,837.00
	Retirement		\$6,963,219.00
	Compensated Absence		\$256,841.00
Total Benefits			\$18,938,727.00

Special Project Budget Form

Agency Name: **Bremerton School District** Subcontractor: Yes No Project: **BSD & Community SEL**

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 943,982.00	23%	\$ 20,000.00	6%	\$ 923,982.00	25%
Staff	\$ 723,000.00	18%	\$ 123,000.00	37%	\$ 600,000.00	16%
Total Benefits	\$ 586,435.00	14%	\$ 55,000.00	17%	\$ 531,435.00	14%
SUBTOTAL	\$ 2,253,417.00	55%	\$ 198,000.00	59%	\$ 2,055,417.00	55%
Supplies & Equipment						
Equipment	\$ -	0%		0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Books & Curriculum	\$ 54,000.00	1%	\$ 27,000.00	8%	\$ 27,000.00	1%
SUBTOTAL	\$ 54,000.00	1%	\$ 27,000.00	8%	\$ 27,000.00	1%
Administration						
Advertising/Marketing	\$ 30,000.00	1%	\$ 15,000.00	5%	\$ 15,000.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 119,100.00	3%	\$ 60,000.00	18%	\$ 59,100.00	2%
% Indirect (Limited to 10%)	\$ 33,000.00	1%	\$ 33,000.00	10%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 182,100.00	4%	\$ 108,000.00	32%	\$ 74,100.00	2%
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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): KMH & BHCEP Contracts	\$ 1,600,000.00	39%	\$ -	0%	\$ 1,600,000.00	43%
SUBTOTAL	\$ 1,600,000.00	39%	\$ -	0%	\$ 1,600,000.00	43%
Total Project Budget	\$ 4,089,517.00		\$ 333,000.00		\$ 3,756,517.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: **Bremerton School District** Subcontractor: Yes No

Project: BSD & Community SEL

Description

Number of Professional FTEs	0.60
Number of Clerical FTEs	0.10
Number of All Other FTEs	0.10
Total Number of FTEs	0.80

Salary Information

Salary of Executive Director or CEO	\$	20,000.00
Salaries of Professional Staff	\$	55,000.00
Salaries of Clerical Staff	\$	18,000.00
Other Salaries (Describe Below)	\$	50,000.00
Description: Parent Trainer	\$	10,000.00
Description: SEL Building Teams	\$	40,000.00
Description:	\$	-
Total Salaries	\$	143,000.00

Total Payroll Taxes	\$	21,490.00
Total Cost of Benefits	\$	13,250.00
Total Cost of Retirement	\$	20,260.00
Total Payroll Costs	\$	198,000.00

2019 NARRATIVE TEMPLATE FOR CONTINUATION GRANT PROPOSALS

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

Project Design

Much policing, in Kitsap County and elsewhere, involves responding to people with mental illness and other behavioral health disorders. Police are asked, as a part of their daily work, to help individuals in crisis, keep people safe who are a danger to themselves, and respond to parents, neighbors, and business owners when they report odd or disruptive behavior. *Hundreds* of Kitsap 911 calls, each month, are noted as “CIO,” which means that dispatchers are aware of a behavioral health issue that requires specialized attention.¹

The Behavioral Health Outreach Program was developed to support police with these important, and often difficult, obligations. The program embeds behavioral health specialists—or “Navigators”—in three police departments: Poulsbo, Bremerton, and Bainbridge Island (we resume work with the Kitsap County Sheriff’s Office in August 2018²). Navigators respond with officers to calls involving individuals whose behavior is affected by mental illness, developmental disability, and/or co-occurring substance use disorders. More frequently, they take police referrals about these encounters and follow up with outreach.³

There are three aims of our program: (1) reduce the pressure on law enforcement to respond to behavioral health related calls (2) improve the effectiveness of police response to behavioral health related calls and (3) divert people with behavioral health issues away from the criminal justice system. Navigators are not treatment providers. Nor are they case managers. **Their function is to offer support to individuals with behavioral health disorders and connect them to treatment and services.** Navigators often:

- Work with police to address behavioral health issues causing repeat 911 calls.
- Work with police to follow up to suicide ideation and attempts.
- Work with police to offer services to homeless and transient individuals.

¹ Crisis Intervention Officers are trained 40 hours or more in Crisis Intervention Training and volunteer for this designation. In the first 6 months of 2018, an average of 329 “911” calls, each month, were noted or closed as a CIO call.

² Our work was delayed with KCSO, in 2018, because of hiring challenges and the need for an interlocal agreement. Both issues have been resolved.

³ Our program uses elements from two of the police/mental health partnership approaches recommended by the Bureau of Justice Assistance: the co-responder team model (response during a police incident) and the case management team model (response after a police incident).

- Work with prosecutors to find treatment options for individuals after they are charged with minor offenses.
- Work with individuals to overcome obstacles to treatment (we help with communication issues, insurance issues, transportation issues, appointments).
- Work with individuals and caregivers to share information about how the mental health system works and set appropriate expectations. (Parents are especially grateful for this service.)
- Work with neighbors of people with behavioral health disorders who call 911 to report concerns.
- Bring individuals struggling with severe mental health disorders to the attention of Designated Crisis Responders.
- Meet with individuals in jail to discuss post-release treatment options.
- Notify Department of Social and Health Services, Adult Protective Services and Child Protective Services of unsafe situations.
- Assist police working with schools to address the needs of students deemed a threat to themselves or others.

In addition to these specific tasks, our program works, more generally, to improve and increase services for people with behavioral health disorders. We promote police/provider partnerships, enhance communication between agencies, and advocate for people who have fallen through the cracks of the health care and social service system.

Our work addresses *five* of the County Commissioners' Treatment Tax policy goals:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Reduce the number of people in Kitsap County who recycle through criminal justice systems.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Improve the health status and well being of Kitsap County residents.

Co-responder teams—like our police/Navigator partnerships—are being adopted in cities across the county. This has been recognized as a “best practice or promising” approach in the 2017 Kitsap County Behavioral Health Strategic Plan Review.

Our project design in 2019 will be the same as the 2018 program.

Staffing Qualifications. The 2018 Behavioral Health Outreach Program consists of a full time Program Manager,⁴ three full time Navigators, and a part time (.25) Community Health Care Worker (CHW) from Peninsula Community Health Services. The CHW does outreach with Navigators and streamlines access to Peninsula services.

As noted, our Program's Navigators are not case managers or treatment providers. There is no formal training, certification, or degree required for their position. Our internal requirements, however, are significant:

- We require a minimum of two years of experience working with individuals with severe mental illness.
- We give preference to candidates who have a Masters Degree in psychology, nursing, counseling or public health (two of our three current Navigators are Masters Level).
- We require an extensive background investigation and polygraph exam (the investigation is done by Public Safety Testing).
- We require Criminal Justice Information Services (CJIS) certification.
- We require 40-hours of CIT training
- We require jail security training.
- We require Kitsap 911 call center training.
- We require 6 hours of training in suicide assessment, treatment, and management.

Our part time Community Health Care Worker is employed by Peninsula Community Health Services. There is no formal training, certification, or degree required for this position.

Organizational Licenses and Certifications. The City of Poulsbo is not licensed to provide behavioral health services. The Behavioral Health Outreach Program does not provide case management, counseling, or treatment services.

Outreach

Our outreach strategy is simple: we do outreach to any individual referred to us by police (and, occasionally, prosecutors) until our schedules are at capacity. We meet people—literally as well as figuratively—where they are, which means in the home, at the coffee shop, in the courthouse, hospital, or jail. (Navigators team with police officers to do outreach in private residences. They work alone, or with other mental health professionals, when meeting people in other settings.) A significant amount of outreach is also done by phone. Our outreach efforts typically end if an individual is not interested

⁴ Our 2018 budget funds a part time Program Manager. Because of higher than expected demands, the Program Manager took a salary reduction and works a full time schedule.

in our services. We often work with caregivers, family members, and case managers, however, when we are unable to make direct connections.

We seek out opportunities to educate police, prosecutors and judges about what we do, both through meetings and trainings. We meet with criminal justice partners (as well as social service partners) on a regular basis. Navigators have presented at the last two Crisis Intervention Team trainings in the county, and the Program Manager will make a presentation at the fall 2018 40-hour training. Navigators keep office hours within each of the police departments we work with and make themselves easily accessible to officers.

Navigators are not a resource to the general public. For this reason, we do not broadly advertise our services. We hold occasional public events, like a First Responders and Suicide Prevention forum at Olympic College in July 2018. We also work closely with NAMI Kitsap and have made presentations at their meetings.

Evaluation

We have several ways of measuring the success of our program. The first is number of contacts, that is, the number of individuals we give personalized attention after police contact and referral. The second concerns service connections, or the number of times we are able to connect (or reconnect) individuals to services to address behavioral health issues. A third concerns the impact of our services as measured by reduced police contacts and jail bookings following Navigator involvement.⁵

It is important to note that our third measure—impact—is difficult to measure for most of the people we assist since our contacts are often very brief and many people we assist do not have a history of criminal justice system involvement. (Our program is not a high utilizer program; we will assist anyone who is referred to us by police.) We measure our impact with a subgroup: individuals we assist on an ongoing basis (defined as 10 or more contacts with the individual or contacts made on the individual's behalf) who have a history of police contact.

In addition to these three measures, we track:

- the number of court supervised diversion agreements we help create or assist with. (These agreements—when successful—keep people with behavioral health issues out of jail and reduce the costs of prosecution and incarceration.)
- our impact on police and prosecutors when they respond to people with behavioral health issues (as indicated by survey responses).
- meetings we host to enhance police response to individuals with behavioral health issues and cross-agency meetings we host to connect individuals to care.

⁵ We hope to measure program effect on 911 calls but have not yet been able to access this information.

Progress to Date

Number of contacts, connections to services, impact

- From January to June of 2018, our Navigators assisted 117 individuals in Kitsap County. (99 were new to our Program in 2018; 19 had been assisted in 2017.)
- Of these 117 individuals, we made 107 personalized, specific connections to treatment, services, or housing providers.⁶
- We assisted 17 individuals in our “ongoing basis” subset.
- 14 of 17 individuals in the ongoing basis subset have reduced police contact, as measured by police reports, after Navigator contact. 15 of these 17 individuals have served no jail time after our involvement.

In addition:

- From January to June 2018, Navigators assisted 22 individuals with court related matters.
- Navigators assisted 10 individuals with court supervised diversion agreements/treatment plans. 8 of the 10 individuals assisted with court supervised diversion agreements are in compliance with court orders.
- In our most recent survey (December, 2017), 19 out of 23 police/prosecutor/judge respondents stated that they were “extremely satisfied” with the Navigators’ work. 2 of these 23 respondents were “satisfied.” (2 did not respond to question.)
- In the same survey, 22 out of 23 respondents said that Navigators improved their ability to respond to individuals with behavioral health issues.
- We have convened the Bremerton “6th Street Collaborative” group five times in 2018 to encourage collaboration between the criminal justice system and the mental health/behavioral health system.

We are meeting the objectives in our grant application though outreach numbers have been impacted by hiring delays.

Integration & Collective Impact

The essence of our program is collaboration with other agencies and programs. Navigation can only succeed if we have strong partners that respond to our referrals. We support and complement several of the programs currently receiving Treatment Tax funding:

- We work closely with crisis intervention trained officers, participate in their trainings, and enhance their efforts in the field. Navigator/Crisis Intervention Officer partnerships are the essence of our program.

⁶ Note: some individuals are connected to more than one service.

- We assist KCSO in their implementation of RideAlong software and add a valuable clinical perspective.
- Navigators support the work done at Kitsap Connect and Coffee Oasis and we cross-refer to each other's programs.
- Navigators have worked, on two occasions, with the Treatment Tax funded assessment worker from the county's Division of Long Term Aging. This is an important resource to us when we see behavior suggesting memory loss and dementia.

In addition:

- our Program developed a working group in Bremerton called "the 6th Street Collaborative" and, through this group, a pilot Law Enforcement Assisted Diversion (LEAD) program. This working group brings representatives from different agencies (criminal justice and social services) together on a regular basis to create shared strategies for individuals with behavioral health issues who are at risk of arrest. We expect our first LEAD participants in the summer of 2018.
- Our partnership with Peninsula for a Community Health Care Worker is new (June 2018) but we are already seeing how effective it is in connecting individuals to existing services. Many individuals with behavioral health issues are more inclined to accept primary care services than mental health/addiction treatment--and having easy access to the Peninsula "front door" is an important first step toward other services. In addition, we refer people to Peninsula's Medication Assisted Treatment (MAT) program (though, as far as we know, no enrollments have occurred yet).
- Our Navigators work closely with Designated Crisis Responders, clinicians, and case workers at Kitsap Mental Health Services to address unmet mental health needs and enhance care coordination.

Key Accomplishments

Our Navigators are integrated into three police departments (Poulsbo, Bremerton, Bainbridge) and we have been invited into a fourth (KCSO). Our Navigators are given access to the jail and are important resources for city and county prosecutors. This acceptance and appreciation has taken considerable effort, and it is one of our key accomplishments. We are very proud of the relationships we have built with our criminal justice partners and their support of our program.

We are able to offer navigation services to *anyone* with behavioral health issues referred by police and prosecutors, regardless of their diagnosis, location, criminal history, or ability to pay. We are particularly proud of the fact that we provide support to individuals after suicide attempts. One of our key accomplishments, in the first six months of the year,

was doing outreach to 35 people after suicide related events—and putting procedures in place with Harrison Hospital to help us connect to people after suicide attempts are made.

We are making connections in the county’s mental health system, providing assistance to people struggling with behavioral health disorders who are not receiving treatment. 50 of our 99 new contacts, in 2018, were not connected to mental health services when we first encountered them.

Our proudest accomplishments, however, involve outcomes for specific individuals:

Keeping Vulnerable Adults Safe. Bremerton Navigator Laurel was called in, by BPD, to address a situation concerning two women (mother and adult daughter), one with severe mental illness and co-occurring dementia, one with developmental disabilities. Police were called out repeatedly to address mother/daughter altercations; caseworkers assigned to the house stopped visiting because of a bedbug infestation. The mother was arrested in June and booked into Kitsap Jail. Laurel spent considerable time addressing the situation: communicating with the judge and prosecutor, working with the Kitsap Division of Aging and Long Term Care to find new housing for the mother, working with the jail to transfer her to the hospital, working with the daughter’s case worker at DSHS/DDA to remove her from the house for the sake of a bug extermination. This was an expensive situation for Bremerton—police costs, court costs, jail costs—and Laurel’s attention has helped coordinate the process and reduce the odds that the cycle will occur again.

Keeping a Vulnerable Child Safe. Navigator Kelsey and Poulsbo Sergeant Valerie Nau worked together to remove a child from a dangerous home situation. The team called Child Protective Services because of concerns about the mother’s mental illness and her ability to care for her child. They worked closely with CPS and were able to remove the child from what could have been a volatile and dangerous situation without incident. The grandparents expressed their gratitude for the way the Poulsbo Police Department handled the process, and the respect that was shown to their daughter while experiencing behavioral crisis.

Providing a Community Services. Parents walked into the BPD, this spring, looking for help for their adult son struggling with drug addiction. He has multiple arrests on his record. Navigator Laurel was in her office and invited them in for a meeting. In the months that followed, Laurel established a relationship with the parents and contact with the son, “Greg,” though Greg was not willing to engage in treatment. Greg was arrested on a drug charge recently and Laurel was quickly looped in. She is now working with the son, family, and Peninsula Community Health Services to connect Greg to a treatment program. The parents are extremely grateful to Laurel and the BPD for this kind of attention.

Connecting People to Care. “Kaye” was referred to us, by police, after a domestic violence incident. She was afraid to seek support or services and appeared malnourished and overwhelmed. Poulsbo Navigator Kelsey referred Kaye to Peninsula Community Health for a primary care appointment and mental health services and helped with the appointment process. Kaye later returned to City Hall for a follow up meeting with Kelsey. Her mental and physical health had dramatically improved, and she was able to have more direct conversations about the abuse she experienced and steps to insure her safety.

Stopping the Arrest-Jail-Hospital Cycle. Kelsey was asked to assist with a man brought to police attention in several parts of the county. “James” suffers from catatonia and schizophrenia, and, when untreated, his behavior includes nudity in public. He has been arrested on numerous occasions, and put through several cycles of incarceration and inpatient psychiatric treatment. Kelsey worked closely with the Poulsbo prosecutor and Kitsap Mental Health Services to get James access—again—to inpatient treatment. This time, however, she was able to support James after his release, and she works closely with him, his father, and his KMHS outpatient team to ensure adequate attention and treatment. James has been home for several months, is receiving medication and therapy, and is doing well. Police and the prosecutor are grateful for Kelsey’s help, and the dad is extremely pleased to be connected to his son again.

Barriers to Implementation

Hiring was a challenge for us in 2018. Several excellent candidates were identified for Navigator positions—and then disqualified during background investigations. Our Navigators have access to sensitive police information and this scrutiny is essential for our program. Because of hiring delays, we were not able to place a Navigator in the Bremerton Police Department until May, and service at KCSO will not begin until August. These delays have effected our numbers and geographical reach.

Data collection is difficult. Existing police record systems have limitations when tracking behavior health-related calls and we are unable to collect information from HIPAA compliant entities such as hospitals or fire departments unless release of information forms are signed⁷. We have yet to collect 911 information on specific contacts because of privacy considerations. We anticipate improved data collection capacity once RideAlong is used by officers to capture call information and our partnership develops with Peninsula.

Past Expenditures We were awarded \$396,402 from the Treatment Tax for our 2018 program. We project spending significantly less of this amount--\$346,000--because of

⁷ We anticipate improved data collection capacity with Peninsula Community Health Services because of our new partnership with their Community Health Care Worker.

hiring delays. Some of the cost savings from hiring delays are being used to fund a Peninsula Community Health Care Worker. We estimate that \$8,000 will be used to fund this position.

Our \$396,402 budget was supplemented by an additional \$50,300 From the City of Poulsbo in “in kind” donations. This amount reflects office space, office supplies, cell phone purchase and usage, insurance, and staff time by non-project City employees.

Funding Request

It has taken several “start up” months to get our staffing needs met, partners established, records management system working and legal/policy agreements in place. We request the use of rollover funds in the amount of \$50,000 and new funds in the amount of \$319,669 to build upon these efforts and continue our outreach program. The 2019 program, if funded, will consist of three full time Navigators, a full time Program Manager, and a part time (.25) Community Health Care Worker.

Our 2019 budget request includes \$304,063 for payroll-related expenses.⁸ Salaries for the Navigators and Program Manager were established by comparing similar positions in other Washington jurisdictions. Navigators and the Program Manager will work full time for city government and therefore must be enrolled in health care and pension programs.

Our 2019 budget includes \$65,606 for non-payroll expenses. This amount includes funds for professional services, training, travel, and supplies. It also includes a 9% indirect fee which will fund operations and maintenance fees associated with the City of Poulsbo hosting and administering the program.

Funding Modifications

Our 2018 grant award was \$396,402. **We are requesting \$319,669 from the treatment Tax for our 2019 program.** This reduction exists despite the addition of a part time Community Health Care Worker and the Project Manager’s switch from a part time to full time position.

This reduced amount is the result of several factors:

- We anticipate \$110,000 in “in kind” city contributions.
- We anticipate a \$50,000 unused balance from our 2018 program and would like to use these funds for our 2019 program.
- Our 2018 grant covered expenses we do not anticipate in our 2019 program: laptop computers for our Navigators, cell phones for our Navigators, the cost of background investigations for our Navigators, legal fees associated with creating county-wide Navigator policy and interlocal agreements.

⁸ \$110,000 in additional payroll expenses will be financed by city contributions.

Subcontractors. We subcontracted with Peninsula Community Health Services to provide a Community Healthcare Worker in 2018 and would like to continue this relationship in 2019. As noted, many of the individuals we work with benefit from streamlined access to Peninsula services. Our requested budget for a .25 CHW is \$18,600.

Leveraged Funds

Our host city—Poulsbo—has made a financial commitment toward our 2019 program in the amount of \$60,000 (commitment letter attached). The cities of Bainbridge and Bremerton are considering contributions of \$30,000 to the 2019 program, but we are too early in these two City's budgeting cycles to have a formal commitment from their city councils. The City of Poulsbo will continue to provide non-monetary, in kind donations to the Program in the form of office space, office equipment, insurance costs, and staff time related to risk management, human resources and accounting. The City of Bremerton will continue to provide office space and the use of office equipment.

Sustainability Plan

Much of the Program Manager's work, in 2018, has been an effort to find alternative funding. She has:

- Worked with local Mayors, police chiefs, and city councils to obtain financial contributions.
- Worked with Washington Association of Police Chiefs and Association of Washington Cities to create a state fund for co-responder programs (legislation was passed for this purpose in 2018).
- Hosted local events and presented at local and state meetings to build awareness of the program.
- Made several requests to the Salish Behavioral Health Association to present about the program.
- Obtained a grant, through the Council of State Governments' Justice Center, to fund a visit to a "Law Enforcement Mental Health Learning Site" in Portland, Maine. Participation in this program will, we think, increase our chances for federal funding.

Our plan, in 2019, is to continue to show the value of our program, both for the jurisdictions we work with and the individuals we assist. As our data collection improves with RideAlong and through our partnership with Peninsula, we will have better numbers to describe the work of our program when we apply for state and federal funding.

In anticipation of the BHOs change to a MCO, we will also be introducing ourselves to Amerigroup, Molina Health Care, and United Healthcare to explain our work with police and the financial value of field based intervention and navigation services.

EVALUATION WORKSHEET

PROJECT NAME: City of Poulsbo 2018 Behavioral Health Outreach Program

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Divert individuals with BHI from criminal justice system after police contact by connecting individuals with BHI who have non-criminal police contact or a criminal offence to treatment and services.</p>	<p>Provide Navigators to do targeted outreach following police referrals with an aim to reduce criminal justice system involvement and connect individuals to treatment and services, after criminal offence pre-trial and after non-criminal contact.</p>	<p>50% of individuals receiving ongoing support from Navigators (defined as over 10 contacts) after police contact have reduced involvement with criminal justice system.</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan-2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>88% of individuals receiving ongoing police Specialist support have reduced CJ involvement as of 7/27/17. Sample size: 16.</p>	<p>police records system</p>
<p>Divert individuals with BHI from criminal justice system after police contact by connecting individuals with BHI who have non-criminal police contact or a criminal offence to treatment and services.</p>	<p>Provide Navigators to do targeted outreach following police referrals with an aim to reduce criminal justice system involvement and connect individuals to treatment and services, after criminal offence pre-trial and after non-criminal contact.</p>	<p>50% of individuals receiving ongoing support from Navigators (defined as over 10 contacts) after police contact have a reduction in police interactions in the 6 month period following compared to 6 month period prior to Navigator contact.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2018</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>n/a</p>	<p>police records system</p>
<p>Divert individuals with BHI from criminal justice system after police contact by connecting individuals with BHI who have non-criminal police contact or a criminal offence to treatment and services.</p>	<p>Provide Navigators to do targeted outreach following police referrals with an aim to reduce criminal justice system involvement and connect individuals to treatment and services, after criminal offence pre-trial and after non-criminal contact.</p>	<p>50% of individuals receiving ongoing support from Navigators (defined as over 10 contacts) after police contact have a reduction in calls to 911 in the 6 month period following compared to 6 month period prior to Navigator contact.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2018</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>n/a</p>	<p>Data obtained from Kitsap 911</p>
<p>Divert individuals with BHI from criminal justice system after police contact by connecting individuals with BHI who have non-criminal police contact or a criminal offence to treatment and services.</p>	<p>Provide Navigators to do targeted outreach following police referrals with an aim to reduce criminal justice system involvement and connect individuals to treatment and services, after criminal offence pre-trial and after non-criminal contact.</p>	<p>50% of individuals receiving ongoing support from Navigators (defined as over 10 contacts)</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: _____ Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>n/a</p>	<p>Team reporting based on</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
		successfully engage or reengage in behavioral health services	<input 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	Start date: <u>January 2018</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		Team Reporting with ROI forms when possible
Provide referral and support services for individuals with BHI who have contact with police	Accept referrals from police and provide quick, targeted outreach services.	Engage in outreach to at least 60 individuals per month, noting the type of management provided and source of referrals.	<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	Start date: <u>January 2018</u> Frequency: <input checked="" type="checkbox"/> monthly	Since mid-2017, we have provided assistance to between 89-151 people each month	Team reporting
Enhance capacity of police and prosecutors to employ diversion strategies.	Provide outreach and case management to connect individuals to services.	Make at least 35 individualized, targeted referrals to services per month, noting the type of referral provided	<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	Start date: <u>January 2018</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> monthly	Since mid-2017, we have made between 18-54 targeted referrals each month	Team reporting
Enhance capacity of police and prosecutors to employ diversion strategies.	Ongoing police/prosecutor/Navigato r collaboration to promote successful diversion, address gaps in health care system.	75% of police and prosecutors working with Navigators report improved effectiveness of diversion strategies in 2018.	<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"/> Fidelity measure	Start date: _____ Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> monthly	0	Project satisfaction survey administered at end of 2018.

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Work with prosecutors to increase the effectiveness of diversion strategies</p>	<p>Ongoing prosecutor / Navigator collaboration to promote successful court supervised diversion agreements.</p>	<p>Work with prosecutors and defendants on at least 5 diversion agreements each month, either to create new agreements or encourage compliance with existing agreements.</p>	<p><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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long</p>	<p>0</p>	<p>program data</p>
<p>Convene police partners to collaborate on procedures for working with individuals with BHI.</p>	<p>Convene an Advisory Group comprised of Crisis Intervention Officers from each law enforcement jurisdiction serving Kitsap County to work on policy, procedures, coding and data concerning individuals with bhi.</p>	<p>100% of law enforcement jurisdictions have a CIO attend at least 1 Advisory Group meeting.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2018</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual</p>	<p>N/A</p>	<p>Program data</p>
	<p>Advisory group develops county-wide policy and procedures for responding to and coding BH calls.</p>	<p>Advisory group develops county-wide policy and procedures for responding to and coding BH calls.</p>	<p><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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2018</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual</p>	<p>N/A</p>	<p>Program data</p>
	<p>Create and facilitate 6th Street Collaborative Working Group comprised of criminal justice and service agencies (police, prosecutor, PCHS, KMHS, housing, KRM, others) to develop shared care plans for individuals with BHI in the Bremerton geography.</p>	<p>After creation, 6th Street group meets monthly.</p>	<p><input checked="" type="checkbox"/> Output</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2018</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual</p>	<p>n/a</p>	<p>Program data</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
		create care plans for 5 individuals per month.	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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>January 2018</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	n/a	Program data

E

City of Poulsbo
2017 - 2018
Budget-In-Brief



City of Poulsbo
Mission Statement

Our City is committed to managing the public resources to promote community health, safety and welfare and plan for the future to accommodate growth, without burden, while preserving our natural resources and enhancing those qualities that make our community unique and desirable.

POULSBO'S COMMUNITY KEY GOALS & COUNCIL GOALS

1. Land Use
2. Community Character
3. Transportation
4. Natural Environment
5. Capital Facilities
6. Housing
7. Parks & Recreation and Open Space
8. Economic Development
9. Public Safety
10. Revenues and Financial Stability
11. Customer Service
12. Enhanced Communication and Participation

*Please visit the 2017-2018 budget document for more detail regarding the goals

2017-2018 COUNCIL WORKING GOALS

- Restore and refurbish the Poulsbo Community Cemetery
- Develop and implement a "Neighborhood Streets Maintenance" Program
- Implement Dogfish Creek Study
- Construct New Public Works Facility
- Develop a Long-Term Economic Development Plan
- Develop new approaches to promote, engage and communicate with our youth.

ABOUT POULSBO

The City of Poulsbo is located in Kitsap County, west of Seattle. Originally settled by Norwegian immigrants in the late 1800's on Liberty Bay, a fjord of Puget Sound, Poulsbo continues to maintain its Scandinavian atmosphere through its architecture, celebrations, and hospitality. Holding to its Scandinavian heritage has earned the City the nickname "Little Norway" and visits from two Norwegian Kings.

Three military bases are located in Kitsap County. Many of Poulsbo's residents are employed at one of the federal bases or commute to metropolitan Seattle by ferry. In addition, Poulsbo has a large and active senior citizen population.

Poulsbo operates under a Mayor-Council form of government. The Mayor, elected by the people to a four-year term, is the executive officer of the City, coordinating the day-to-day activities. The council is the policy-making branch and consists of seven members elected at large to staggered four-year terms.

The City government provides a full range of municipal services through its 11 operating departments. The City boasts 19 parks, including four waterfront parks, as well as a community recreation department that provides educational, recreational, and physical fitness services. The broad range of recreational facilities provides year-round services for citizens of all ages.

Poulsbo at a Glance

Post Office Chartered	1886
Incorporated	1908
Population (2017)	10,210
Elevation	0-400 feet
Land Area	2,954 acres
Average Temperature (min/max)	44°/61°F
Average Annual Precipitation (inches)	36
Miles of City Streets	55
Acres of Parks	67.5
Assessed Value (2017)	\$1,487,955,331
City Retail Sales Tax (1/1/2017-3/31/2017).....	8.7%
City Retail Sales Tax (eff. 4/1/2017)	9.0%
Fire District Rating Class	4
Full Time Equivalent (FTE) Employees	95.06

THE BUDGET PROCESS

Biennial budget development is a multi-phase process. The City is constantly looking for ways to streamline operations and make adjustments to improve service delivery. Many of Council's actions throughout the year have budgetary implications for the coming year. Citizen input and ideas received during the year are reflected in the budget proposals prepared by the City staff. Some of the significant events that contribute to the biennial budget preparation are:

Year One (Prior to beginning of Biennium Cycle)

Jan - Mar	City Council holds retreat to discuss goals and priorities for upcoming year
May	Capital Improvement Team meets to begin CIP process
Jul	Budget Kickoff. Council provides budget directives to staff. Electronic budget information made available to Department Heads.
Jul-Aug	Each department prepares a "Base Budget" for all existing services. Additional Funding and New Program Requests are submitted separately. Departments review budgets with their Council Committee.
Sep	Budget staff prepares Proposed Preliminary Budget for review by the Mayor
Oct	Proposed Preliminary Budget presented to Council. Budget staff reviews current revenue sources with Council. Public hearing on revenue sources is held. Property Tax rate is set.
Nov	Preliminary Budget is presented to Council and made available to the public. City Council holds a series of budget workshops to review Preliminary Budget. Each department presents their proposed budget along with budgeted Capital Improvement Plan. Public hearing is held to gather citizen input on the Preliminary Budget.
Dec	City Council completes review of the budget and approves an ordinance adopting the budget.

Year Two (Mid-Biennium Cycle)

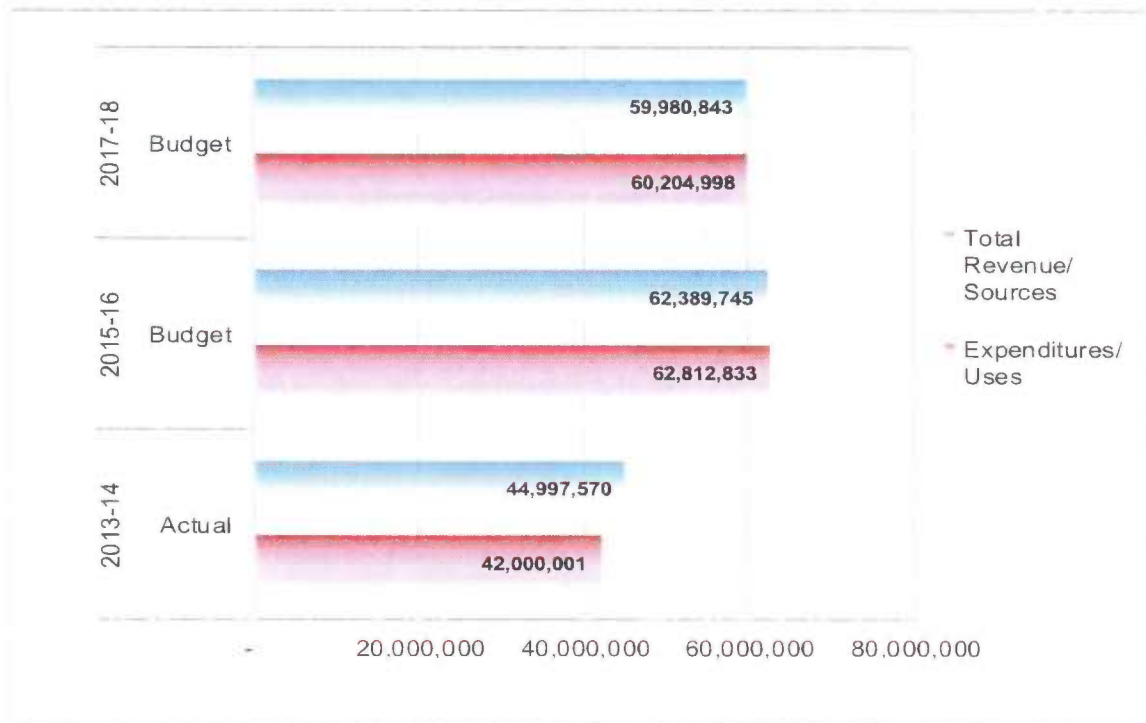
Jan - Mar	City prepares and publishes the Final Budget Document
May	Capital Improvement Team meets to begin CIP process
Aug	Departments review budget status (Year 1 and Year 2) and submit any modification requests to Budget Staff
Sep	Mid-Biennium Review (Adjustments to Year 1 and Year 2) is prepared by Budget Staff with Mayor and discussed with Council Committees
Oct	Proposed Mid-Biennium Modification is presented to Council. Budget staff reviews current revenue sources with Council. Public hearing on revenues sources is held. Property Tax rate is set.
Nov	Mid-Biennium Modification is presented to Council and made available to the public. Public hearing is held to gather citizen input on the Mid-Biennium Review.
Dec	City Council completes review of the Mid-Biennium Modification and approves an ordinance adopting the Mid-Biennium Modification.

ABOUT POULSBO'S BUDGET

The City of Poulsbo's budget is made up of 21 funds. Each fund is balanced so revenues equal expenditures.

TOTAL ALL FUNDS

	2013-14 Actual	2015-16 Budget	2017-18 Budget
Governmental Revenues	\$ 30,136,455	\$ 44,238,886	\$ 41,055,270
Proprietary Revenues	14,861,115	18,150,859	18,925,573
Total Revenue/ Sources	44,997,570	62,389,745	59,980,843
Governmental Expenditures	30,065,637	46,949,453	43,066,734
Proprietary Expenses	11,934,364	15,863,380	17,138,264
Expenditures/ Uses	42,000,001	62,812,833	60,204,998
Net Increase (Decrease)	2,997,569	(423,088)	(224,155)
Fund Balance/Equity - Beginning	57,795,594	63,584,895	67,756,597
Increase in Contributed Capital	2,651,340	1,415,000	1,835,750
Prior Year Adjustment/Beg Balance Adj	140,391	3,179,790	1,119,762
Fund Balance/Equity - Ending	\$ 63,584,895	\$ 67,756,597	\$ 70,487,954



POULSBO'S 2017-2018 GENERAL FUND RESOURCES At A Glance

Total Resources - \$28,495,520

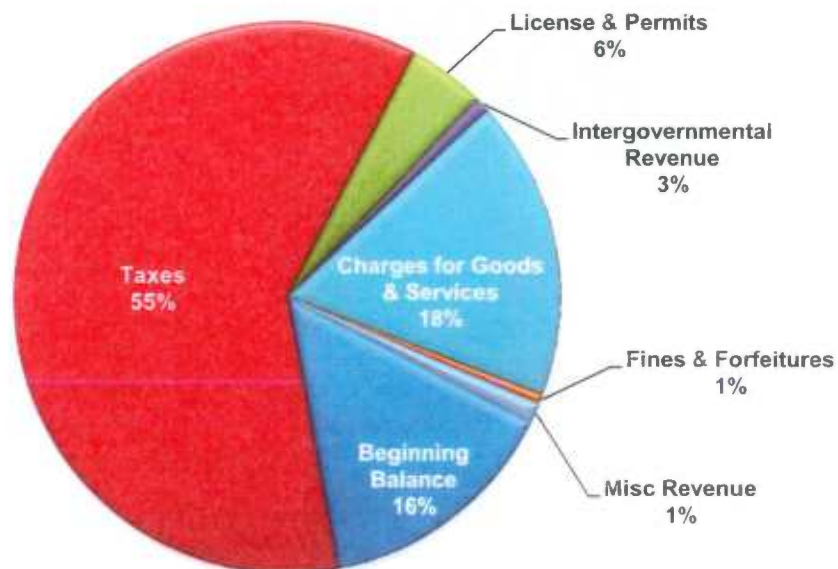
One of the largest operating funds is the General Fund, which includes police, financial, public works administration, planning, engineering services and parks and recreation. Most of the tax revenue collected by the City goes into the General Fund. This makes the General Fund the primary focus for the City Council during the budget review process. The charts on the following pages provide an overview of the revenue and expenditures included in the City's General Fund.

"Where does the City's money come from?"

Revenues in the General Fund are typically general purpose and, with a few exceptions, available for any public purpose. Taxes represent the largest source of revenue, with sales tax being the City's largest revenue source. Resources in the General Fund come from eight areas:

- **Beginning Balance**
- **Taxes** - property, sales, and utility
- **Licenses & Permits** - building and business
- **Intergovernmental** - liquor profits tax, grants, and reimbursement for school officer
- **Charges for Goods & Services** - charges for services provided
- **Fines & Forfeitures** - fines from law enforcement related activities
- **Miscellaneous Revenue** - interest income, copy charges, etc
- **Operating Transfers** - transfers from other funds for General Fund expenditures

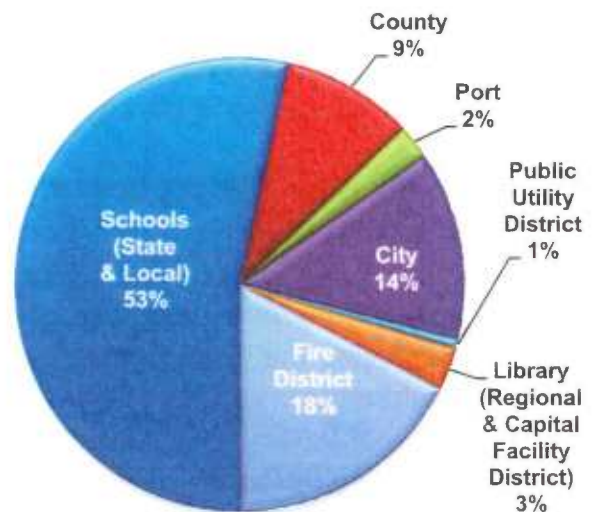
2017-2018 General Fund Resources
\$28,495,520



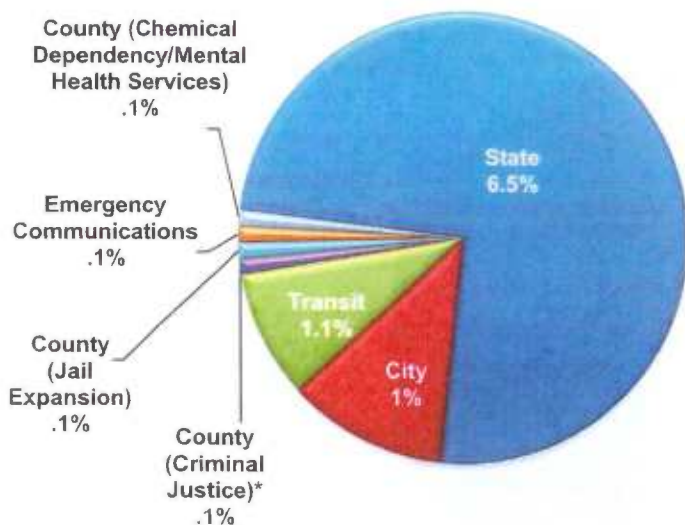
PROPERTY TAX

For 2017, the estimated assessed value of properties located within the City is \$1.48 billion. This includes approximately \$45 million in new construction. This assessed value is expected to generate approximately \$2,349,182 in property tax revenue for the City. The City was authorized to levy 1% over its highest allowable levy in 2017 but has chosen to instead bank that capacity for levying in 2018; therefore, not increasing the tax burden to citizens for 2017. Although property taxes represent a large portion of funding for City services, the portion of each property owner's total bill that goes to the City is relatively small. In 2017, the total property tax rate for Poulsbo properties is \$11.48 per \$1,000 of assessed valuation. Of that total, 13%, or \$1.57 per \$1,000 of assessed valuation, will go to the City. The graph to the right outlines how the total property tax paid by a City property owner in 2017 will be distributed amongst taxing jurisdictions.

**Poulsbo Property Tax Owners
2017 Property Tax Distribution**



2017-2018 Sales Tax Distribution



SALES TAX

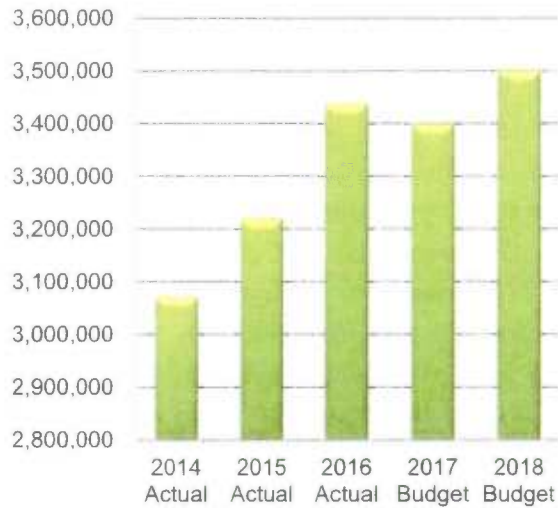
The sales tax rate paid on transactions within the City limits of Poulsbo is 8.7% until March 31, 2017; on April 1, 2017, it becomes 9.0% due to a county wide voter-approved increase supporting passenger-only ferry services. Similar to property taxes, the majority of this tax does not go to the City. The chart to the left indicates how the total sales tax is distributed.

GENERAL FUND SALES & PROPERTY TAX REVENUE At a Glance

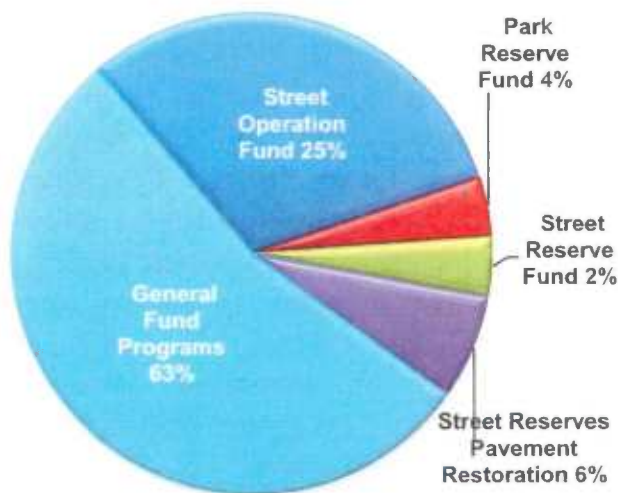
SALES TAX

The State of Washington collects the 8.7% sales tax paid to vendors doing business within Poulsbo city limits and distributes the City's portion (1%) back to the City on a monthly basis. The sales tax rate will increase to 9.0% effective April 1, 2017 due to a voter-approved increase to support passenger-only ferry services. Sales tax is the City's largest revenue source and although it is a healthy source of income for the City, the revenue estimated for 2017-2018 is very conservatively estimated with a small amount of growth. For 2017, estimated sales tax revenue is \$3,400,000 and 2018, \$3,500,000. The City's sales tax revenue is collected and used in the City's General Fund with the exception of 5% transferred to Capital Equipment Acquisition Fund (301) for capital equipment.

**Sales Tax Revenue
2014-2018**



**How is
Poulsbo's Property Tax Spent?
2017-2018
\$4.8 Million**



PROPERTY TAX

The Kitsap County Treasurer collects the property tax levied by the City of Poulsbo and remits it to the City monthly. The property tax is recorded in the City's General Fund. City Council's practice is to allocate amounts of property tax as below:

- 25% to the Street Fund (101) for street maintenance.
- 4% to Park Reserves (302) for capital park projects.
- 2% to Street Reserves (311) for capital projects.
- 6% to Street Reserves (311) to fund capital restoration street projects.

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GENERAL FUND USES

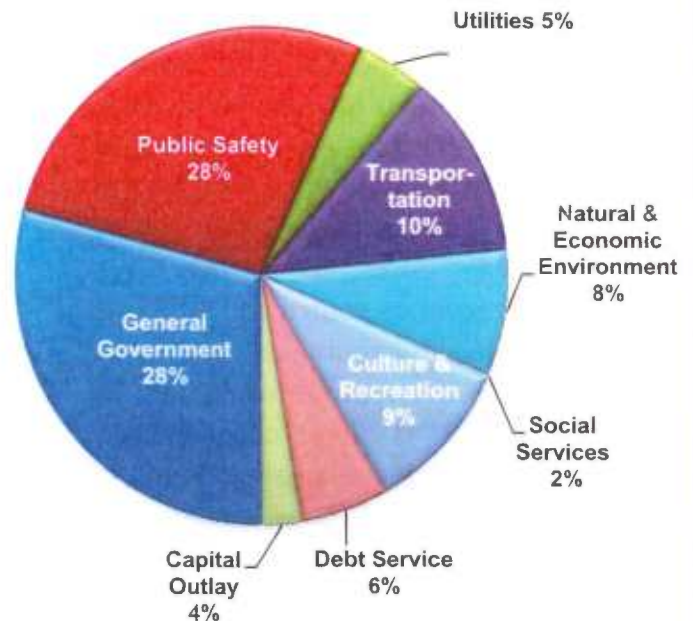
At a Glance

"Where does the City's money go?"

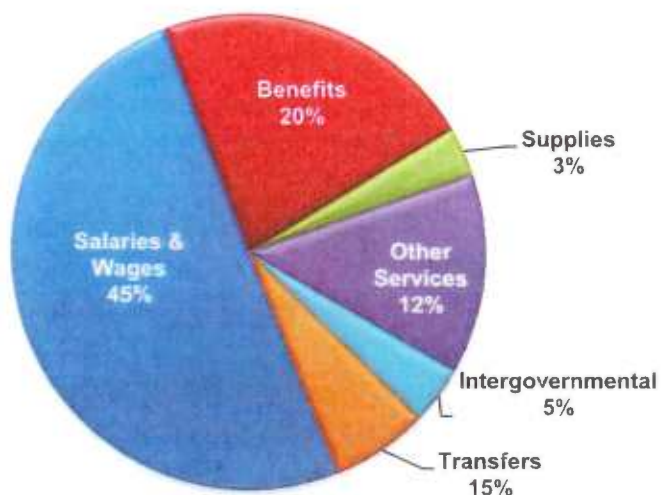
EXPENDITURES BY PROGRAM

The General Fund accounts for most of the City's general operating expenditures (about 32% of the total operating budget). The services are broken down in nine categories, which include services provided by the following Departments: Council, Finance, Human Resources, Information Services, Municipal Court, City Clerk, Risk Management, Prosecutor, Police, Engineering, Public Works Administration, Parks, Cemetery, and Planning.

General Fund Expenditures
(by type of government being supported)
\$24,666,126



General Fund Expenditures
(by type)
\$24,666,126



EXPENDITURES BY TYPE

"Salaries" and "Benefits" categories combined make up the largest expense. This is to be expected from a government agency, since their primary function is public service. Of these expenditures, 28% can be directly related to Police Service. "Operating Transfers" are transfers made to other funds for Capital Outlay, Debt Service, and other amounts to reserve for future use. "Other Services" is composed of contracted services, travel, rentals, insurance, utilities, and repair and maintenance.

BUDGET HIGHLIGHTS

- The 2017-2018 Budget is the first biennial budget for the City of Poulsbo. Departments were directed to submit budgets maintaining the same base budget as 2016, with the exception of wages and benefits. Requests for additional funds were submitted with either a Baseline Adjustment Request or New Program Request.
- Several staffing changes and additions were approved for 2017-2018. The Clerks Department reclassified their Office Clerk II to a Deputy Clerk position and the Planning Department promoted their Senior Planner into the Planning Director position; both to better realign the positions with the support functions necessary to fit the department needs. The Prosecutor's Department received approval to hire a new Legal Assistant position (1 FTE) and the Police Department received approval to hire an additional Patrol Officer (1 FTE); both in 2017.
- The City did not levy the 1% increase allowed by law for Property Tax assessment in 2017; however, banked the funds with the ability to levy in 2018.
- Utility Tax for City services was decreased from 9% to 6% for water and sewer thus matching the 6% for storm drain for 2017-2018. Also, continuing in 2017-2018 the City will assess a 6% utility tax on cable services, supplementing the decline in some of our other restricted tax revenues.

CAPITAL PROJECT HIGHLIGHTS

- **Muriel Iverson Williams Waterfront Park:** Improvements to the public restrooms will occur in 2017.
- **Morrow Manor Park:** A new park on the east side of town with donated land is planned for construction in 2018.
- **Noll Road Improvements Phase III:** Continuation of design for phase 3 and purchase of Right of Ways to occur in 2017. Construction will occur in multiple phases over the following six years for improvements to support traffic flow at intersections joining SR305.
- **Finn Hill Reconstruction:** Improvements to include pedestrian and bicycle access along north side.
- **Neighborhood Street Pavement Restoration:** Funds will be allocated on an annual basis to be used for pavement and restoration of neighborhood streets.
- **Pump Station Upgrades:** Upgrades to the Poulsbo Village Pump Station and Liberty Bay Pump Station.
- **West Poulsbo Stormwater Park:** In 2018, purchase of land is anticipated for the future development of a storm water park on south Viking Avenue to mitigate storm water discharge.
- **Capital Facilities Charge for Central Kitsap Plant:** An agreement with the county for a plan to improve the treatment plant has been completed. The agreement calls for an annual distribution supporting the City's share of the plant. Per the agreement three large projects of plant upgrades which the City must financially share with the County for sewer processing, will occur over the next couple of years. The City will be working on establishing a debt schedule to fund Poulsbo's share, based on capacity, over these next two years.
- **Harrison Force Main Replacement:** Construction of a 12-inch force main from the Marine Science Center pump station along Fjord Drive to tie into the existing main at Harrison Street.
- **Raab Tank & Booster:** Construction of a new booster station and installation of a larger capacity tank located near Raab Park will provide enhanced storage and provide redundancy for other city wells.
- **Water Line Replacements:** Caldart and Fjord Street water mains will all be seeing improvements.
- **Public Works Complex Relocation:** A parcel of land was purchased for the intent of relocating the Public Works facility and moving the large equipment out of the center of town. An additional parcel is anticipated to be purchased in 2017 with construction expected to commence in 2018.

Special Project Budget Form

Cash Match Highlighted- all other are in-kind

Agency Name: **City of Poulsbo**
 Project: **Behavioral Health Outreach Program**

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 79,407.00	15%	\$59,407.00	16%	\$ 20,000.00	14%
Staff	\$ 191,653.00	37%	\$101,653.00	27%	\$ 90,000.00	61%
Total Benefits and taxes	\$ 143,003.00	28%	\$143,003.00	39%	-	0%
SUBTOTAL	\$ 414,063.00	80%	\$ 304,063.00	82%	\$ 110,000.00	75%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 1,000.00	0%	\$ 500.00	0%	\$ 500.00	0%
Other (Describe): Printing	\$ 300.00	0%	\$ 300.00	0%	\$ -	0%
SUBTOTAL	\$ 1,300.00	0%	\$ 800.00	0%	\$ 500.00	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting/office support	\$ 15,000.00	3%	\$ -	0%	\$ 15,000.00	10%
Communication: Software & Cell Phone	\$ 4,000.00	1%	\$ -	0%	\$ 4,000.00	3%
Insurance/Bonds	\$ 4,600.00	1%	\$ 600.00	0%	\$ 4,000.00	3%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 10,000.00	2%	\$ 10,000.00	3%	\$ -	0%
% Indirect (limited to 10%)	\$ 46,956.30	9%	\$ 33,606.30	9%	\$ 13,350.00	9%
Other (Describe): Professional Services - Health Care Worker, Legal Costs	\$ 20,600.00	4%	\$ 20,600.00	6%	\$ -	0%
SUBTOTAL	\$ 101,156.30	20%	\$ 64,806.30	18%	\$ 36,350.00	25%
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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 516,519.30		\$ 369,669.30		\$ 146,850.00	

NOTE: Indirect is limited to 10%

LA 319, 669
 AFTER 50K rollover of 2018 surplus

Project Salary Summary

Agency Name: City of Pouisbo

Subcontractor: ___ Yes ___X_ No

Project: Behavioral Health Outreach Program

Description

Number of Professional FTEs (1 Manager, 3 Navigators)	4.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	4.00

Salary Information

Salary of Executive Director or CEO (Manager)	\$ 79,407.00
Salaries of Professional Staff	\$ 191,654.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 271,061.00

Total Payroll Taxes	\$ 28,206.00
Total Cost of Benefits	\$ 80,372.00
Total Cost of Retirement	\$ 34,426.00
Total Payroll Costs	\$ 414,065.00

City of Poulsbo

Office of Mayor Rebecca Erickson



To the Citizen Committee
Mental Health, Chemical Dependency and Therapeutic Courts Request for Proposal
Kitsap County, Washington

August 1, 2018

To All,

The City Council of the city of Poulsbo approved a letter of intent to be included with the application presented by the city of Poulsbo for the Behavioral Health Outreach Team. The City has committed to a cash match of \$60,000 along with in-kind services as presented in the grant application.

Our city supports this program and sees it as an extremely valuable piece of the necessary social service support in our community.

Following is our council summary where the commitment was made by the City Council.

Council Agenda Items			
July 18, 2018			
AGENDA ITEM	ACTION	RESPONSIBILITY	MEETING DATE
Approve Letter of Intent for Mental Health Grant	Approved	Hendrickson	07/18/18
Employee of the Quarter	Ceremony Held	Schoonmaker	07/18/18
Swearing In of Sergeant Nau	Ceremony Held	Schoonmaker	07/18/18
Introduction of Administrative Services Manager	Introduction Given	Schoonmaker	07/18/18
Ordinance No. 2018-16, 2 nd Quarter Budget Amendment	Adopted	Booher	07/18/18
First Reading of an Ordinance Granting PSE Short Term Franchise Agreement	First Reading Held	Booher/Kasiniak	07/18/18
Village/Liberty Bay Pump Station Project Acceptance	Approved	Kasiniak	07/18/18
Central Interceptor CIPP Project Change order and Budget Amendment	Approved	Kasiniak	07/18/18
Meeting Adjourned at 8:38 PM			

If you have further questions, please contact me.

Becky Erickson, Mayor

2019 GRANT SUMMARY PAGE

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

Organization Name: The Coffee Oasis

Proposal Title: Homeless Youth Intervention

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

Number of Individuals Screened: 320

Number of Individuals Served: 190

Proposal Summary:

Our "Homeless Youth Intervention" project will assist unreached hurting and homeless youth (13-25 years old) struggling with substance abuse and mental illness connect to services that will provide opportunities for restoration with their families and community.

Providing a continuum of services for youth that will include: Crisis Intervention strategies through an Outreach Specialist overseeing a 24-hour youth crisis text line and street outreach. Outpatient Treatment with 2 mobile Coffee Oasis Based Therapists in partnership with Come Alive Youth Services (CAYS) providing onsite therapy with case management wrap around services with housing. Recovery strategies through a Chemical Dependency Professional, screening and assessment, counseling, and a youth-based recovery support group.

Requested Funds Amount: \$306,279.00

Matching/In-kind Funds Amount: \$53,278.00

Street Address: 837 4th Street

City: Bremerton State: WA Zip: 98337 Primary Contact: David Frederick

Phone: 360-377-5560 E-Mail: david.frederick@thecoffeeoasis.com

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

Federal Tax ID Number: 91-1745050

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

David Frederick Executive Director 7-27-2018
 Signature Title Date

**2019 NARRATIVE TEMPLATE FOR CONTINUATION
GRANT PROPOSALS**

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

1. Project Design (30 points)

A. Project Design

The Homeless Youth Intervention Project assists unreached hurting and homeless youth struggling with mental illness and substance abuse by connecting them to services that will provide opportunities for restoration with their families and community. Our target population is unreached homeless youth ages 13-25 years in Kitsap County. Our project provides a Continuum of Services for youth that will include:

Crisis Intervention strategies through an Outreach Specialist overseeing a 24-hour youth crisis text line and street outreach. Outpatient Treatment with 2 mobile Coffee Oasis Based Therapists in partnership with Come Alive Youth Services (CAYS) providing onsite therapy with case management wrap around services with housing. Recovery strategies through a Chemical Dependency Professional, screening and assessment, counseling, and a youth-based recovery support group.

This project includes the following staff positions and support services:

- 1 FTE Outreach Crisis Specialist
- 24-Hour Crisis Text Line
- 1 FTE Jail Case Manager, focusing on discharge planning with clients onsite.
- 1 FTE Crisis Case Manager, focusing on housing and employment opportunities.
- 2 FTE Mobile Coffee-Oasis Based Therapists, Child and Family Services, one focusing on North Kitsap/Bremerton and the other South Kitsap/Bremerton.
- 1 FTE Chemical Dependency Professional providing one-on-one/group sessions.
- Emergency Youth Shelter, Host Homes Housing, Supportive Housing, and family reunification services.

This continuation grant is not requesting additional staff. We plan to expand services to remote youth in North Kitsap with the opening of our Kingston Coffee Oasis Café and Youth Drop-In Center this fall. In 2019, we will build our crisis intervention response through increased outreach, 24-Hour youth crisis text line, and mobile therapists. This year we have begun to develop our recovery support services for youth with chemical dependency issues and next year this will be a focus area. Come Alive Youth Services (CAYS) will be hiring a 1 FTE CDP to provide assessments and individual counseling. In 2019 we will be adding a youth recovery group that will focus on education and harm reduction plans, which will provide youth space and support to help them make positive decisions towards their recovery. Substance Abuse and Mental Health Administration (SAMHSA) advises for youth that recovery is a highly individualized process and recovery must integrate an understanding of youth culture. Our youth recovery group will be tailored to their unique culture that recognizes the importance of trusting relationships, peer-to-peer support, and providing opportunities to uniquely express

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themselves, such as through art, writing, and music. We will also expand alternative housing options specifically for youth experiencing homelessness and seeking mental health services. Our program housing options will include:

- Youth Shelter (emergency) for youth 16-20 years old.
- Host Homes (transitional) for youth 13-25 years old.
- Supportive Housing (permanent) for young women 18-25 years old in partnership with the City of Poulsbo.
- Supportive Housing (permanent) for young women 18-25 years old exiting sexual exploitation in partnership with Shared Hope International.
- Family reconciliation services and aftercare support, through the Dispute Resolution Center.

This project addresses the 2014 Kitsap County Behavioral Health Strategic Plan service gaps of crisis intervention, outpatient treatment, and recovery support services.

B. Staffing Qualifications

1 FTE Crisis Interventionist, Joshua Goss, is the program manager overseeing this project. He has focused on outreach, establishing the 24-Hour Youth Crisis Text Line, building partnerships with first responders, social workers, schools, and community leaders to reach youth in crisis. Joshua Goss received his B.A. in Social Sciences with a focus and psychology and human development from Washington State University and he has applied for his MA in Human Services: Crisis Response and Trauma at Liberty University. He has over 17 years working with youth in trauma and crisis and was previously a Supervisor at Kitsap Mental Health Services Youth Inpatient Unit.

1 FTE Crisis Case Manager, Misha Orchard, provides intensive case management services to youth in crisis, assisting them in working towards goals such as housing, employment, education, mental health, and recovery. Misha Orchard recently earned her B.A. in Psychology from Northwest University and has work experience at Crista Camps developing and implementing a 3-month high school mentorship program.

1 FTE Mental Health Therapist, David Secrest, MA, LMHCA, CMHS, MHP, is the founder of Come Alive Youth Services and provides mobile onsite therapy focusing on North Kitsap and Bremerton region. He provides one-on-one therapy sessions to assist to youth in developing methods to address and overcome challenges by using Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) techniques. Dave Secrest received his Master's Degree in Counseling from George Fox University and has applied to be CDP certified this year. He has worked with young adults for 15 years at Kitsap Mental Health Services and Agape Youth & Family Counseling Services. He is State Certified and Licensed with the Department of Health as a Mental Health Counselor, Child Mental Health Specialist, and Mental Health Professional.

1 FTE Mental Health Therapist, Michele Mayer, MA, LMHC, CMHS, MHP, DCR, is a therapist through Come Alive Youth Services and provides mobile onsite therapy focusing on South Kitsap and Bremerton region. She provides one-on-one therapy sessions with youth to help them identify goals and design treatment plans utilizing Psychoeducation, Cognitive Behavioral Therapy, and Motivational Interviewing. Michele Mayer received her B.A. in Psychology and Minored in Criminal Justice at Chapman University and Master's Degree in Relationships and Pastoral Therapy at Seattle University. She has worked in both acute inpatient and outpatient settings as a Designated Mental Health Professional at Kitsap Mental Health Services. She is State Certified and Licensed with the Department of Health as a Mental Health Counselor,

Child Mental Health Specialist, Mental Health Professional, and a Designated Crisis Responder.

1 FTE Chemical Dependency Counselor, we are seeking to hire. This position will provide assessments, counseling, and referrals for youth experiencing chemical dependency issues. Applicants must have a minimum of two years' experience in chemical dependency treatment and a current CDP certification with Washington Department of Health.

1 FTE Jail Case Manager, we are currently seeking to hire. This position will work with youth ages 18-25 years old in the Kitsap County Jail who will exit out into homelessness. The case manager will assist youth in achieving their goals, connecting to services, and moving towards stability. The qualifications are a Bachelor's degree in psychology, counseling, social work or related field required. Two years' case management experience working with children and families.

C. Organizational Licenses and Certifications

The Coffee Oasis is DSHS licensed to provide emergency shelter to youth 16-20 years old. We have partnered with Come Alive Youth Services (CAYS) who has the necessary licenses with the Department of Health to provide behavioral health screening, assessments, and counseling.

D. Outreach

Our Outreach Specialist provides crisis intervention outreach to build relationships with homeless youth and youth in crisis, with a focus on reaching youth in North and South Kitsap who lack transportation and access to services. Outreach occurs on the streets, on-call, and in coordination with our outreach workers and other agencies. The 24 Hour Youth Crisis Text Line is manned 24 hours a day by staff and volunteers.

Our target population will learn about our program through culturally competent cards and brochures given to local service agencies, schools, and youth themselves. We will reach youth with disabilities, limited English speaking persons, and minority persons by building relationships with those population's gatekeepers. Kitsap Community Resources will assist if an interpreter is needed and the Marvin Williams Center to reach youth of color. Behavioral health care services will meet the social and cultural needs of youth by meeting them in places where they feel safe such as our cafes, and drop-in centers. CAYS therapists have experience working with at-risk and have completed Understanding the Streets: Youth Culture training.

E. Evaluation

Our 2019 evaluation plan will be in line with this year's outcomes with our primary goals being increasing the number of youth accessing therapy, substance abuse counseling, acquiring health insurance and stable housing. Next year we will see the full scope of impact of our program as all our team members and partners are trained and engaged. Careful and confidential data collection will be collected and maintained for all clients in our Youth Program Apricot Database which is in compliance with HIPPA standards. We will record demographics, disabling conditions, income, and health insurance information. Youth who engage in case management services will complete a Homeless Management Information System (HMIS) intake and exit interview which will record their housing status upon completion of the program.

Expected outcomes for 2019 are:

- 70% of youth in crisis contacted in outreach will engage in ongoing services
- 24-Hour Crisis Text Line will respond to 20 texts a month, of which
 - 75% will be resolved over the phone with conversation and provision of services. This is a 25% increase over last year's outcome.
- 150 youth will be served by one of our mobile CAYS therapists, of which
 - 75% will complete 8 sessions and show an improvement of overall health.
- 60 youth will be served by a Chemical Dependency Professional, of which
 - 50% will engage in ongoing services wherever they feel safe.
- 75% of youth working with a therapist will engage in case management services and complete a housing stability plan that includes education and employment goals, of which
 - 55% will complete case management and exit into stable housing
- 75% of youth in therapy and youth in case management will share their satisfaction with the program services on a feedback survey.

A "Homeless Youth Intervention Advisory Committee" involving key Coffee Oasis program managers and CAYS personnel will meet weekly to discuss client treatment and evaluate the success and effectiveness of the program. A monthly report will be given to the Board of Directors of The Coffee Oasis for accountability and evaluation.

2. Accomplishments to Date (30 Points)

A. Progress to Date

In 2017, our Homeless Youth Intervention Project reached 182 unduplicated youth and by the second quarter of 2018, we have reached 88 unduplicated youth in crisis. The first quarter of 2018, we partnered with Come Alive Youth Services to provide onsite mobile therapy and have been focusing on training new staff and building relationships with youth. By the second quarter of 2018, our project has come together to effectively provide intervention services, mobile therapy, and case management.

2017 Homeless Youth Intervention Evaluation results:

Objective #1: *100% of youth contacted will receive information or referrals, 169 youth in crisis were reached on the streets and schools in North and South Kitsap with 100% receiving information cards and referrals from our crisis outreach specialist.*

Objective #2: *70% of youth in crisis contacted engage in ongoing crisis services, 84 youth (50%) have continued care after a crisis intervention, with such services as counseling, case management, housing, and emergency resources. We were able to improve this outcome by the fourth quarter with 78% youth engaging in 2 meetings after the initial crisis response.*

Objective #3: *Establish 24-hour youth crisis line and respond to calls from at least 20 homeless youth per month. We received 66 calls, averaging 4-6 a month, to the crisis call line. We found the modality of communication among youth now is by their cell phones. We switched to text-based crisis service and in the few months that it was operational it was utilized more than any connection by phone that we have received over the past year and a half. Youth can now text "CoffeeOasis" to 3603775560 (also our administration number) and talk to a crisis responder 24/7. The difference between our text-based line and other national lines is that we have immediate responders that*

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can connect with youth in their area if there is a need. The first semester of 2018 we have received 63 crisis texts from youth.

Objective #4: *50% of crisis calls are resolved over the phone with conversation and provision of community resources and referrals, 58 (78%) of calls were resolved without requiring additional emergency personnel or law enforcement at the time of the call and were able to connect them with a safe parent or friend to support them. A majority of the callers were between the ages of 15-20 years old. The highest calls were youth struggling with depression, anxiety, and suicidal ideation. We will discuss further in the Key Accomplishments section because of the huge impact it has had on our community.*

Objective #5: *At least 56 youth will be served by the KMHS therapist by December 31, 2017. 87 youth attended counseling sessions with the Mobile Therapist. The referrals and requests for therapy services have been greater than we anticipated, which led us to add a second 1 FTE therapist in 2018 to meet the mental health need among youth.*

Objective #6: *75% of youth completing more than 8 sessions with the KMHS therapist will show improved overall health and wellbeing, 15 youth (17%) have completed over 8 sessions. This outcome was greatly impacted by our mobile therapist moving in September of 2017, but this year it has increased to 37% and we anticipate this outcome will continue to increase. This will be a challenge due to the instability and lack of supports of our targeted youth, which we will address in the Barriers section.*

Objective #7: *50% of youth served by KMHS therapist who are eligible for KMHS services, will enroll in ongoing KMHS services, unknown. When our KMHS mobile therapist moved they connected youth to ongoing services at KMHS, but we were not able to accurately count those who continued services due to confidentiality. We have adjusted this outcome to now measure how many youth apply and acquire health insurance, which will effectively assist them in receiving ongoing services.*

Objective #8: *75% of homeless youth served by the KMHS therapist agree or strongly agree that they are satisfied with program services quarterly. The third and fourth quarter we began youth surveys and 100% expressed they were very satisfied.*

Objective #9: *At least 35 (75%) of homeless youth working with KMHS therapist participate in case management services. 43 (49%) youth enrolled in case management, which is a larger number than anticipated but a lower percent of those in therapy and was impacted by the mobile therapist moving. This year we have 100% of youth in therapy engaging in case management!*

Objective #10: *100% of homeless youth within case management services complete housing stability plan. 27 (63%) youth completed a housing stability plan. This often takes 2-3 meetings with youth to build trust and develop client-driven goal plans. We have improved this outcome in 2018 with 96% completing a housing stability plan.*

Objective #11: *At least 55% of homeless youth complete case management services and exit into stable housing. We have assisted 11 (26%) youth acquire safe and stable housing. 30% of youth were literally homeless, 55% at-risk of losing housing, and 15% staying with family. Youth who were not literally homeless we assisted in maintaining housing by building protective factors and life skills.*

Objective #12: *50% of homeless youth within case management services participate in a job training program. 20 (47%) youth have participated in our job training program. The majority of the youth want the opportunity to work so, job training is a huge incentive for youth to attend their therapy and case management sessions.*

Objective #13: *25% of homeless youth within case management services who participate in job training program will complete the program by December 31, 2017.*

5 (25%) youth completed the job preparation classes, 100 hours of on the job training in the community, and acquired employment!

Objective #14: *30% of homeless youth within case management services and separated from their family are reunified (living together).* We have assisted 6 (14% of those in case management and 50% of youth literally homeless) reconnect with their family and return home. The greatest need has been housing options for youth over 18 and who are unable to connect with family which we will describe in Barrier section.

Objective #15: *75% of homeless youth within case management agree or strongly agree that they are satisfied with program services quarterly.* 92% of youth in the third and fourth quarter expressed on a survey and feedback form they were very satisfied.

This youth story reveals the impact of our project: Most youth receiving services at The Coffee Oasis also have high ACEs (Adverse Childhood Experiences) scores. P. had been sexually abused by an older sibling from age 4 to 10. As with most youth that experience abuse, P. started using substances as a child and eventually became addicted. He became accustomed to couch-surfing, isolating from the community and operating psychologically from the shame of his wounds. Community mental health agencies had offered him services but P. missed appointments and got lost in the system. P. met with our mobile therapist at one of our drop-in centers and has continued meeting regularly. P. said it's easy to come here because "I want to be here". He entered case management and was connected to stable housing and job training. He is now employed through one of our business partners, and while P. will be navigating through his Adverse Childhood Experiences for many years, he will not be doing this alone as he has developed strong, healthy relationships with our staff and community members who care deeply about his life-long success.

B. Barriers to Implementation

A barrier to implantation has been the shortage of mental health therapists and chemical dependency professionals in our community. In 2017 our mobile mental health therapist through KMHS moved out of state and the job opening was vacant through the 4th quarter because of a lack of qualified applicants available. In 2018 we partnered with Come Alive Youth Services who was able to provide 2 FTE mobile therapists and will have a 1 FTE Chemical Dependency Professional beginning September of 2018. It has taken more time than anticipated to have these much need positions filled but we are confident the partnership developed with CAYS is the right fit for our targeted youth and will be sustainable in the future as they are also proactively collaborating with us on how to build the program outcomes and other funding sources.

Youth often will miss appointments because they are experiencing homelessness and instability. We plan to address this barrier by focusing on building trusting relationships and case management wraparound services that will help provide stability such as housing and healthy coping skills so they can reach their education and career goals. Another barrier is the stark reality of limited housing for youth in transition and limited affordable housing for youth starting at entry level positions of employment. We plan to address these challenges by increasing alternative housing options for youth, such as Host Homes and Supportive Homes. Youth exiting jail with a felony have extremely limited housing options, which we will address by providing discharge planning onsite to explore housing options with family, extended family, and family friends. Employment

will be a challenge that we hope to address by connecting youth to job training internships, adult mentors, and advocating for them among the business community.

C. Integration & Collective Impact

The community partnerships that have developed through this project have been invaluable in assisting hard to reach youth and provide community support and resources in a coordinated process. The Homeless Youth Intervention Project has been integrated across our county with schools, OESD, homeless liaisons, police departments, fire departments, first responders, and community agencies assisting those who are homeless or at-risk.

Our Crisis Interventionist rides along with the Poulsbo Police Department and First Responders and they connect us to youth in crisis so we assist and provide aftercare services. CHI Franciscan Social Work partnered with us to assist youth discharging from the hospitals. We are collaborating with Kitsap County Suicide Prevention Coalition, Kitsap County Substance Abuse Coalition, and Substance Abuse Prevention Services of Kitsap County. Kitsap Strong has provided invaluable ACEs training. We have been collaborating with the Kitsap County Jail, Kitsap Juvenile Detention Center, and South Kitsap School District Truancy Board to reduce youth being discharged into homelessness and will be providing discharge planning, case management services, connection to housing, and family reconciliation onsite. We are the coordinated entry point for homeless youth 13-25 years old in partnership with Housing Solutions Center, which has stabilized chronically homeless youth so they can attend therapy sessions.

Our partnership with CAYS to provide mental health and substance abuse treatment at all Coffee Oasis locations has removed any geographical and transportation barriers preventing youth from accessing treatment. We are working towards the Kitsap County Behavioral Health Strategic Plan policy goal of reducing the incidence and severity of chemical dependency and/or mental health disorders in youth. CAYS partnership has opened a variety of services for youth to receive continued care because CAYS has a successful working partnership with community health agencies, treatment centers, and private therapists. (i.e. KMHS, Agape, Kitsap Recovery Center, West Sound Treatment)

The Collective Impact that has been achieved has been:

- Coordinated crisis response for at-risk and homeless youth.
- Mobile mental health services with CAYS for unreached homeless youth.
- Wraparound case management services with housing and job training.

D. Key Accomplishments

The American Foundation for Suicide Prevention reported in 2017 in Washington State suicide was the 1st leading cause of death for ages 10-14 and the 2nd leading cause for ages 15-34. The Kitsap Public Health District reported that over 1 in 5 visits (21%) to the ER related to suicide were youth ages 5-17 from January-March 2018. This is an area our Homeless Youth Intervention Project is focusing on impacting through the 24 Hour Youth Text Line, outreach, and education training to community partners and youth. We have received 31 calls last year and 39 texts this year regarding suicide and in each of those cases, the youth agreed that seeking help was the option they wanted rather than taking their life. We consider this a key accomplishment of the crisis line in reducing the incidence and severity of mental health issues in youth and saving lives!

A key accomplishment has been providing 87 youth counseling services in 2017 and increasing to 2 FTE mobile therapists in 2018 to meet youth throughout the community where they feel safe and provide them this much need mental health service. Evidenced by 9 youth and 26 therapy sessions the first quarter of 2018 and 19 youth and 96 therapy sessions the second quarter of this year and the individual changes that have been beautiful to see. One chronically homeless youth enrolled in job training because he didn't want to "hustle" for money anymore and a homeless pregnant teen living in a car has committed to entering a Host Home. Small behavior changes often show a deeper change within, such as a young man offering to help staff move or unload a truck for another youth, who they don't know, who is moving into stable housing.

3. Budget Narrative (20 Points)

A. Past Expenditures

Budget Categories	Actual Expenditures (Jan. 1, 2018- June 30, 2018)	Remaining Balance
Personnel (Salaries & Benefits)	81,469.15	178,582.35
Communication	3,203.85	396.15
Indirect	10,208.75	19,761.25
Total:	94,881.75	198,739.75

31% of the total budget has been expended thus far. 86% of the remaining funds is for TCO salary and benefits (\$73,762) and (\$101,104) for the subcontract with CAYS. The funds were not expended at the expected rate due to the time it took to hire and train for the new staff positions of the 2 FTE Therapists and 1 FTE Case Manager. CAYS will be hiring a mobile 1 FTE Chemical Dependency Professional 3rd quarter for the project. We are confident in our partnership with CAYS that momentum has begun and the next phase in 2019 will be employee retention, program outcomes, and future sustainability.

B. Funding Request

The total proposed budget is \$359,557.00. \$343,464.00 direct and \$16,093.00 indirect. \$203,160 budgeted is for the subcontract with Come Alive Youth Services (CAYS).

Personnel involved in this project will be:

1. The 2 FTE CAYS Therapists will be subcontracted to TCO to provide onsite therapy services for homeless youth in crisis at all Coffee Oasis locations. These full-time positions are budgeted at \$137,172.00, including benefits.
2. The 1 FTE CAYS Chemical Dependency Professional will be subcontracted to TCO to provide counseling services, establish a youth based recovery group, and connect youth to local treatment provider services. This full-time position is budgeted at \$65,988.00, including benefits.
3. The 2 FTE Case Managers (Jail Case Manager and Crisis Case Manager) will work with the other members of the team to provide wrap-around services available through TCO and other community resources. These full-time positions are budgeted at \$72,000.00, including benefits.
4. The 1 FTE Crisis Team Manager will provide vision and leadership to the Crisis Team by building community relationships and providing oversight to the whole Crisis Team. This full-time position is budgeted at \$46,704.00, including benefits.

Total Personnel expenses budgeted for the project (including taxes and benefits) are \$321,864.00 of which \$12,478.00 will be funded through insurance billing by the therapists and CDP, and \$30,000.00 through a Coffee Oasis fundraiser supporting the CDP position. Total requested grant funds for personnel are \$279,386.00..

Supplies and Equipment needed for this project: \$3,600 is budgeted (\$300/month) towards supplies to carry out this project.

Total Supplies and Equipment budgeted is \$3,600 which will be funded by TCO.

Administration

1. Communications: \$3,600 is budgeted towards Crisis Line Texting service.
2. Postage/Printing: \$1,200 is budgeted towards postage/printing needs that will be generated by the project.
3. Training and Travel: \$4,800 is budgeted towards training and travel.
4. Insurance: \$1,200 is budgeted towards liability insurance for the project.
5. Indirect Administrative Costs – 5%: \$16,093 is budgeted towards indirect administrative costs needed to support this project.

Total Budgeted for Administration is \$26,893.00 of which TCO is funding \$7,200.00.

The grant funding requested is \$19,693.00.

Operations and Maintenance

1. Youth Assistance (e.g. Bus Passes and ID): \$2,400.00 is budgeted towards funds to assist youth in their progress.
2. Motel Vouchers: \$4,800.00 is budgeted to provide emergency motel vouchers (6/month) for youth in crisis needing immediate housing.

Total Budgeted for Operations and Maintenance is \$7,200.00 which is being requested as grant funding.

Milestones anticipated:

- 1st Quarter Jan-Mar, 2019: Onsite drug and alcohol assessments at Coffee Oasis locations. Begin assisting youth in applying and acquiring health insurance.
- 2nd Quarter Apr-Jun, 2019: Begin a youth-focused recovery support group. Begin the process of billing health insurances.
- 3rd Quarter Jul-Sept, 2019: Evaluate 1st-semester youth survey feedback forms. Invite youth to participate in the youth advisory group to promote confidence, advocacy, and community awareness.
- 4th Quarter Oct-Dec, 2019: Evaluate year-end program outcomes. Plan and invite youth and mentors to a Celebration of Youth Achievement in January.

C. Funding Modifications

The proposed staff positions are budgeted with an approximate 5% cost of living increase. A significant change to the proposed budget for the next funding period is that we are only requesting partial funding for a Chemical Dependency Professional as we anticipate 10% of the CDP services provided through health insurance billing and \$30,000 through designated fundraisers. We also anticipate 10% of 1 FTE Therapist provided through insurance billing. We are committed to increasing sustainability.

D. Subcontractors

Come Alive Youth Services (CAYS) will provide onsite therapy and chemical dependency services services at Oasis Resource Centers in Bremerton, Port Orchard, Poulsbo, and Kingston. The Therapists and CDP will conduct mental health assessments and referrals; provide brief intervention; trauma support; as well as individual and group counseling. CAYS Therapists will utilize the *Daily Living Activities (DLA) Functional Assessment*. It is designed to assess what daily living areas are

impacted by mental illness and assist in creating service plans. The budget for their services of 2 FTE Therapists and 1 FTE CDP is: \$203,160.00.

The skills and resources CAYS bring to the project are:

- Evidenced-based and Best practices of counseling through the following:
 - *Cognitive Behavioral Therapy*, which has shown to reduce symptoms of anxiety and depression and builds emotional regulation skills in youth.
 - *Dialectical Behavioral Therapy*, which focuses on problem solving and acceptance-based strategies.
 - *Motivational Interviewing* which is designed to promote responsible behavior and improve treatment engagement.
 - *Trauma-focused Behavioral Therapy*, which is counseling that aims at addressing the needs of those with difficult and traumatic life experiences.
- Partnership with One Heart Wild to provide trauma-informed care equine therapy for trauma youth who have not had success in traditional therapy.

4. Sustainability (20 Points)

A. Leveraged Funds

This project has improved our ability to be competitive in applying for the Washington State Office of Homeless Youth grant programs. We were awarded a Street Outreach and Innovation grant to assist youth exiting jail in order to connect them with safe housing. We will be applying for the grant cycle for 2019 for continued support of these programs. Other funding sources include a general operating grant from Medina Foundation and a job training grant from Harvest Foundation which ended June 2018. Our case managers have been assisting youth in applying for Health Insurance and many qualify for Medicaid. CAYS is taking steps to be able to start billing health insurances, which we anticipate as an important funding source next year.

B. Sustainability Plan

The preliminary plan for sustainability in the following year will be a combination of this grant opportunity, fundraisers, and health insurance billing. Our plan is to increase other funding sources each year and reduce the funding request from this grant opportunity. This will be accomplished while at the same time expanding our services to additional locations further increasing the impact of the funds received through this grant. CAYS is working with a clinical supervisor to assist in establishing their capability of billing health insurances of youth who gain health insurance coverage. CAYS projects to begin billing eligible health insurances next year.

We are looking at creative approaches to financially support the cost of the CDP for individual assessments and counseling. Chemical dependency is a much need service we will be striving to make sustainable through planning alternate sources of funding such as raise the paddle fundraisers. This year the Port Orchard Rotary did a raise the paddle fundraiser for us and raised over \$32,000 for Terry's House and they have indicated interest in hosting another event supporting a CDP in 2019. This year we applied for the Street Outreach and Basic Center federal grant opportunities with the Administration with Children, Youth, and Families (ACYF), which requires the connection of counseling services for runaway and homeless youth. Our success in leveraging this grant to procure a federal grant would provide wonderful long term sustainability for this project after the funding period ends.

EVALUATION WORKSHEET

PROJECT NAME: Homeless Youth Intervention

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>Crisis intervention outreach to homeless youth in Kitsap County with a focus on North and South Kitsap will help homeless youth in crisis stabilize and connect to needed supports.</p>	<p>Provide daily street and school outreach for building relationships with youth in crisis and provide them with information and referrals.</p>	<p>70% of youth in crisis contacted engage in ongoing crisis services (at least two contacts- call and/or text).</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" 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</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>2017 we reached 169 youth in crisis and 84 (50%) engaged in ongoing services. 2019 projecting 160 youth in crisis contacted.</p>	<p>Daily records kept by Outreach Specialist.</p>
<p>Reduce or prevent unnecessary use of emergency services (EMS, ED, etc.) by youth in crisis. Click here to enter text.</p>	<p>Provide 24/7 crisis response to youth via a staffed text line.</p>	<p>24 hour youth crisis text line will respond to at least 20 unduplicated youth texts per month.</p>	<p><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</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>2017 we received 74 phone calls and Jan-Jun 2018 we received 59 crisis texts.</p>	<p>Daily records kept by Outreach Specialist.</p>
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>75% of crisis texts are resolved over the phone with conversation and provision of community resources and referrals. (Increase outcome by 25%)</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>2017 we had 58 (78%) crisis calls resolved over the phone.</p>	<p>Daily records kept by Outreach Specialist.</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>Provide behavioral health screening, brief intervention, and referral for treatment for homeless youth to improve health and well-being.</p>	<p>Provide onsite therapy services at all Oasis Centers through 2 Mobile Coffee Oasis Based CAYS Therapists.</p>	<p>150 uninsured youth will be served by the therapists by December 31, 2019.</p>	<p><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</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>In 2017, 84 youth received therapy (with 1 FTE therapist).</p>	<p>Tracked on Coffee Oasis Youth Program database.</p>
		<p>75% of youth completing 8 or more sessions with the therapist will show improved overall health and wellbeing.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: X Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual X Other: 8 sessions</p>	<p>In 2017, 15 (18%) youth completed 8 sessions. *Therapist relocated in Sept. which impacted this outcome.</p>	<p>Daily Living Activities (DLA) Functional Assessment tool tracked on Coffee Oasis Youth Program database.</p>
		<p>65% of youth served by therapist will apply and acquire health insurance.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>Jan-June 2018, 16 (57%) of youth have gained health insurance.</p>	<p>Tracked on Coffee Oasis Youth Program database.</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	Assess participant satisfaction with program services.	75% of youth served by the therapist agree or strongly agree that they are satisfied with program services.	<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 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>June 2019</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	In 2017, 100% of youth feedback agreed they were satisfied with program.	Participant survey form recorded in Coffee Oasis Youth Program database.
Provide substance abuse screening, brief intervention, and referral for treatment for homeless youth to improve health and well-being.	Provide onsite assessment and counseling services through onsite Substance Abuse Counselor.	At least 60 youth will be served by a Chemical Dependency Counselor by December 31, 2019.	<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 checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Jan-June 2018, 5 youth received assessment by CDP.	Tracked on Coffee Oasis Youth Program database.
		50% of youth served by Chemical Dependency Professional will engage in ongoing services (attended appointment) wherever they feel most safe.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Baseline not available.	Referrals to WSR tracked on Coffee Oasis Youth Program spreadsheet. Case Manager will follow up to confirm youth has enrolled in services.

EVALUATION WORKSHEET

<p>Behavioral health therapy and wrap-around services (provided through intensive case management) will support seriously emotionally disturbed youth to make progress toward stability.</p>	<p>Provide intensive case management that will provide necessary resources, job training, and housing services with a focus on family reunification.</p>	<p>At least 112, 75% of homeless youth working with therapist participate in <u>case management services</u> and complete a Housing Stability Plan that includes education and employment goals.</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>In 2017, (43) 52% youth enroll into case management services.</p>	<p>Homeless Management Information System</p>
	<p>At least 62, 55% of homeless youth complete case management services and exit into <u>permanent housing</u> with a focus on family reunification whenever possible.</p>	<p>At least 62, 55% of homeless youth complete case management services and exit into <u>permanent housing</u> with a focus on family reunification whenever possible.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>January 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>In 2017, (17) 40% exited into safe and stable housing.</p>	<p>Homeless Management Information System</p>
<p>Assess participant satisfaction with program services</p>	<p>75% of homeless youth within case management agree or strongly agree that they are satisfied with program services quarterly.</p>	<p>75% of homeless youth within case management agree or strongly agree that they are satisfied with program services quarterly.</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>June 2019</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>In 2017, 92% of youth feedback agreed they were satisfied with program.</p>	<p>Participant survey form recorded in Coffee Oasis Youth Program database.</p>

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: The Coffee Oasis

Project: Homeless Youth Intervention Project

Accrual Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 124,217.00	4%	\$ 126,637.00	4%	\$ 126,637.00	4%
Local Revenue	\$ 670,902.00	22%	\$ 773,363.00	23%	\$ 800,000.00	22%
Private Funding Revenue	\$ 947,499.00	31%	\$ 960,000.00	28%	\$ 1,050,000.00	29%
Agency Revenue	\$ 1,286,730.00	42%	\$ 1,492,000.00	44%	\$ 1,566,600.00	44%
Miscellaneous Revenue	\$ 49,604.00	2%	\$ 20,000.00	1%	\$ 25,000.00	1%
Total Agency Revenue (A)	\$ 3,078,952.00		\$ 3,372,000.00		\$ 3,568,237.00	
1						
Personnel						
Managers	\$ 705,490.00	28%	\$ 1,152,240.00	34%	\$ 1,220,348.00	34%
Staff	\$ 648,394.00	26%	\$ 1,057,364.00	31%	\$ 1,120,732.00	31%
Total Benefits	\$ 85,905.00	3%	\$ 142,316.00	4%	\$ 149,436.00	4%
Subtotal	\$ 1,439,789.00	58%	\$ 2,351,920.00	70%	\$ 2,490,516.00	70%
Supplies/Equipment						
Equipment	\$ 114,996.00	5%	\$ 50,000.00	1%	\$ 50,000.00	1%
Office Supplies	\$ 44,043.00	2%	\$ 43,200.00	1%	\$ 44,000.00	1%
Cost of Goods Sold	\$ 503,854.00	20%	\$ 536,800.00	16%	\$ 556,800.00	16%
Subtotal	\$ 662,893.00	27%	\$ 630,000.00	19%	\$ 650,800.00	18%
Administration						
Advertising/Marketing	\$ 8,170.00	0%	\$ 7,200.00	0%	\$ 8,000.00	0%
Audit/Accounting	\$ 7,500.00	0%	\$ 7,500.00	0%	\$ 7,500.00	0%
Communication	\$ 13,468.00	1%	\$ 15,000.00	0%	\$ 16,000.00	0%
Insurance/Bonds	\$ 17,754.00	1%	\$ 18,300.00	1%	\$ 20,000.00	1%
Postage/Printing	\$ 17,936.00	1%	\$ 16,200.00	0%	\$ 17,000.00	0%
Training/Travel/Transportation	\$ 12,727.00	1%	\$ 18,200.00	1%	\$ 19,000.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 77,555.00	3%	\$ 82,400.00	2%	\$ 87,500.00	2%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 12,806.00	1%	\$ 20,600.00	1%	\$ 24,000.00	1%
Utilities	\$ 70,329.00	3%	\$ 75,800.00	2%	\$ 80,000.00	2%
Rent/Lease/Mortgage	\$ 79,169.00	3%	\$ 57,000.00	2%	\$ 60,000.00	2%
Fees/Dues/Licenses/Taxes	\$ 62,210.00	2%	\$ 75,600.00	2%	\$ 90,000.00	3%
Youth Resources/Stipends	\$ 58,826.00	2%	\$ 49,800.00	1%	\$ 60,000.00	2%
Subtotal	\$ 283,340.00	11%	\$ 278,800.00	8%	\$ 314,000.00	9%
Other Costs						
Depreciation	\$ 25,000.00	1%	\$ 25,000.00	1%	\$ 25,000.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 25,000.00	1%	\$ 25,000.00	1%	\$ 25,000.00	1%
Total Direct Expenses	\$ 2,488,577.00		\$ 3,368,120.00		\$ 3,567,816.00	

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

PERSONNEL	Base	Taxes	Benefits	Retirement	Monthly	Yearly
Executive Team	26,911	2,422	1610	507	31,450	377,400
Community Development	15,497	1,395	889	109	17,890	214,680
YOUTH PROGRAMS						
Street Hope	10,802	972	553	0	12,327	147,924
Oasis Centers	11,082	997	600	109	12,788	153,456
Partnering Hope	17,035	1,533	1,017	200	19,785	237,420
HOPE INC	10,896	981	190	99	12,166	145,992
Housing	15,030	1,353	930	99	17,412	208,944
Crisis Intervention Team	22,956	2,066	1,800	0	26,822	321,864
SUBTOTAL - Youth Programs	87,801	7,902	5,090	507	101,300	1,215,600
BUSINESS OPERATIONS						
Coffee Oasis Businesses						
Coffee Oasis #1 Staff	12,025	1083	653	0	13,761	165,132
Coffee Oasis #2 Staff	10,261	924	1043	109	12,337	148,044
Coffee Oasis #3 Staff	7,910	712	635	0	9,257	111,084
Coffee Oasis #4 Staff	8,127	731	635	0	9,593	115,116
Coffee Oasis #5 Staff	8,690	782	492	0	9,964	119,568
Coffee Roasting Company	1,765	152	153	21	2,091	25,092
SUBTOTAL - Business	48,778	4,384	3,611	130	56,903	682,836
TOTAL WAGES	178,987	16,103	11200	1,253	207,543	2,490,516
Cost of Goods Sold						
Coffee Oasis #1					8,750	105,000
Coffee Oasis #2					7,700	92,400
Coffee Oasis #3a/b					7,350	88,200
Coffee Oasis #4					5,250	63,000
Coffee Oasis #5					7,350	88,200
Coffee Roasting Company					10,000	120,000
COGS TOTAL					46,400	556,800

Special Project Budget Form

Agency Name: The Coffee Oasis

Subcontractor: ___ Yes No

Project: Homeless Youth Interventio

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 110,688.00	31%	\$ 110,688.00	36%	\$ -	0%
Staff	\$ 189,576.00	53%	\$ 147,098.00	48%	\$ 42,478.00	80%
Total Benefits	\$ 21,600.00	6%	\$ 21,600.00	7%	\$ -	0%
SUBTOTAL	\$ 321,864.00	90%	\$ 279,386.00	91%	\$ 42,478.00	80%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 3,600.00	1%	\$ -	0%	\$ 3,600.00	7%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 3,600.00	1%	\$ -	0%	\$ 3,600.00	7%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 3,600.00	1%	\$ 3,600.00	1%	\$ -	0%
Insurance/Bonds	\$ 1,200.00	0%	\$ -	0%	\$ 1,200.00	2%
Postage/Printing	\$ 1,200.00	0%	\$ -	0%	\$ 1,200.00	2%
Training/Travel/Transportation	\$ 4,800.00	1%	\$ -	0%	\$ 4,800.00	9%
% Indirect - 5%	\$ 16,093.00	4%	\$ 16,093.00	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 26,893.00	7%	\$ 19,693.00	6%	\$ 7,200.00	14%
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%
Youth Assistance (e.g. bus passes)	\$ 2,400.00	1%	\$ 2,400.00	1%	\$ -	0%
Motel Vouchers	\$ 4,800.00	1%	\$ 4,800.00	2%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 7,200.00	2%	\$ 7,200.00	2%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 359,557.00		\$ 306,279.00		\$ 53,278.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: The Coffee Oasis

Subcontractor: Yes No

Project: Homeless Youth Intervention Project

Description

Number of Professional FTEs	6.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	6.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 275,472.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 275,472.00
Total Payroll Taxes	\$ 24,792.00
Total Cost of Benefits	\$ 21,600.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 321,864.00

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU") dated effective February 13th is made by and between Come Alive Youth Services, LLC with its principal place of business at 3367 NE Iverson Rd Poulsbo WA 98370, and The Coffee Oasis, having its principal place of business at 837 4th Street, Bremerton, WA 98337 ("TCO").

This MOU sets forth the basic terms of condition under discussion between Come Alive Youth Services and TCO with respect to the creation and delivery of locations for Come Alive Youth Services to provide confidential counseling services to clients of TCO. The summary of basic terms and conditions under discussion are as follows:

1. **Location:** TCO will provide secure and confidential rooms for use by Come Alive Youth Services. The rooms will have doors that closes such that conversations are not audible from the exterior. TCO will provide secure filing cabinets as needed on site

2. **Clients:** TCO will advertise the presence and availability of Come Alive Youth Services at the locations to the TCO clients and a means of referral of clients.

3. **Service:** Come Alive Youth Services will handle scheduling, counseling, and all paperwork relating to the counseling services provided to TCO clients. Come Alive Youth Services will commit the following resources:

- 1 FTE Therapist
- .5 FTE Therapist
- 1 FTE Chemical Dependency Counselor
- Administrative oversight of therapists and counselor with regular supervisory guidance

To serve client workload during regular TCO business hours. TCO shall have no role or responsibility with respect to the counseling services provided. However, will require monthly reporting for TCO outcomes as laid out by the 1 tenth of 1 percent grant (See attached). TCO will provide a coordination manager for crisis services and support of services for Come Alive Youth Services through TCO continuum of services

4. **Time Frame:** This agreement will commence on January 1st 2018 and remain effective for until December 31st 2018. Either party may terminate the agreement with 30 days' notice.

5. **No Partnership or Joint Venture.** The parties to this MOU do not intend, by this MOU alone, to create a partnership, principal/agent, master/servant or joint venture relationship, and nothing in this agreement shall be construed as creating such a relationship between the parties.

6. **Indemnification:** Each party will hold harmless and indemnify the other against and from any damage, loss, expense or liability including attorneys' fees and related costs, resulting from the performance of any of the terms, covenants and conditions herein. This hold harmless and indemnification shall survive the termination of this Agreement from any cause whatsoever. If any claim or demand is asserted which is covered by this indemnification, the indemnified party shall give prompt written notice of such claim or demand to the indemnifying party so as to allow the

indemnifying party the opportunity to contest and defend against such claim or demand.

7. **Notices.** All notices required pursuant to this MOU shall be in writing directed to the addresses set forth in this MOU or to such other addresses as may be provided in writing by any party to the other during the term of this MOU.

8. **Expenses.** Come Alive Youth Services LLC and TCO will each be responsible for their respective legal, accounting, advisory, and any other expenses relating to the negotiation, consummation, and operation of this transaction. TCO will provide \$147,054 to Come Alive Youth Services as awarded by the KITSAP COUNTY HUMAN SERVICES 1/10th of 1% Mental Health, Chemical Dependency and Therapeutic Courts grant. Come Alive Youth Services will submit a monthly invoice to TCO to receive payment for services of 1 FTE Therapist, .5 FTE Therapist, 1 Chemical Dependency Counselor, and 10 % Administration costs. All other related costs and supplies will be provided by Come Alive Youth Services.

9. **Governing Law and Disputes.** For all disputes or controversies which may arise, in connection with this MOU, its construction, interpretation, effect, performance or nonperformance, or the consequences thereof, the parties hereby consent to the exclusive jurisdiction of the Superior Court of Kitsap County, Washington.

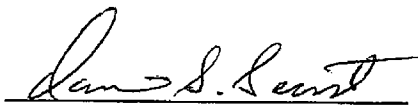
10. **Authority:** The undersigned hereby represent and warrant individually and officers or members of the respective parties that they have the authority to execute this MOU.

11. **Effect:** It is understood that this MOU does not constitute a binding contract and that the parties do not intend to be legally bound until a definitive and final contract is executed by the parties; provided, however, that the parties agree to be legally bound by the provisions of Sections 5 through 10, which shall be binding in accordance with their material terms.

12. **Counterparts and Facsimiles.** This MOU may be executed in separate counterparts, neither of which need contain the signatures of both parties, each of which shall be deemed to be an original, and both of which taken together constitute one and the same instrument. For purposes of this MOU, facsimile, scanned, or digitally transmitted signatures shall be deemed to be original signatures. In addition, if any of the parties sign facsimile or scanned copies of this MOU, such copies shall be deemed originals.

IN WITNESS WHEREOF, the parties hereto have executed this MOU, effective as of the date first set forth above, in duplicate and each shall retain one original each hereof.

Come Alive Youth Services LLC



By: Dave Seacrest
Its Executive Director

The Coffee Oasis



By: David Frederick
Its Executive Director

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap Community Resources

Proposal Title: Housing Stability Services for Individuals with Behavioral Health Issues

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

Number of Individuals Screened: N/A Number of Individuals Served: 23

Proposal Summary:

This \$144,331 request, with a match of \$70,000 in rental assistance from KCR, would fund a team of two positions responsible for providing ongoing housing stability support services for recently housed individuals whose challenges include Persistent Serious Mental Illness and/or Substance Use Disorders. The households served would include recently transitioned Kitsap Connect participants, as well as other higher barrier households placed into housing by KCR. The team will include a KCR Family Development Specialist and a KMHS Behavioral Health Support Specialist, who will work in collaboration to provide long-term housing stability and supportive services for these households.

Requested Funds Amount: \$ \$ 144,331.00

Matching/In-kind Funds Amount: \$ 70,000.00

Street Address: 845 8th Street

City: Bremerton

State: WA Zip: 98337

Primary Contact: Jeremy Silver

Phone: 360-473-2150

E-Mail: jsilver@kcr.org

Non-Profit Status: 501C3 of the Internal Revenue Code?

Yes

No

Federal Tax ID Number: 91-0791411

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

Imgard Davis
Signature

Interim Executive Director 8/1/2018

Title

Date

KCR List of Board Members

Name: Scott Haeg		Officer Position, if applicable: President	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 5	City of Residence: Bremerton	
Experience and qualifications:			
Credit Union Manager			
Name: Shannon Turner		Officer Position, if applicable: Vice President	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 5	City of Residence: Bremerton	
Experience and qualifications:			
Former Head Start/ECEAP Policy Council Chair, Olympic College Student Body President			
Name: Rudy Taylor		Officer Position, if applicable: Treasurer	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 14	City of Residence: Bremerton	
Experience and qualifications:			
Construction contract management, former Head Start/ECEAP Policy Council member			
Name: Lori Buijten		Officer Position, if applicable	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 1 year	City of Residence: Bremerton	
Experience and qualifications:			
Assistant Director of Special Education and Student Services			

Name: Denise Agee		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 16	City of Residence: Bremerton	
Experience and qualifications:			
Case worker and office manager			
Name: Emma Aubrey		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 6	City of Residence: Bainbridge Island	
Experience and qualifications:			
Lawyer, Former Head Start/ECEAP Policy Council member			
Name: Damon Bell		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 5	City of Residence: Bremerton	
Experience and qualifications:			
Vice President Student Support Achievement at Olympic College			
Name: Katie Eilers		Officer Position, if applicable	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 5	City of Residence: Gig Harbor	
Experience and qualifications:			
Assistant Director, Community Health			

Name: Tina Robinson		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 2	City of Residence: Port Orchard	
Experience and qualifications:			
Kitsap County Prosecutor			
Name: Natasha Fecteau		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 5	City of Residence: Bremerton	
Experience and qualifications:			
Office Manager			
Name: Brian Pickard		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 2	City of Residence: Port Orchard	
Experience and qualifications:			
Executive Director of Staff and School Support for South Kitsap School District			
Name: Victoria Hilt		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 4	City of Residence: Bremerton	
Experience and qualifications:			
Former Head Start/ECEAP Policy Council Chairperson			

Name: Kaleb Hoffer		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 1	City of Residence: Bremerton	
Experience and qualifications:			
Contract Specialist			
Name: Larry Keller		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 5	City of Residence: Bremerton	
Experience and qualifications:			
Mental Health Center Executive Director for 35 years, MPA			
Name: Gina Lindal		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 4	City of Residence: Bremerton	
Experience and qualifications:			
CSO Administrator			
Name: Christine Stansbery		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 1	City of Residence: Port Orchard	
Experience and qualifications:			
Port Orchard Council Representative			

Name: Brandon Johnston		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 2	City of Residence: Bremerton	
Experience and qualifications:			
Representing the Faith Community, fourth generation Bremerton resident			
Name: Dian Poyssick		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 27	City of Residence: Kingston	
Experience and qualifications:			
Pharmacy manager			
Name: Senator Christine Rolfes		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 8	City of Residence: Bainbridge Island	
Experience and qualifications:			
WA State Senator			
Name: Linda Sullivan-Dudzic		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 8	City of Residence: Keyport	
Experience and qualifications:			
Special Programs Director for the Bremerton School District and an independent education consultant			

Name: Kurt Wiest			
Board Term Expiration Date: 9/30/19	Number of Years on Board: 10	City of Residence: Bremerton	
Experience and qualifications:			
Executive Director Bremerton Housing Authority			
Name: Leslie Daug		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Board Term Expiration Date: 9/30/18	City of Residence: Bremerton	
Experience and qualifications:			
Bremerton City Council member			
Name: Tracy Flood		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/18	Number of Years on Board: 4 months	City of Residence: Bremerton	
Experience and qualifications:			
President NAACP, Attorney			
Name: Reshal Brooks		Office Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 6 months	City of Residence: Bremerton	
Experience and qualifications:			
Head Start/ECEAP Policy Council member			

Name: Travis Smith		Officer Position, if applicable:	
Board Term Expiration Date: 9/30/19	Number of Years on Board: 6 months	City of Residence: Allyn	
Experience and qualifications:			
Central Kitsap School District			

**Kitsap County Mental Health, Chemical Dependency
& Therapeutic Court Programs
2019 Continuation Grant Proposal**

Housing Stability Services for Individuals with Behavioral Health Issues

People experiencing chronic homelessness and living with serious mental illness and/or substance use disorders have exhausted community resources, been repeatedly evicted from housing or shelters and lost all sense of hope that life could ever be different. That sense of hope was renewed with the 2016 implementation of Kitsap Connect, which focused on providing wrap around engagement services for the highest utilizers of public services in our community. Kitsap Connect was never intended to be the long-term services provider and it soon became apparent that individuals housed through this program needed long-term tenancy supports to help them remain stable in their housing. To that end, Kitsap Community Resources, with the support of Kitsap Mental Health Services (KMHS), created a supportive services team designed to engage Kitsap Connect and other tenants with high behavioral health needs to address issues threatening their tenancy as well as support ongoing engagement with behavioral health services.

1. PROJECT DESCRIPTION

A. Project Design

The proposed project will provide housing stability support services to 18 recently housed adult households, who have complex conditions including mental health, substance use, and chronic health conditions. The households served would include recently discharged Kitsap Connect participants, as well as other higher barrier households placed into housing by KCR. Specifically, this project proposal will continue to fund a team of two positions:

- The Housing Stabilization Specialist will be staffed by KCR and will have demonstrated experience providing housing stability support services for this population.
- The Behavioral Health Support Specialist, who will be responsible for engagement and connecting participating households with desired mental health and substance use services, will be subcontracted to, and supervised by, KMHS.

Together, the services provided by this team will continue to improve the likelihood that that individuals with Serious Mental Illness and Substance Use Disorders will engage in services so that they can live successfully and independently in their housing in the community. The team will be based at KCR facilities in Bremerton, and will provide in-home services at the residence of the program participants.

KCR will continue to serve as the lead agency for this project. Using principles of low

barrier housing and evidence based practices, KCR will provide project management and oversight, including ensuring data is collected, reports completed, and evaluation measures are met. The Housing Stabilization Specialist will provide crucial case management and tenant advocacy services to ensure housing stability, and will link individuals to needed support services that foster resiliency and stability. The frequency and intensity of the housing stability supportive services will be tailored to the needs of the household using a progressive engagement approach. The KMHS Behavioral Health Support Specialist will work in partnership with the KCR Family Development specialist, in providing services to the individuals on their shared caseload. The KMHS staff person will be responsible for providing care management which includes engaging and supporting the enrollment of participants into more intensive mental health and substance use services if desired, ensuring communication across care providers, supporting engagement in primary care services and coordinating access to inpatient and outpatient treatment, crisis services, and relapse-prevention services as may be needed.

During the first six months of implementation, we observed that many of the high-barrier clients served by this project find it difficult to meet our staff at our offices. To help offset this challenge, the KCR Housing Stabilization Specialist has teamed up with Kitsap Connect nurses to visit homeless encampments and meet clients where they are living, continue fostering relationships, and help the client feel more comfortable with accepting the resources offered. In 2019, we propose adding an additional amount for community incentives to cover incidental items needed by individuals receiving services in response to landlord concerns as well as to cover expenses associated with community engagement (i.e. meet for coffee).

Once the Kitsap Connect team has successfully identified a permanent housing unit for the client receiving Kitsap Connect services, the Housing Stabilization team oversees the leasing process and ensures the client is connected to long term rental supports from a variety of funding sources including the Consolidated Housing Grant, the Supportive Housing Programs, and Housing and Recovery through Peer Supports, to help make the unit affordable over the longer term. Given the significant level of mental illness and/or substance use issues experienced by these individuals, these services often include helping the client complete rental applications, mediate landlord issues, prepare subsidized housing applications and ensuring they attend required orientations (often attending with them), and submit required follow-up paperwork.

The Housing Stabilization Services team is integral to the success of Kitsap Connect clients once they are permanently housed. While the Kitsap Connect team nurses/program coordinators continue working with housed clients for up to 6 months to ensure a smooth transition to permanent services, the Housing Stabilization team takes over immediately at the point of permanent housing to begin providing long term case management services. Their services include the creation of a care plan outlining goals and progress with respect to mental health and substance use, employment, and accessing other community resources including accessing income subsidies and exploring home energy assistance payment options.

B. Staffing Qualifications

- The Housing Stabilization Specialist, staffed by KCR, holds a Master's in Business Administration and is certified as a Family Development Specialist who has continued improving his skills this year through trainings in Mental Health First Aid, Trauma Informed Care, Adverse Childhood Experiences, Racial Equity and Homelessness, First Aid & CPR recertification, and NARCAN (opioid overdose engagement training). This position is not billable to Medicaid, though KCR has applied to be a partner with the new Medicaid Transformation Project for Foundational Community Supports, which may provide ongoing reimbursement for housing support services provided through this program in 2020.
- The Behavioral Health Housing Support Specialist, staffed by KMHS, holds a Bachelor's in Arts and is certified as a Chemical Dependency Professional-in-training as well as trained in the principles of Trauma Informed Care and Motivational Interviewing. This position requires a B.A. and has responsibility for outreach and engagement with these individuals, assisting them in accessing behavioral health (mental health and substance use) and primary care services, conflict resolution and de-escalation of behavioral health situations. Agency Affiliated Counselor registration required. These services are not currently billable to Medicaid.
- Manager – Housing and Homeless Services, (.1FTE included in this request) staffed by KCR and will provide oversight for overall Housing Stability Supports program operations, contract administration, outcomes and performance measurements. B.A. /M.S. preferred. Position is currently vacant. No certifications required. Not billable to Medicaid.
- Director – Housing and Community Support Services, staffed by KCR, oversees overall Housing and Homeless program administration including budgets, contract administration, and community partner engagement. The Director has a MBA and over 10 years of nonprofit experience, including programs serving unsheltered youth and homeless adults. No certifications required.

C. Organization License and Certifications

Kitsap Community Resources is not itself licensed to provide behavioral health services through the Department of Social and Health Services and/or the Department of Health. As the designated community mental health provider for Kitsap County, KMHS is a certified, licensed mental health agency holding additional licenses including but not limited to, co-occurring substance use and chemical dependency, residential treatment, and psychiatric evaluation and treatment.

D. Outreach

Primarily these individuals will be identified through the Kitsap Connect program, once they have been placed into housing. The population served by Kitsap Connect is homeless or at high risk of homelessness, has frequent encounters with EMS, emergency department, crisis services, and law enforcement, and has serious mental

health and/or substance use issues. These characteristics exemplify the population who could benefit from more intensive long-term supportive services. This team also accepts referrals from other KCR housing programs if an assessment determines that an individual in KCR housing has serious mental illness and/or substance use disorders and in need of more frequent or more highly skilled level of supportive services. Individuals receiving housing stability supportive services through this program will be engaged on their own terms and offered support services designed to meet their individual needs. This team will serve people who are Medicaid eligible with serious mental illness and substance use disorders.

Both KCR and its subcontractor KMHS comply fully with local, state, federal laws and executive orders for national equal employment opportunity policies and service provision. Both agencies are committed to affording employment, providing agency services, and administering agency contracts consistent with applicable laws to ensure non-discrimination regardless of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, disabled veteran status, Vietnam era veteran status, disability, or other protected status under applicable laws. Both agencies conduct cultural diversity trainings for all staff.

E. Evaluation

As outlined in Attachment D – Evaluation Worksheet, our primary goal for this program is to promote housing stability for recently housed individuals with significant mental health and/or substance use disorders.

This goal will be accomplished by the following Activities:

- Sustain the Housing Stability Services team consisting of 1 KCR Family Development Specialist and 1 KMHS Behavioral Health Specialist to provide in-home housing stability services.
- Maintain a caseload of 18 individuals with diagnosed mental health and/or substance use disorders.
- Provide referrals and support engagement with community resources including mental health and/or substance use services, primary care services and employment services.

These goals will be evidenced through achievement of the following objectives:

- 13 of 18 (72%) will maintain their housing for at least 6 months
- 9 of 18 (50%) of households will enter into treatment services for either mental health or co-occurring disorders.
- 2 of 18 (11%) will enter substance use disorder treatment services
- 9 of 18 (50%) will utilize primary care services
- 2 of 18 (11%) will engage in employment services
- Individuals on caseload that were referred by Kitsap Connect will reduce their 911 calls by 30% over their baseline.
- 12 of 18 (66%) of households will be connected to resources that will allow them to access income streams and supports, such as Aged, Blind, and Disabled (ABD), SSI, SSDI, SNAP, and TANF.

The Homeless Management Information System (HMIS) will track number of persons receiving housing support services, including rental assistance. It will also track housing status, including people who may exit program services and/or return to homelessness. Through client self-report and the Release of Information between Kitsap Connect partners KCR is able to access information regarding the nature of community services in which the individual is enrolled. Engagement with employment services is self-reported and tracked in casefiles of the individuals. KCR will utilize the outcome tracking tool provided by the Kitsap Public Health District epidemiology team, and will report on outcome performance quarterly or as requested by the funder.

2. ACCOMPLISHMENTS TO DATE:

A. Progress to date

The Housing Stability Services team was launched in January, 2018. Since that time, the project has proven very successful and instrumental to supporting housing stability for recently housed individuals with significant behavioral health issues. Specifically, for the period January – June, 2018, the Housing Stability Team:

- Worked with 23 individuals who met the criteria of having mental health and/or substance use challenges. Of these 23 individuals, 12 remain active on their caseload.
- Provided outreach and engagement efforts resulting in 8 out of 12 individuals enrolling in treatment services including 6 (50%) individuals receiving mental health treatment services and 2 (17%) individuals receiving services for co-occurring disorders. Note that mental health engagement efforts are not limited to KMHS services. Instead individuals are encouraged to work with alternative community providers, including Peninsula Community Health Services, if they are either not eligible for KMHS services or choose to work with another provider.
- Provided housing stability services that resulted in 8 of 12 individuals, (67%) retaining housing for 6 months.
- A total of \$ 36,636 in direct rental and deposit assistance was provided to support long term housing stability. Through the team's efforts, the following funds were leveraged to support permanent housing:
 - o \$19,366 - Consolidated Homeless Grant (CHG)
 - o \$1,780 – Housing and Recovery through Peer Supports program
 - o \$3,488 – Washington Families Fund Retention Assistance
 - o \$12,002 – Bremerton Housing Authority rent subsidies for people in KCR's supportive housing program.

B. Barriers to implementation

This project encountered several challenges in its initial implementation. First, it took 4 months for Kitsap Mental Health Services to identify an appropriate staff member for the Behavioral Health Specialist position. The shortage of trained behavioral health specialists is an issue statewide, and locally it is no different. The Behavioral Health Specialist is now hired and in place, and we expect this barrier to be resolved going forward.

In addition, it has taken much longer than anticipated to educate landlords on supportive assistance for our clients, and ensuring that landlords feel comfortable renting to them. It has been additionally challenging to find rentals within the price range of Fair Market Rate that is covered by housing grants. KCR's Housing Stabilization Specialist has been able to work around this with landlords by offering additional amounts for deposit in order to offset some of both the pre-existing misconceptions about our clients as well as covering some of the difference in the cost of housing through other funding sources.

Finally, KCR's Chief Fiscal officer, Irmgard Davis, who has an MBA and 25 years of experience managing KCR operations, was recently named Interim Executive Director by KCR's Board while the Board is actively engaged in a search process to fill that Executive Director position. During the first 6 months of this year, KCR experienced turnover in two key housing positions, the Housing and Community Support Services Director, which was filled in May 2019 by Jeremy Silver, and the Housing Manager position, for which a search is underway. Jeremy holds a MBA and has more than 10 years of non-profit experience, including housing programs. KCR Housing and Homelessness programs continue to operate at a high level of performance and quality, as before these transitions, and we expect all positions to be filled within the next few months.

C. Integration and Collective Impact

This project leverages services of Continuum of Care partners, including community partners engaged in the Kitsap Connect Program (Kitsap Public Health District, The Salvation Army, BHA, and KMHS). In addition, the Salvation Army provides shelter, showering station, meals, and means for receiving communications. This project is rooted in a strong history of community collaboration, service integration and creating a collective community impact. Our community partners include:

Kitsap Mental Health Services – KMHS has a long established relationship with KCR to provide services benefitting low-income children and adults in Kitsap County. In addition to strong collaboration involved with the creation of the Housing Solutions Center six years ago, and working together as part of the design team that created the Kitsap Connect program in 2016, KMHS also partners with KCR through the Housing and Recovery through Peer Supports (HARPS) program. KMHS has staff located onsite at KCR to provide short term housing peer supports designed to divert people from inpatient settings or assist them in their efforts to reintegrate into the community after release from an institutional care setting. KMHS is committed to continuing their supervision to the KMHS Behavioral Health Support Specialist that will be assigned to this housing stability supportive services team.

The Kitsap Connect Project – Kitsap Connect will serve as a major partner in this project given that KC’s underlying purpose is to engage high utilizers and connect them with key long-term behavioral health, physical health and housing services in the community. Kitsap Connect was never intended to take over the role of community services. The housing stability services provided by this proposed team will ensure access to the longer term supportive services for recently housed individuals with mental illness and/or substance use disorders at the level of frequency and intensity necessary to ensure greater success in their permanent housing.

The Bremerton Housing Authority administers the Supportive Housing rental assistance funds that are provided by the HUD Continuum of Care grant. This funding source provides up to two years of rental subsidy for eligible homeless households. Historically this assistance has been reserved for families with children, but KCR recently opened it to individuals served through Kitsap Connect. The supportive housing program continues to be a key program providing a long term housing subsidy (up to two years) during which time the housing stability support services team can work with individuals to access long term affordable housing.

In addition we have engaged the following community providers:

- Peninsula Community Health, which provided staff at weekly care team meetings to debrief on what clients have done or accomplished while in their care.
- Kitsap Recovery Center, which acted as a transition support between Kitsap Connect and KCR housing as well as developed recovery plans of clients being housed.
- AmeriCorps and Kitsap Youth in Action have collected hygiene kits for clients
- Abraham’s House has offered free items of furniture for our recently-housed clients
- Kitsap Real Estate Group, which worked with our staff on keeping tenants housed, suggesting places to go, understanding the eviction process, and work through challenging qualifying questions that can be barriers to housing our clients.
- Harrison Hospital social workers as part of the greater care team and they follow up about safety of clients in their new residence, make KCR aware of resources the client should be using, and ensure communication and safety before releasing the clients.
- DSHS, who help acquire caregivers for clients, and make sure the caregivers are being utilized, and help with Social Security questions and issues in gaining supplemental income.

D. Key Accomplishments

We are most proud of the fact that together, this team has successfully engaged 8 high utilizer individuals into mental health and co-occurring disorder treatment services. In many cases these individuals have lived through extended periods of chronic homelessness. When someone lives in a constant state of “survival mode”, worried where they will sleep, where they will eat, will they be assaulted, the thought of entering

treatment services which promote long-term healing, stability and recovery is the farthest thing from their mind. Now, having been engaged by Kitsap Connect and connected with permanent housing, with the support of the Housing Stability team, treatment is finally something that people are willing to consider.

We are also very proud that 8 of 12 individuals engaged in our supportive services who have remained stable in their housing for at least six months. If they have been fortunate enough to have permanent housing in the past, their limited income and untreated behavioral health issues put them at immediate risk for eviction and returning to the streets. Instead, with the supportive services provided by this program, we are able to ensure they are meeting their leasehold obligations, while promoting practices and behaviors that support long-term housing stability.

Success story

When working with such a challenging population, success is often measured in small incremental steps an individual makes take toward improving their stability and wellness. An example of this progress is a person who worked closely with the Housing Stability Services team, and who also struggles with alcohol dependency and a personality disorder diagnosis. This person often would become suicidal when drinking and call 911. Since moving off the Kitsap Connect caseload, the Housing Stability Services team has continued to work with this individual, helping them obtain Housing and Essential Needs funding to continue their rent after their Consolidated Homeless Grant funding expires. Since starting Kitsap Connect, and continuing on to the stabilization phase, this person has reduced their ED utilization drastically, and is looking into clean and sober living options if they do not feel they can stay sober in their own home.

3. BUDGET NARRATIVE

A. Past expenditures

For the period January 1 – June 30, 2018, KCR has expended \$31,845.59 (25%) against its \$128,000 contract. The primary driver of the budget shortfall resulted from the delay in hiring of the KMHS Behavioral Health Specialist member of the Housing Stability team. This individual was hired May 2018 and his expenses are not yet reflected in the contract billing. Overall, the hiring delay contributed \$25,242 of the total \$32,154 contract underspend to date. Other primary driver of the shortfall includes less than projected funding for local travel and transportation and related underspend on indirect.

B. Funding Request

The proposed budget includes funding for two full-time staff members, the Family Development Specialist at KCR and the Behavioral Health Specialist at KMHS. With the KMHS staff person fully on board, our proposed budget includes 100% of both positions. A \$70,000 rental assistance match is included, funded through KCR's various rental assistance and housing programs. KCR's indirect rate of 8.3%, is a federally approved indirect rate that is consistently applied to all agency contracts.

C. Funding Modifications

We are adding an additional \$1,200 for community engagement expenses to the 2019 proposed budget. Over the first 6 months of this program the Housing Stabilization team has learned sometimes the smallest expenses can ensure clients remain stably housed. For instance, when a landlord was becoming frustrated over a client's constant knocking on the doors of other residences requesting a lighter, the landlord communicated his frustrations to the team and our team purchased a lighter for the client. A more common example of this is meeting a client in the community, purchasing a cup of coffee or an ice cream for them, and normalizing social engagements. Flexible spending dollars for these small purchases allows the team to support not just clients engaging in the community but also providing peace of mind that our team is able to address concerns brought up by strategic partners, such as landlords

D. Subcontractors

Kitsap Mental Health Services will be a subcontractor for this proposal and will provide 1.0 FTE Behavioral Health Specialist responsible for engagement and connecting participating households with desired mental health and substance use supportive services. This person would function as a team with the KCR Family Development specialist, working together to ensure housing stability.

4. SUSTAINABILITY

A. Leveraged Funds

KCR's diverse mix of existing programs are leveraged to support the success of the Housing Stability Services program, making it possible for the Housing Stability Services team to provide rental assistance and subsidies as well as other program supports including energy assistance. Overall funding for KCR's housing programs is expected to come from multiple sources including the coordinated grant, HUD, Community Services Block grant, Consolidated Homeless Grant (State via Kitsap County), and rental income from operations of our 34 interim and permanent housing units. In addition, KCR operates 36 units of housing, include 14 that receive funding from the BHA Supportive Housing Program. The BHA Supportive Housing program prioritizes funding for individuals served by Kitsap Connect in the community.

B. Sustainability Plan

Kitsap Community Resources has applied to be a partner with the new Medicaid Transformation Project for Foundational Community Supports, which would provide ongoing reimbursement for the type of clients served by our program. As KCR waits for approval and continues exploring requirements for participation, the continued support of this grant is imperative to ensuring stable housing for these clients.

EVALUATION WORKSHEET

PROJECT NAME: Housing Stability Services for Individuals with Behavioral Health Issues

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Promote housing stability for recently housed individuals, identified and prioritized as the most vulnerable among chronically homeless, with Serious Mental Illness and Substance Use Disorders.</p>	<p>1 FTE Family Development Specialist (KCR) and 1 FTE Behavioral Health Support Specialist (KMHS) will jointly provide in-home housing stability supportive services to 18 recently housed households who are diagnosed with Serious Mental Illness and Substance Use Disorders.</p>	<p>13 (72%) of 18 will retain housing for at least six months</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long</p> <p>Start date: <u>1/1/2019</u></p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>9 as of 6/1/19.</p>	<p>KCR and KMHS Case management records.</p>
<p>Promote housing stability for recently housed individuals, identified and prioritized as the most vulnerable among chronically homeless, with Serious Mental Illness and Substance Use Disorders.</p>	<p>Provide referrals and support engagement with community resources, clinical mental health and/or substance use services, primary care and employment services</p>	<p>Engage 9 households (50%) into Mental Health and co-occurring SUD services. Engage 2 (11%) households into substance use treatment Engage 7 (50%) households into primary care services Engage 2 (11%) households into employment and training services. Connect 12 (66%) households to resources that will allow them to access income streams and supports, such as Aged, Blind, and Disabled (ABD), SSI, SSDI, SNAP, and TANF.</p>	<p><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 type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <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>1/1/2019</u></p> <p>Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>0 by 1/1/18. 25% of objective by 3/1/19 50% of objective by 6/1/19 75% of objective by 9/1/19 100% of objective by 12/1/19.</p>	<p>KCR and KMHS Case Management Records.</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Promote housing stability for recently housed individuals, identified and prioritized as the most vulnerable among chronically homeless, with Serious Mental Illness and Substance Use Disorders.</p>	<p>1 FTE Family Development Specialist (KCR) and 1 FTE Behavioral Health Support Specialist (KMHS) will jointly provide in-home housing stability supportive services to 18 recently housed households who are diagnosed with Serious Mental Illness and Substance Use Disorders.</p>	<p>Individuals originating from Kitsap Connect will reduce calls 30% from their baseline prior to enrollment.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/2019</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____ Start date: <u>1/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>0%</p>	<p>KCR and KMHS Case management records.</p>

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap Community Resources

Project: Housing Stability Services

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 8,243,707.00	56%	\$ 8,245,000.00	56%	\$ 8,245,000.00	56%
WA State Revenue	\$ 2,520,335.00	17%	\$ 2,550,000.00	17%	\$ 2,550,000.00	17%
Local Revenue	\$ 1,000,423.00	7%	\$ 1,000,500.00	7%	\$ 1,000,500.00	7%
Private Funding Revenue	\$ 75,000.00	1%	\$ 78,000.00	1%	\$ 78,000.00	1%
Agency Revenue	\$ 915,904.00	6%	\$ 920,000.00	6%	\$ 920,000.00	6%
Miscellaneous Revenue	\$ 2,023,293.00	14%	\$ 1,900,000.00	13%	\$ 1,900,000.00	13%
Total Agency Revenue (A)	\$ 14,778,662.00		\$ 14,693,500.00		\$ 14,693,500.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 1,230,500.00	8%	\$ 1,238,000.00	9%	\$ 1,247,000.00	9%
Staff	\$ 2,835,750.00	19%	\$ 2,895,450.00	20%	\$ 2,901,300.00	20%
Total Benefits	\$ 1,945,126.00	13%	\$ 1,951,550.00	14%	\$ 1,954,700.00	14%
Subtotal	\$ 6,011,376.00	41%	\$ 6,085,000.00	42%	\$ 6,103,000.00	42%
Supplies/Equipment						
Equipment	\$ 30,744.00	0%	\$ 34,000.00	0%	\$ 34,000.00	0%
Office Supplies	\$ 188,717.00	1%	\$ 195,000.00	1%	\$ 198,000.00	1%
Other (Describe) <u>Education Supplies</u>	\$ 17,794.00	0%	\$ 18,000.00	0%	\$ 20,000.00	0%
Subtotal	\$ 237,255.00	2%	\$ 247,000.00	2%	\$ 252,000.00	2%
Administration						
Advertising/Marketing	\$ 4,500.00	0%	\$ 4,500.00	0%	\$ 4,800.00	0%
Audit/Accounting	\$ 44,300.00	0%	\$ 44,300.00	0%	\$ 44,300.00	0%
Communication	\$ 82,072.00	1%	\$ 82,500.00	1%	\$ 83,000.00	1%
Insurance/Bonds	\$ 90,776.00	1%	\$ 91,000.00	1%	\$ 91,000.00	1%
Postage/Printing	\$ 41,872.00	0%	\$ 42,000.00	0%	\$ 43,000.00	0%
Training/Travel/Transportation	\$ 123,385.00	1%	\$ 124,000.00	1%	\$ 125,000.00	1%
% Indirect	\$ 1,090,150.00	7%	\$ 1,100,000.00	8%	\$ 1,100,000.00	8%
Other (Describe) <u>Contracted Services</u>	\$ 192,399.00	1%	\$ 198,000.00	1%	\$ 203,000.00	1%
Subtotal	\$ 1,669,454.00	11%	\$ 1,686,300.00	12%	\$ 1,694,100.00	12%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 45,000.00	0%	\$ 47,500.00	0%	\$ 48,500.00	0%
Maintenance Contracts	\$ 42,250.00	0%	\$ 45,000.00	0%	\$ 46,000.00	0%
Maintenance of Existing Landscaping	\$ 20,000.00	0%	\$ 20,000.00	0%	\$ 20,000.00	0%
Repair of Equipment and Property	\$ 31,713.00	0%	\$ 33,000.00	0%	\$ 34,000.00	0%
Utilities	\$ 81,549.00	1%	\$ 82,000.00	1%	\$ 83,000.00	1%
Other (Describe) <u>Weatherization & Minor Home Repair</u>	\$ 758,863.00	5%	\$ 760,000.00	5%	\$ 765,000.00	5%
Other (Describe) <u>BE\$T Program</u>	\$ 135,000.00	1%	\$ 140,000.00	1%	\$ 145,000.00	1%
Other (Describe) <u>Fundraising</u>	\$ 60,836.00	0%	\$ 65,000.00	0%	\$ 68,000.00	0%
Other (Describe) <u>Other KCR Programs</u>	\$ 1,770,721.00	12%	\$ 1,800,000.00	13%	\$ 1,850,000.00	13%
Other (Describe) <u>West Hills STEM Project</u>	\$ 554,592.00	4%	\$ -	0%	\$ -	0%
Subtotal	\$ 3,500,524.00	24%	\$ 2,992,500.00	21%	\$ 3,059,500.00	21%
Other Costs						
Debt Service	\$ 3,325,660.00	23%	\$ 3,325,660.00	23%	\$ 3,325,660.00	23%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 3,325,660.00	23%	\$ 3,325,660.00	23%	\$ 3,325,660.00	23%
Total Direct Expenses	\$ 14,744,269.00		\$ 14,336,460.00		\$ 14,434,260.00	

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

Special Project Budget Form

Agency Name: Kitsap Community Resources Subcontractor: ___ Yes No Project: Housing Stabilization Services

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 5,592	3%	\$ 5,592	4%	\$ -	0%
Staff	\$ 33,865	16%	\$ 33,865	23%	\$ -	0%
Total Benefits	\$ 18,328	9%	\$ 18,328	13%	\$ -	0%
SUBTOTAL	\$ 57,785	27%	\$ 57,785	40%	\$ -	0%
Supplies & Equipment						
Equipment (rugged cell phone for field svc)	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 1,200	1%	\$ 1,200	1%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 1,200	1%	\$ 1,200	1%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication (Cell plan)	\$ 840	0%	\$ 840	1%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 300	0%	\$ 300	0%	\$ -	0%
Training/Travel/Transportation	\$ 4,500	2%	\$ 4,500	3%	\$ -	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Community Engagement Incentiv	\$ 1,200	1%	\$ 1,200	1%	\$ -	0%
SUBTOTAL	\$ 6,840	3%	\$ 6,840	5%	\$ -	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%
Other (Describe): Building Charge	\$ 600	0%	\$ 600	0%	\$ -	0%
Other (Describe): Subcontract with KMHS	\$ 77,906	36%	\$ 77,906	54%	\$ -	0%
Other (Describe): Rental Assistance	\$ 70,000	33%	\$ -	0%	\$ 70,000	100%
SUBTOTAL	\$ 148,506	69%	\$ 78,506	54%	\$ 70,000	100%
Other						
Debt Service	\$ 0	0%	\$ 0	0%	\$ 0	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 0	0%	\$ 0	0%	\$ 0	0%
Total Project Budget	\$ 214,331		\$ 144,331		\$ 70,000	

NOTE: Indirect is limited to 10%

Special Project Budget Form

Agency Name: Kitsap Mental Health Services Subcontractor: Yes No Project: Housing Stabilization Services

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	\$ 45,032.00	58%	\$ 45,032.00	58%	\$ -	0%
Total Benefits	\$ 19,431.00	25%	\$ 19,431.00	25%	\$ -	0%
SUBTOTAL	\$ 64,463.00	83%	\$ 64,463.00	83%	\$ -	0%
Supplies & Equipment						
Equipment (rugged cell phone for field svc)	\$ -	0%		0%	\$ -	0%
Office Supplies	\$ 550.00	1%	\$ 550.00	1%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 550.00	1%	\$ 550.00	1%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication (Cell plan)	\$ 760.00	1%	\$ 760.00	1%	\$ -	0%
Insurance/Bonds	\$ 760.00	1%	\$ 760.00	1%	\$ -	0%
Postage/Printing	\$ 360.00	0%	\$ 360.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 2,470.00	3%	\$ 2,470.00	3%	\$ -	0%
% Indirect (Limited to 10%)	\$ 7,082.00	9%	\$ 7,082.00	9%	\$ -	0%
Other (Describe): Software/License	\$ 1,460.00	2%	\$ 1,460.00	2%	\$ -	0%
SUBTOTAL	\$ 12,892.00	17%	\$ 12,892.00	17%	\$ -	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%
Other (Describe): Building Charge	\$ -	0%		0%	\$ -	0%
Other (Describe): Subcontract with KMHS	\$ -	0%		0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	100%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	100%
Total Project Budget	\$ 77,907.00		\$ 77,906.00		\$ 1.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

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

Project: Housing Stabilization Services

Description

Number of Professional FTEs	0.10
Number of Clerical FTEs	0.00
Number of All Other FTEs	1.00
Total Number of FTEs	1.10

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 5,592.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ 33,865.00
Description: Housing Stabilization Specialist	\$ 33,865.00
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 39,457.00
Total Payroll Taxes	\$ 3,728.69
Total Cost of Benefits	\$ 12,034.39
Total Cost of Retirement	\$ 2,564.71
Total Payroll Costs	\$ 57,784.78

Project Salary Summary

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

Project: Housing Stabilization Supports

Description

Number of Professional FTEs	0.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	1.00
Total Number of FTEs	1.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ 45,032.00
Description: Behavioral Health Housing Specialist	\$ 45,032.00
Description:	
Description:	\$ -
Total Salaries	\$ 45,032.00
Total Payroll Taxes	\$ 4,134.00
Total Cost of Benefits	\$ 13,495.72
Total Cost of Retirement	\$ 1,801.28
Total Payroll Costs	\$ 64,463.00

ATTACHMENT H

Letter of Support:
Kitsap Mental Health Services

July 25, 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:

On behalf of Kitsap Mental Health Services, I am writing to express our support and commitment for the Kitsap Community Resources proposal to provide Housing Tenancy and Behavioral Health Housing Case Management Services for persons with behavioral health concerns through the Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Mental Health Services has a long established relationship with Kitsap Community Resources to provide safety net services to low income and vulnerable children and adults in our county. Together we have worked on projects to reduce child abuse and neglect, improve housing options, and fill service gaps in the safety net health and social services. As an active participant in the Kitsap County Continuum of Care KMHS worked in support of the community's goal to create a one stop referral network for housing which became located at KCR. Two years ago we collaborated with KCR, Kitsap Public Health District and Bremerton Housing Authority to create "Kitsap Connect" designed to assist persons homeless or at risk of homelessness who experience physical and behavioral health issues, so that using a multi-agency approach of outreach and engagement together we could reconnect them to housing and to treatment. This has proved a successful strategy and unified collective effort that has proved to be effective in working with people who often are difficult to engage or choose not to engage in services. Lastly, through Salish Behavioral Health Organization funding in 2016 and again in 2017, KCR and KMHS co-located at KCR, staff to provide short-term rental assistance and high intensity wrap around peer support services to individuals who without this level of support would be unlikely to be housed or remain successfully in their housing.



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MENTAL
HEALTH
SERVICES**

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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.

In summer 2016 and again in 2017, KMHS, KCR, BHA, with Continuum of Care approval submitted a proposal for McKinney (State) funding for the Housing Case Management positions included in this proposal, with the goal of securing and retaining low-barrier permanent supported housing for persons with behavioral health disorders. Our proposal ranked highly, and “next-in-line” for funding in its category however there were simply not enough funds available through this source for an award.

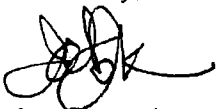
This proposal is submitted for your consideration in order to accomplish that same goal, with the expertise of both agencies brought to bear – KCR with strong housing tenancy support experience, and KMHS with behavioral health case management. We believe that this new jointly provided capacity will reduce homelessness, improve engagement in treatment services, and assist people with mental health and substance use disorders to become housed and to maintain their housing into the future.

To this end, KMHS commits 1 FTE KMHS behavioral health clinical housing support specialist, with administrative oversight and regular supervisory guidance

Kitsap Mental Health Services continues as an active member in the Kitsap County Coalition on Homelessness and several countywide housing coalitions, 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 are familiar with the Kitsap County Behavioral Health Strategic Plan and are pleased to work together with Kitsap Community Resource in this critical endeavor to bring stability to the lives of persons with behavioral health concerns, especially those with chronic, severe illnesses.

We hope you will view this application favorably and look forward to working with you in this important endeavor.

Sincerely,



Joe Roszak

Chief Executive Officer

2018 GRANT SUMMARY PAGE

Organization name: **KITSAP COUNTY DISTRICT COURT; BEHAVIORAL HEALTH COURT**

Proposal Title: **KITSAP COUNTY BEHAVIORAL HEALTH COURT SUPPORT:**

BEHAVIORAL HEALTH SPECIALISTS AND DEDICATED PUBLIC DEFENDER

Proposal: Continuation Grant Proposal

Areas of the Continuum This Project Addresses:

Prevention, Early Intervention and Training, Crisis Intervention, Recovery Support Services

Number of Individuals Screened: 100 Number of Individuals Served: 55,¹ 100²

Proposal Summary: The Behavioral Health Court (BHC) in Kitsap County District Court is respectfully requesting continued funding to support its burgeoning program. The program has a demonstrated need for, and is therefore requesting funding for: two full-time Behavioral Health Specialists (BHS), and a dedicated Public Defender (PD). In short, the Court has developed a coordinated response with law enforcement, the KC jail, mental health and substance abuse service providers, behavioral health outreach programs, court probation officers, prosecutors and defense attorneys. During each contact with the individual, the goal is to provide essential services such as housing, behavioral health resources, medication and a more stable environment. We know that if the individual has structure, treatment, medication management and a stable living situation, the odds of success are vastly improved.

Our program is hybrid of a therapeutic court (with diversion from jail and avoidance of a conviction as just one part of the goal), with the addition of facilitation/provision of “wrap-around services” for our participants. The goal is to facilitate/provide much-needed resources and structure, avoid crisis, and reduce the number of people cycling through our emergency rooms and criminal justice systems, including jails and courts.

Since its inception in November of 2016, the BHC has continued to grow and we simply cannot operate to full capacity without two full-time Behavioral Health Specialists, or the dedicated public defender. Given the explosive growth of this court program, and the positive impact this program has already shown, it is clear that without the proper support, this program will not be reaching anywhere near its potential. This program meets the County’s goals of Prevention, Early Intervention, Crisis Intervention and Recovery Support Services.


Requested Funds Amount: \$ 232,711.00

Matching/In-kind Funds Amount: \$ 343,713.63

Address: **614 Division St., MS-25, Port Orchard, WA 98366**

Primary Contact: **Claire Bradley** Phone: **360.337.4468** E-Mail: **cabradle@co.kitsap.wa.us**

Non-Profit Status: No Federal Tax ID Number **91-6001348**

Signature  Title Kitsap County District Court Judge Date 7/31/18

¹ In BHC program.

² Actually served.

ATTACHMENT C
CONTINUATION GRANT
NARRATIVE

**KITSAP COUNTY DISTRICT COURT, BEHAVIORAL HEALTH COURT:
TWO BEHAVIORAL HEALTH SPECIALISTS AND DEDICATED DEFENDER
CONTINUATION GRANT PROPOSAL
PROJECT NARRATIVE**

1. Project Description

A. Project Design

The Kitsap County District Court Behavioral Health Court (BHC) is a standard therapeutic court that follows the Sequential Intercept Model of crisis intervention¹. At every level of contact in the criminal justice system, we intervene early and often with someone in mental health crisis, and/or intervene before they get to crisis level. Generally, the BHC employs a diversion program, wherein at the end of the program duration, the charges are dismissed². We accept felony and misdemeanor cases, provided they meet the program's eligibility criteria.

The existing Behavioral Health Court (BHC) is staffed by several representatives from the criminal justice system and mental health professionals.

Judge Bradley leads the program through collaboration with a deputy prosecutor (DPA)³ and a dedicated defense attorney obtained through this grant in 2018. We also enjoy the services of an attorney from the Office of Public Defense, who provides oversight, advice and training to the dedicated defense attorney.⁴ Kitsap County Prosecutor, Tina Robinson has committed to continuing the prosecutor resources for at least .50 FTE for the DPA position. In addition, the Prosecutor has pledged to provide .25 FTE for a legal assistant to aid and support to the program. DPA Jeter will also be supervised by the Chief Deputy Prosecutor assigned to the District Court division as well. The Office of Public Defense (OPD) has committed to continue to provide the resources for at least .10 FTE for the support/ policy position.

The BHC team includes two (2) full-time Behavioral Health Specialists (BHS). These BHSs are responsible for direct contact with the BHC participants, starting with an initial evaluation which is conducted before the team staffs the potential candidate for entry. Each BHS manages a caseload of participants with whom they maintain constant contact, verify compliance with treatment and BHC program requirements, staff participant progress weekly, and coordinate the provision of resources. BHS Matt Duthie is funded by this grant in 2018 and is based upon a sub-contract with KMHS to

¹ Which is, of course, a well-established "best practice."

² However, in some cases, charges are amended to a lesser charge. Also, it is contemplated that the BHC will eventually (if resources allow) take participants who have been previously convicted and are on probation, and if they successfully complete the program, their conviction will be vacated.

³ DPA Chris Jeter, an experienced deputy prosecutor in the District Court Division.

⁴ Supervising Attorney Steve Lewis, who has many years of criminal defense experience and currently has direct supervision duty over all OPD attorneys.

provide his services. The other BHS, Joannia Wahrmund, is currently funded by a *Trueblood* Grant that includes funding for a 1.0 FTE dedicated Behavioral Health Specialist/ Jail Diversion Liaison for the Behavioral Health Court.

In 2017, in answer to a defined need created by the new BHC, the Court consolidated and re-classified two unfilled FTE positions to create the Behavioral Health Court Program Manager/ Probation Supervisor. That position manages the BHC program and supervises two (2) probation monitors.

While most referrals to the BHC are generated by defense attorneys, we have also received direct referrals from Kitsap County Corrections Officers, local law enforcement officers, other treatment court(s), Judges, prosecutors, and even multiple concerned parents who read about the BHC in the newspaper or heard about it in the community.

Termination from the program is decided by the entire team at BHC staffing. Graduation occurs when the participant has successfully completed the requirements of the program.

This proposal varies from our original submission last year. This proposal adjusts the request for a dedicated defense attorney by reducing the amount from \$60,000 to \$45,000. While we could still benefit from a consultant position, we recognize grant funds are extremely limited and opted to prioritize our requests.

This proposal adjusts the request for the Behavioral Health Specialist (BHS) position to include two (2) 1.0 FTE positions. The BHS position funded through the *Trueblood Jail Diversion* Grant, set to expire in December 2018, is untenable. Given the current circumstances with Department of Social and Human Services (DSHS), and the very public problems Western State Hospital is experiencing, it is likely that the grant will not continue, or at the very least, the grant may not continue with its current program focus. A more detailed explanation of adjustments is included in Funding Modifications under Budget Narrative.

B. Staffing Qualifications

(1) BEHAVIORAL HEALTH SPECIALISTS (2 x 1.0 FTE): Our BH Specialists are licensed mental health professionals and have at least a master's degree in psychology, social services, or a related field. One of our BH Specialists has a total of 19 years in the mental health field, with over nine years spent as a licensed therapist/ diagnostician. The other BHS has a total of seven (7) years' experience with five of those being a licensed Mental Health Professional. We require a minimum of two years' experience working with people with mental illness, experience in co-occurring disorders treatment, individual and group therapy, vocational services, and experience working with court systems. Our BH Specialists must possess and maintain valid driver's license with an acceptable motor vehicle report and have reliable personal transportation with business-rated insurance.

(2) BHC PROGRAM MANAGER (.75 FTE): The BHC Program Manager must have at least a bachelor's degree in psychology, criminal justice, public administration,

or related field with five (5) years progressively responsible criminal justice, court services, and/or mental health related experience. Our current BHC Program Manager has a master's degree in forensic psychology and 11 years' experience in the mental health field with six (6) years working with or in the court system. The program manager develops policies and procedures, ensures program goals are being met, maintains quality assurance, communicates with stakeholders, plans projects, tracks progress, recommends process improvement, and provides supervision to program staff.

(3) DEPUTY PROSECUTOR (.50⁵ FTE): The Deputy Prosecuting Attorney (DPA) assigned to BHC has a Juris Doctor degree and is a member in good standing of the Washington State Bar Association. Our current BHC prosecutor has five and ½ years' experience as an attorney, which is well above our program minimum qualifications of three years' experience as a deputy prosecutor or criminal defense attorney. He is supervised by a Chief Deputy Prosecutor, who has 22 years' experience as an attorney, with almost 19 of those years as a prosecutor.

(4) DEDICATED DEFENSE ATTORNEY (1.0 FTE): The Defense Attorney assigned to BHC has a Juris Doctor degree and is a member in good standing of the Washington State Bar Association. Our current BHC Defense Attorney has 7 and ½ years' experience as an attorney, and most of those have been spent doing criminal defense, which is well above our program minimum qualifications of three years' experience as a deputy prosecutor or criminal defense attorney.

(5) JUDGE (.50 FTE): The program is overseen and presided over by Judge Claire Bradley, who currently spends at least 50% of her time leading team staffing meetings, conducting weekly BHC calendars and addressing policy, practice and procedure issues. Judge Bradley has over 20 years' experience in the criminal justice system.

(6) PROSECUTOR SUPPORT STAFF (.25 FTE): The Prosecutor's Office employs a legal assistant to provide support for the program and the DPA assigned to the BHC.

(7) OFFICE OF PUBLIC DEFENSE LIAISON (.10 FTE): The Office of Public Defense (OPD) Attorney acting as a liaison to BHC has a Juris Doctor degree and is a member in good standing of the Washington State Bar Association. Our current liaison is the Supervisor for all Office of Public Defense (OPD) attorneys and has fourteen (14) years' experience as an attorney, which is well above our program minimum qualifications of three years' experience as a deputy prosecutor or criminal defense attorney.

(8) PROBATION COMPLIANCE MONITOR (.25 FTE): Kitsap District Court employs a minimum of .25 FTE for compliance monitoring of our participants. We require a minimum of five (5) years' experience in probation services for these positions. Both of our compliance monitors have over ten (10) years' experience as Probation

⁵ Currently, he spends 50% of his time on BHC matters. In our grant last year, we designated his position at .25 FTE, but we grossly underestimated the actual amount of time spent on BHC matters.

Monitors, and our current monitors have over 45 years' experience (combined) in District Court services.

C. Organizational Licenses and Certifications

The BHC is a court program, so it is not an organization licensed to provide behavioral health services through the Department of Social and Health Services (DSHS) and/or the Department of Health. However, our BH Specialists are licensed to provide some limited counseling and full-time case management services on an ad hoc basis.

D. Outreach

We currently have more potential participants than we can handle. We have done a good job of making new relationships, increasing collaboration with partner agencies, and getting the word out about our program. Our Program Manager created a webpage and brochure with program information and resources. Objective eligibility criteria help to provide equivalent access to historically disadvantaged groups. Periodic program data reviews assess adherence to equivalent retention, treatment/resource allocation, incentives/sanctions, and legal dispositions to monitor for unintentional bias against historically disadvantaged groups.

E. Evaluation

Our program aims to provide resources, education, and judicial monitoring to help improve the quality of life for those with mental health and substance use disorders, reducing future involvement in the criminal justice system. We hope to show a reduction in jail days, recidivism rates, and homelessness. Participants will gain confidence in the legal system, greater independence, and an increased sense of well-being. Please see Attachment D for more information.

2. Accomplishments to Date

A. Progress to Date

During the first half of 2018, the BHC program developed smart objectives to evaluate progress on overall program goals. The program maintains 28 active participants with 12 admissions in 2018. There were 5 terminations, 4 graduations, and 1 transfer.⁶ The program resulted in a remarkable 87% reduction in participant jail days and 25% reduction in homelessness. Although not a program requirement, 69% of participants obtained a job or started school and 76% obtained/re-gained their driver's license. We continue to work towards increasing graduation rates (increased from 3% to 12%); program length changed from a minimum of 12 to 18 months early in 2018. Please see Attachment D for more information.

B. Barriers to Implementation

(1) **Housing**. The biggest barrier to implementation has been lack of housing options and lack of residential treatment facilities. We know from experience that if our

⁶ One (1) participant was deemed to need a higher level of treatment/case management and was transferred to the Trueblood Diversion Program.

participants do not have stable housing, it does not matter how many other resources we help to provide, they will be unable to succeed in the program. Many of our participants have spent unnecessary time incarcerated while housing, whether temporary or permanent, was arranged.

(2) **Prosecutor Resources**. We desperately need to expand our current BHC to two (2) calendars. We are at full capacity and cannot handle any new participants with only one calendar per week. Our court calendars often run beyond 4:30 PM (when the courthouse closes), which causes problems for staff overtime, security concerns, and “open court” violations. We have a plan in place and are ready to execute the plan for an additional calendar, but unfortunately the prosecutor’s office is unable to staff the second calendar at their current level of personnel. They have requested additional attorneys and staff through their departmental budget requests to address this issue but have been denied their request(s) up to now.⁷ We are literally at a “stand still,” unable to accept any new referrals for the program, unless and until the prosecutor’s office obtains the funding for personnel to cover this body of work.

(3) **Lack of Collaboration with Partner Agency**. While executing the plan to hire a dedicated BHC Defense Attorney (funded by Treatment Sales Tax Grant in 2018), we hit a barrier. The Office of Public Defense (who is responsible for hiring and overseeing the position) denied our request to hire someone with our desired level of experience, or at the contract amount we requested. The BHC Team was not permitted to be involved in the hiring process, to know who applied for this position, or to provide any input. As a result, OPD hired an attorney with little legal experience and no therapeutic court experience, at a greatly reduced rate. The inexperienced attorney was hired, and shortly after she started (and received training for this position), she got a new job with better pay in another county. This meant that we had to go back to “square one” with hiring a new BHC Defense Attorney and meant we were without any defense attorney for an extended period while the hiring process was completed again.

Best practices for any therapeutic court indicates that team members should be on the team for at least three (3) years to provide continuity of care and garner the trust of the participants. This event was disruptive and deleterious to our participants (three defense attorneys in a short span of time and no defense representation for a period of time). We are, of course, concerned that this may occur again, but we are mindful of the negative impact of seeking defense services without any Office of Public Defense (OPD) involvement. We need this position and are doing everything we can to work collaboratively, and in a positive manner, with OPD.

C. Integration and Collective Impact

Multi-Disciplinary Planning Teams Created. The BHC reached out to several already well-established mental health treatment providers, substance use disorder treatment providers, other treatment courts and social services/ community programs to build lasting partnerships. Most notably, during the planning stages of the BHC, many multi-

⁷ The Prosecutor’s Office is submitting an RFP through the Treatment Sales Tax Grant this year in an effort to address this serious barrier to expansion.

disciplinary meetings were convened to discuss the resources being utilized in Kitsap County to address the issues. The past year has been extremely successful in deepening those relationships and increasing the level of communication between the agencies.

Kitsap County's RIDEALONG Program. The BHC is beginning work with the Kitsap County Sheriff's Office to implement the RIDEALONG program. We are working with KCSO to come up with a system to allow law enforcement to gain valuable information about our current participants, should they find themselves having contact with one of our participants out in the community. Information like who their Behavioral Health Specialist is, current treatment requirements and even mental health "triggers" that a person might have are all vital to law enforcement's crisis intervention response. In addition, officers in the community can give us any information about how our participants are doing if they know they are in our program.

Partnership with NAMI⁸/ Support Groups. Mental illness is a family issue. The person suffering from the mental illness does not suffer alone. It became clear early in the program that, for our participants to succeed, their family members often needed to be educated and offered help and supportive words from people who have been through similar experiences. Through our partnership with NAMI, we provide weekly support and educational resources for the family members of our participants during court proceedings. Having these resources during court is crucial so that they do not have to make an extra trip (which they would be unlikely to make). We provide support groups, educational materials and counseling and referrals to many other resources. We have also strongly encouraged the family members of our participants to come to the hearing when the participant enters the program, so that they know what the requirements of the program are and can help provide additional structure and accountability. So far, it has been extremely well received and has been an invaluable partnership.

Westsound Treatment Center (WSTC): Through our partnership with WSTC, we have been able to contract directly with them to provide substance use disorder evaluations for every potential participant who is detained in jail. This has greatly streamlined the process for staffing and entry into treatment and the BHC program. This contract is paid for in full through the District Court budget.

Correct Care Solutions (CCS): We have partnered with Correct Care Solutions, the organization that provides medical treatment and mental health professionals for those participants and potential candidates for the program who are detained in jail. This has been a rewarding partnership as we have been able to collect vital information about participants/ potential participants, obtain referrals for the program, discuss medication issues directly with the service providers, and communicate about concerns we may have about a person. Our program participants have been able to start medications in the jail before their release, providing them with a head start on their treatment and stability in the community.

⁸ National Alliance on Mental Illness

Kitsap Mental Health Services (KMHS) Trueblood Grant Diversion and Court Liaison Program: The BHC has enjoyed a strong collaboration with Kitsap Mental Health Services (KMHS) throughout the initial planning stages of the BHC and up to the present administration of the program. The *Trueblood* grant currently includes funding for a 1.0 FTE dedicated Behavioral Health Specialist/ Jail Diversion Liaison for the Behavioral Health Court. We have collaborated with this team to refer our participants to the *Trueblood* Diversion Program, a program for people who have or have had competency issues. Due to the potential for competency issues with the participant, this program provides much more structured care management than the BHC can provide. Also, KMHS provides the BHC with one (1) *Trueblood* Assessor to engage all new BHC referrals in Risk and Needs Triage (RANT) through this funding. This collaboration has allowed us to share resources, so we can avoid requests for additional funding.

Kitsap Superior Court; Therapeutic Courts: The Superior Court, Therapeutic Courts department collaborates with BHC on policies, procedures and training opportunities, makes referrals to BHC regarding potential participants, and accepts referrals for potential candidates from BHC. Team Members of Superior Court programs attend (ad hoc) case staffings and/or team meetings for better communication about needs and resources for potential participants. Finally, Superior Court allows the BHC to utilize (share) their therapeutic court Resource Navigator.

D. Key Accomplishments

Reduced Homelessness. A lack of stable housing options is a definite barrier to success for our participants. We have had to come up with “creative” alternatives to housing in our efforts to keep them stable while searching for more permanent housing. These options are sometimes not optimal, like placement with family or friends that may not be the best support and procuring a tent with a legal space to inhabit. Participant homelessness was reduced by 25% through June 2018 (11 of 28 participants began the program homeless).

Improved Appearance Rate in Court. District Court carries about a 47% appearance rate for defendants. Many of our participants are repeat offenders with many FTAs (fail to appear in court) on their record. Our participants are required to come to court weekly for the first 10-12 weeks of the program. After that, frequency of hearings is reduced based upon their progress in the program. Our BHC participants have an average of 97%⁹ appearance rate, a 95% improvement over standard rates of appearance.

Trust in the System/ Judge/ Prosecutor: Whether a participant graduates or is terminated from the program, our Program Manager always conducts an exit interview. The focus of the interview is to inquire about what participants found helpful or unhelpful in the program and their overall satisfaction. Overwhelmingly, participants have reported that they believe they were treated fairly, even when sanctioned or terminated, that the best motivator was the praise received from the judge and prosecutor, that their trust in the criminal justice system had improved, and they were all generally satisfied with the program.

⁹ Most of these failures to appear are based upon one or two individuals who were struggling in the program.

D.H. Case Review: One of our current participants, D.H., presented with a felony Violation of a No Contact Order (Domestic Violence). He had extensive criminal history, 31 FTAs, and was facing a standard range of 51-60 months in prison on the current offense. He had a long history of mental health illness and had received services from KMHS intermittently over the years but was never able to stick with it. The team was hesitant to take him because of his lengthy criminal history and the facts of the current case reflected that he got out of jail and immediately violated the court's No Contact Order. Best practices for therapeutic courts include taking high risk/ high needs individuals if they are amenable to the program's rigors, so we accepted him into the program.

D.H. agreed to start medications in jail through our partnership with Correct Care Solutions. Through West Sound Treatment Center, we facilitated getting him into inpatient treatment from the jail. While in inpatient treatment, he became a designated mentor for other patients.

Upon his release from treatment, he hit the ground running and secured his own sober housing, immediately started Intensive Outpatient Treatment, and began his services with KMHS.

He has appeared weekly in court and we've watched him go from a distrusting, withdrawn person to smiling, openly sharing his progress with the Court and other participants, and getting a stable full-time job for the first time in many years. He now volunteers for Kitsap Recovery Center by going to the facility and sharing his story with patients there. He has never had a sanction, follows all treatment requirements, and he has indicated that he now loves coming to court because, before this program, he had never gotten praise from a judge or prosecutor. He wants to do well and for the first time in his life he is proud of himself.

3. Budget Narrative

A. Past Expenditures

As of June, we have spent \$56,125.21 of our 2018 Treatment Sales Tax Grant Funding.¹⁰ We have not yet received all invoices from our subcontractors through June 2018, but we are on track to spend the entire grant fund by December 31, 2018.

In the 2018 budget year, Kitsap County District Court has spent a total of \$6,074.68 for office furniture, equipment and supplies for the BHS, and incentive /reward items for our participants. These expenditures came out of the District Court budget.

B. Funding Request

We are requesting funding (at a reduced rate from last year) for 1.0 FTE dedicated public defender in the amount of \$45,000, with no benefits or indirect costs. We are also requesting funding for two (2) FTE Behavioral Health Specialists (\$187,721.00) so we can contract with KMHS for these services. The indirect costs for KMHS are 10%, which is standard for their organization and licensing requirements.

¹⁰ We received \$151,999.76 in Treatment Sales Tax Grant Funding for 2018.

C. Funding Modifications

Reduction in Request for Proposal. This proposal adjusts the amount paid to the dedicated defense attorney by reducing the amount from \$60,000 received last year, to \$45,000. This reduction is based upon the understanding that this grant funding is extremely limited. Last year's proposal encompassed not only a dedicated BHC defense attorney, but also an experienced Therapeutic Court Consultant to help us with creating policies and procedures, which was absolutely essential for a program in its infancy. While we would still substantially benefit from the consultant position, it is necessary for us to recognize the funding limits and prioritize our requests.

Increase in Request for Proposal. This proposal requests funding to maintain our current level of service. We currently have two (2) Behavioral Health Specialists (BHS) working in the BHC. One of the BH Specialists is funded through this Treatment Sales Tax Grant and we are requesting that be funded as a continuation grant. The other BHS is funded by a *Trueblood Jail Diversion* Grant, which expires in December 2018. The grant includes funding for a 1.0 FTE dedicated Behavioral Health Specialist/ Jail Diversion Liaison for the Behavioral Health Court. It is extremely questionable whether the *Trueblood* Grant will be continued in its current form. Given the current circumstances with Department of Social and Human Services (DSHS), and the very public problems Western State Hospital is experiencing, it is likely that the grant will not continue, or at the very least, the grant may not continue with its current program focus.

This program needs two (2) 1.0 FTE Behavioral Health Specialists to maintain operation at our current capacity. If we LOSE a BHS, we will have to close our doors to new referrals and seriously limit the provision of current service levels. KMHS recognizes the great partnership we have created, as well as the incredible progress we have made together, and has committed to contract with Kitsap County District Court to provide the two (2) BH Specialists should we receive this grant funding.

We desperately need to expand our current BHC to two (2) calendars. We are at full capacity and cannot handle any new participants with only one calendar. Our court calendars often run over 4:30 PM when the courthouse closes, which causes problems for staff overtime, security concerns, and "open court" violations. Unfortunately, we have a plan in place, and are ready to execute the plan for an additional calendar, but the prosecutor's office is unable to staff the second calendar at their current level of personnel. They have requested additional attorneys and staff through their departmental budget requests to address this issue but have been denied their request(s) up to now.¹¹ We are literally at a "stand still," unable to accept any new referrals for the program unless and until the prosecutor's office obtains the funding for personnel to cover this body of work.

¹¹ The Prosecutor's Office is submitting a RFP through the Treatment Sales Tax Grant this year in an effort to address this serious barrier to expansion.

D. Subcontractors

- (1) Sub-contract with Kitsap Mental Health Services for two (2) FTE KMHS Mental Health Professionals, with .10 FTE Clinical Supervision.
- (2) Sub-contract with BHC Defense Attorney.

4. Sustainability

A. Leveraged Funds

BHC has received funding from the Kitsap District Court departmental budget for the BHC Program Manager, probation monitor position(s), court-related equipment and materials. The Behavioral Health Court (through its partner agencies: Kitsap County District Court, Kitsap County Prosecuting Attorney, Kitsap County Office of Public Defense, and Kitsap Mental Health Services) will be contributing \$343,713.63 in match funds.

We have attempted to find alternative grant funding through SAMHSA and tribal funding. We solicited and received private in-kind donations from two (2) donors for our "incentive and reward" program. We continue to look for funding and in-kind donations wherever we can find them.

B. Sustainability Plan

This proposal sets forth a plan to increase the capacity and quality of much-needed Behavioral Health Court services. Our Program Manager continues to provide support and promote efficiencies in the program, share resources with other programs, look for new innovations, and seek out federal, state and local grant funding for the BHC. It should be apparent from the match funds that the partnerships already forged in this program are strong and will continue to grow.

In the event no other grant funding can be found, it is expected that the Kitsap County Commissioners will either (1) sustain funding through the County General Fund (Budget Process), or (2) sustain funding for an extended period of time using the "Kitsap County Mental Health, Chemical Dependency and Therapeutic Court" (Treatment Sales Tax) funds. Reduction or termination of funding will drastically affect the number of people the BHC can help and the quality of services that we can provide.

ATTACHMENT D

EVALUATION

PROJECT NAME: BEHAVIORAL HEALTH COURT SUPPORT: BHS AND DEDICATED PD

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Stabilize those in crisis in our criminal justice system.	-BHC takes referrals from law enforcement and/or jail staff at earliest opportunity (1 st responders). -BHS and defense attorney facilitate and provide wraparound service referrals to include housing solutions, medications, treatment, care coordination. -BHS works with jail medical/mental health, corrections, and CD treatment staff to provide quicker provision of service and reduce jail days. -Work with family members/natural supports of participants to provide stable environment for participants and provide resources to family members to cope/understand the illness.	Reduce the number of jail days for program participants by 50%	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" 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>1/1/2019</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Q2 2018: 87% reduction in number of jail days for program participants. • Current: 21% Q2 • Current: 16% cum. Post-Program Graduates • 6 months: 0% • 12 months: n/a	BHC Program Manager will compile from jail records in conjunction with law enforcement reports, defendant case histories, and court management records. BHC Program Manager will compile from law enforcement reports, jail records, defendant case histories and court management records.

1 KITSAP COUNTY BEHAVIORAL HEALTH COURT: BEHAVIORAL HEALTH SPECIALISTS AND DEDICATED PUBLIC DEFENDER

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE date and time	G. SOURCE
Divert people suffering from mental illness from the jail, from the	-Coordinated efforts to assist in-custody defendants by established partnerships with other entities: KMHHS, KSCO, KCI, Correct Care Solutions, WSTC.	Reduce homelessness among program participants by 30%.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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: 1/1/2019	11/28 participants were homeless at outset of program; by 2018 Q2 end 4/28 remained homeless (or were homeless again). 25% reduction in homelessness for 6-month cohort.	Self-report by program participants, interactions with natural supports, and coordination with treatment agencies working with participants.
		Increase ratio of incentives to sanctions to best practice standards of 4:1 by December 31, 2019.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/2019	End Q2 Current: 1.71 incentives / 0.96 sanctions = 1.78	BHC Program Manager will compile from court

2 KITSAP COUNTY BEHAVIORAL HEALTH COURT: BEHAVIORAL HEALTH SPECIALISTS AND DEDICATED PUBLIC DEFENDER

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Date and time	G. SOURCE
consequences of conviction, from contact with law enforcement, avoid crisis, and provide resources to promote a productive life.	-Felony Case Diversion. -Misdemeanor Case Diversion -Probation Technical Violations diverted. - BHS and defense attorney facilitate and provide wrap around service referrals to include housing, medication, treatment, and care coordination. - Develop and foster collaboration between criminal justice system agencies, social agencies, treatment agencies. -Provide family support for the family members of Participants. -Provide positive reinforcement for accomplishments and swift, certain, and fair sanctions for program infractions.	Increase proportion of participants who successfully complete diversion program and avoid conviction to 25%.	<input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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 checked="" type="checkbox"/> Fidelity measure	Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Termination: 1.25 incentives / 3.25 sanctions = 0.38 Graduation: 5.2 incentives / 0.4 sanctions = 13	management records. BHC Program Manager will compile from: law enforcement reports, jail records, treatment records, defendant case histories; and court management records.
		Program participants regain / obtain their independence by:	<input type="checkbox"/> Output If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long	• Obtaining a job or re-engaging with education: Q2 66%	Self-report by program participants

3 KITSAP COUNTY BEHAVIORAL HEALTH COURT: BEHAVIORAL HEALTH SPECIALISTS AND DEDICATED PUBLIC DEFENDER

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data Points	G. SOURCE
	<p>-Program Manager administers Satisfaction Survey at end-of-services (Likert Scale)</p>	<ul style="list-style-type: none"> Obtaining a job or re-engaging with education: 50% Obtaining a driver's license: 50% 	<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>Start date: 1/1/2019</p> <p>Frequency: <input checked="" type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input checked="" type="checkbox"/> Other: _____</p>	<p>(cum avg: 69%)</p> <ul style="list-style-type: none"> Obtaining a driver's license: Q2 87.5% (cum avg 76%) 	<p>with verification from educational program and/or company.</p> <p>Self-report by program participants with verification from DOL records.</p>
	<p>-Program Manager administers Satisfaction Survey at end-of-services (Likert Scale)</p>	<ul style="list-style-type: none"> 75% of program participants report favorable feedback about service experience. 75% of program participants report confidence in the legal system 	<p><input type="checkbox"/> Output</p> <p><input checked="" type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" 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 type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: 1/1/2019</p> <p>Frequency: <input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Other: _____</p>	<ul style="list-style-type: none"> End Q2 (cum): 75% report favorable feedback New Measure 	<p>BHC Program Manager engages participants in an Exit Survey.</p>
	<p>-BHS administers Quality of Life Survey every 3 months</p>	<p>70% of program participants* report</p>	<p><input type="checkbox"/> Output</p>	<p><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p>	<p>Social Relationships Q2: 61% (65% cum avg)</p>	<p>Quality of life survey</p>

4 KITSAP COUNTY BEHAVIORAL HEALTH COURT: BEHAVIORAL HEALTH SPECIALISTS AND DEDICATED PUBLIC DEFENDER

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
	(Likert Scale)	favorable outcomes for the following: <ul style="list-style-type: none"> • Social relationships • Overall life satisfaction *Results will be shown cumulative and grouped by months in service.	<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	Start date: 1/1/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Overall Life Satisfaction Q2: 61% (63% cum avg)	

5 KITSAP COUNTY BEHAVIORAL HEALTH COURT: BEHAVIORAL HEALTH SPECIALISTS AND DEDICATED PUBLIC DEFENDER

PROJECT NAME: BEHAVIORAL HEALTH COURT SUPPORT: BHS AND DEDICATED PD

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Stabilize those in crisis in our criminal justice system.	-BHC takes referrals from law enforcement and/or jail staff at earliest opportunity (1 st responders). -Use Crisis Intervention Triage Center, Housing Solutions Center, Kitsap Connect, and other solutions instead of booking in jail. -BHS and defense attorney facilitate and provide "wrap around services;" to include housing, medication, treatment, care coordination. -Work with family members/ loved ones of Participants to provide stable environment for Participants, and provide resources for family members to cope/ understand the illness. -Partnerships with KMHS, Jail, law enforcement and treatment providers.	-Reduce ER visits/ costs of ER visits. -Reduce the cost/frequency of need for jail medical services. -Reduce the number of inmates with mental illness. -Fewer incidents of use of force/ assaults for jail staff. -Fewer people with mental illness are homeless. -Provide positive outcomes for Participants. -Find effective solutions for quicker provision of medication, services and resources by collaboration with our partner agencies. -Quicker referral to BHC means faster route to medications, resources, housing and diversion from jail.	<input checked="" 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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: 11/1/2017 Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	3 years before entry into BHC to present	BHC Program Manager will compile from: law enforcement reports, jail records, treatment records, defendant case histories, and court management records. BHC Participants will complete exit interview and survey of their experience when they graduate. We will also ask family members to complete a survey.

1 KITSAP COUNTY BEHAVIORAL HEALTH COURT: BEHAVIORAL HEALTH SPECIALIST AND DEDICATED PUBLIC DEFENDER

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
<p>BHC-Divert people suffering from mental illness from the jail, from the consequences of conviction, from contact with law enforcement, avoid crisis, and provide resources to promote a productive life.</p>	<p>-Take direct referrals for BHC from defense attorneys, jail staff, law enforcement, treatment providers. -Felony Case Diversion. -Misdemeanor Case Diversion -Probation Violations diverted. - BHS and defense attorney facilitate and provide "wrap around services," to include housing, medication, treatment, care coordination. - Develop and foster collaboration between criminal justice system agencies, social agencies, treatment agencies.</p>	<p>-Participants obtain treatment, structure, resources. -Consequences teach coping skills and resource seeking, instead of just punishment. -Reduce recidivism of crimes and/or police contacts. -Reduce number of mentally ill people in jails. -Reduce number of Failure to Appear/Bench Warrants in Courts. -Successful completion of diversion program, conviction avoided. -Participants obtain jobs, driver's licenses, and regain/obtain their independence. - Better communication/collaboration among the criminal justice system agencies and treatment agencies.</p>	<p><input checked="" 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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: 11/1/2017 Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>3 years before entry into BHC to present</p>	<p>BHC Program Manager will compile from: law enforcement reports, jail records, treatment records, defendant case histories; and court management records. BHC Participants will complete exit interview and survey of their experience when they graduate. We will also ask family members to complete a survey-</p>

2 KITSAP COUNTY BEHAVIORAL HEALTH COURT: BEHAVIORAL HEALTH SPECIALIST AND DEDICATED PUBLIC DEFENDER

ATTACHMENT E
TOTAL AGENCY
BUDGET

Total Agency or Departmental Budget Form

Agency Name: District Court of Kitsap County

Project:

 Accrual Cash

AGENCY REVENUE & EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent

AGENCY REVENUE

	2017 Actual	2017 Percent	2018 Budget	2018 Percent	2019 Budget	2019 Percent
Federal Revenue	\$ -	0%	\$ -	0%		0%
WA State Revenue	\$ 99,000	4%	\$ 248,698	10%	\$ 312,556	13%
Local Revenue	\$ 2,315,688	96%	\$ 2,255,155	90%	\$ 2,169,850	87%
Private Funding Revenue	\$ -	0%	\$ -	0%		0%
Agency Revenue	\$ 2,224	0%	\$ 3,100	0%	\$ 2,500	0%
Miscellaneous Revenue	\$ 678	0%	\$ 500	0%	\$ 700	0%
TOTAL AGENCY REVENUE	\$ 2,417,589		\$ 2,507,453		\$ 2,485,606	

AGENCY EXPENSES

Personnel						
Managers	\$ 907,498	36%	\$ 979,749	38%	\$ 977,995	38%
Staff	\$ 933,283	37%	\$ 931,888	36%	\$ 905,957	35%
Total Benefits	\$ 648,352	26%	\$ 697,771	27%	\$ 713,200	27%
SUBTOTAL	\$ 2,489,132	100%	\$ 2,609,408	100%	\$ 2,597,152	100%

Supplies/Equipment						
Equipment	\$ 36,857	58%	\$ 32,791	60%	\$ 33,291	64%
Office Supplies	\$ 26,520	42%	\$ 22,163	40%	\$ 18,800	36%
Other	\$ -	0%	\$ -	0%		0%
SUBTOTAL	\$ 63,377	100%	\$ 54,954	100%	\$ 52,091	100%

Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 16,881	6%	\$ 1,440	0%	\$ 1,440	0%
Insurance/Bonds	\$ 15,066	6%	\$ 9,486	2%	\$ 9,486	1%
Postage/Printing	\$ 1,912	1%	\$ 2,500	0%	\$ 2,500	0%
Training/Travel/Transportation	\$ 19,878	7%	\$ 20,150	4%	\$ 24,650	4%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Dues, Subscriptions, Memberships	\$ 4,897	2%	\$ 3,900	1%	\$ 5,000	1%
Professional Services	\$ 86,631	32%	\$ 232,235	40%	\$ 309,456	47%
IS Interfund Services	\$ 123,823	46%	\$ 304,070	53%	\$ 304,070	46%
SUBTOTAL	\$ 269,087	100%	\$ 573,781	100%	\$ 656,602	100%

Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment & Property	\$ 61,996	100%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 61,996	100%	\$ -	0%	\$ -	0%

Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%

TOTAL DIRECT EXPENSES	\$ 2,883,593		\$ 3,238,143		\$ 3,305,845	
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22

District Court - Expenditures Exceeding 10% of Budget

Business Unit	Object Account	Subsidiary	Account Description	2017 Budget	2018 Budget	2019 Budget	
9061	5101		REGULAR SALARIES	1,645,357.87	1,675,306.00	1,701,039.00	
9062	5101		REGULAR SALARIES	154,269.72	209,945.00	216,476.00	
9061	5102		OVERTIME PAY	3,212.16			
9062	5102		OVERTIME PAY	27.04			
9061	5103		LONGEVITY PAY	20,355.29	16,938.00	14,658.00	
9062	5103		LONGEVITY PAY	3,029.32	3,448.00	3,860.00	
9061	5106		ANNUAL LEAVE PAYOUT	11,297.89	0.00	0.00	
9061	5109		EXTRA HELP	0.00	0.00	0.00	
9061	5110		OUT OF CLASS PAY	0.00	0.00	0.00	
9061	5112		BAILIFF	3,231.30	6,000.00	6,000.00	
9061	5201		INDUSTRIAL INSURANCE	19,577.96	18,856.00	18,856.00	
9062	5201		INDUSTRIAL INSURANCE	2,076.29	2,571.00	2,571.00	
9061	5202		SOCIAL SECURITY	116,349.42	129,916.00	131,710.00	
9062	5202		SOCIAL SECURITY	11,514.02	16,325.00	16,856.00	
9061	5203		PERS RETIREMENT	189,119.23	212,620.00	221,668.00	
9062	5203		PERS RETIREMENT	19,256.68	26,717.00	28,368.00	
9061	5215		DISABILITY INSURANCE	1,515.29	1,632.00	1,632.00	
9062	5215		DISABILITY INSURANCE	192.69	384.00	384.00	
9061	5229		BENEFITS BUCKET	254,100.00	254,100.00	266,816.00	
9062	5229		BENEFITS BUCKET	34,650.00	34,650.00	36,384.00	
9061	5299		SAL/BENE ATTRITION BUDGET	0.00	0.00	-62,198.00	
9062	5299		BENEFITS BUCKET	0.00	0.00	-7,928.00	
				2,489,132.17	2,609,408.00	2,597,152.00	<i>Managers, Staff, & Benefits</i>
9061	5922		I/F I.S. PROJECTS	18,479.04	17,512.00	17,512.00	
9062	5922		I/F I.S. PROJECTS	1,467.96	3,079.00	3,079.00	
9061	5451		OPERATING RENTAL/LEASES	2,541.49	4,000.00	4,000.00	
9061	5351		SMALL TOOLS & EQUIPMENT	2,905.94	0.00	0.00	
9061	5352		COMPUTER SOFTWARE	20.00	200.00	200.00	
9061	5353		SMALL COMPUTER EQUIPMENT	11,134.54	8,000.00	8,000.00	
9061	5354		SMALL TELEPHONE EQUIPMENT	308.47	0.00	500.00	
				36,857.44	32,791.00	33,291.00	<i>Equipment</i>
9061	5499		OTHER	484.98	800.00	800.00	
9063	5499		OTHER	0.00	8,363.00	0.00	
9061	5311		OFFICE/OPERATING SUPPLIES	26,035.03	13,000.00	18,000.00	
				26,520.01	22,163.00	18,800.00	<i>Office Supplies</i>
9061	5413		MEDICAL, DENTAL & HOSPITAL	450.00	2,500.00	2,500.00	
9063	5416		SPECIAL LEGAL SERVICES	0.00	0.00	0.00	
9061	5416	10	PRO TEM JUDGES	49,611.85	52,000.00	57,000.00	
9061	5416	16	INTERPRETERS	35,347.10	30,000.00	30,000.00	
9063	5419		OTHER PROFESSIONAL SERVICES	0.00	81,335.00	168,556.00	
9061	5419		OTHER PROFESSIONAL SERVICES	1,171.55	6,000.00	6,000.00	
9061	5495		WITNESS FEES	50.00	400.00	400.00	
9063	5919		OTHER I/F PROFESSIONAL SERVICE	0.00	60,000.00	45,000.00	
				86,630.50	232,235.00	309,456.00	<i>Professional Services</i>
9061	5912		I/F I.S. SERVICE CHARGES	114,903.96	173,790.00	173,790.00	
9062	5912		I/F I.S. SERVICE CHARGES	8,919.00	6,942.00	6,942.00	
9061	5913		I/F I.S. PROG MAINT & DEV CHGS	0.00	115,395.00	115,395.00	
9062	5913		I/F I.S. PROG MAINT & DEV CHGS	0.00	7,536.00	7,536.00	
9061	5914		I/F FLEET RECOVERY	0.00	407.00	407.00	
				123,822.96	304,070.00	304,070.00	<i>IS Interfund Charges</i>

ATTACHMENT F
SPECIAL PROJECT
BUDGET

Special Project Budget Form

Agency Name:
KITSAP COUNTY DISTRICT COURT

Project:
BEHAVIORAL HEALTH COURT: BHS AND DEDICATED PD

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Contract Attorney (no benefits, etc)	\$ 45,000.00	8%	\$ 45,000.00	19%	\$ -	0%
.10 FTE OPD Attorney	\$ 12,000.00	2%		0%	\$ 12,000.00	3%
.25 Prosecutor Legal Assistant	\$ 29,353.95	5%		0%	\$ 29,353.95	9%
.50 Prosecutor DPA	\$ 53,572.00	9%		0%	\$ 53,572.00	16%
1 FTE Behavioral Health Specialist	\$ 79,667.50	14%	\$ 79,667.50	34%	\$ -	0%
1 FTE Behavioral Health Specialist	\$ 79,667.50	14%	\$ 79,667.50	34%	\$ -	0%
.10 KMHS Clinical Supervisor for BHC Staffing	\$ 7,800.00	1%			\$ 7,800.00	2%
.75 FTE BHC Program Manager	\$ 83,202.75	14%	\$ -	0%	\$ 83,202.75	24%
.25 Probation Monitor	\$ 22,460.75	4%	\$ -	0%	\$ 22,460.75	7%
.33 FTE Court Clerk	\$ 16,553.00	3%			\$ 16,553.00	5%
.20 FTE District Court Office Support	\$ 10,032.00	2%			\$ 10,032.00	3%
.50 District Court Judge	\$ 102,664.50	18%	\$ -	0%	\$ 102,664.50	30%
SUBTOTAL	\$ 541,973.95	94%	\$ 204,335.00	88%	\$ 337,638.95	98%
Supplies & Equipment-BHS						
Printer Equipment for BHS	\$ 976.68	0%		0%	\$ 976.68	0%
Office Furniture and Office Supplies for BHS	\$ 5,579.00	1%	\$ 1,100.00	0%	\$ 4,479.00	1%
Rewards/ Incentives and Bus Tokens	\$ 619.00	0%	\$ -	0%	\$ 619.00	0%
SUBTOTAL	\$ 7,174.68	1%	\$ 1,100.00	0%	\$ 6,074.68	2%
Administration-KMHS						
Travel Mileage	\$ 1,550.00	0%	\$ 1,550.00	1%	\$ -	0%
Cell Phone Plan	\$ 1,510.00	0%	\$ 1,510.00	1%	\$ -	0%
Software	\$ 2,730.00	0%	\$ 2,730.00	1%	\$ -	0%
Liability Insurance/Bonds	\$ 1,510.00	0%	\$ 1,510.00	1%	\$ -	0%
Postage/Printing	\$ 720.00	0%	\$ 720.00	0%	\$ -	0%
Training	\$ 2,000.00	0%	\$ 2,000.00	1%	\$ -	0%
Administration (Limited to 10%)	\$ 17,066.00	3%	\$ 17,066.00	7%	\$ -	0%
License Fees	\$ 190.00	0%	\$ 190.00	0%	\$ -	0%
SUBTOTAL	\$ 27,276.00	5%	\$ 27,276.00	12%	\$ -	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%
Other (Describe):	\$ -	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%
Total Project Budget	\$ 576,424.63		\$ 232,711.00		\$ 343,713.63	

NOTE: Indirect is limited to 10%

ATTACHMENT G

PROJECT SALARY

ATTACHMENT G-- PROJECT SALARY

Program / Grant Prep Date: 7/23/2018

Program / Grant Name: KITSAP DISTRICT COURT
BEHAVIORAL HEALTH COURT

Number of Months Covered: 12
Start Date: 1/1/2019
End Date: 12/31/2019

Total Grant Request 232,731.00

Personnel	FTE	
Dedicated Public Defender	1	45,000.00
Behavioral Health Therapist	2	
Clinical Supervision	0.1	

Total Wages 116,792.00 2 FTE at \$26 an hour for Behavioral Health Therapists and 4 hours of clinical supervision per week at \$37.5
Total Taxes 10,722.00 FICA at 7.65%, Workers Compensation and Unemployment Insurance at 1.53%
Total Benefits 31,821.00 Retirement at 4%, Life Insurance at .6%, Medical Insurance at \$12,600 per year

Subtotal - Personnel Costs 204,335.00

Asset Purchases

Computer (Desktop)	-
Computer (Laptop)	-
Cell Phone	-
Desk	-
Chair	-

Subtotal - Asset Purchases -

Operating Costs KMHS

Training	2,000.00	Required trainings for behavioral health
Office & Operating Supplies	1,110.00	Approximately \$42 a month for office supplies and other operating expenses
Software	2,730.00	Approximately \$110 per month for access to KMHS client management systems and other KMHS systems
Cell Phone	1,510.00	\$60 per month for cell phone access
Travel / Mileage	1,550.00	Assumes on average 50 miles per week for work weeks only
Liability Insurance	1,510.00	Professional liability insurance
Printing	720.00	Approximately \$28.75 a month per FTE for printing and office equipment maintenance expenses
License Fees	190.00	Coverage for estimated license fees

Subtotal - Operating Expenses 11,320.00

Administrative Costs KMHS

10% 21,566.00 Allocated Overhead

ATTACHMENT H
LETTERS OF
COMMITMENT

July 31, 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 County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Administered by the Kitsap County District Court's Behavioral Health Court (BHC) offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of two (2) KMHS affiliated behavioral health therapists to provide assessment, treatment and resource provision for adults participating in the Behavioral Health Court. District Court is also requesting a dedicated public defender to represent the participants Behavioral Health Court.

Kitsap Mental Health Services (KMHS) will commit the following resources to the proposal submitted by Kitsap County District Court:

- Supervise and subcontract for two (2) 1.0 FTE Master's Level Mental Health Professionals for the Behavioral Health Specialist Positions;
- Collaborate with BHC on policies, procedures and grant funding;
- Provide one (1) .10 FTE Clinical Supervisor, to supervise the two Behavioral Health Specialists, and attend weekly case staffings and team meetings;
- Provide one unified KMHS treatment team for most BHC participants, to allow for better communication and consistent treatment;
- Provide one (1) *Trueblood Grant* Assessor to engage all new referrals in Risk and Needs Triage (RANT), and provide the use and results of the RANT tool licensed to KMHS, provided this position continues to receive funding under the *Trueblood Grant*;



**KITSAP
MENTAL
HEALTH
SERVICES**

BOARD OF DIRECTORS

James C. Tracy
President
Maureen Gaffney RN
President Elect
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Britt Edelman
Immediate Past President

Patty Lem
Jean Mackinnon RN
Steve Strachan
Jan Tezak RN JMN
Eve Willen

Emeritus:
Paul Deur
Greg Memovich
Carolyn Powers
Wes Tallman
Denise Veloni

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 Almirra Drive NE
Bremerton, WA 98311-8331

www.kitsapmentalhealth.org

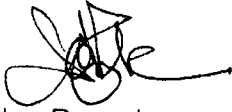


KMHS does not discriminate against any person on the basis of race, color, national origin, sex, disability, marital status, religion, ancestry, age, veteran status, or other protected status under applicable laws in its programs and activities.

- Collaborate with BHC on *Trueblood* cases, and accepts referrals for the *Trueblood* Diversion Program; and
- Provide one (1) clinician assistant to be the communication hub between KMHS and BHC (in progress).

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,

A handwritten signature in black ink, appearing to read 'Joe Roszak', with a stylized flourish extending to the right.

Joe Roszak
Kitsap Mental Health Services
Chief Executive Officer



Inspiring Lives and Restoring Hope

*"Improving Lives and Restoring
Hope through Education and
Support Services"*

WEST SOUND TREATMENT CENTER

1415 Lumsden Road, Port Orchard, WA 98367

Phone: 360-876-9430 ♦ Fax: 360-876-0713

July 31, 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 County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of two (2) KMHS affiliated behavioral health therapists to provide assessment, treatment and resource provision for adults participating in the Behavioral Health Court. District Court is also requesting a dedicated public defender to represent the participants Behavioral Health Court.

West Sound Treatment Center (WSTC) will commit the following resources to the proposal submitted by Kitsap County District Court:

- Maintain current contract with Kitsap District Court for all in custody substance use disorder evaluations;
- Collaborate on policies, procedures and grant funding;
- Collaboration with BHC on participant needs and resources, and make referrals to BHC;
- Provide one (1) Program Manager for case staffings and team meetings;
- Provides one (1) CORE case manager to assist with BHC participant needs
- In-progress: provide one (1) CD Treatment Provider (CDP) to assist with chemical dependency response at staffings.

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,

Claire Hickman
Operations Director
West Sound Treatment Center



Kitsap County Prosecuting Attorney's Office

Tina R. Robinson
Prosecuting Attorney
Office ID #91103

Carol I. Maves
Office Administrator

Ione S. George
Chief General
Counsel

Justin B. Zaug
District/Municipal
Division Chief

Chad M. Enright
Felony and Juvenile
Division Chief

**Jacquelyn M.
Aufderheide**
Civil Division Chief

Holly G. Banks
Family Support
Division Chief

www.kitsapgov.com/pros

July 31, 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 County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of two (2) KMHS affiliated behavioral health therapists to provide assessment, treatment and resource provision for adults participating in the Behavioral Health Court. District Court is also requesting a dedicated public defender to represent the participants Behavioral Health Court.

The Kitsap County Prosecutor's Office will commit the following resources to the proposal submitted by Kitsap County District Court:

- Continue to provide one (1) .50 FTE Deputy Prosecutor to oversee the BHC program, prepare case studies, attend team case staffings and team meetings, and appear in court;
- Continue to provide one (1) .25 FTE Support Staff to prepare chargings, set cases on the calendar and provide other administrative support to the program;
- Collaborate with BHC on policies, procedures and make referrals to BHC for potential participants;
- Act as liaison to other therapeutic courts, and refer participants to those programs, if appropriate.

Adult Criminal & Administrative Divisions • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7174 • FAX (360) 337-4949
Juvenile Criminal Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-5500 • FAX (360) 337-4949
Special Assault Unit • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7148 • FAX (360) 337-4949

Bainbridge Island Municipal Court Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366 • (360) 337-7174 • FAX (360) 337-4949
Port Orchard Municipal Court Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7174 • FAX (360) 337-4949

Civil Division • 614 Division Street, MS-35A • Port Orchard, Washington 98366-4681 • (360) 337-4992 • FAX (360) 337-7083
Family Support Division • 614 Division Street, MS-35B • Port Orchard, Washington 98366-4681 • (360) 337-7020 • FAX (360) 337-5733



July 25, 2018

Page 2

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,

A handwritten signature in cursive script that reads "Tina Robinson".

Tina R. Robinson
Prosecutor
Kitsap County

KITSAP COUNTY DISTRICT COURT

CLAIRE A. BRADLEY, JUDGE
DEPARTMENT NO. 1

614 Division Street, MS-25
Port Orchard, WA 98366

MARILYN G. PAJA, JUDGE
DEPARTMENT NO. 3

JEFFREY J. JAHNS, JUDGE
DEPARTMENT NO. 2

Fax 337-4865

KEVIN P. KELLY, JUDGE
DEPARTMENT NO. 4

CLINT CASE BOLT
COURT ADMINISTRATOR

July 31, 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 County District Court, Behavioral Health Court (BHC) grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

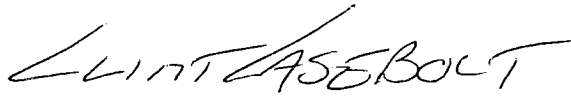
Administered by the Kitsap County District Court, the Behavioral Health Court (BHC) offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County Behavioral Health Court is proposing the services of two (2) KMHS affiliated behavioral health therapists to provide assessment, treatment and resource provision for adults participating in the Behavioral Health Court. The BHC is also requesting a dedicated public defender to represent the participants in Behavioral Health Court.

The Kitsap County District Court will commit the following resources to the proposal submitted by Kitsap County Behavioral Health Court:

- Provide one (1) .50 FTE Judge to preside over BHC;
- Provide one (1) .75 FTE BHC Program Manager;
- Provide one (1) .33 FTE court clerk for all BHC hearings;
- Provide one (1) .20 FTE Office Support Coordinator for budget, creation of forms, and assistance with equipment issues;
- Provide one (1) .25 Probation Compliance Monitor;
- Provide courtroom space, office equipment, and office supplies;
- Pay for (and contract directly with) Westsound Treatment Center for provision of substance use disorder evaluations for potential participants detained in the jail.

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,

A handwritten signature in black ink that reads "CLINT CASEBOLT". The signature is written in a cursive, slightly slanted style.

Clint Casebolt, Court Administrator
Kitsap County District Court



OFFICE OF
GARY SIMPSON

KITSAP COUNTY SHERIFF

614 DIVISION ST. MS-37 • PORT ORCHARD, WASHINGTON 98366 • (360) 337-7101 • FAX (360) 337-4923

July 31, 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 County District Court Behavioral Health Court (BHC) grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of two (2) KMHS affiliated behavioral health therapists to provide assessment, treatment and resource provision for adults participating in the Behavioral Health Court. District Court is also requesting a dedicated public defender to represent the participants in Behavioral Health Court.

The Kitsap County Sheriff's Office (KCSO) will commit the following resources to the proposal submitted by Kitsap County Behavioral Health Court:

- Collaborate with BHC on RIDEALONG program to provide information vital to law enforcement;
- Collaborate with BHC on policies, procedures and training opportunities;
- Make referrals to BHC regarding potential candidates;
- Provide updated information about current participants in the BHC program who are residing in the Kitsap County community.

The Kitsap County Sheriff's Office Corrections Division will commit the following resources to the proposal submitted by Kitsap County Behavioral Health Court:

- Collaborate with BHC on policies, procedures and make referrals to BHC for potential participants;
- Agreement to provide all UAs and ETG testing for the program; collaboration on outstanding fees due by participants (small percentage of FTE);
- Provide one (1) Supervisor (Sergeant and/or Lieutenant) for case staffings (on ad hoc basis), and for team meetings.



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,



Gary Simpson, Sheriff
Kitsap County Sheriff's Office

July 31, 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 County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of two (2) KMHS affiliated behavioral health therapists to provide assessment, treatment and resource provision for adults participating in the Behavioral Health Court. District Court is also requesting a dedicated public defender to represent the participants Behavioral Health Court.

The Office of Public Defense (OPD) will commit the following resources to the proposal submitted by Kitsap County District Court:

- **Oversee and administer the grant funded position, .05 FTE Support Staff**
- **.10 FTE OPD attorney for overflow, conflict cases, and/or special projects;**
- **Collaborate with BHC on policies, procedures, BHC Defense Attorney training and grant funding;**
- **Make referrals to BHC for potential participant candidates.**

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,



Kevin M. Anderson,
Chief Public Defender
Kitsap County Office of Public Defense

THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR KITSAP COUNTY

614 DIVISION STREET, MS24
PORT ORCHARD, WASHINGTON 98366
(360) 337-7140

JEANETTE M. DALTON, JUDGE
DEPARTMENT NO. 1

MICHELLE ADAMS, JUDGE
DEPARTMENT NO. 2

MELISSA A. HEMSTREET, JUDGE
DEPARTMENT NO. 3

WILLIAM C. HOUSER, JUDGE
DEPARTMENT NO. 4

JEFFREY P. BASSETT, JUDGE
DEPARTMENT NO. 5

KEVIN D. HULL, JUDGE
DEPARTMENT NO. 6

JENNIFER A. FORBES, JUDGE
DEPARTMENT NO. 7

SALLY F. OLSEN, JUDGE
DEPARTMENT NO. 8

VACANT
COURT COMMISSIONER

FRANK A. MAIOCCO, JR.
COURT ADMINISTRATOR

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 County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

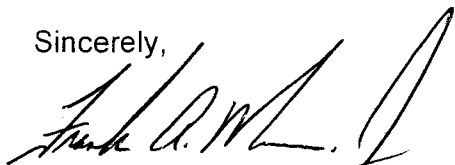
Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of two (2) KMHS affiliated behavioral health therapists to provide assessment, treatment and resource provision for adults participating in the Behavioral Health Court. District Court is also requesting a dedicated public defender to represent the participants Behavioral Health Court.

The Kitsap County Superior Court (Therapeutic Courts) will commit the following resources to the proposal submitted by Kitsap County District Court:

- Collaborate with BHC on policies, procedures and training opportunities;
- Allow the Kitsap County Behavioral Health Court to utilize (share) the Superior Court Therapeutic Court Resource Navigator;
- Make referrals to BHC regarding potential participants, and accept referrals from BHC;
- Attend (ad hoc) case staffings and/or team meetings for better communication about needs and resources for potential participants.

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,



Frank A. Maiocco, Jr., Court Administrator
Kitsap County Superior Court

July 31, 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 County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.


Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of two (2) KMHS affiliated behavioral health therapists to provide assessment, treatment and resource provision for adults participating in the Behavioral Health Court. District Court is also requesting a dedicated public defender to represent the participants Behavioral Health Court.

NAMI Kitsap, an affiliate of NAMI Washington, agrees to offer the following resources to the proposal submitted by Kitsap County District Court:

- **Provide one (1) volunteer to attend court weekly and provide outreach to family members and other natural supports;**
- **Provide one (1) volunteer to conduct group or individual support meetings to family members or other natural supports of participants, and/or refer them to resources in the community;**
- **Collaborate with BHC on policies, and procedures.**

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

Sincerely,



Larry Brixius,
President of NAMI Kitsap

cc Judge Claire Bradley

2019 GRANT SUMMARY PAGE

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

Organization name: Kitsap County Juvenile and Family Court Services

Proposal Title: Enhancement for Juvenile Therapeutic Courts

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

<input checked="" type="checkbox"/> Prevention, Early Intervention and Training <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Outpatient treatment	<input type="checkbox"/> Medical and Sub-Acute Detoxification <input type="checkbox"/> Acute Inpatient Care <input type="checkbox"/> Recovery Support Services
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Number of Individuals Screened: 9 Number of Individuals Served: 102

Proposal Summary:

Kitsap County Juvenile and Family Court Services is requesting enhancements for our Individualized Treatment Court and Juvenile Drug Court through the addition of a contracted dedicated Behavioral Health Specialist, a Therapeutic Court Case Monitor (1.0) FTE, and support services and community collaboration.

Requested Funds Amount: \$ 185,400

Matching/In-kind Funds Amount: \$ 256,798

Street Address: 1338 SW Old Clifton Road

City: Port Orchard

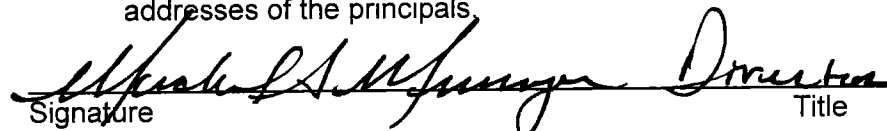
State: WA Zip: 98367

Primary Contact: Michael S. Merringer Phone: 337-5465 E-Mail: mmerringer@co.kitsap.wa.us

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

Federal Tax ID Number: 91-600-1348

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

 Signature _____ Title _____

8-1-18
Date

1. Project Description

A. Project Design

The 2014 Kitsap County Behavioral Health Strategic Plan identified the lack of sufficient Outpatient Treatment – Psychiatric, Medical and Medication Management, Counseling Services (#3), and Recovery Support Services (#6) as gaps in local services. In response, Kitsap County established a continuum of care and recommendations to address identified gaps. Kitsap County Juvenile and Family Court Services (Juvenile Services) proposed a plan to enhance our Juvenile Therapeutic Courts (JTC) to better meet the behavioral health needs of juvenile offenders in Kitsap County, as follows:

Outpatient Care

- Expand the use of evidence and research-based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.
- Expand behavior health prevention, outreach, assessment, intervention referral and treatment within the juvenile justice system.
- Establish a dedicated behavioral health specialist to serve ITC and be available for consultation to Probation Counselors dealing with the general population.

Recovery Support Services

- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts.

Juvenile Services requests continued funding for a master's level dedicated Behavioral Health Specialist (BHS) to serve all participants in Individualized Treatment Court (ITC). Youth benefit from the continuity provided by having a single treatment provider who is part of the ITC team and immediately available to present information that otherwise might be delayed or inaccessible. The BHS will also provide mental health services to Juvenile Drug Court (JDC) youth diagnosed with mental health issues.

We are also requesting continued funding for a Therapeutic Court Case Monitor (CM) to provide support services to the JDC and ITC Court Services Officer (CSO), who has a caseload of 17 youth and is responsible for maintaining weekly contact with each participant to ensure compliance with court-ordered obligations. The CM assists in data collection and urinalysis collection for testing. She is accessible to team members throughout the week and her comprehensive reports have facilitated informed decision-making. The CM's position has proven to be an invaluable service to JTC youth, their parents, and the Court.

In our 2014 proposal, we identified a need to increase the number of spice (synthetic marijuana) urinalysis tests, and other designer stimulants, such as "bath salts" (synthetic cathinones). These drug tests are more expensive than the regular 5-panel test (THC, opiates, amphetamines, cocaine and alcohol). Due to the expense of testing for these designer drugs, regular testing for these substances had not been done on youth in our JTC programs. Nation-wide reports of severe intoxication and dangerous

health effects associated with the use of “bath salts” had made these drugs a serious and growing public health concern and safety issue. We are requesting continued funding for the testing of designer drugs.

Transportation to required court hearings, appointments, treatment, and weekend urinalysis testing is a challenge for participants. We are requesting continued funding for transportation costs (gas cards, bus tokens, taxi fare, etc.) to assist youth in meeting program requirements.

We have seen a steady decline in the number of youth entering the JDC program; from 19 new participants in the first year of funding to six new participants in the third year; a 68 percent decrease. We believe this reflects the steady decrease in the number of juvenile offender filings in Kitsap County. In 2014, 373 charges were filed. In 2017, only 271 charges were filed; a 27 percent decrease in juvenile offender filings.

It is also believed that the decrease in JDC participants is an unintended consequence of the implementation of a 2016 bill eliminating the requirement of courts to notify the Department of Licensing after a juvenile offender’s first offense related to drugs and alcohol. Prior to the implementation of ESHB 2906, youth who signed JDC contracts did not lose their driving privileges because it is a deferred prosecution program. If a youth completes the program charges are dismissed. This was a significant incentive for youth when considering JDC participation. Now a conviction for a drug or alcohol related offense does not affect a youth’s driving privileges.

In response to the decreasing number of youth entering JDC, Juvenile Services will soon implement a Post-Dispositional Juvenile Drug Court (PDJDC) that will be held separately from the regular pre-dispositional JDC. Adjudicated youth facing a minimum of 12 months on community supervision, and who are diagnosed with a substance use disorder, are eligible for the program. Potential participants will be identified by the Intake Court Services Officer (CSO) and/or the defense attorney. Prior to adjudication, the youth will have an opportunity to choose participation in the regular JDC, which includes the incentive of having charges dismissed upon successful completion of the program. If the youth does not opt for regular JDC, they will be advised that the Intake CSO or Deputy Prosecuting Attorney will be recommending participation in the PDJDC. PDJDC program requirements are the same as regular JDC in that participants will attend weekly court hearings, participate in recommended substance use disorder and/or mental health treatment, meet weekly with the CSO and/or Case Monitor, and receive random urinalysis testing. However, youth who complete the PDJDC will not have charges dismissed upon successful completion of the program as they have been adjudicated, but any remaining probation time will be dismissed upon completion. We are not requesting additional funding for PDJDC.

B. Staffing and Qualifications

Behavioral Health Specialist (BHS): Juvenile Services contracts with MCS Counseling Group (MCS) to provide a dedicated BHS to provide mental health services to ITC and JDC participants. Amy Greist has been the dedicated BHS for JTC since February

2018. She oversees the behavioral and therapeutic treatment of youth in the ITC program. She also provides mental health services to JDC youth with co-occurring mental health and substance use disorders. Her other responsibilities include attendance at weekly pre-court meetings and court hearings. Ms. Greist holds a Bachelor of Science in Psychology from the University of Phoenix, and a Master of Arts in Psychology with Counseling Specialization from Saybrook University. Her previous experience includes working as a child therapist at Jumping Mouse Children's Center in Port Townsend, Washington from January 2017 to June 2018. Ms. Greist has an active Mental Health Counselor Associate License with the Washington State Department of Health. Her license expires on February 14, 2019. MCS is licensed, but unable to bill Medicaid pursuant to an exclusive agreement between Kitsap Mental Health Services (KMHS) and the Salish Behavioral Health Organization (SBHO). None of the JTC youth who have received services by MCS have had private insurance.

C. Organizational Licenses and Certifications

Juvenile Services is not licensed to provide behavioral health services through the Department of Social and Health Services or the Department of Health.

D. Outreach

The target population for JTC are youth between the ages of 12 and 17 who are charged with a criminal offense and who have been diagnosed with a mental health disorder, substance abuse diagnosis, or co-occurring mental health disorder and substance use disorders. Youth are identified for potential participation in JTC by the Intake CSO and/or the assigned defense attorney. Final determination is made by the Prosecuting Attorney. Following legal determination of eligibility, the CSO or assigned defense attorney refer the youth for a diagnostic assessment. If diagnosed with a mental health or substance use disorder, eligible youth can sign a Drug Court or ITC contract. Youth are permitted a two-week "opt out" period to decide whether to continue in the program. If not, the youth enters the regular court process. If the youth chooses to continue in the Therapeutic Court program, a final JDC/ITC order is entered.

WAC 388-877-0510 requires that each agency licensed by the Department of Social and Health Services (DSHS) to provide any behavioral health service must maintain a personnel record for each person employed by the agency that contains documentation of annual training, including documentation that the employee successfully completed training on cultural competence. WAC 388-877-0600 requires each agency licensed by DSHS to provide any behavioral health service to develop a statement of individual participant rights, including (a) the right to receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability, and (c) the right to be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.

E. Evaluation

Primary goals: 1) improve the continuity of treatment services to participants in ITC; 2) enhance treatment services for participants in JDC requiring mental health services; and; 3) increase law abiding behavior and long-term abstinence from alcohol and drugs.

Established **activities** to achieve goals: 1) continuation of a dedicated BHS to serve all participants in ITC who are not already engaged in treatment with an outside therapist; 2) establish a linkage to JDC for youth in need of mental health services; and, 3) maintain supportive services in Therapeutic Courts (case monitor, urinalysis testing, data collection, and incentives); and assess program participants

Objectives: 1) 80% of ITC youth will receive services from the dedicated BHS; 2) 80% of ITC weekly pre-court meetings and hearings will be attended by the BHS; 3) 30% of JDC youth will receive mental health treatment services by the BHS; 4) 75% of youth in JTC will successfully complete the program; 5) 80% of youth in JTC who successfully complete the program will remain charge-free and crime-free for one year following the completion of the program; 6) 60% of youth in JTC will remain charge-free and 70% will remain crime-free for 18 months following the completion of the program; 7) 80% of youth screened for designer drugs will test negative; and, 8) 80% of participants agree or strongly agree that: a) their physical health has improved; b) their mental/emotional health has improved; c) they are more confident they can reduce/eliminate their substance use; and, d) they are more confident in their ability to remain crime-free after graduation.

Data collection: The CSO and CM utilize Juvenile Service's RiteTrack case management system to record and track: 1) youth in JDC/ITC; 2) youth who receive mental health services from the BHS; 3) youth who successfully complete the program; 4) youth screened for the use of designer drugs and test results; and, 5) rewards and sanctions. The BHS provides quarterly reports regarding: 1) youth served; 2) number of sessions per youth; and, 3) number of pre-court meetings and hearings attended by the BHS. The CSO/CM have program youth complete a survey quarterly and annually to assess improvement in health status. Juvenile Service's Court Services Manager utilizes the adult and juvenile statewide information systems to track recidivism of Therapeutic Court participants who have completed the program.

2. Accomplishments to Date

A. Progress to Date

Behavioral Health Specialist: A primary goal of Juvenile Services is to improve the continuity of treatment services to participants in ITC by establishing a dedicated BHS to serve all participants in ITC. It was anticipated that youth would benefit from the continuity provided by having a single treatment provider as part of the ITC team as opposed to various treatment providers within the County. A second goal was to enhance treatment services for participants in JDC requiring mental health services. In July 2014, Juvenile Services began contracting with KMHS for a BHS to provide mental health services to youth in ITC. Services began in August 2014.

The BHS has been an essential addition to the JTC teams. During pre-court meetings the BHS is immediately available to present information that otherwise might be delayed or inaccessible. In the past, resolutions were often delayed due to lack of information or expertise. In the context of mental health-related issues, which routinely arise in the

program, the therapist's professional opinion is readily available, as opposed to the prior practice of waiting and relying on outside agencies for guidance.

Our goal is to continue providing a dedicated BHS to serve all participants in ITC who are not already engaged in treatment with an outside therapist. Our primary objective is for at least 80 percent of ITC youth to receive mental health services from the BHS. From July 2014 to June 2018, 42 youth participated in ITC. Thirty-seven (37) of the ITC participants (88%) received services from a BHS during that time. Since July 2014, only five ITC participants have not received the services of the BHS. All five youth began participating in the ITC program prior to the implementation of a BHS and were already engaged in treatment with an outside therapist.

A second objective is for the BHS to attend at least 80 percent of ITC weekly pre-court meetings and hearings. In the third year of funding, the BHS attended only 41 of 64 ITC hearings and pre-court meetings (64%). During that time, ITC was without a dedicated BHS for six months due to the resignation of the BHS from KMHS. In the fourth year, the BHS attended only 16 of 23 hearings (70%). During that time, the BHS abruptly left MCS and did not provide his data pertaining to ITC.

A third objective is for 30 percent of JDC youth with co-occurring disorders to receive mental health services by the BHS. From July 2014 to June 2018, 60 youth participated in JDC. During that time, 26 JDC youth received services by the BHS (43%).

Supportive Services for Juvenile Therapeutic Courts: A third goal of Juvenile Services is to increase law abiding behavior and long-term abstinence from alcohol and other drugs by maintaining supportive services in JTC, including the CM, incentives, and urinalysis testing for designer drugs. One of our objectives is for seventy-five percent (75%) of youth in JTC to successfully complete the program. Between July 2014 and June 2018, 53 youth (61%) successfully completed a JTC program. JDC completion rates for the first two years of funding impact the overall completion rates of JDC, which have improved significantly since 2014, as follows:

Year Funded	Completion	Non-Completion	Total	Percentage
2014 - 2015	8	11	19	42%
2015 - 2016	11	6	17	64%
2016 - 2017	12	5	17	71%

A second objective is for 80 percent of youth who successfully complete JTC to remain crime-free for one year following program completion. Forty-seven (47) youth who began participating in a JTC on or after July 1, 2014 have successfully completed the program 12 months ago or longer; 29 from JDC and 18 from ITC. Thirty-nine have remained crime-free for at least one year since completion of the program (83%). A third objective is for 70 percent of youth who successfully complete JTC to remain crime-free for 18 months following program completion. Thirty-eight youth who began participating in a JTC program on or after July 1, 2014 successfully completed the

program 18 months ago or longer; 24 from JDC and 14 from ITC. Thirty-three have remained crime-free since completion of the program (87%).

A fourth, and new, objective is for 80 percent of youth in JTC who successfully complete the program to remain **charge-free** for one year following completion of the program, and for 60 percent to remain charge-free for 18 months following completion of the program. Of the youth who completed the program at least 12 months ago, 39 (98%) have remained charge-free. Of those who completed the program 18 months ago or longer, 33 (87%) have remained charge-free.

A fifth objective is for 80 percent of youth screened for the use of designer drugs to test negative. In the fourth quarter of the second year of funding, the JDC team learned that some youth in the program were using LSD and that it was believed that staff would not test participants for use of LSD. Based on this information, all JDC youth were tested for LSD use; four tested positive. Since July 2016, 275 tests for the use of designer drugs, including LSD, have been done on 32 youth. All test results have been negative.

B. Barriers to Implementation

In the second and third year of funding, JTC youth were without the services of a dedicated BHS for a total of 11 months due to the resignations of the BHS. During that time ITC youth received services, such as individual counseling, family counseling and/or wrap-around services, from outside agencies (KMHS, MCS, Bremerton Naval Hospital, Peninsula Psychological Center, and other private therapists). Juvenile Services has since contracted with MCS for a dedicated BHS.

C. Integration & Collective Impact

MCS Counseling Group: Since July 2014, Juvenile Services has collaborated with KMHS and MCS to enhance JTC services with the addition of a dedicated BHS for ITC participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the justice system. Since July 2014, 14 ITC youth who received BHS mental health services successfully completed the program at least 12 months ago. Twelve of those youth (86%) have remained crime-free. Nine youth successfully completed ITC over 18 months ago. Of those, eight youth (90%) have remained crime-free.

Agape' Unlimited: Since January 2018, seven JDC youth have received substance use disorder treatment with Agape' Unlimited. Treatment includes Moral Reconciliation Therapy (MRT), a cognitive-behavioral approach, which positively addresses an adolescent's ego, social, moral, and positive behavioral growth. The treatment provider also works collectively with the JDC team. Recidivism rates are not available at this time because one youth only recently completed the program in June 2018. The remaining six JDC youth are still active in the program.

Olympic Educational Services District (OESD) 114: Since July 2014, 48 JTC youth have been referred to the Student Assistance Prevention and Intervention Specialist (SAPIS) program with OESD 114. This partnership supports a more robust continuum of care for

JTC youth by providing ongoing support services during and after therapeutic court involvement. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs. Since July 2014, 15 youth who received SAPIS services successfully completed a JTC program at least 12 months ago; 11 youth (73%) have remained crime-free. Ten youth successfully completed the court program over 18 months ago; eight youth (80%) have remained crime-free.

D. Key Accomplishments

A primary goal is the reduction of criminal behavior and long-term abstinence from alcohol and other drugs by decreasing the criminogenic needs of youth involved in the juvenile justice system. Since July 2016, all test results for designer drugs have been negative, reducing a potentially serious public health and safety concern. Eighty-three percent of youth who completed a therapeutic court 12 months ago have remained crime-free. Eighty-seven percent of those completing the program 18 months ago have remained crime-free. Twelve and 18-month recidivism rates for ITC youth who received mental health services from the dedicated BHS are 86% and 90%, respectively. The completion rates of youth in the JDC program have increased 29 percent from the first year of funding to the third year, significantly increasing the likelihood that more youth will remain abstinent and crime-free.

3. Budget Narrative

A. Past Expenditures

For January 1, 2018 to December 31, 2018, we received \$204,189.00 for the continued enhancement of JTC. Target utilization through June 2018 is 50%. Through June, we vouchered for \$82,278.06 (40.29%). The reasons our expenditures are not at target include: 1) Our CM was promoted to another position in April. The new CM was hired in late May 2018 at a lower salary and benefits cost resulting in a savings to those line items; 2) We have not yet purchased the equipment for scanning that was awarded for this funding period; 3) The budget requested under Insurance/Bonds was a projection based on 2016 charges from the County. The 2018 budget was significantly less resulting in savings to that line item. This line item has been reduced in our 2019 funding request; 4) Utilization for transportation, enhanced drug testing, and program incentives is not on target with utilization due to a decline in the number of youth opting into JDC. These requests have been modified in our 2019 funding request; and, 5) Because we are not providing treatment to youth, the ask for MRT Books will not be utilized. Funding for MRT is not requested in our 2019 application.

Item Funded	Award	Utilized through June 2018	Actual Utilization (Target 50%)
Case Monitor Salary	\$61,569.24	\$20,157.19	32.74%
Case Monitor Benefits	\$26,391.76	\$9,722.96	36.84%
Equipment	\$500.00	\$0.00	0.00%
Office Supplies	\$196.00	\$54.17	27.64%
Communication	\$504.00	\$219.05	43.46%
Insurance / Bonds	\$1,132.00	\$37.78	3.33%

IS Computer Charges	\$2,176.00	\$1,941.48	89.22%
Contract for Therapist	\$90,291.00	\$47,374.50	52.47%
Transportation	\$2,175.00	\$50.00	2.30%
Enhanced Drug Testing	\$14,204.00	\$2,308.80	16.25%
Program Incentives	\$3,800.00	\$412.13	10.84%
MRT Books for Youth	\$1,250.00	\$0.00	0.00%
Total Award	\$204,189.00	\$82,278.06	40.29%

B. Funding Request

Our current funding request is \$185,400 for continued enhancement of JTC. To ensure non-supplanting, we continue to cover the cost of salary and benefits related to one full-time CSO (\$111,039), one full-time Program Supervisor (\$117,011), and County Interfund charges related to those positions for supplies, computer, phone, and insurance (\$12,817). We cover non-designer drug urinalysis testing in the projected amount of \$6,000, and we have a per employee training budget of \$397 per FTE. In total, Juvenile Services covers \$248,056 of JTC and seeks funding for continued enhancements in the amount of \$185,400. Juvenile Services is not a treatment provider, so we are not able to bill for Medicaid funding for the collection of urinalysis. We seek continued funding to subcontract with MCS for a BHS to provide mental health treatment services for ITC participants. The SBHO only provides Medicaid funding for mental health treatment services to KMHS. MCS will cover \$8,742 of the BHS salary through in-kind match. None of the JTC youth served by MCS during this funding year have been covered under private insurance. Details of request items are outlined below.

Funding Requested	Item	Cost Break Down
\$77,570.00	Case Monitor (CM) 1.0 Fulltime Employee	\$54,012.00 Salary \$ 4,132.00 FICA 7.65% \$ 6,441.00 Retirement 11.925% \$ 857.00 Workers Comp \$12,128.00 Benefits
\$294.00	Office supplies for CM	
\$504.00	Phone for CM	\$42.00 per month for 12 months
\$151.00	Insurance for CM – Interfund charge from County per Employee	\$37.75 per quarter
\$3,751.00	Computer charges for access to the County Network related to the CM's computer	\$312.58 per month for 12 months
\$89,835.00	Contract with MCS for BHS. These figures are reflective of the amount sought in the subcontract. MCS will cover \$8,742.00.	\$54,608.00 Salary \$ 5,220.00 Benefits \$ 8,040.00 Employment Taxes \$ 3,600.00 Mileage \$ 4,000.00 Training Costs \$ 6,000.00 Data Collect Analyze \$ 200.00 Assessment Materials \$ 8,167.00 Administrative Costs

\$1,875.00	Youth transportation	\$ 400.00 Transportation for Court \$ 175.00 Gas cards 7 @ \$25.00 \$1,300.00 Secure transport utilizing Mountain Retreat
\$8,220.00	Urinalysis of designer drugs and Transdermal Alcohol Monitoring	\$7,380.00 UA's 82 @ \$90.00 each \$ 840.00 TAD 60 days @ \$14.00
\$3,200.00	Program incentives for youth motivation and engagement.	\$2,500.00 Incentives @ \$16.00 ea \$ 200.00 Qtrly. Pizza incentives \$ 500.00 10 Meal incentives

C. Funding Modifications

We were awarded \$204,189 for 2018. We are currently seeking \$185,400; a savings of \$18,789 from the previous year. Modifications are listed in the table below.

Item	2018	2019	Difference	Explanation
Case Monitor (CM) Salary and Benefits	\$87,961.00	\$77,570.00	-\$10,391.00 Savings	New CM
Equipment	\$500.00	\$ 0.00	-\$500.00 Savings	No request
Supplies	\$196.00	\$294.00	\$98.00	Supply costs
Communication	\$504.00	\$504.00	\$0.00	Status quo
Insurance / Bonds	\$1,132.00	\$151.00	-\$981.00 Savings	Decrease in charges
Computer Charges	\$2,176.00	\$3,751.00	\$1,575.00	Increase in charges
Contract with MCS for BHS	\$90,291.00	\$89,835.00	-\$456.00 Savings	Savings in contract
Transportation	\$2,175.00	\$1,875.00	-\$300.00 Savings	Decrease in charges
Enhanced Drug Testing	\$14,204.00	\$8,220.00	-\$5,984.00 Savings	Decrease in charges
Incentives / Graduations	\$3,800.00	\$3,200.00	-\$600.00 Savings	Decrease in charges
MRT Books	\$1,250.00	\$0.00	-\$1,250.00 Savings	No request
Totals	\$204,189	\$185,400	\$18,789.00 Savings	

D. Subcontractors

We seek funding to continue subcontracting with MCS. Our contract with MCS will continue mental health services to ITC/JDC youth by a dedicated BHS who also participates in pre-court meetings and hearings. The BHS has a Master of Arts in Psychology with Counseling Specialization and has experience as a child therapist. MCS has submitted a proposed budget of \$89,835. This amount is reflected in our breakdowns of budgets in the tables listed above as well as our total funding request.

Because the SBHO only contracts with KMHS for mental health services, MCS is unable to voucher for Medicaid services. MCS will cover \$8,742 as an In-kind match.

Item	Subcontract Request	In-Kind Match
Salary and Benefits BHS	\$67,868.00	\$8,742.00
Mileage	\$3,600.00	
Training/Travel	\$4,000.00	
Data Collection & Analysis	\$6,000.00	
Assessment Materials	\$ 200.00	
Administrative	\$8,167.00	

4. Sustainability

A. Leveraged Funds

We continue to receive revenue through a Block Grant with Department of Social and Health Services, Rehabilitation Administration, which covers the salary and benefits of the Treatment Court's CSO for the supervision of youth participating in JTC. We anticipate receiving \$111,039 in 2019. The County's General Fund covers the remainder of the un-enhanced program.

B. Sustainability Plan

This proposal sets forth a plan to sustain the enhancements of JTC, incorporating dedicated mental health treatment services, monitoring of program participants by a JTC CM, and the continued provision of designer drug testing, incentives and transportation that, without additional funding, would not otherwise have been available. JTC will continue to collaborate with the Department of Social and Health Services to secure funding for CSO who provides community supervision of youth in JTC. A decline in funding will require Juvenile Services to cut the enhancements to our Therapeutic Courts. JTC relies on funding from the Therapeutic Sales Tax, as outlined below:

RCW 82.14.460

(3) Moneys collected under this section 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. For the purposes of this section, "programs and services" includes, but is not limited to, treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service. Every county that authorizes the tax provided in this section shall, and every other county may, establish and operate a therapeutic court component for dependency proceedings designed to be effective for the court's size, location, and resources.

(4) All moneys collected under this section must be used solely for the purpose of providing new or expanded programs and services as provided in this section, except as follows:

(d) Notwithstanding (a) through (c) of this subsection, moneys collected under this section may be used to support the cost of the judicial officer and support staff of a therapeutic court.

EVALUATION WORKSHEET

PROJECT NAME: Juvenile Therapeutic Courts

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Date and time	G. SOURCE
<p>Improve the continuity of treatment services to participants in ITC.</p>	<p>Establish a dedicated Behavioral Health Specialist to serve all participants in ITC who are not already engaged in treatment with an outside therapist.</p>	<p>80% of youth in ITC will receive services from the dedicated Behavioral Health Specialist.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>July 1, 2014</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>From 7/1/14 to 6/30/18, 37 out of 42 ITC youth received BHS services (88%).</p>	<p>RiteTrack Case Management System Behavioral Health Specialist's Monthly Statistical Report</p>
	<p>Establish a dedicated Behavioral Health Specialist to serve all participants in ITC who are not already engaged in treatment with an outside therapist.</p>	<p>80% of ITC weekly pre-court meetings and hearings will be attended by the Behavioral Health Specialist.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>July 1, 2016</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>From 7/1/16 to 6/30/18: 87 Therapeutic Court hearings and pre-court meetings held; 57 attended by BHS (66%).</p>	<p>Court Scheduler's Records Behavioral Health Specialist's Monthly Statistical Report</p>
<p>Enhance treatment services for participants in Juvenile Drug Court requiring mental health services.</p>	<p>Establish a linkage to Juvenile Drug Court for youth in need of mental health services.</p>	<p>30% of youth in Juvenile Drug Court will receive mental health treatment services by the Behavioral Health Specialist.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>July 1, 2014</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>From 7/1/14 to 6/30/18, 26 out of 60 JDC youth received BHS services (43%).</p>	<p>RiteTrack Case Management System Behavioral Health Specialist's Monthly Statistical Report</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
Increase law abiding behavior and long-term abstinence from alcohol and other drugs.	Maintain supportive services in Juvenile Therapeutic Courts (Case Monitor, urinalysis, data collection, incentives).	75% of youth in Therapeutic Court will successfully complete the 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 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>July 1, 2014</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Between 7/1/14 and 6/30/18, 53 youth (61%) completed JTC.	Juvenile Services RiteTrack Case Management System
	Maintain supportive services in Juvenile Therapeutic Courts (Case Monitor, urinalysis, data collection, incentives).	A. 80% of youth in Therapeutic Court who successfully complete the program will remain charge-free for one year following the completion of the program. B. 80% of youth in Therapeutic Court who successfully complete the program will remain conviction-free for one year following the completion of the program.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>July 1, 2014</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	7/1/14 and 6/30/18, 39 youth (98%) charge-free; 39 youth (83%) crime-free one year after completion of JTC.	Statewide Adult and Juvenile Information Services (JIS) database
		A. 60% of youth in Therapeutic Court who successfully complete the program will remain charge-free for 18 months following the completion of the program. B. 70% of youth in Therapeutic Court who successfully complete the program will remain conviction-free for 18 months following the completion of the program.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>July 1, 2014</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	7/1/14 and 6/30/18, 33 youth (87%) charge-free; 33 youth (87%) crime-free 18 months after completion of JTC.	Statewide Adult and Juvenile Information Services (JIS) database

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>Maintain supportive services in Juvenile Therapeutic Courts (Case Monitor, urinalysis testing, data collection, incentives).</p>	<p>80% of youth screened for the use of designer drugs will test negative.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>if applicable: <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>July 1, 2016</u></p> <p>Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>From 7/1/16 to 6/30 18: 275 UAs for designer drugs; 32 youth tested; an average of 12 per youth; all tested negative (100%)</p>	<p>Juvenile Service's RiteTrack Case Management System</p>
<p>Program services meet participant needs and support improvements in health, wellbeing, and stability.</p>	<p>Assess participant improvement in health status.</p>	<p>80% of participants agree or strongly agree that their physical health has improved.</p> <p>80% of participants agree or strongly agree that their mental/emotional health has improved.</p> <p>80% of participants agree or strongly agree that they are more confident they can reduce/eliminate their substance use.</p> <p>80% of participants agree or strongly agree that they are more confident in their ability to remain crime-free after graduation.</p>	<p><input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input 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</p> <p>if applicable: <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>January 1, 2019</u></p> <p>Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>New Measure-Baseline</p>	<p>Quarterly satisfaction survey.</p>

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Juvenile and Family Court Services

Project: Continued Enhancement of Treatment Courts



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 79,127.60	3%	\$ 63,856.00	2%	\$ 25,531.00	1%
WA State Revenue	\$ 840,781.84	28%	\$ 905,952.00	34%	\$ 847,899.00	33%
Local Revenue	\$ 111,201.34	4%	\$ 76,961.00	3%	\$ 76,997.00	3%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 62,141.21	2%	\$ 34,763.00	1%	\$ 34,351.00	1%
Miscellaneous Revenue	\$ 1,916,005.90	64%	\$ 1,603,689.00	60%	\$ 1,600,107.00	62%
Total Agency Revenue (A)	\$ 3,009,257.89		\$ 2,685,221.00		\$ 2,584,885.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 331,210.81	4%	\$ 345,942.00	4%	\$ 345,280.00	4%
Staff	\$ 4,100,349.68	53%	\$ 4,194,443.00	50%	\$ 4,178,279.00	52%
Total Benefits	\$ 1,799,550.54	23%	\$ 1,843,769.00	22%	\$ 1,870,071.00	23%
Subtotal	\$ 6,231,111.03	81%	\$ 6,384,154.00	77%	\$ 6,393,630.00	79%
Supplies/Equipment						
Equipment	\$ 74,376.76	1%	\$ 10,216.00	0%	\$ 10,216.00	0%
Office Supplies	\$ 96,223.44	1%	\$ 94,880.00	1%	\$ 94,880.00	1%
Other (Describe) Fuel Consumed	\$ 11,537.36	0%	\$ 10,685.00	0%	\$ 10,685.00	0%
Subtotal	\$ 182,137.56	2%	\$ 115,781.00	1%	\$ 115,781.00	1%
Administration						
Advertising/Marketing	\$ 25,743.54	0%	\$ 14,000.00	0%	\$ 14,000.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 64,838.86	1%	\$ 19,857.00	0%	\$ 19,857.00	0%
Insurance/Bonds	\$ 83,078.00	1%	\$ 11,987.00	0%	\$ 11,987.00	0%
Postage/Printing	\$ 2,444.49	0%	\$ 6,814.00	0%	\$ 6,814.00	0%
Training/Travel/Transportation	\$ 7,279.72	0%	\$ 25,125.00	0%	\$ 25,125.00	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 183,384.61	2%	\$ 77,783.00	1%	\$ 77,783.00	1%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Information Svcs. Special Projects	\$ 22,973.52	0%	\$ 21,840.00	0%	\$ 22,290.00	0%
Repair of Equipment and Property	\$ 23,094.00	0%	\$ 536,795.00	6%	\$ 288,890.00	4%
Utilities	\$ 138,657.25	2%	\$ 178,955.00	2%	\$ 178,955.00	2%
Rental Leases / Copiers / Computers	\$ 161,838.13	2%	\$ 285,965.00	3%	\$ 161,034.00	2%
Professional and Medical Services	\$ 669,795.14	9%	\$ 707,531.00	8%	\$ 704,633.00	9%
Licenses, Food Storage, Program Incentives	\$ 127,105.47	2%	\$ 25,225.00	0%	\$ 99,597.00	1%
Subtotal	\$ 1,143,463.51	15%	\$ 1,756,311.00	21%	\$ 1,455,399.00	18%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 7,740,096.71		\$ 8,334,029.00		\$ 8,042,593.00	

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

Agency Name:
Kitsap County Juvenile and Family Court Services

Attachment E -
Salary and Benefits Detail Greater than 10%

Cost Center(s)	Object Account	2017 Actuals	2018 Budget	2019 Budget
	00001 - General Fund			
	9421 - Juvenile Administration			
9421 - Administration	5101 - REGULAR SALARIES	458,719.47	487,846.00	502,750.00
9421 - Administration	5102 - OVERTIME PAY	12.68		
9421 - Administration	5103 - LONGEVITY PAY	5,827.44	6,113.00	7,706.00
9421 - Administration	5106 - ANNUAL LEAVE PAYOUT	0.00		
9421 - Administration	5201 - INDUSTRIAL INSURANCE	5,930.26	6,000.00	6,000.00
9421 - Administration	5202 - SOCIAL SECURITY	34,074.81	37,788.00	39,050.00
9421 - Administration	5203 - PERS RETIREMENT	55,481.25	61,844.00	65,721.00
9421 - Administration	5229 - BENEFITS BUCKET	80,850.00	80,850.00	84,896.00
	Total Business Unit 9421 - Administration	640,895.91	680,441.00	706,123.00
	9422 - Juvenile Detention			
9422 - Detention	5101 - REGULAR SALARIES	1,818,517.46	1,956,366.00	1,912,686.00
9422 - Detention	5102 - OVERTIME PAY	235,105.77	115,117.00	115,495.00
9422 - Detention	5103 - LONGEVITY PAY	27,377.42	29,976.00	27,889.00
9422 - Detention	5106 - ANNUAL LEAVE PAYOUT	864.31		
9422 - Detention	5108 - SHIFT DIFFERENTIAL PAY	13,637.15	16,990.00	16,990.00
9422 - Detention	5109 - EXTRA HELP	27,047.16	114,904.00	103,432.00
9422 - Detention	5201 - INDUSTRIAL INSURANCE	83,616.02	94,782.00	90,430.00
9422 - Detention	5202 - SOCIAL SECURITY	157,392.71	170,852.00	166,502.00
9422 - Detention	5203 - PERS RETIREMENT	249,533.80	272,790.00	270,022.00
9422 - Detention	5205 - CLOTHING ALLOWANCE	3,308.54	5,275.00	5,275.00
9422 - Detention	5215 - DISABILITY INSURANCE	0.72		
9422 - Detention	5229 - BENEFITS BUCKET	381,150.00	381,150.00	388,096.00
	Total Business Unit 9422 - Detention	2,997,551.06	3,158,202.00	3,096,817.00
	9423 - Juvenile Court Services			
9423 - Court Services	5101 - REGULAR SALARIES	1,760,817.78	1,826,210.00	1,851,058.00
9423 - Court Services	5102 - OVERTIME PAY	149.74		
9423 - Court Services	5103 - LONGEVITY PAY	37,691.78	38,996.00	38,800.00
9423 - Court Services	5104 - SICK LEAVE PAYOUT	0.00		
9423 - Court Services	5106 - ANNUAL LEAVE PAYOUT	0.00		
9423 - Court Services	5109 - EXTRA HELP	24,912.44	17,089.00	15,285.00
9423 - Court Services	5121 - INTERN PAY	1,500.00	5,863.00	5,863.00
9423 - Court Services	5201 - INDUSTRIAL INSURANCE	19,883.03	20,044.00	20,018.00
9423 - Court Services	5202 - SOCIAL SECURITY	136,321.40	144,444.00	146,192.00
9423 - Court Services	5203 - PERS RETIREMENT	212,150.91	227,215.00	234,530.00
9423 - Court Services	5229 - BENEFITS BUCKET	265,650.00	265,650.00	278,944.00
	Total Business Unit 9423 - Court Services	2,459,077.08	2,545,511.00	2,590,690.00
	9427 - Juvenile-Drug & Alcohol Treatm			
9427 - KARS	5101 - REGULAR SALARIES	86,372.02		
9427 - KARS	5102 - OVERTIME PAY	400.07		
9427 - KARS	5103 - LONGEVITY PAY	2,638.56		
9427 - KARS	5106 - ANNUAL LEAVE PAYOUT	3,466.01		
9427 - KARS	5109 - EXTRA HELP	38.43		
9427 - KARS	5121 - INTERN PAY	0.00		
9427 - KARS	5201 - INDUSTRIAL INSURANCE	1,112.17		
9427 - KARS	5202 - SOCIAL SECURITY	6,873.19		
9427 - KARS	5203 - PERS RETIREMENT	9,586.53		
9427 - KARS	5229 - BENEFITS BUCKET	23,100.00		
	Total Business Unit 9427 - KARS	133,586.98	0.00	0.00
	Total 00001 - General Fund	6,231,111.03	6,384,154.00	6,393,630.00

Special Project Budget Form

Agency Name: **Kitsap County Juvenile and Family Court Services** Subcontractor: Yes No Project: **Continued Enhancement of Treatment**

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 84,205.00	25%	\$ -	0%	\$ 84,205.00	34%
Staff	\$ 134,406.00	39%	\$ 54,012.00	57%	\$ 80,394.00	32%
Total Benefits	\$ 87,007.00	25%	\$ 23,558.00	25%	\$ 63,449.00	26%
SUBTOTAL	\$ 305,618.00	89%	\$ 77,570.00	81%	\$ 228,048.00	92%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 883.00	0%	\$ 294.00	0%	\$ 589.00	0%
Other (Describe):	\$ -	0%	\$ -	0%		0%
SUBTOTAL	\$ 883.00	0%	\$ 294.00	0%	\$ 589.00	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 1,512.00	0%	\$ 504.00	1%	\$ 1,008.00	0%
Insurance/Bonds	\$ 453.00	0%	\$ 151.00	0%	\$ 302.00	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 1,191.00	0%	\$ -	0%	\$ 1,191.00	0%
Information Services Projects	\$ 3,416.00	1%	\$ -	0%	\$ 3,416.00	1%
Computer Network Charges Information Svcs.	\$ 11,253.00	3%	\$ 3,751.00	4%	\$ 7,502.00	3%
SUBTOTAL	\$ 17,825.00	5%	\$ 4,406.00	5%	\$ 13,419.00	5%
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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Transportation	\$ 1,875.00	1%	\$ 1,875.00	2%	\$ -	0%
Drug Testing and Alcohol Monitoring	\$ 14,220.00	4%	\$ 8,220.00	9%	\$ 6,000.00	2%
Program Incentives and Graduations	\$ 3,200.00	1%	\$ 3,200.00	3%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 19,295.00	6%	\$ 13,295.00	14%	\$ 6,000.00	2%
Total Project Budget	\$ 343,621.00		\$ 95,565.00		\$ 248,056.00	

NOTE: Indirect is limited to 10%

Special Project Budget Form

Agency Name:

Subcontractor: Yes No

Project:

MCS Counseling

Continued Enhancement of Treatment

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	\$ 62,281.00	63%	\$ 54,608.00	61%	\$ 7,673.00	88%
Total Benefits	\$ 14,329.00	15%	\$ 13,260.00	15%	\$ 1,069.00	12%
SUBTOTAL	\$ 76,610.00	78%	\$ 67,868.00	76%	\$ 8,742.00	100%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Mileage	\$ 3,600.00	4%	\$ 3,600.00	4%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 4,000.00	4%	\$ 4,000.00	4%	\$ -	0%
Data Collection & Analysis	\$ 6,000.00	6%	\$ 6,000.00	7%	\$ -	0%
Assessment Materials / Supplies	\$ 200.00	0%	\$ 200.00	0%	\$ -	0%
Administrative	\$ 8,167.00	8%	\$ 8,167.00	9%	\$ -	0%
Facility & Administration	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 21,967.00	22%	\$ 21,967.00	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%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Transportation	\$ -	0%	\$ -	0%	\$ -	0%
Drug Testing and Alcohol Monitoring	\$ -	0%	\$ -	0%	\$ -	0%
Program Incentives and Graduations	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 98,577.00		\$ 89,835.00		\$ 8,742.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: _____ **Subcontractor:** Yes No

Kitsap County Juvenile and Family Court Services

Project:

Continued Enhancement of Treatment Courts

Description

Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	1.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 54,012.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 54,012.00
Total Payroll Taxes	\$ 4,132.00
Total Cost of Benefits	\$ 12,985.00
Total Cost of Retirement	\$ 6,441.00
Total Payroll Costs	\$ 77,570.00

Project Salary Summary

Agency Name: _____ **Subcontractor:** Yes No

MCS Counseling

Project:

Continued Enhancement of Treatment Courts

Description

Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	1.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 54,608.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 54,608.00
Total Payroll Taxes	\$ 7,496.00
Total Cost of Benefits	\$ 5,764.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 67,868.00



MCS Counseling Group

9633 Levin RD NW Ste 100

Silverdale, WA 98383

360.698.5883 / fax 360.698.5048

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 County Juvenile and Family Court Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Administered by the Kitsap County Superior Court pursuant to RCW 13.04.035, Kitsap County Juvenile and Family Court Services operates two therapeutic courts, Juvenile Drug Court and Individualized Treatment Court, which are designated to intervene in criminal behaviors that result from either substance abuse and/or mental illnesses for youth. Juvenile Services is proposing the following project: The continuation of a dedicated behavioral health therapist to provide assessment and treatment for youth involved in Individualized Treatment Court and Juvenile Drug Court.

MCS Counseling Group, LLC will commit the following resources to the proposal submitted by Kitsap County Juvenile and Family Court Services:

- Master's Level Therapist devoted to project

MCS Counseling Group LLC will provide a Master's Level Therapist who will be responsible for mental health assessment and treatment of youth participating in the Juvenile Drug Court and Individualized Treatment Court. The therapist will be a member of a team that includes a judge, prosecutor, defense attorneys, treatment court coordinator, probation counselor, and therapeutic court case manager working collectively to redirect and restore the lives of youth and reduce the likelihood of their involvement in the justice system.

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,

Timothy Miller, Ph.D.
CEO MCS Counseling Group, LLC



Agape' unlimited

State Certified Drug and Alcohol Program

July 11, 2018

Kitsap County Juvenile Therapeutic Court Programs
1338 SW Old Clifton Rd,
Port Orchard, WA 98367

Re: Letter of Commitment to provide Adolescent Substance Use Disorder treatment services


Agape' Unlimited, a state certified drug and alcohol program, is committed to the collaborative relationship that we began July 1, 2017 to provide substance use disorder services to Kitsap County Juvenile Therapeutic Court involved youth.

The services Agape' provides are substance use disorder assessments, referrals to Level .05 early intervention education and Level 3.5 intensive inpatient, Level 1 outpatient and Level 2.1 intensive outpatient group and individual therapy at our Bremerton treatment center. Agape' also provides assessments and inpatient referral intervention services within the Juvenile Detention Center, as needed. A Chemical Dependency Professional has been designated as a liaison working with the Kitsap County Juvenile and Family Services and participates in weekly Drug Court Team meetings and court sessions.

Agape' unlimited employs best practice/evidenced based cognitive behavioral therapy utilizing: Matrix, Change Company and Moral Reconciliation Therapy curriculum.

Currently Agape' Unlimited is the sole adolescent substance use disorder treatment provider in the central and south Kitsap County area. We believe our support and commitment will significantly improve the availability of Mental Health and Chemical Dependency services in the county. This collaborative effort will benefit our community by reducing truancy, substance use and criminal activity among our youth. We look forward to continuing this collaborative relationship that provides a vital service to our community.

Sincerely,



Kathleen Duncan MA, CDP
Assistant Director

PROHIBITION ON REDISCLOSURE: This notice accompanies a disclosure of information concerning a patient in alcohol/drug abuse treatment, made to you with the consent of such patient. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap County Sheriff's Office

Proposal Title: Crisis Intervention Training

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

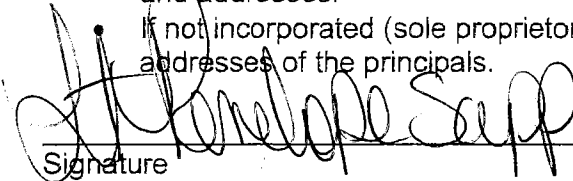
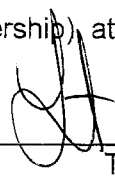
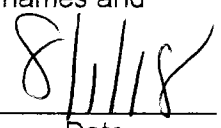
<input type="checkbox"/> Prevention, Early Intervention and Training	<input type="checkbox"/> Medical and Sub-Acute Detoxification
<input checked="" type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Acute Inpatient Care
<input type="checkbox"/> Outpatient treatment	<input type="checkbox"/>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

Number of Individuals Screened: _____ Number of Individuals Served: 80

Proposal Summary:
 This proposal is requesting to continue the funding to increase the CIOs for Kitsap County Law Enforcement. This proposal remains consistent with what we have requested in 2018, providing funding for 40 CIT classes and an advanced class to all local law enforcement agencies, including the jail. We are not asking for anything additional, other than reconsidering funding the backfill and overtime. We are challenged with filling the classes when there is no funding for backfill and overtime.

Requested Funds Amount: \$78,700.00
 Matching/In-kind Funds Amount: \$57,200.00
 Street Address: 614 Division Street
 City: Port Orchard State: WA Zip: 98366
 Primary Contact: Penelope Sapp Phone: 360-337-4514 E-Mail: psapp@co.kitsap.wa.us
 Non-Profit Status: 501C3 of the Internal Revenue Code? Yes No
 Federal Tax ID Number: 91-6001348

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

Signature _____ Title _____ Date _____

**2019 NARRATIVE TEMPLATE FOR CONTINUATION
GRANT PROPOSALS**

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

All Continuation Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 10 pages.

1. Project Design (30 points)

A. Project Design

This proposal is requesting to continue the funding to increase the CIOs for Kitsap County Law Enforcement. This proposal remains consistent with what we have requested in 2018, providing funding for 40 CIT classes and an advanced class to all local law enforcement agencies, including the jail. We are not asking for anything additional, other than reconsidering funding the backfill and overtime. We are challenged with filling the classes when there is no funding for backfill and overtime.

We have remained consistent over the years providing this training and changing the approach with how we handle behavioral health. This year we have held our first of two 40-hour CIT classes, where 20 attended. In June we held our advanced class where 13 attended. Our last 40-hour CIT class will be held in September where 30 and it will be open to 30 attendees. The 40-hour CIT course is approved by the Criminal Justice Commission Training Center (CJTC). Following this information, you review the class schedule. It has been successful holding our own training, because we get the local providers involved to discuss their services. For example, Kitsap Mental Health Services (KMHS) spends half a day talking about their services and how we can connect better with law enforcement and KMHS. Having KMHS at the training has closed the gap of communication and opened up a lot of areas where we can utilize their services more effectively. We invite the local Navigators to the class, so they can inform law enforcement of the services they provide. Holding this training locally allows relationships to build not only with the service providers, but other agencies and officers within the jail. Working together to provide this training to law enforcement has shown to be invaluable, and slowly it is changing the approach in the way we interact with behavioral health.

There are many success stories we can share with you, but here are two that we want to highlight. Back in April of this year, deputies were called out when a female with mental health issues forced her way into her ex-boyfriend's house with a knife. She was armed with this knife and began to destroy the entire inside of the home. When deputies arrived she presented herself several times from an upstairs balcony still

armed with the large butcher knife. For the better part of 4 hours the detail carried on with the woman ejecting the ex's property from second story windows and the front door, destroying the interior of the home and screaming all the way. At one point she lit a stack of papers on fire and threw those from the home. Deputies continued to negotiate with her during this time. Two negotiators were called out, the Washington State Patrol Bomb Unit, and a Pierce County K-9. The negotiators attempted for the most of four hours to communicate with the female, with no success. Often throughout the incident the woman yelled for deputies to shoot her while armed with the large knife. One of our county lead CIO's responded and began communicating with the female by the door and immediately was able to gain compliance with a peaceful surrender. In the end, the CIO did an incredible job of talking the woman down and convinced her to surrender to him and another deputy. This was a very violent incident that came to a peaceful resolution through some outstanding leadership, patience, and using de-escalation skills.

Another story where this training has been effective, is in the jail. We are attempting to get all of the corrections officers trained in CIT, because they spend the 8 hours a day with these individuals who are incarcerated. Because of this training and the emphasis of a cultural shift, the staff focus on empathy. The jail recently had an older female in custody who suffered from dementia and was there at least three weeks. The staff that worked in that area where all trained in CIT and would communicate to her in a manner where she would understand. They also used a lot of patience in the cases where this elderly female did not know where she was at and didn't understand why she couldn't go home. One of our jail CIO Officers went above and beyond and brought in a radio with an Oldies CD, to help reduce this elderly woman's stress. This was out of the box thinking, showing empathy for someone who has not control of her actions or thoughts. The CD brought hours of entertainment to the elderly female, as she enjoyed music she recalled from her younger days. In addition to this, the jail staff and the Navigators worked together to help find placement for this elderly woman upon release. She was finally placed in a home and is no longer in the jail.

Providing funding for CIT will help agencies throughout the county provide extra training and emphasis on behavioral health. The investment of this training is rewarded by the stories and the difference we make. This funding is important in order to continue the momentum and make sure everyone in patrol and the jail are trained in a consistent manner.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0900	INTRO / SURVEY / REPORT WRITING / MCT <i>Kim Hendrickson</i>	NAMI - Dave Kuehl	RENEE COX / Verbal Tactics & Deescalation	Jamie Dipino w/ Panel	Charlie Doyal - DMHP (DCR)
0900-1000	<i>Kim Hendrickson / Behavioral Outreach Program</i>	Stuart Nickum / Mental Health Commitments	RENEE COX / Verbal Tactics & Deescalation	Jamie Dipino w/ Panel	Charlie Doyal - DMHP (DCR)
1000-1100	VETS / PTSD Josh Penner	Ione George / Legal Aspects & Liability	RENEE COX / Verbal Tactics & Deescalation	Jamie Dipino w/ Panel	Charlie Doyal - DMHP (DCR)
1100-1200	VETS / PTSD Josh Penner	Ione George / Legal Aspects & Liability	RENEE COX / Verbal Tactics & Deescalation	Jamie Dipino w/ Panel	Charlie Doyal - DMHP (DCR)
1200-1300	Lunch	Lunch	Lunch	Lunch	Lunch
1300-1400	Dr. Shannon Meyer / Mad, Bad, Sad	Bickler / Negotiating the Unexpected	RENEE COX / Verbal Tactics & Deescalation	SGT Carpenter / Excited Delerium / VNR	MOCK SCENES
1400-1500	Dr. Shannon Meyer / Mad, Bad, Sad	Bickler / Negotiating the Unexpected	RENEE COX / Verbal Tactics & Deescalation	SGT Carpenter / Excited Delerium / VNR	MOCK SCENES
1500-1600	Dr. Shannon Meyer / Mad, Bad, Sad	Bickler / Negotiating the Unexpected	RENEE COX / Verbal Tactics & Deescalation	SGT Carpenter / Excited Delerium / VNR	MOCK SCENES
1600-1700	Dr. Shannon Meyer / Mad, Bad, Sad	Bickler / Negotiating the Unexpected	RENEE COX / Verbal Tactics & Deescalation	SGT Carpenter / Excited Delerium / VNR	CLOSING / SURVEY

B. Staffing Qualifications- There is no staffing that is dedicated to this proposal.

C. Organizational Licenses and Certifications- The Kitsap County Sheriff's is not licensed to provide behavioral health services.

D. Outreach-

The CIO continues outreach through the calls that law enforcement answer, trying to assist people in crisis and get them to the resources they need. Reaching out to the target population generally comes from the calls that are answered. As we increase the numbers of CIOs in Kitsap County, many more will have the techniques and skills to help de-escalate. Our CIO meetings continue bi-monthly, allowing all CIOs and other stakeholders attend and work on any ongoing issues or concerns. It has also been a time to talk about celebrations. We continue to sit with other stakeholders such as NAMI, Kitsap Mental Health, Kitsap Connect, Poulsbo Behavioral Health, Harrison Hospital, to open the communication even more. It is a great concept to have all of these stakeholders sit in a room with law enforcement and try to solve problems related to mental health.

E. Evaluation

Evaluation processes will remain consistent, with the exception that we will be using the RideAlong templates to gather data on crisis calls and contacts. RideAlong will be launched by August/September of 2018 and the templates will help gather valid statistics. For the classes, we have been using a pre and posttest to measure what the attendees have learned. We will continue to utilize that measurement tool. Additionally, we anticipate that another 40-60 new CIOs will be added in the 2019.

2. Accomplishments to Date (30 Points)

A. Progress to Date

The goals we set in the last proposal were:

- Increase the number of designated CIOs
- Measure what they have learned in the classes
- Provide designated CIOs with advanced training
- Provide all law enforcement with the ability to network with local resources through our CIO meetings and.

In May, we held a 40 CIT, adding 19 more CIO in Kitsap County, this included police from the military bases. We are holding another 40 hour class in September and we are hoping 30 will attend. Through a grant called Trueblood, Kitsap Mental Health requested \$60,000.00 to supplement overtime/backfill in a 40 CIT. The money must be spent by the end of 2018 with no additional funding anticipated. Something to note in the re and post testing we conducted in the 40-hour class, 4 of those that attended has some CIT in the academy, 4 others were exposed to mental health training through the 8 hour class and 2 hour mandated online class. There were 12 officers and deputies in the class that never had exposure to any CIT or related training. They found this training valuable and useful in their line of work.

B. Barriers to Implementation

We continue to struggle with the overtime and backfill that is incurred when these classes are held. This year we had some monies from the Trueblood grant, but a large portion of this was used last year and we have some left for the final 40 class. We do not have funding for the advanced class and this is one reason we see a decrease in attendance.

C. Integration & Collective Impact

This CIO program has stayed strong and began to expand into ways that we all can work together. As we train more CIOs, they become more involved in the committee and start to participate. Our CIO meetings have allowed us to develop a relationship with the Navigator Program, KMHS, Kitsap Connect, Chi Franciscan, local fire departments, Military personnel, etc. All of these outside resources are invited to attend CIO training when we have the openings. We have encouraged CHI to have their ER security attend because law enforcement has witnessed times where hospital security has at times provided evidence that they need de-escalation training. This local training has allowed us invite KMHS in and open the floor to have conversations about how law enforcement and KMHS can work together more. We have seen an increase in getting services needed for people who are in a crisis.

D. Key Accomplishments

We have developed a LEAD CIO team, law enforcement, that has been well trained in behavioral health to help with the response plans for the RideAlong application. Over the course of the last few months we have worked with all the CIOs and the LEADS to work on high utilizers in the county. We have come up with 40-50 at this point to have ready when we launch the program. As we hold the 40 hour classes and advanced courses, we communicate the importance of how RideAlong with help officers and deputies when they respond to someone in a crisis. The RideAlong application will help provide more data in the future by using the templates and truly seeing what the end result is in the disposition. We are proud of the high number of law enforcement that have attended this training, almost 100, but we have at least 80 more patrol officers and 45 more corrections that need to attend the class. Finally, the stories we shared above a just a very small idea of how important this training is and the relationships we have built with the networking and discovering what issues we face in the road and in the jail. With these classes we can share our experiences and serve providers can go out and help law enforcement address them. It is because of these classes we can contribute to KMHS coming to weekly meetings in the jail and helping us with those that need services immediately.

3. Budget Narrative (20 Points)

A. Past Expenditures

In 2018 we received \$21,500.00 to pay for instructors for the 2/40-hour classes and the advanced class. To date we have held one of the 40-hour classes and the advanced, spending just at \$6,600.00. We have one more class to hold that will cost about \$5,000.00. We have tried to be very careful with spending, by inviting local resource providers to help with the training at very little or no costs. This has been helpful in reducing the cost per class.

B. Funding Request

For this proposal we are requesting to fund 2/40 hour CIT courses and 1/24 hour advanced course. We want to increase the CIOs in Kitsap County significantly in 2019, and this can be done if this proposal is accepted. We are asking for overtime/backfill for to cover the 40 hour classes and the advanced class as well.

If this proposal is accepted we can increase CIOs by 40 at the end of 2019 and also provide advanced training to several of the CIOs. The funding is as follows:

- 2/40 hour CIT classes-Instructors \$5,500.00 x 2=\$11,000.00, 40 CIOs, (20 for each class) backfill and overtime 20 x 40 hours @ \$55.00=\$44,000.00. Although many more will attend, some agencies will absorb overtime/backfill. Supplies for two classes, \$500.00 x 2=\$1,000.00. Total for two 40 CIT classes \$56,000.00
- Advanced Training- Instructors \$6,000.00. Travel expenses for instructors \$2,000.00. We are unsure of who will be available for instruct this training. Backfill/overtime for 10 x 24 hours CIOs @ \$55.00 hour=\$13,200.00. Although many more will attend, some agencies will absorb overtime/backfill. Supplies for class is \$500.00. Total is \$21,700.00
- Brochures \$1,000.00

Even though we anticipate that our number of attendees will be higher, we are asking to fund backfill and overtime for just a portion of the classes.

C. Funding Modifications-This mirrors last year's request, with the expectation of decreasing the overtime and backfill monies.

D. Subcontractors

4. Sustainability (20 Points)

A. Leveraged Funds-

The specific agencies absorbed some of the cost for personnel during the previous budget cycle instead of billing the grant. We utilized the Trueblood grant to help off-set overtime and backfill. That will not be available in 2019. The second part of the question does not apply to this proposal.

B. Sustainability Plan-

As more officers are trained and additional CIOs are established with the agencies in Kitsap County we will be closer to having everyone be a CIO in Kitsap County. We continue to locate funding where we can, for example the Trueblood award for overtime/backfill in 2017-2018, and CJTC. The funding through Kitsap County has helped to establish a group of CIOs that will lead the way for the coming years when dealing with mentally ill individuals. We are hopeful in the future these 40 hour classes will be offered in the academy, because it is important training of skills and techniques.

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 a 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: Crisis Intervention Training

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Increase the number of CIOs in Kitsap County</p>	<p>Hold 2 40 hour classes and one advanced class</p>	<p>See increase in CIOs</p>	<p><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</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 05/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:</p>	<p>Increase CIOs from about 100 to 150</p>	<p>Class Rosters</p>
<p>Show that 40 CIT and advanced class was effective</p>	<p>Conduct pre and post test before training 40 hour and advanced courses</p>	<p>Measure pre and post test</p>	<p><input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 05/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:</p>	<p>Attendee will show that value was added after training</p>	<p>Pre and post test will show that that law attendees feel more confident after training</p>
<p>Data from RideAlong</p>	<p>Pulling data from the templates to deliver a clear picture of crisis related calls and contacts</p>	<p>Run RideAlong reporting</p>	<p><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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 01/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:</p>	<p>Begin Reporting out on RideAlong, something we currently do not have.</p>	<p>RideAlong Data</p>

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Sheriff's Office

Project: CIO

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 24,351.94	0%	\$ -	0%	\$ 1.00	100%
WA State Revenue	\$ 48,109.84	1%	\$ 44,300.00	0%	\$ -	0%
Local Revenue	\$ 6,443,308.05	75%	\$ 6,779,898.00	76%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 1,999,384.28	23%	\$ 2,077,200.00	23%	\$ -	0%
Miscellaneous Revenue	\$ 27,459.70	0%	\$ 10,000.00	0%	\$ -	0%
Total Agency Revenue (A)	\$ 8,542,613.81		\$ 8,911,398.00		\$ 1.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ 1.00	100%
Staff	\$ 19,292,245.76	53%	\$ 20,047,249.00	53%	\$ -	0%
Total Benefits	\$ 7,890,661.00	22%	\$ 8,347,138.00	22%	\$ -	0%
Subtotal	\$ 27,182,906.76	74%	\$ 28,394,387.00	75%	\$ 1.00	100%
Supplies/Equipment						
Equipment	\$ 168,654.33	0%	\$ 226,200.00	1%	\$ -	0%
Office Supplies	\$ 1,376,289.16	4%	\$ 1,352,850.00	4%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,544,943.49	4%	\$ 1,579,050.00	4%	\$ -	0%
Administration						
Advertising/Marketing	\$ 842.05	0%	\$ 8,500.00	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 70,274.54	0%	\$ 74,050.00	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 22,160.11	0%	\$ 31,750.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 126,628.53	0%	\$ 147,100.00	0%	\$ -	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 219,905.23	1%	\$ 261,400.00	1%	\$ -	0%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 105,391.97	0%	\$ 163,850.00	0%	\$ -	0%
Utilities	\$ 436,822.06	1%	\$ 496,950.00	1%	\$ -	0%
Other (Describe) Contract Medical	\$ 1,903,054.53	5%	\$ 1,788,400.00	5%	\$ -	0%
Other (Describe) Rental Leases	\$ 141,414.11	0%	\$ 161,100.00	0%	\$ -	0%
Other (Describe) Capital Outlay, dues, intergovmt	\$ 1,036,944.39	3%	\$ 899,126.00	2%	\$ -	0%
Subtotal	\$ 3,623,627.06	10%	\$ 3,509,426.00	9%	\$ -	0%
Other Costs						
Debt Service	\$ 8,556.72	0%	\$ 8,600.00	0%	\$ -	0%
Other (Describe) Interfund billing, computers, etc.	\$ 4,087,956.10	11%	\$ 4,052,365.00	11%	\$ -	0%
Subtotal	\$ 4,096,512.82	11%	\$ 4,060,965.00	11%	\$ -	0%
Total Direct Expenses	\$ 36,667,895.36		\$ 37,805,228.00		\$ 1.00	

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

Special Project Budget Form

Agency Name: Kitsap County Sheriff's Office Subcontractor: Yes NO

Project: CIT

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/Overtime & Backfill	\$ 114,400.00	84%	\$ 57,200.00	73%	\$ 57,200.00	100%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 114,400.00	84%	\$ 57,200.00	73%	\$ 57,200.00	100%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 1,500.00	1%	\$ 1,500.00	2%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 1,500.00	1%	\$ 1,500.00	2%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 1,000.00	1%	\$ 1,000.00	1%	\$ -	0%
Training/Travel/Transportation;Instructors	\$ 19,000.00	14%	\$ 19,000.00	24%	\$ -	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 20,000.00	15%	\$ 20,000.00	25%	\$ -	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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 135,900.00		\$ 78,700.00		\$ 57,200.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: Kitsap County Sheirff's Office Subcontractor: Yes **NO**

Project:

Description

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

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ 57,200.00
Description: OT and Backfill	\$ 57,200.00
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 57,200.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 57,200.00

2019 GRANT SUMMARY PAGE

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

Organization name: Kitsap County Superior Court

Proposal Title: Kitsap County Adult Drug Court

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

Number of Individuals Screened: 316

Number of Individuals Served: 218

Proposal Summary:

The 2014 Kitsap County Behavioral Health Strategic Plan identified the lack of sufficient Outpatient Care, Medical and Medication Management, Counseling Services (Gap #3) as one of the local gaps in services for individuals with mental illness and substance abuse disorders in the adult criminal justice system. To address this gap, the Behavioral Health Strategic Planning Team recommended the expansion of mental health and substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts. In this proposal, the Superior Court requests sufficient funding to address this need by (1) continuing mental health screenings, diagnoses and treatment services to its, otherwise, successful adult drug court program; (2) increasing the number of individuals who can receive these services to a service level that meets the community's demonstrated demand; (3) continuing to fund a Vocational Navigator, and ; (4) continuing the RANT risk assessment to initial screening to reduce the rate of participant terminations.

Requested Funds Amount: \$376,144

Matching/In-kind Funds Amount: \$0

Street Address: 614 Division Street

City: Port Orchard

State: WA Zip: 98366

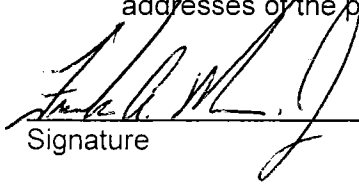


Primary Contact: Samantha Lyons Phone:360-337-4508

E-Mail: slyons@co.kitsap.wa.us

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

Federal Tax ID Number: 91-60001348

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

 _____  _____ 

Signature Title Date

**2019 NARRATIVE TEMPLATE FOR CONTINUATION
GRANT PROPOSALS**

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

1. Project Description

A. Project Design

The 2014 Kitsap County Behavioral Health Strategic Plan identified the lack of sufficient Outpatient Care, Medical and Medication Management, Counseling Services (Gap #3) as one of the local gaps in services for individuals with mental illness and substance abuse disorders in the adult criminal justice system. To address this gap, the Behavioral Health Strategic Planning Team recommended the expansion of mental health and substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts. In this proposal, the Superior Court requests sufficient funding to address this need by (1) continuing mental health screening, diagnoses and treatment services to its, otherwise, successful adult drug court program; (2) continuing to partner with West Sound Treatment Center to provide educational/vocational services and, (3) increasing the number of individuals who are able to receive services by utilizing the TAD alcohol detection transdermal bracelets to effectively monitor participants with histories hallmarked by DUI offenses.

The Adult Drug Court program is a collaborative approach to address criminal defendants challenged with substance use disorders in order to holistically restore these individuals so that they may more fully contribute to the community. Because the drug court combines the criminal justice system with clinical treatment, the program relies heavily upon the collaboration of multiple agencies. These include the Superior Court, the Kitsap County Prosecutor's Office, the local Office of Public Defense, the Kitsap Recovery Center (KRC), Agape Unlimited, The Salish Behavioral Health Organization, West Sound Treatment Center, Peninsula Community Health Services, and the Kitsap County Sheriff's Office. Additionally, this continuation proposal seeks to draw much-needed mental health services through Kitsap Mental Health Services (KMHS) in order to expand the opportunity for comprehensive recovery services for drug court participants.

Through the grant received from the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs, the Kitsap County Superior Court Adult Drug Court has been afforded the opportunity to expand in size from 100 to 150 participants while enhancing ancillary services.

The purpose of this project is to maintain, by 50, the increased number of treatment slots for criminal defendants who require substance abuse and/or mental health

treatment through the delivery of expanded services; and, to augment a time-tested therapeutic court program with resources, such as mental health and vocational services, that further address the local service gaps outlined in the 2016 Behavioral Health Strategic Action Plan.

While there are no additions to this year's proposal, there are several reductions. Modifications include **no funding request** for the following: MRT training, NADCP Conference, funding for a Chemical dependency Professional (CDP), and urinalysis testing.

B. Staffing Qualifications

The Treatment Court Therapist position was created to provide mental health therapy and care coordination services for adults who are part of Drug Court in collaboration with Kitsap County. The Court has contracted with Kitsap Mental Health Services for a therapist position which requires a Master's degree in psychology, social services, or a related field, with additional preference given to PH.D. candidates and/or MHP's. The position also requires a minimum of two years' experience working with clients with mental illness required, and preference for candidates having experience in Co-Occurring Disorders treatment, individual and group therapy, vocational services, treatment courts, and substance abuse treatment.

This position is presently filled by Ms. Ashley Mitchusson, MA, MHP. Ms. Mitchusson received her Bachelor's Degree in Psychology in 2008 from Central Washington University and Master's Degree in Clinical Psychology in 2010 from Argosy University. Since completing her degrees Ms. Mitchusson has worked in Seattle, WA as a clinician in an intensive outreach program for individuals with severe and persistent mental health and substance use disorders, as well as a Release Planner in the King County Jail coordinating services for individuals being released from custody. She has been in the role of Adult Drug Court Therapist since 2014 and is responsible for providing individual and group mental health treatment to participants identified as having co-occurring mental health and substance use treatment needs.

The Vocational Navigator is responsible for counseling individuals, providing group educational workshops and vocational guidance services, and for the direct supervision of the Vocational Navigators. The Lead Vocational Navigator collects, organizes, and analyzes information about individuals through records, tests, interviews, and professional sources, to appraise their interests, aptitudes, abilities, and personality characteristics, for vocational and educational planning.

The Superior Court has contracted with West Sound Treatment Center to fill this role. Candidates for the Vocational Navigator position require must have or be working on an undergraduate degree, preferably in a human service field with at least two years of direct experience in the capacity of a human service provider under supervision. Candidates must be skilled at motivational interviewing and be able to effectively utilize

those skills to build hope, motivate action, and encourage change in Compass participants.

The current Drug Court Educational/Vocational Navigator is Ms. Rebecca Carr, CDP. Ms. Carr has over eight years of experience working in the Chemical Dependency field. She started as the Adolescent Coordinator for Cascade Recovery Center, and developed and implemented Adolescent Substance Use Disorder Treatment programs for Suquamish Wellness Center and Agape Unlimited. Ms. Carr possesses a Bachelor's Degree in Human Services from Western Washington University and a Master's Degree in Mental Health Psychology from Antioch University.

The **Office Support Coordinator** in the Superior Court has a myriad of responsibilities, including: Coordinating special projects, arrangements and activities that require contacts within and outside the office; preparing charts, graphs, brochures, presentations, as needed for the program, coordinate all entries into the Drug Court Case Management System (DCCM); training staff on proper usage of the DCCM; coordinating quarterly drug court graduations. The position requires a high school diploma or GED, plus four years of progressively responsible office administration experience, which includes two years of experience with criminal case processing.

The Office Support Coordinator was recently vacated by the incumbent for a promotional opportunity on the Drug Court team, and the Superior Court is conducting a competitive recruitment with the hope of filling it in August 2018.

The **Program Specialist** – Drug Court positions serve in a supporting role as a resource for work teams handling multi-disciplinary or technically challenging projects and programs. Incumbents act as a program liaisons and support drug court participants and outside stakeholder entities regarding functions of the program; interpret, review and apply program specific policies, procedures and regulations; assess program needs; and assist in the development courses of action to carry out program activities. The Program Specialist – Drug Court positions require an Associate's degree in a field related to the assigned program area and three years of support related experience; or, Bachelor's degree in a field related to the assigned program area and one year support related experience.

The Drug Court Program Specialist hired under the terms of this grant award is Ms. Lindsey Meyer. Ms. Meyer graduated from Washington State University with a Bachelor of Arts degree in Criminal Justice & Criminology, and minors in Political Science and Business Administration. Ms. Meyer previously worked as a Legal Assistant at the Thurston County Prosecutor's Office, providing support work for the General Felony and Special Victim's Team. Ms. Meyer currently fills the Compliance Specialist position for the Kitsap County Drug Court program where she provides direct services, monitoring, and case management to assigned participants.

C. Organizational Licenses and Certifications

The Kitsap County Superior Court is not licensed to provide behavioral health services through the Department of Social and Health Services and/or the Department of Health. Rather, the Court partners with licensed, certified behavioral health agencies within Kitsap County. The licenses and certifications for our partner agencies are monitored through The Salish Behavioral Health Organization (SHBO). All partners remain in good standing with the SBHO.

D. Outreach

Outreach for the Adult Drug Court takes place in several forms: Participant word of mouth, referral by a prosecutor, judge, and or defense attorney, treatment agency referrals, public presentations made to the Commission on Law and Justice, and law enforcement referrals.

With respect to delivering culturally competent behavioral health care services, all Chemical Dependency Professionals in Washington State must adhere to the following WAC requirements:

WAC 388-877-0510 - Personnel—Agency record requirements.

Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency.

(1) The personnel record must contain all of the following:

(a) Documentation of annual training, including documentation that the employee successfully completed training on cultural competency.

KMHS requires annual cultural competency training as well as “special population” consultations for any new client identifying as part of a particular group (racial/ethnic/gender/sexual identities and developmental delays).

Court Personnel attend the National Association of Drug Court Professional’s Annual Training Conference yearly, or bi-annually, and have attended the following workshops June, 2018, in Houston, TX:

- Intersections of Trauma Responses: Gender and Culturally Responsive Approaches for Justice-Involved Women in Treatment Courts.
- Tribal Nations Forum.
- Assessing Diversity, Disparity and Best Practices: Do Disparities Exist in Treatment Courts and What Do We Do About It?
- Periodically attend Cultural Competency trainings provided by Kitsap County Human Resources Department.

E. Evaluation

The Drug Court Team utilizes a web-based database called the Drug Court Case Management System (DCCM). The system is utilized to collect information which assists with reporting on the following primary goals and expected outcomes, developed in collaboration with the evaluation team working with the Citizens Advisory Committee.

Progress toward the goals for the Adult Drug Court can be found in the next section, under **Progress to Date**.

2. Accomplishments to Date

A. Progress to Date

The 2016 Kitsap County Behavioral Health Strategic Plan identified the lack of sufficient Outpatient Care, Medical and Medication Management, Counseling Services (Gap #3) as one of the local gaps in services for individuals with mental illness and substance abuse disorders in the adult criminal justice system. To address this gap, the Behavioral Health Strategic Planning Team recommended the expansion of mental health and substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts. In this proposal, the Superior Court requests sufficient funding to address this need by (1) continuing mental health screenings, diagnoses and treatment services to its, otherwise, successful adult drug court program; (2) increasing the number of individuals who receive these services to a service level that meets the community's demonstrated demand; (3) continuing to fund a Vocational Navigator to work with our participants; (4) continuing the RANT risk assessment to initial screening to reduce the rate of participant terminations; (5) providing and utilizing Transdermal Alcohol Devices (TAD) in order to appropriately monitor more DUI cases.

- Number of unduplicated participants **enrolled** from 7/1/17-6/30/18 = 218
- Number of participants who successfully **graduated** from 7/1/17-6/30/18 = 31
- Number of participants who were **terminated unsuccessfully** during the period 7/1/17-6/30/18 = 32

GOAL: Reduce the termination rate to no more than 20% by December 31, 2018.

During the reporting period 7/1/17-6/30/18, 32 participants (14%) were terminated. The Adult Drug Court Team is steadily improving on this goal. Previously, in the reporting period 7/1/16-6/30/17, the termination rate was 22%.

GOAL: 75% of program participants report moderate to high levels of satisfaction with services.

Satisfaction surveys were distributed to all participants on both 10/23/17 and 4/23/18. Eighty (80%) percent indicated they were satisfied with both the court hearings as well as the treatment and ancillary services received.

GOAL: 40% of program participants receive ongoing psychiatric services.

During the previous reporting period 7/1/17-6/30/18, 31 participants (18%) received ongoing psychiatric services at KMHS. During this reporting period 7/1/17-6/30/18, 41 participants (18%) received ongoing psychiatric services at KMHS. One reason this number is unexpectedly low is because our contracted KMHS Therapist was on maternity leave between April 1st, 2017-July 10th, 2017, creating an interruption in services. KMHS provided a temporary BA level therapist, but many participants chose not to avail themselves of mental health services until the dedicated Adult Drug Court therapist returned to work. The Adult Drug Court met with leaders from KMHS in May, 2018 to discuss the reduction in services. To remedy this, it has been decided that our dedicated MH therapist will screen every participant as they are admitted into the program to proactively determine which participants could benefit from mental health services.

GOAL: 90% of program participants with co-occurring disorders will graduate at the same rate as those without mental health issues.

We have achieved this goal for the reporting period 7/1/17-6/30/18. 100% of program participants with a co-occurring disorder have graduated at the same rate as those participants who do not receive mental health services.

GOAL: 100% of all program participants will be screened by the Vocational Navigator within the first 90 days of program participation.

This goal has been achieved. During the reporting period 7/1/17-6/30/18, 106 (100%) participants were screened by the Vocational Navigator within the first 90 days of program participation.

GOAL: 90% of program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court.

This goal has been met for the reporting period 7/1/17-6/30/18. During the reporting period, 31 (95%) individuals who graduated were involved in educational or vocational pursuits.

GOAL: 80% of individuals completing Drug Court will remain crime-free 5 years post-graduation (conviction).

During the reporting period 7/1/17-6/30/18, 26 participants (18%) were convicted of a new charge post-graduation.

GOAL: Reduce the number of positive urinalysis testing for 80% of program participants who screen positive for substance use disorder.

During the reporting period 7/1/17-6/30/18, we had 355 positive drug tests, or 3.5%. Thus, 96.5% of participants had a reduction in the number of positive urinalysis testing.

B. Barriers to Implementation

We have had no barriers to implementation.

C. Integration & Collective Impact

The Kitsap County Adult Drug Court has partnered with the following agencies to provide a robust continuity of care: The Kitsap Recovery Center (KRC), Agape Unlimited, Kitsap Mental Health Services (KMHS), Peninsula Community Health Services, Housing Solutions at KCR, West Sound Treatment Center, and the Kitsap County Juvenile Department.

D. Key Accomplishments

The Kitsap County Adult Drug Court strives to utilize best practices to improve outcomes for our Adult Drug Court Participants. As such, the following **goals have been accomplished** with the assistance of funding from the Citizen's Advisory Board in FY2014, FY 2015, FY 2016, FY 2017, and FY 2018:

- The elimination of the waitlist in June 2015 allows the Adult Drug Court to provide immediate treatment services to all Adult Drug Court participants upon admission.
- Deployment and implementation of the Drug Court Case Management system (DCCM) in April 2015 allows the Court to track and manage data outcomes. This data is used to report quarterly statistics to the Citizens Advisory Board.
- A standardized mental health screening tool, the DLAY 20, was selected by KMHS as the screening tool utilized for all Adult Drug Court Participants. The DLAY 20 evaluates 20 dimensions of everyday living and offers initial treatment recommendations. As a result, seventy (70) participants, or 42%, have received the screening since FY'17.
- A total of one hundred and fifty-three (153) participants have received mental health services via the deployed KMHS FTE dedicated to providing treatment to the Adult Drug Court.
- As part of the Adult Drug Court expansion, Medication Assisted Treatment (MAT) is being offered to any participant who is deemed appropriate by an Addiction Medicine Specialist.
- A partnership with West Sound Treatment Center's Compass Vocational program has afforded the Drug Court participants the opportunity to engage more fully and meaningfully in educational and vocational endeavors. As a result, 95% of participants who graduate the Adult Drug Court are involved in work or school activities upon graduation.
- The acquisition of the RANT risk and needs assessment tool has assisted in confirming that the Court is targeting the correct "high-risk/high-needs" participants. Ninety percent (90%) of those individuals screened for admission into the ADC fall into the 'high-risk/high-needs" quadrant.
- During the reporting period 7/1/16-6/30/17, the Adult Drug Court graduated 53 participants.

3. Budget Narrative

A. Expenditures

For 2018, the Kitsap County Commissioners approved a total Superior Court budget allocation of \$369,656 for the Court's independent program funding. Through June 30, 2018, the Superior Court has expended \$131,100 of this budget, as follows:

Line Item	2018 Budget	YTD Expense	Balance
Manager & Staff	108,700	27,461	81,239
Fringe Benefits	46,986	17,712	29,274
Supplies	2,000	0	2,000
Postage/Printing	3,750	0	3,750
Training/Travel/Transportation	2,000	2,000	0
Maintenance Contracts	190,420	79,707	110,713
Other – DCCM Renewal	15,800	4,221	11,579
Total	369,656	131,101	238,555

For 2018, the Kitsap County Commissioners also approved, as a portion of this underlying grant, a total budget of \$113,890 for the Kitsap Recovery Center. Through June 30, 2018, the Kitsap Recovery Center has expended \$0, with the costs of treatment covered by Medicaid through the SBHO.

B. Funding Request

The proposed budget is broken into two parts – one for funding to support the Superior Court, and one that provides funding to non-Court agencies, as follows:

Direct Superior Court Support

Continued funding (\$75,381) is requested for a full-time Compliance Specialist position working with the Adult Drug Court. (**Managers and Staff** and **Fringe Benefits**).

Continued funding for an Administrative Assistant position (\$75,381) is requested to support the work of the Adult Court team, judge and treatment court manager; and, to help the Court develop and support a more robust data collection system to improve outcome measures and reports. (**Managers and Staff** and **Fringe Benefits**).

Continued funding for a data management application (**\$4,000**) will provide the Adult Drug Court team with the tools necessary to capture participant data, manage case information, and monitor intervening and final outcome measurements through standardized reporting. The system will facilitate the sharing of information among team members. (**Other**).

Continued funding for office supplies (**\$2,500**) is requested to fund graduation refreshments, coins, shirts, and other incidentals which have historically been funded personally by the Adult Drug Court Judge. (**Other**).

Continued funding for MRT workbooks is requested to continue mandatory MRT groups for all participants. Workbooks = \$25/each. 150 workbooks x \$25 = **\$3,750**. (**Postage/Printing**)

Continued funding for 12 months' use of the RANT (Risk and Needs Triage) risk assessment. License costs \$2750/year for 20 users. **\$2,750 (Other)**

Continued funding for Transdermal Alcohol Device (TAD) to continuously monitor alcohol intake. Base unit one-time cost = \$1,200. Twenty (30) participants x \$12/day rental fee x 60 days = \$21,600. **\$30,000 (Other)**

Indirect Non-Court Support

Continued funding for mental health services (**\$78,612**) through Kitsap Mental Health for screening, diagnoses and treatment. (**Maintenance Contracts**).

Continued funding is requested to maintain a 1.0 FTE Vocational Navigator Vocational Navigator (**\$103,770**) contracted through West Sound Treatment Center for educational and vocational counseling. (**Maintenance Contracts**).

C. Funding Modifications

Due to our ability to leverage Federal Medicaid funding, this year's request has been reduced by 1.0 FTE Chemical Dependency Counselor, and all costs associated with urinalysis testing are now covered under Medicaid. Additionally, all funding requests for training have been removed (NADCP Annual Training Conference and MRT Training).

D. Subcontractors

The Superior Court will continue subcontracting with Kitsap Mental Health Services in the amount of **\$78,612** to ensure Adult Drug Court participants are screened for co-occurring disorders and treated according to mental health best practice standards. The contract requires KMHS to provide a Master's level professional, with a PhD or licensed MHP candidate preferred. The contract also calls for KMHS to provide wraparound treatment services based on individual participant assessments.

The Superior Court will also continue subcontracting with West Sound Treatment Center (WSTC) in the amount of **\$103,770** to provide educational and counseling

services for Drug Court participants. Through its Compass Program, WSTC will assist participants, using a variety of learning mechanisms, to develop the skills necessary to attain gainful employment post-graduation.

4. Sustainability

A. Leveraged Funds

Adult Drug Court leaders are highly vigilant in exploring the availability of Medicaid (ACA) and/or CJTA funding to offset or underwrite continued substance abuse and/or mental health treatment services for drug court participants. This exploration has included ongoing consultation with the Salish Behavioral Health Organization and Kitsap County Human Services Department, through which this funding is made available. As described above, leveraging the Medicaid funding has allowed the Adult Drug Court to no longer request funding for a CDP staff at KRC and all urinalysis testing costs.

B. Sustainability Plan

This proposal sets-forth a plan to sustain the Adult Drug Court maximum capacity of 150 participants, incorporating mental health screening and treatment services, and vocational services that have, without additional funding, otherwise not been available. The Adult Drug Court will continue to collaborate with the County's Department of Administrative Services and the SBHO to secure primary funding for overall program support, reducing the program's sales tax funding requests to focus on supplemental, secondary support and/or new innovations. A decline in funding will require the Court to either reduce its overall service capacity or significantly curtail the breadth of services envisioned in this proposal. The Treatment Courts also rely on funding from the Sales and Use Tax, as outlined below:

RCW 82.14.460

(3) Moneys collected under this section 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. For the purposes of this section, "programs and services" includes, but is not limited to, treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service. Every county that authorizes the tax provided in this section shall, and every other county may, establish and operate a therapeutic court component for dependency proceedings designed to be effective for the court's size, location, and resources.

(4) All moneys collected under this section must be used solely for the purpose of providing new or expanded programs and services as provided in this section, except as follows:

(d) Notwithstanding (a) through (c) of this subsection, moneys collected under this section may be used to support the cost of the judicial officer and support staff of a therapeutic court.

EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Kitsap County Superior Court Adult Drug Court

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE		F. BASELINE <small>Data and time</small>	G. SOURCE
Individuals successfully complete therapeutic drug court.		Reduce termination rate to no more than 20% by December 31, 2018.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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: 1/1/19 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	n/a	Program Database (DCCM)	
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input 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 type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	n/a	Click here to enter text.	

PROJECT NAME: Kitsap County Superior Court Adult Drug Court

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE		F. BASELINE <small>Data and time</small>	G. SOURCE
Click here to enter text.	Assess participant satisfaction in an anonymous survey every 6 months.	75% of participants report moderate to high level of satisfaction with services.	<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"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/19	n/a	Program Survey	

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
Additional services help adult drug court participants with co-occurring disorders to graduate at the same rate as other participants.	Provide treatment to individuals with co-occurring disorders (substance abuse and mental health issues) (Maintain funding for one (1) KMHS-contracted therapist)	40% of Adult Drug Court participants receive ongoing (engaged with therapist) psychiatric services.	<input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure <input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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	Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: ____ <input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/18 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: ____	n/a	KMHS clinician to input all psychiatric contacts in the DCCM
Adult drug court participants gain needed skills for employment which help them to be successful in the program and decrease possibility of relapse.	Refer every program participant to the Compass Program's on-site Vocational Navigator to complete the Participant Initial Vocational Assessment.	100% of new participants will be screened by the Vocational Navigator within the first 90 days of participation in the Adult Drug Court.	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" 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 checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/18 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: ____	n/a	Program Database (DCCM)
Click here to enter text.	Complete all counseling sessions, group educational workshops, testing, and vocational guidance services recommended by the Vocational Navigator.	90% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court.	<input checked="" 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 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: 1/1/18 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	n/a	Program Database (DCCM)

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and Time</small>	G. SOURCE
<p>To decrease the number of criminal justice contacts post-graduation.</p>	<p>Run names of all previous graduates in I/LEADS system.</p>	<p>70% of individuals completing Drug Court will remain crime-free* during the 5 years post-graduation. *Two tiers: 1. charge 2. Conviction</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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</p>	<p><input type="checkbox"/> Other: _____ <input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" 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: _____</p>	<p>n/a</p>	<p>Program Administrative Assistant to run names of all graduates in I/LEADS system, quarterly</p>
<p>Click here to enter text.</p>	<p>Require random urinalysis a minimum of 2 times per week for every participant who screens positive for a substance use disorder.</p>	<p>A reduction in the number of positive urinalysis testing for 80% of program participants who screen positive for substance use disorders.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" 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</p>	<p><input checked="" type="checkbox"/> Short <input 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: _____</p>	<p>Click here to enter text.</p>	<p>Program database-DCCM</p>

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Superior Court

Project: Adult Drug Court Grant Renewal

Accrual Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 14,695.00	4%	\$ 15,234.00	3%	\$ 17,245.00	3%
WA State Revenue	\$ 22,178.00	6%	\$ 19,219.00	3%	\$ 35,373.00	6%
Local Revenue	\$ 354,704.00	91%	\$ 566,353.00	94%	\$ 539,956.00	91%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 391,577.00		\$ 600,806.00		\$ 592,574.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 977,202.00	31%	\$ 1,042,404.00	31%	\$ 1,071,389.00	31%
Staff	\$ 1,024,813.00	33%	\$ 1,075,485.00	32%	\$ 1,046,008.00	30%
Total Benefits	\$ 497,057.00	16%	\$ 531,624.00	16%	\$ 530,132.00	15%
Subtotal	\$ 2,499,072.00	80%	\$ 2,649,513.00	78%	\$ 2,647,529.00	76%
Supplies/Equipment						
Equipment	\$ 9.00	0%	\$ 6,100.00	0%	\$ 6,100.00	0%
Office Supplies	\$ 28,850.00	1%	\$ 20,500.00	1%	\$ 21,500.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 28,859.00	1%	\$ 26,600.00	1%	\$ 27,600.00	1%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 10,245.00	0%	\$ 11,500.00	0%	\$ 11,500.00	0%
Training/Travel/Transportation	\$ 26,882.00	1%	\$ 26,550.00	1%	\$ 24,550.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 37,127.00	1%	\$ 38,050.00	1%	\$ 36,050.00	1%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 359,846.00	11%	\$ 383,682.00	11%	\$ 471,289.00	14%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 28,242.00	1%	\$ 13,000.00	0%	\$ 13,000.00	0%
Utilities	\$ 177,597.00	6%	\$ 281,642.00	8%	\$ 267,298.00	8%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 565,685.00	18%	\$ 678,324.00	20%	\$ 751,587.00	22%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 3,130,743.00		\$ 3,392,487.00		\$ 3,462,766.00	

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

Special Project Budget Form

Agency Name:
Kitsap County Superior Court

Subcontractor: ____ Yes XX No

Project:
Adult Drug Court Grant Renewal

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%	\$ -	#DIV/0!
Staff	\$ 104,500.00	54%	\$ 104,500.00	54%	\$ -	#DIV/0!
Total Benefits	\$ 46,262.00	24%	\$ 46,262.00	24%	\$ -	#DIV/0!
SUBTOTAL	\$ 150,762.00	78%	\$ 150,762.00	78%	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ 2,500.00	1%	\$ 2,500.00	1%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 2,500.00	1%	\$ 2,500.00	1%	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ 3,750.00	2%	\$ 3,750.00	2%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 3,750.00	2%	\$ 3,750.00	2%	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ 6,750.00	3%	\$ 6,750.00	3%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilities	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): TAD Bracelets	\$ 30,000.00	15%	\$ 30,000.00	15%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 36,750.00	19%	\$ 36,750.00	19%	\$ -	#DIV/0!
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Total Project Budget	\$ 193,762.00		\$ 193,762.00		\$ -	

NOTE: Indirect is limited to 10%

Special Project Budget Form

Agency Name: Kitsap Mental Health Services

Subcontractor: XX Yes No

Project: Adult Drug Court Grant Renewal

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%	\$ -	#DIV/0!
Staff	\$ 62,791.00	80%	\$ 62,791.00	80%	\$ -	#DIV/0!
Total Benefits	\$ 15,821.00	20%	\$ 15,821.00	20%	\$ -	#DIV/0!
SUBTOTAL	\$ 78,612.00	100%	\$ 78,612.00	100%	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilities	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Total Project Budget	\$ 78,612.00		\$ 78,612.00		\$ -	

NOTE: Indirect is limited to 10%

Special Project Budget Form

Agency Name:

Subcontractor: XX Yes No

Project:

West Sound Treatment CenterAdult Drug Court Grant Renewal

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%	\$ -	#DIV/0!
Staff	\$ 63,320.00	61%	\$ 63,320.00	61%	\$ -	#DIV/0!
Total Benefits	\$ 6,000.00	6%	\$ 6,000.00	6%	\$ -	#DIV/0!
SUBTOTAL	\$ 69,320.00	67%	\$ 69,320.00	67%	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ 1,000.00	1%	\$ 1,000.00	1%	\$ -	#DIV/0!
Office Supplies	\$ 500.00	0%	\$ 500.00	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 1,500.00	1%	\$ 1,500.00	1%	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 750.00	1%	\$ 750.00	1%	\$ -	#DIV/0!
% Indirect (Limited to 10%)	\$ 7,000.00	7%	\$ 7,000.00	7%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 7,750.00	7%	\$ 7,750.00	7%	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ 16,200.00	16%	\$ 16,200.00	16%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilities	\$ 2,000.00	2%	\$ 2,000.00	2%	\$ -	#DIV/0!
Other (Describe): Participant Incentives	\$ 7,000.00	7%	\$ 7,000.00	7%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 25,200.00	24%	\$ 25,200.00	24%	\$ -	#DIV/0!
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Total Project Budget	\$ 103,770.00		\$ 103,770.00		\$ -	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name:

Subcontractor: Yes NoKitsap County Superior Court

Project:

Description

Number of Professional FTEs	1.00
Number of Clerical FTEs	1.00
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	\$	52,250.00
Salaries of Clerical Staff	\$	52,250.00
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	104,500.00
 Total Payroll Taxes	 \$	 9,708.00
Total Cost of Benefits	\$	23,100.00
Total Cost of Retirement	\$	13,454.00
Total Payroll Costs	\$	150,762.00

Project Salary Summary

Agency Name:

Subcontractor: XX Yes No

West Sound Treatment Center

Project:

Description

Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	1.00

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	63,320.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	63,320.00
 Total Payroll Taxes	 \$	 -
Total Cost of Benefits	\$	6,000.00
Total Cost of Retirement	\$	-
Total Payroll Costs	\$	69,320.00

Project Salary Summary

Agency Name:

Subcontractor: XX Yes No

Kitsap Mental Health Services

Project:

Description

Number of Professional FTEs	1.05
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	1.05

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	57,580.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	57,580.00
 Total Payroll Taxes	 \$	 5,211.00
Total Cost of Benefits	\$	15,821.00
Total Cost of Retirement	\$	-
Total Payroll Costs	\$	78,612.00

July 25, 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 County Superior Court Services grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Administered by the Kitsap County Superior Court pursuant to RCW 13.04.035, Kitsap County Superior Court Services operates the Adult Drug Court, Veteran's Treatment Court, and Family Dependency Drug Court each designated to intervene in criminal behaviors that result from substance abuse and co-occurring mental illnesses. Kitsap County Superior Court Treatment Court Services is proposing the services of a KMHS affiliated behavioral health therapist to provide assessment and treatment for adults involved each of these three Courts.

Kitsap Mental Health Services will commit the following resources to the proposal submitted by Kitsap County Superior Court:

- 1 FTE Master's Level Therapist
- KMHS will also provide supervision for the therapists.

Kitsap Mental Health Services will provide a 1 FTE Master's Level Therapist who will be responsible for mental health assessment and treatment of adults participating in these Courts. The therapist will be a member of a team that includes a judge, prosecutor, defense attorneys, treatment court coordinator, probation counselors, and chemical dependency professionals working collectively to redirect and restore the lives of adult participants and to reduce the likelihood of their involvement in the justice system.



**KITSAP
MENTAL
HEALTH
SERVICES**

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Dennis Veloni

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.

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,

A handwritten signature in black ink, appearing to read 'Joe Roszak', with a long horizontal flourish extending to the right.

Joe Roszak
Chief Executive Officer



Improving Lives and Restoring Hope

*"Improving Lives and Restoring
Hope through Education and
Support Services"*

WEST SOUND TREATMENT CENTER

1415 Lumsden Road, Port Orchard, WA 98367

Phone: 360-876-9430 ♦ Fax: 360-876-0713

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 services to Kitsap County Drug Court and Veteran's Drug Court

Dear Citizen's Advisory Committee:

Thank you for giving West Sound Treatment Center the opportunity to continue providing Compass Vocational Services to the participants of Kitsap County Drug Court. I would also like to extend further appreciation for inviting us in to Veteran's Drug Court.

West Sound Treatment Center provides comprehensive outpatient treatment services for those suffering from substance use disorders. As part of our progressive treatment methods, we have implemented several support programs, such as Compass Vocational Services, to ensure our clients experience successful recovery and lead productive lives. We are pleased that these services are present in the Drug Court Program and are being fully utilized by the participants.

Since the implementation of the Compass Vocational Services, our Lead Navigator has assisted participants in; overcoming employment barriers, reentry in to educational programs, reducing fines and removing life barriers. Clients are also referred to other West Sound programs to meet additional needs such as housing and transportation assistance. The encouragement and support that has been made available has proven to be invaluable in the long-term recovery of Drug Court clients.

West Sound Treatment Center will remain fully committed to Drug Court and will continue to provide the level of service that has come to be expected. It is our sincerest desire to provide participants with every opportunity available in order to ensure success.

Respectfully,

Claire Hickman
Operations Director

**2019 NARRATIVE TEMPLATE FOR CONTINUATION
GRANT PROPOSALS**

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

All Continuation Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 10 pages.

1. Project Description

A. Project Design

There are currently 37,672 veterans (2016 Census Bureau) who call Kitsap County home. Within the county are the Bremerton Naval Shipyard, Sub-base Bangor, NAVSEA Keyport, Retsil Veteran's Home, Bremerton Naval Hospital and Manchester Fuel Depot, all of which employ active duty military and veterans. Of the veterans residing in Kitsap County, a growing number of them are recent returnees from combat operations in Iraq and Afghanistan.

The Superior Court currently operates a Veterans Treatment Court program that serves up-to 25 veterans. Prior to entry into the program, participants are screened by the Kitsap County Prosecutor's Office to ensure they are legally eligible to participate in the Veteran's Treatment Court. Veterans are then screened through the Veterans Administration to determine each individual's service record, eligibility for treatment services, and other demographics.

The Veterans Treatment Court is comprised of 25 treatment slots dedicated specifically for veterans who are facing criminal charges, and who require substance abuse and/or mental health treatment through the delivery of treatment services that address the local service gaps outlined in the 2016 Behavioral Health Strategic Action Plan. The success of this effort is currently measured by the steady rate at which veterans who have entered the program successfully progress through the phases of the program, a proportionally higher number of program graduates when compared against program terminations, and a low recidivism rate among graduates.

While all local treatment court programs already make use of a wide variety of community resources to address these needs, the great value of the collaboration with the veterans affairs offices is that the veteran in the Veteran's Treatment Court program will also be able to tap into a much larger network of services available only to qualified veterans and targeted to the particular needs of the veteran.

The process for accessing these services begins as soon as the veteran is criminally charged and identified as having a military service background, either through the Incarcerated Veteran Service representative who is frequently on-site at the jail, or through the defense counsel. Once identified as potentially eligible for veteran's benefits, the Washington Department of Veterans Affairs (WDVA) is contacted to confirm the veteran's status as well as to conduct a criminal history search and Washington State Patrol background check to ensure the veteran remains eligible for services.

All needed services are identified in the case plan developed by the counselor based upon the comprehensive assessment. The compliance specialist maintains a continuous follow-through effort to ensure the veteran is able to access all needed services and helps him or her deal with applications and/or overcome other hurdles that may impede service delivery. The compliance specialist and VA representative will continue close coordination and, in conjunction with the treatment court manager, maintain constant monitoring of service delivery and client access.

While there are no additions to this year's proposal, there are several reductions. Modifications include **no funding request** for the following:

- NADCP Conference
- Urinalysis testing
- Chemical dependency Professional (CDP) for Veteran's Treatment Court

B. Staffing Qualifications

The **Program Specialist** – Treatment Court Program Specialist positions serve in a supporting role as a resource for work teams handling multi-disciplinary or technically challenging projects and programs. Incumbents act as program liaisons and support veterans court participants and outside stakeholder entities regarding functions of the program; interpret, review and apply program specific policies, procedures and regulations; assess program needs; and assist in developing courses of action to carry out program activities. The Program Specialist – Treatment Court position requires an Associate's degree in a field related to the assigned program area and three years of support related experience; or, a Bachelor's degree in a field related to the assigned program area and one year of support related experience.

Program Specialist Sheila Ring: Ms. Ring has worked in public safety/community safety since 1992 when she began working for the Kitsap County Sheriff's Office as Support Services Specialist. She continued her services by working for Kitsap 911 in 2006 and held the position as Assistant Supervisor for 7 years. She was initially hired in May 2015 as the Administrative Specialist for Superior Court/Treatment Court and transitioned to Compliance Specialist in January 2018. Ms. Ring has worked with the Sheriff's Office Cadet Program and has volunteered with the Concerns of Police Survivors Program in Washington DC for over 10 years. She is responsible for case

management, community supervision, providing resources, and she works closely with police agencies, attorney's and other community leaders.

C. Organizational Licenses and Certifications

The Kitsap County Superior Court is not licensed to provide behavioral health services through the Department of Social and Health Services and/or the Department of Health. Rather, the Court partners with licensed, certified behavioral health agencies within Kitsap County. The licenses and certifications for our partner agencies are monitored through the Salish Behavioral Health Organization (SBHO). All partners remain in good standing with the SBHO.

D. Outreach

Outreach for the Veteran's Treatment Court takes place in many forms:

- Participant word of mouth
- Referral by prosecutor, Judge, and/or defense attorney
- Treatment Agency referrals
- Public presentations made to the Commission on Law and Justice
- Law enforcement referrals
- Washington State Department of Veterans Affairs
- Retsil Veterans Home

With respect to delivering culturally competent behavioral health care services, all Chemical Dependency Professionals in Washington State must adhere to the following WAC requirements:

WAC 388-877-0510 - Personnel—Agency record requirements.

Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency.

(1) The personnel record must contain all of the following:

(a) Documentation of annual training, including documentation that the employee successfully completed training on cultural competency.

KMHS requires annual cultural competency training as well as "special population" consultations for any new client identifying as part of a particular group (racial/ethnic/gender/sexual identities and developmental delays).

Veterans Court personnel attended the National Association of Drug Court Professional's Annual Training Conference yearly, or bi-annually, and have attended the following workshops June, 2018, in Houston, Texas:

- Intersections of Trauma Responses: Gender and Culturally Responsive Approaches for Justice-Involved Women in Treatment Courts.
- Assessing Diversity, Disparity and Best Practices: Do Disparities Exist in Treatment Courts and What Do We Do About It?
- Periodically attend Cultural Competency trainings provided by Kitsap County Human Resources Department.

E. Evaluation

The Drug Court Team utilizes a web-based database system called the Drug Court Case Management (DCCM) system. The application is used to collect information which assists with reporting on the following primary goals and expected outcomes, developed in collaboration with the evaluation team working with the Citizens Advisory Committee.

Progress toward the goals for the Veteran's Treatment Court can be found in the next section, under **Progress to Date**.

2. Accomplishments to Date

A. Progress to Date

- Number of unduplicated participants **enrolled** from 7/1/17-6/30/18 = 34
- Number of participants who successfully **graduated** 7/1/17-6/30/18 = 7 (20%)
- Number of participants who were unsuccessful and **terminated** during reporting period 7/1/17-6/30/18 = 6 (17%)

GOAL: 100% of program participants will be screened using ASAM Patient Placement criteria within one (1) week of admission into the Veteran's Treatment Court.

This goal has been achieved. As of 6/30/18, 100% of all program participants have been screened by either the VAMC American Lake, KRC, West Sound Treatment Center, or Agape Unlimited within one (1) week of admission into the VTC.

GOAL: All participants who screen positive for needing substance abuse treatment will be placed at either the VAMC American Lake, West Sound treatment Center, or Agape Unlimited services within two (2) weeks of that determination.

This goal has been achieved. As of 6/30/18, this goal has been achieved for 100% of all program participants.

GOAL: A reduction in positive urinalysis testing for 80% of participants who screen positive for substance use disorders.

This goal has been achieved. As of 6/30/18, 94.3% of program participants screened negative during their urinalysis testing, yielding a positive result for 5.7% of program participants.

GOAL: One hundred percent (100%) of program participants will be screened for military trauma utilizing the PCL-M within one week of admission into the Veteran's treatment Court.

This goal has been achieved. As of 6/30/18, one hundred percent (100%) of all program participants have been screened using the PCL-M within one week of admission.

GOAL: Ninety percent (90%) of program participants who screen positive for needing mental health services will be placed in treatment services in either the VAMC American Lake or KMHS within one (1) week of their assessment.

This goal has been achieved. As of 6/30/18, one hundred percent (100%) of all program participants who screened positive for needing mental health services were placed into either the VAMC American Lake or KMHS within one (1) week of their assessment.

GOAL: Reduce termination rate to no more than twenty percent (20%).

This goal has been achieved. During the reporting period 7/1/17-6/30/18, 6 participants, or 17% were terminated.

GOAL: Seventy-five (75) percent of program participants report high level of satisfaction with services.

Satisfaction surveys were distributed to all participants on both 10/23/17 and 4/23/18. Eighty (80%) percent indicated they were satisfied with both the court hearings as well as the treatment and ancillary services received.

GOAL: Seventy percent (70%) of VTC graduates will remain crime-free 5 years post-graduation.

This goal has been achieved. During the reporting period 7/1/17-6/30/18, eighty-three percent (83%) of program graduates have remained crime-free.

B. Barriers to Implementation

We have had no barriers to implementation.

C. Integration and Collective Impact

The Kitsap County Adult Drug Court has partnered with the following agencies to provide a robust continuity of care:

- The Kitsap Recovery Center
- VAMC American Lake
- Retsil Veteran's Home
- Washington Department of Veteran's Affairs
- Agape Unlimited
- Kitsap Mental Health Services
- Peninsula Community Health Services
- Housing Solutions at KCR

- West Sound Treatment Center/Compass Program
- The Kitsap County Juvenile Department

D. Key Accomplishments

The Kitsap County Veteran's Treatment Court strives to utilize best practices to improve outcomes for our Veteran's Treatment Court participants. As such, the following **goals have been accomplished** with the assistance of funding from the Citizen's Advisory Board in FY2014, FY 2015, FY 2016, FY 2017, and FY 2018.

The Veterans Treatment Court is a collaborative approach to address criminal defendants with military veteran's status who are confronted with substance abuse and/or mental health issues, and holistically restore them so that they may more fully contribute to the community. Because the Veterans Court combines the criminal justice system with clinical treatment, the program relies heavily upon the collaboration of multiple agencies. These include the Superior Court, the Kitsap County Prosecutor's Office, the local Office of Public Defense, the Veterans Administration, the Washington State Veterans Affairs office, the Kitsap Recovery Center, and the Kitsap County Sheriff's Office. Specifically, the VTC integration and collective impact activities include:

- Inpatient substance abuse treatment.
- Referral to the Access to Recovery (ATR) program which provides assistance and funds to overcome barriers to treatment.
- Mental health services via KMHS and VAMC American Lake.
- Specialized assessment and licensed mental health treatment for PTSD through WDVA-contracted community providers.
- Housing assistance, to include veterans housing units available in Port Orchard, WA; referrals to local transitional housing or other shelters such as Retsil; as well as rental assistance.
- Washington State's WorkSource program, which considers veterans a priority population. WorkSource centers across the state offer free workshops, skill and interest assessments and help veterans transfer military skills to civilian employment while marketing them to local businesses. WorkSource also connects veterans to services that help with health care, food, clothing or housing.
- Veterans Conservation Corps, a program that helps veterans obtain training, certification, and employment in the field of environmental restoration and management. The program has demonstrated benefits for many veterans coping with post-traumatic stress disorder or other mental health or substance abuse disorders.
- The Homeless Veterans Reintegration Program (HVRP). The HVRP offers a structured, individually designed case management plan to assist veterans become employable and has proven to be successful in getting homeless veterans off the street and back to being productive members of society.
- Assistance of a Benefits Service Officer. The benefits service officer works directly with the veteran to identify and apply for financial benefits and/or

disability allowances the veteran may not be aware of. For example, many veterans are not aware that their service in Vietnam presumes exposure to Agent Orange for which medical services are available to treat the resultant effects of diabetes or certain types of cancer.

- Funds from the Kitsap County Veterans Assistance program to help veterans with such things as emergency housing, paying utilities, purchasing work clothes, and obtaining household items.
- Transportation assistance obtained through specially-issued transit coupons
- Assistance with family issues- where the veteran may have issues regarding family reconciliation, the WDVA is able to access programs designed for veterans and operated by local Catholic Community Service (CCS) organizations, including anger management courses related to domestic violence.

3. Budget Narrative

A. Expenditures

Through June 30, 2018:

Line Item	2018 Budget	YTD Expense	Balance
Manager & Staff	25,865	10,324	15,541
Fringe Benefits	11,482	5,130	6,352
Office Supplies	2,000	0	2,000
Postage/Printing	1,250	0	1,250
Maintenance Contracts	19,000	6,000	13,000
TAD Bracelets	8,600	1,016	7,584
Total	68,197	22,470	45,727

B. Funding Request

Superior Court Direct Support

Funding (**\$40,962**) is requested to sustain one-half of an existing **Program Specialist** position (including benefits) to meet weekly with veterans. This funding would supplement existing General Fund appropriations for the second half of the position which is dedicated to a portion of the adult drug court population. The amount requested here is only intended to support the veterans in this specialized program (**Personnel**).

Funding for the **Drug Court Case Management system (DCCM) (\$4,000)** will provide the Veterans Treatment Court team with the opportunity to leverage similar tools used in the Adult Drug Court to capture participant data, manage case information, and monitor intervening and final outcome measurements through standardized reporting. The system will facilitate the sharing of information among team members (**Maintenance Contracts**).

Funding (**\$1,250**) is requested for 50 **MRT** books x \$25 = \$1,250 (**Postage and Printing**).

Incentives and Office Supplies funding (**\$2,500**) is requested to fund necessary operational supplies and provide graduation refreshments, coins, shirts, and other incidentals (**Office Supplies**).

Indirect Non-Court Support

Funding for the cost of alcohol monitoring bracelets, or **TAD (Transdermal Alcohol Detection)** in order to monitor alcohol usage 24 hours per day. TAD transmitter cost (**\$1,400**) and the daily costs associated with bracelet usage. Ten participants ordered to wear TAD ankle bracelet for 60 days at the rate of \$12.00/day x 60 days = \$720/participant x 10 participants + 1 TAD Transmitter (\$1,400), **Total cost = \$8,600.00 (Other)**

Funding for the **public defender (\$15,000)**, is based on the calendar time necessary for the Veterans Court hearings and staffing. It is critical that we retain the same public defender we have been working with since the inception of the program, as he has a wealth of institutional knowledge of the Veteran's Treatment Court program that is invaluable when making difficult team decisions about a particular policy or participant (**Maintenance Contracts**).

C. Funding Modifications

The following funding modifications have been made:

- The elimination of urinalysis testing costs, as KRC has contracted with Millennium Laboratories. Millennium bills Medicaid directly for the testing.
- There is no request to fund a Chemical Dependency Professional (CDP) this grant cycle, as Medicaid is being utilized to fund the salaries.

4. Sustainability

A. Leveraged Funds

Veteran's Treatment Court leaders are highly vigilant in exploring the availability of Medicaid (ACA) and/or CJTA funding to offset or underwrite continued substance abuse and/or mental health treatment services for Veteran's Treatment Court participants. This exploration has included ongoing consultation with the Salish Behavioral Health Organization and Kitsap County Human Services Department, through which this funding is made available. As described above, leveraging Medicaid funding has allowed the Veteran's Treatment Court to eliminate its prior year requests for funding CDP staff at KRC and all urinalysis testing costs.

B. Sustainability Plan

This proposal sets-forth a plan to sustain the Veteran's Treatment Court maximum capacity of 25 participants, incorporating mental health screening and treatment services, and vocational services that have, without additional funding, otherwise not been available. The Veteran's Treatment Court will continue to collaborate with the County's Department of Administrative Services and the SBHO to secure primary funding for overall program support, reducing the program's sales tax funding requests to focus on supplemental, secondary support and/or new innovations. A decline in funding will require the Court to either reduce its overall service capacity or significantly curtail the breadth of services envisioned in this proposal. The Treatment Courts also rely on funding from the Sales and Use Tax, as outlined below:

RCW 82.14.460

(3) Moneys collected under this section 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. For the purposes of this section, "programs and services" includes, but is not limited to, treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service. Every county that authorizes the tax provided in this section shall, and every other county may, establish and operate a therapeutic court component for dependency proceedings designed to be effective for the court's size, location, and resources.

(4) All moneys collected under this section must be used solely for the purpose of providing new or expanded programs and services as provided in this section, except as follows:

(d) Notwithstanding (a) through (c) of this subsection, moneys collected under this section may be used to support the cost of the judicial officer and support staff of a therapeutic court.

EVALUATION WORKSHEET

PROJECT NAME: Kitsap County Superior Court Veterans Treatment Court

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>Program participants receive appropriate Substance Use Disorder services while participating in the VTC.</p>	<p>Screen all participants for substance use disorders</p>	<p>100% of program participants will be screened using the ASAM criteria within one week of admission into the VTC.</p>	<p><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</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input 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: _____</p>	<p>ASAM tool</p>	<p>Program database-DCCM</p>
<p>Click here to enter text.</p>	<p>Refer all participants who screen positive for substance use disorders using ASAM criteria for treatment at either the VAMC American Lake or KRC.</p>	<p>100% of participants who screen positive for needing substance use treatment will be placed either at the VAMC American Lake or KRC services within two weeks of that determination.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input 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: _____</p>	<p>Screen for military discharge status to inform where to participate in treatment services.</p>	<p>VAMC Veteran's Justice Outreach worker will screen for VAMC eligibility/KRC CDP will screen for KRC.</p>
<p>Click here to enter text.</p>	<p>Assess ongoing substance use for participants who screened positive for treatment services.</p>	<p>100% of participants' treatment plans reviewed and revised if necessary by clinical provider according to VA recommendation every ninety days to ensure the individual is receiving the clinically indicated level of treatment.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" 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</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><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: _____</p>	<p>ASAM patient placement model</p>	<p>Clinicians at the VAMC and/or KRC.</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Click here to enter text.	Require random urinalysis a minimum of 2 times per week for every participant who screens positive for a substance use disorder.	A reduction in the number of positive urinalysis testing for 80% of program participants who screen positive for substance use disorders.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" 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 checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/19 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Click here to enter text.	Program database-DCCM
Treat mental health disorders as a result of reintegration post-deployment.	Screen all new participants using the PCL-M (military PTSD checklist).	100% of program participants will be screened for military trauma within one week of acceptance into the VTC.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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 checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/19 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	PCL-M	Compliance Specialist assigned to the VTC to complete the PCL-M upon acceptance into the VTC.
Click here to enter text.	Refer all participants who screen positive for needing mental health services on the PCL-M will go to either the VAMC American Lake or KMHS.	90% of participants who screen positive for needing mental health services will be placed in treatment services either at VAMC or KMHS within 30 days of assessment.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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 checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/18 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	PCL-M	Assigned therapist at VAMC or KMHS.

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
		70% of individuals completing VTC will remain crime-free* during the 5 years post-graduation. *Two tiers: 1. Charge 2. Conviction	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: 1/1/19 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	n/a	Program Administrative Assistant to run names of all graduates in I/LEADS system, quarterly
Veteran's Treatment Court participants are able to complete requirements of court and graduate successfully.		Reduce termination rate to no more than 20% by December 31, 2019.	<input type="checkbox"/> Output <input checked="" 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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: 1/1/19 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	I/LEADS	Program database-DCCM
	Assess participant satisfaction in an anonymous survey quarterly.	75% of participants report moderate to high level of satisfaction with services.	<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"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/19 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		Program Survey
	Conduct focus groups and/or interviews quarterly	All focus groups and/or interviews are coded for themes to reflect qualitative results.	<input checked="" type="checkbox"/> Process <input type="checkbox"/> Output	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long	N/A	Program Focus Groups and Interviews

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	to gather participants input on program satisfaction.		<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 checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	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: _____		

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Superior Court

Project: Veterans Treatment Court Grant Renewal

Accrual Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 14,695.00	4%	\$ 15,234.00	3%	\$ 17,245.00	3%
WA State Revenue	\$ 22,178.00	6%	\$ 19,219.00	3%	\$ 35,373.00	6%
Local Revenue	\$ 354,704.00	91%	\$ 566,353.00	94%	\$ 539,956.00	91%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 391,577.00		\$ 600,806.00		\$ 592,574.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 977,202.00	31%	\$ 1,042,404.00	31%	\$ 1,071,389.00	31%
Staff	\$ 1,024,813.00	33%	\$ 1,075,485.00	32%	\$ 1,046,008.00	30%
Total Benefits	\$ 497,057.00	16%	\$ 531,624.00	16%	\$ 530,132.00	15%
Subtotal	\$ 2,499,072.00	80%	\$ 2,649,513.00	78%	\$ 2,647,529.00	76%
Supplies/Equipment						
Equipment	\$ 9.00	0%	\$ 6,100.00	0%	\$ 6,100.00	0%
Office Supplies	\$ 28,850.00	1%	\$ 20,500.00	1%	\$ 21,500.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 28,859.00	1%	\$ 26,600.00	1%	\$ 27,600.00	1%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 10,245.00	0%	\$ 11,500.00	0%	\$ 11,500.00	0%
Training/Travel/Transportation	\$ 26,882.00	1%	\$ 26,550.00	1%	\$ 24,550.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 37,127.00	1%	\$ 38,050.00	1%	\$ 36,050.00	1%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 359,846.00	11%	\$ 383,682.00	11%	\$ 471,289.00	14%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 28,242.00	1%	\$ 13,000.00	0%	\$ 13,000.00	0%
Utilities	\$ 177,597.00	6%	\$ 281,642.00	8%	\$ 267,298.00	8%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 565,685.00	18%	\$ 678,324.00	20%	\$ 751,587.00	22%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 3,130,743.00		\$ 3,392,487.00		\$ 3,462,766.00	

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

Special Project Budget Form

Agency Name: Kitsap County Superior Court

Subcontractor: ___ Yes **XX** No

Project: Veterans Treatment Court Grant Rene

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%	\$ -	#DIV/0!
Staff	\$ 28,839.00	40%	\$ 28,839.00	40%	\$ -	#DIV/0!
Total Benefits	\$ 12,123.00	17%	\$ 12,123.00	17%	\$ -	#DIV/0!
SUBTOTAL	\$ 40,962.00	57%	\$ 40,962.00	57%	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ 2,500.00	3%	\$ 2,500.00	3%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 2,500.00	3%	\$ 2,500.00	3%	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ 1,250.00	2%	\$ 1,250.00	2%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 1,250.00	2%	\$ 1,250.00	2%	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ 19,000.00	26%	\$ 19,000.00	26%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilites	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): TAD Bracelets	\$ 8,600.00	12%	\$ 8,600.00	12%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 27,600.00	38%	\$ 27,600.00	38%	\$ -	#DIV/0!
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Total Project Budget	\$ 72,312.00		\$ 72,312.00		\$ -	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: Kitsap Co Superior Court Subcontractor: Yes No

Project: Veterans Treatment Court Grant Renewal

Description

Number of Professional FTEs	0.50
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	0.50

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	28,839.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	28,839.00
 Total Payroll Taxes	 \$	 2,635.00
Total Cost of Benefits	\$	5,775.00
Total Cost of Retirement	\$	3,713.00
Total Payroll Costs	\$	40,962.00

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

Phone: 360-728-2224

E-Mail: katie.eilers@kitsappublichealth.org

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**

Mayor Becky Erickson
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

Mayor Becky Erickson (Chair)

City of Poulsbo
200 NE Moe Street, Poulsbo, WA 98370
Work: 779-3901 FAX: 779-5112
e-mail: berickson@cityofpoulsbo.com
Board Membership: 1/1/2010
Staff: Rhiannon Fernandez 394-9711
Staff email: rfernandez@cityofpoulsbo.com

Commissioner Charlotte Garrido

Commissioners' Office, MS-4
Kitsap Administration Building
614 Division, Port Orchard, WA 98366
Work: 337-7080 FAX: 337-4632
e-mail: cgarrido@co.kitsap.wa.us
Board Membership: 1/1/2009
Staff: Alex Jarrett 337-7097
Email: ajarrett@co.kitsap.wa.us
Staff: Deanna Erstad 337-4426
Staff email: derstad@co.kitsap.wa.us

Commissioner Robert Gelder (Vice-Chair)

Commissioners' Office, MS-4
Kitsap County Courthouse
614 Division, Port Orchard, WA 98366
Work: 337-7080 FAX: 337-4632
e-mail: rgelder@co.kitsap.wa.us
Board Membership: 4/1/2011
Staff: Alex Jarrett 337-7097
Email: ajarrett@co.kitsap.wa.us
Staff: Deanna Erstad 337-4426
Staff email: derstad@co.kitsap.wa.us

Mayor Kol Medina

City of Bainbridge Island
280 Madison Avenue North
Bainbridge Island, WA 98110
Work: 206-512-7155 FAX: (206) 780-0955
e-mail: kmedina@bainbridgewa.gov
Board Membership: 2/6/2018
City Staff: Christine Brown 206-780-8618
Staff email: cityclerk@bainbridgewa.gov

Mayor Rob Putaansuu

City of Port Orchard
216 Prospect, Port Orchard, WA 98366
Work: (360) 876-4407 FAX: 895-9029
e-mail: rputaansuu@cityofportorchard.us
Board Membership: 1/1/2016
Staff: Michelle Honeycutt 360-874-5521
Staff e-mail: MHoneycutt@cityofportorchard.us

Mayor Greg Wheeler

City of Bremerton
Norm Dicks Government Center
345 6th Street, Suite 600
Bremerton, WA 98337-1866
City Hall: 473-5266 FAX: 473-5883
e-mail: greg.wheeler@ci.bremerton.wa.us
Board Membership: 1/1/2018
Staff: Elaine Valencia 473-5266
Staff email: Elaine.Valencia@ci.bremerton.wa.us

Commissioner Edward Wolfe

Commissioners' Office, MS-4
Kitsap County Courthouse
614 Division, Port Orchard, WA 98366
Work: 337-7080 FAX: 337-4632
e-mail: ewolfe@co.kitsap.wa.us
Board Membership: 1/1/2015
Staff: Alex Jarrett 337-7097
Email: ajarrett@co.kitsap.wa.us
Staff: Deanna Erstad 337-4426
Staff email: derstad@co.kitsap.wa.us

Gretchen Dunmire, back up for Deanna
Commissioners Front Desk Assistant
(360) 337-7080
Staff email: gdundmire@co.kitsap.wa.us

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
		consecutive) reduce the number of calls by 30 % from baseline. * Defined as clients who have had at least 6 EMS events in the 12 months prior to intake	<input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	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>Ongoing</u>		
		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. * Defined as clients who have had at least 3 distinct 911 call events in the 12 months prior to intake	<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 checked="" 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>Ongoing</u>	New inclusion criteria	Community data: iLEADS pulled by Lt. Sapp and/or Sgt. Meade. Ride Along app data pulled by Sgt. Meade
		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 *Kitsap Connect to track appropriate/inappropriate ED use by looking at ED visits that result in hospitalization (appropriate)	<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>Ongoing</u>	New inclusion criteria	Community data: EPIC/ED

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>

ATTACHMENT D

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and Units</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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Chief Executive Officer

The mission of Kitsap Mental Health Services is to shape the future of mental health through the 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
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600 Park Avenue
Bremerton, WA 98337
(360) 616-7241
www.bremertonhousing.org

600 Park Avenue
Bremerton WA 98337
(p) 360-616-7241
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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 letters of each name being capitalized and prominent.

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.

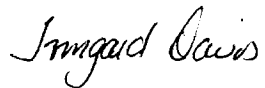
We have worked diligently with the Kitsap Connect staff and partner agencies (Kitsap Mental Health, Bremerton Housing Authority, and Peninsula Community Health Services) to help reduce barriers to housing stability for persons with significant behavioral health challenges. Through our Housing Solutions 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

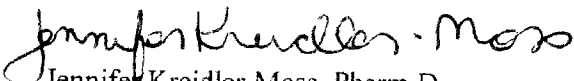
Dear Citizens Advisory Committee:

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

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Jeff Reynolds
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Gena Wales
Greg Wheeler
Kurt Wiest

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

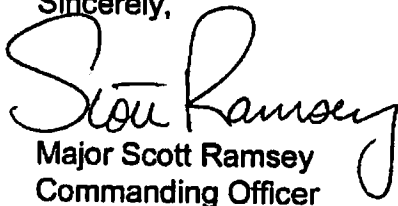
Dear Citizens Advisory Committee:

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

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: Improving the Health and Resiliency of High-Risk Mothers and their Children

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

<input checked="" type="checkbox"/> Prevention, Early Intervention and Training	<input type="checkbox"/> Medical and Sub-Acute Detoxification
<input 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: 300 Number of Individuals Served: Total program 60
This funding: 14

Proposal Summary: KPHD is requesting a continuation grant to provide an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. The two components include 1. providing Nurse Family Partnership and 2. improving access to services by utilizing a community health worker to develop and implement innovative outreach strategies for hard to reach populations and continue to strengthen referral systems. These continuation proposal activities maintain the success of the previous year's funding and includes an additional activity to complete a system gap analysis to identify areas for improvement related to access and services for pregnant and childbearing age women that need mental health and substance abuse treatment.

Requested Funds Amount: \$127,828

Matching/In-kind Funds Amount: \$113,837

Street Address: 345 6th Street, Suite 300

City: Bremerton

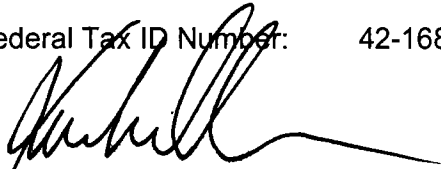
State: WA Zip: 98337

Primary Contact: Yolanda Fong Phone: 360-728-2275

E-Mail: yolanda.fong@kitsappublichealth.org

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

Federal Tax ID Number: 42-1689063

 ADMINISTRATOR 7/30/2018

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	Mayor Becky Erickson 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

Mayor Becky Erickson (Chair)

City of Poulsbo
200 NE Moe Street, Poulsbo, WA 98370
Work: 779-3901 FAX: 779-5112
e-mail: berickson@cityofpoulsbo.com
Board Membership: 1/1/2010
Staff: Rhiannon Fernandez 394-9711
Staff email: rfernandez@cityofpoulsbo.com

Commissioner Charlotte Garrido

Commissioners' Office, MS-4
Kitsap Administration Building
614 Division, Port Orchard, WA 98366
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e-mail: cgarrido@co.kitsap.wa.us
Board Membership: 1/1/2009
Staff: Alex Jarrett 337-7097
Email: ajarrett@co.kitsap.wa.us
Staff: Deanna Erstad 337-4426
Staff email: derstad@co.kitsap.wa.us

Commissioner Robert Gelder (Vice-Chair)

Commissioners' Office, MS-4
Kitsap County Courthouse
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Board Membership: 4/1/2011
Staff: Alex Jarrett 337-7097
Email: ajarrett@co.kitsap.wa.us
Staff: Deanna Erstad 337-4426
Staff email: derstad@co.kitsap.wa.us

Mayor Kol Medina

City of Bainbridge Island
280 Madison Avenue North
Bainbridge Island, WA 98110
Work: 206-512-7155 FAX: (206) 780-0955
e-mail: kmedina@bainbridgewa.gov
Board Membership: 2/6/2018
City Staff: Christine Brown 206-780-8618
Staff email: cityclerk@bainbridgewa.gov

Mayor Rob Putaansuu

City of Port Orchard
216 Prospect, Port Orchard, WA 98366
Work: (360) 876-4407 FAX: 895-9029
e-mail: rputaansuu@cityofportorchard.us
Board Membership: 1/1/2016
Staff: Michelle Honeycutt 360-874-5521
Staff e-mail: MHoneycutt@cityofportorchard.us

Mayor Greg Wheeler

City of Bremerton
Norm Dicks Government Center
345 6th Street, Suite 600
Bremerton, WA 98337-1866
City Hall: 473-5266 FAX: 473-5883
e-mail: greg.wheeler@ci.bremerton.wa.us
Board Membership: 1/1/2018
Staff: Elaine Valencia 473-5266
Staff email: Elaine.Valencia@ci.bremerton.wa.us

Commissioner Edward Wolfe

Commissioners' Office, MS-4
Kitsap County Courthouse
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Staff: Deanna Erstad 337-4426
Staff email: derstad@co.kitsap.wa.us

Gretchen Dunmire, back up for Deanna
Commissioners Front Desk Assistant
(360) 337-7080
Staff email: gdunmire@co.kitsap.wa.us

**2019 NARRATIVE TEMPLATE FOR CONTINUATION
GRANT PROPOSALS**

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

All Continuation Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 10 pages.

Project Design (30 points)

Project Design- The Improving Health and Resiliency of High-Risk Mothers and Their Children project (hereafter referred to as “Improving Health project”) includes providing an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. With the use of a best practice evidenced based program and a collective impact approach, this project will improve the health status and wellbeing of Kitsap residents.

The project has two components: 1. providing evidence-based Nurse Family Partnership (NFP) services to at least 12 low-income, high-risk first-time mothers and their babies (note total number of clients served by NFP annually is 50-60). 2. improving access to services by utilizing a community health worker (CHW) to develop and implement innovative outreach strategies for hard to reach populations and continue to work with community partners to strengthen referral systems.

The NFP program is a parental and infancy home visitation service that aims to improve the health, well-being, and self-sufficiency of first time parents and their children. Program activities are designed to link families to needed services, promote good decision making, assist families in making healthy choices, and help women build supportive relationships with families and friends. NFP nurses assess for signs and symptoms of Substance Use Disorders (SUDs), mental illness, and Adverse Childhood Experiences (ACEs) with every client. The nurses provide education to promote health and, because of their trusting relationships with their clients, they are often able to support a parent’s readiness to seek needed treatment services.

The CHW is an established liaison between health/social services and the community and has facilitated access to services with culturally appropriate strategies. The CHW for this project is bilingual in English and Spanish and has been able to provide targeted outreach to Kitsap’s Spanish speaking population. In this proposal the CHW will continue to outreach to our Spanish speaking population and will identify other hard to reach populations with the plan to develop culturally appropriate strategies for engagement. In addition to outreach, the CHW has been integral in the development of new relationships with community partners. These partners all contribute to our

prevention and early intervention infrastructure in Kitsap. An additional activity for the proposal this year includes a system gap analysis to identify areas for improvement related to access and services for pregnant and childbearing age women that need mental health and substance abuse treatment. This information will be used to open dialogue with partners to address areas of need using a collective impact approach.

Staffing Qualifications- This request would fund a 0.5 FTE NFP nurse and 0.7 FTE community health worker. NFP nurses are baccalaureate prepared public health nurses with preparation in public health and nursing science with a focus on outcomes at the population level. Public health nursing includes case management; outreach; counseling; and advocacy, working with both individuals and groups to enhance health promotion and protection capacity. NFP nurses are trained in additional skills including strengths and risks assessment (STAR) which promotes maternal and child health goals to improve prenatal health and behavior, provide competent early care of their children and helps mothers to develop a vision of the kind of life they want for themselves and their children, making choices consistent with their values. Additional training is provided in motivational interviewing concepts, coaching, and developing therapeutic relationships with women and their families.

The Community Health Worker is proficient in both English and Spanish and can carry out a variety of outreach and case management duties involving direct client contact with pregnant and parenting women in a variety of community settings. The CHW is a paraprofessional who works under the direction of the Public Health Nurses and Behavioral Health Specialist to assist with case management that links clients to needed health and community resources. The CHW also works on outreach to educate referral sources and potential clients on the benefits of the Maternity Support Services and Nurse Family Partnership programs to increase enrollment.

Organizational Licenses and Certifications- Kitsap Public Health District is not licensed to provide behavioral health services through the Department of Social and Health Services and/or the Department of Health.

Outreach- Project outreach will involve traditional and innovative approaches to reach our target population and improve access to our services. Our programs have eligibility requirements including income, trimester of pregnancy, and other risk factors. Outreach efforts will be focused on community members that would qualify for our program and partners who serve similar populations. We will utilize written and verbal forms of communication such as flyers, presentations, updates at community meetings and Facebook. We will explore new strategies such as texting, apps and geofencing. We will work with community partners and members to test our materials and ensure we are delivering culturally competent services and messaging.

Some specific potential outreach activities:

- Collaborate with the NFP Community Advisory Board (CAB) to host a community event. A broad range of people and organizations would be invited to expand exposure to our program and increase referrals.
- Work with community partners to strengthen infrastructure for a perinatal support group for Spanish speaking pregnant or parenting women. We

have begun work with Kitsap Immigrant Assistance Center and Kitsap Regional Library.

- Continue to connect with birthing centers, and local doulas, family planning clinics, Peninsula Community Health Services, Harrison Family Residency program and Planned Parenthood to reach potential clients.
- Connect with alternative high schools, afterschool programs, and the YMCA teen late night.
- Conduct outreach to churches and other faith-based centers to share about perinatal support programs.

Evaluation- Kitsap Public Health District (KPHD) is committed to implementing quality evaluation processes and with this project will continue to work on internal systems to support the Citizens Advisory Committee's priority to improve measurable outcomes and common performance measures. Our proposed project has two major goals; 1. prevention of mental illness, behavioral problems and future addiction in young children and 2. maintaining high fidelity to the Nurse Family Partnership evidence-based model. NFP nurses use a standardized nursing documentation language called Omaha. This documentation language uses a rating scale that gauges a person's knowledge, behavior and status related to an identified problem. Through our interventions we plan to see a positive change in three problem areas (mental health, substance use and caretaking/parenting) for our high-risk mothers. The evidence for NFP is based on positive outcomes from multiple randomized control trials and longitudinal studies. Data collection and analysis of NFP began in the 1970's and continues today. Our project's adherence to the national model fidelity requirements assures that our program implementation and expected beneficial outcomes are comparable to those from the randomized control trials. Therefore, our project's evaluation plan includes the maintaining of high fidelity so that we can confidently state that our program outcomes are similar to the national's outcomes on improving pregnancy, child health and development and increased economic self-sufficiency. An advantage to utilizing a nationally recognized model is the resources that researchers and other NFP programs have contributed to continually assess efficacy of the program. For example, in a 15 year follow up study, results showed positive effects for NFP families more than 12 years after visits ended including 67% reduction in behavioral and intellectual problems by age 6 and 59% reduction in child arrests at age 15. To begin gathering local data, our project will include follow up surveys to families that have graduated more than 12 months prior. Our expected outcome includes increase in knowledge of local implications and sustained NFP effects.

Accomplishments to Date (30 Points)

Progress to Date- The Improving Health program has had a successful 2018. At this time, we are fully enrolled with a total of 50 participants in the Kitsap program. This is the maximum we can serve with our current total FTE. We are maintaining a wait list and can fill open caseloads as needed. Our wait list has ranged from 7 to 15 potential clients monthly over the last 5 months. We are now able to offer Spanish speaking families our services with the addition of our bilingual nurse. We are currently serving 5 Spanish speaking families. The 2018 grant funding includes a 0.5 FTE of an NFP nurse.

Improving Health

In the first 6 months of this year 16 mothers have been served in this half time caseload including three mothers now graduated.

Staff capacity to meet the needs of their clients is a vital component of a successful program. Kitsap Public Health District consistently seeks opportunities to develop new skills and tools for the nurses to achieve the highest level of impact. The Kitsap NFP nurses have begun additional training to qualify for Infant Mental Health Endorsement (IMH-E®) as Infant Family Specialists through the Washington Association for Infant Mental Health. Infant Mental Health promotes social and emotional development, prevention of future mental health problems, and working with problems of very young children with their parents. The team is meeting monthly for 12 months with a professional qualified to provide reflective consultation and infant mental health training. The nurses report that working with the reflective consultant has already given them tools to help mothers better interpret the meaning of their infant's behaviors and to help the nurse strengthen the mother baby relationship. This perspective supports the mother in understanding her behaviors towards the infant and to minimize repeating negative patterns from her past.

Demonstrating our programs commitment to continuous evaluation, this year we have begun working with a public health intern to develop and implement a follow up survey for families that have graduated our program more than a year ago. The survey includes questions related to a client's status in housing, economic/education, physical/mental health, substance use, and parenting skills. We suspect that the changes in health status and knowledge-building made during the program are maintained over time. As of July 20, 2018, we have begun outreach to 28 past participants to complete surveys and have already received initial responses. We hope to complete the initial data gathering by the end of fall 2018. In our evaluation plan described above, we plan to continue this process of gathering past participants responses to continue to gather information and inform our programs.

The Kitsap Nurse Family Partnership Community Advisory Board (CAB) consists of a diverse group of vested community partners representing private citizens, local health care providers and government officials. Recently, the CAB worked under the Kitsap Community Foundation to host a successful Great Give in Spring 2018, a fund-raising event in support of Healthy Start Kitsap, a non-profit organization dedicated to supporting the Nurse Family Partnership at KPHD. Plans are in progress by the CAB Advocacy Committee for a "Baby Breakfast" event to inform local policy makers about the needs of Kitsap families and babies and advocacy for Nurse Family Partnership program. In March, a previous NFP graduate, and now member of the CAB, wrote a letter to the Kitsap County Board of Health describing her experiences in the NFP program and how it has been helpful for both her son and her family.

Through previous connections with the public defender's office and Kitsap County Sherriff's Department, outreach to the criminal justice system has grown to include a new connection with the Kitsap Community Re-Entry Taskforce's Community Partnership for Transition Services (K-CPTS), a community outreach effort by the Port Gamble S'Klallam Re-Entry Program, Suquamish tribe, community members from government programs and other local agencies.

Improving Health

Our community health worker completed in depth outreach presentations at two Kitsap Mental Health outpatient units for both adults and youth. She maintains a relationship with the Parent Child Assistance Program (PCAP), a program which engages women who have used substances during their pregnancy, to continue a collaboration to better serve our mutual clients.

Outreach this year has also included some nontraditional locations including laundromats and grocery stores. Our CHW visited food banks throughout the county to engage potential NFP clients who may be food insecure. Her continued participation in the DSHS Local Planning Area meeting connects our program with multiple other community programs who also work with TANF and Work First.

Presentations have been given twice per year at West Sound Tech, a Bremerton School District program providing advanced career and technical programming. The purpose of these presentations is to provide information about public health to students contemplating health careers and to reach our target demographic of young adults and teens, increasing awareness of NFP and encouraging word of mouth referrals in the teen demographic.

Our new Facebook Group, Pregnancy 101 with Nurse Family Partnership Kitsap and Jefferson Counties, has been a success during its first 6 months. Our community health worker posts frequently about Nurse Family Partnership, local resources, information on healthy pregnancy and growth and development. She expands resource access by promoting local partners and providing vetted information on important pregnancy and parenting issues including postpartum depression. During the last month the site had 235 public interactions.

Barriers to Implementation- The time nurses spend travelling for home visits is sometimes an obstacle in maintaining ideal caseload because of the time required to visit clients who are spread geographically. We continue to meet young moms, “where they are at”. Sometimes that means meeting at their home but other times it might be a homeless shelter, a car, the library, coffee shop, or parking lot. We have made several adjustments to mitigate the impact that travel places on the nurse’s schedule. First, we try to assign families to nurses based on geographical areas. This helps the nurse develop familiarity with the communities and services while also reducing the miles that are needed to travel between visits. We have also incorporated the use of more technology in our programming including the use of web-based meetings and visits. We are now able to offer visits over the phone and we are looking into a Skype like meeting media.

We implemented the NFP program in Kitsap in 2012; knowledge of our program has grown slowly since that time through the efforts of our nurse home visitors and community health worker. We still meet birth professionals and community organizations that are unaware of our services and their ability to refer eligible moms to our program. To address this, we continually review our partner lists, reassess and outreach to new partners. We are currently exploring new ways to engage with our partners to strengthen our existing referral systems.

Integration & Collective Impact- The work of our CHW has focused heavily on strengthening the relationships with physical and behavioral health care providers, educators, government and social service providers, criminal justice, and other agencies who serve pregnant women and young children to streamline warm hand-offs to service. We have been able to diversify our referral system and are beginning to explore new ways to partner.

The CAB (mentioned above) is a collaboration of community partners who seek to ensure the NFP program's success and growth in Jefferson, Clallam, and Kitsap Counties. The CAB has shared objectives and measures across the programs it supports because of fidelity to the NFP model. The CAB's mission is to successfully support the NFP program through providing leadership, community involvement, engagement and maximizing funding. Its vision is that all families in the region will have access to services of a strong, widely supported, and well-funded NFP program. Collective impact is seen in creating the structure needed to continue moving the CAB forward, including expansion of membership, development on annual projects and goals.

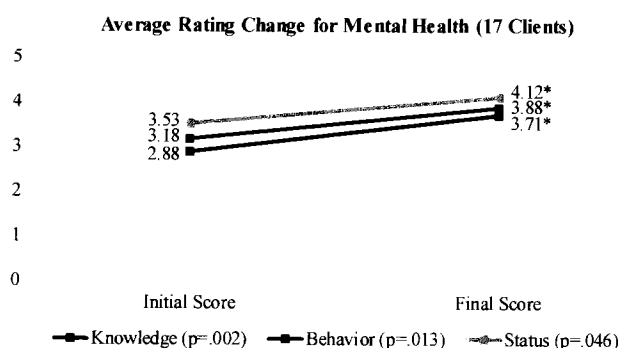
In fall of 2017, we began a community discussion regarding a centralized referral system for home visiting programs in Kitsap. We invited OESD 114, Kitsap Community Resources, Tribal partners and Kitsap Mental Health Services. We had several discussions related to how our programs could work better together to serve families with our respective programs. This group continues to meet and was able to develop a new website with input from all the partners. This website is an example of a collective outcome for home visiting partners in Kitsap county. Kitsap NFP program was integral in the development of this conversation and we hope to continue to partner into the future.

Key Accomplishments- NFP requires an intensive investment of resources including staffing expertise and time but these investments pale in comparison to the long-term impact the program has on the well-being of families. The earlier the intervention the longer the return. Supporting families during pregnancy can potentially have lasting effects for over 80 years. Since 1979, 14 follow-up studies tracking program participants' outcomes across the three trails have been and continue to be conducted. Examples of study outcomes include: 48% reduction in child abuse and neglect, 50% reduction in language delays of children age 21 months, 82% increase in months employed, 61% fewer arrests, 72% fewer convictions of the mother. A California study in 2010 found that families who participated in NFP demonstrated a 38.2% reduction in recidivism for mothers and a 15.7% reduction for children. Children not enrolled in NFP, compared to those who are, were more than twice as likely to be convicted of a crime by the time they were 19 years old. This prevention outcome supports the county's policy goal to "Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement."

While at the local level, we are unable to conduct randomized, controlled research to identify the long-term impacts of NFP in our community, we know that with high fidelity the families we serve will experience similar positive short and long-term outcomes. We have continued to successfully reach all 19 NFP fidelity measures. A few examples of

fidelity measures include: maintaining a retention rate of 85%, which is notable given the challenges our clients face with day to day living; nurse home visitors maintain an adequate caseload; enhancement of program quality using data. KPHD conducts regular statistical analyses on the impact of NFP with our clients. Our clients consistently have statistically significant changes in their knowledge, behavior and status (KBS) related to key problems identified by the nurse. Some of the most common problem areas include mental health issues, caretaking/parenting and substance use. We reviewed data from 18 clients that had graduated the NFP program over the past 2 years. These graduates, completed the entire 2-year program with their NFP nurse. Below are graphs depicting statistically significant improvement in knowledge, behavior and status in all three problem areas (January 2016 – June 2018).

Mental Health



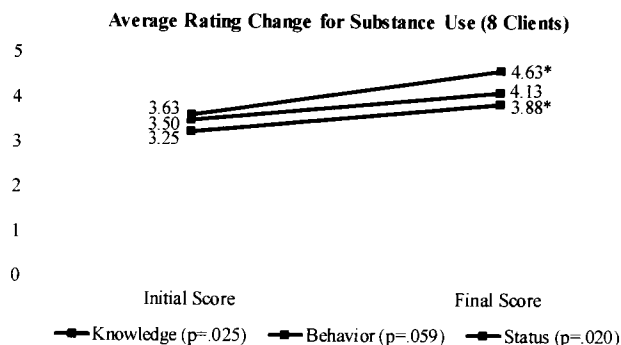
* p<.05 = statistically significant

Figure 1

NFP is designed to intentionally address challenges with mental health around the perinatal period. The structure and frequency of postpartum visits, for instance, is designed to encourage the new mom through consistent, weekly support by a trained nurse, with self-assessment and skills-building activities focused on mental wellness. For growth in the mental health problem area, we track development and use of the mental/emotional abilities to adjust to life situations, interact with others and engage in activities. Improvement is indicated by several factors, some of which include: accessing mental health services, reduction of mental health symptoms (such as sadness, hopelessness, depression), increased interest and skills building in self-care, reduction in suicidal ideation, and improved stress management. Improvements in knowledge, behavior and status related to mental health wellness are vital for preventing and mitigating adverse childhood experiences, which allows children the optimal opportunity to thrive into adulthood. For NFP clients with an identified mental health problem, there was an increase in average knowledge, behavior, and status ratings from clients' initial to final scores (Figure 1). Eleven out of 17 showed statistically significant improvement in knowledge, 9 out of 17 showed statistically significant improvement in behavior, and 7 out of 17 showed statistically significant improvement in status ratings. Overall, 82% (14 out

of 17) of NFP clients with an identified mental health problem had a statistically significant improvement in either knowledge, behavior, or status rating.

Substance Use

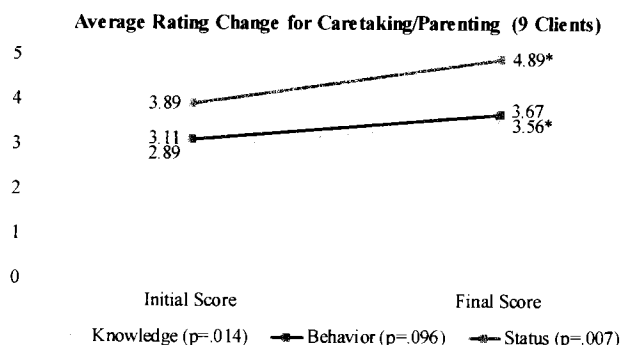


* p<.05 = statistically significant

Figure 2

In regards to clients with substance use problem, we track improvement in several ways, including a reduction of abuse of over-the counter or recreational drugs (including alcohol and smoking), improvement in performing normal routines, increased understanding of connection between substance consumption and safe breastfeeding and care-taking, establishing safe care plans if parent is using substances, and protecting infants/young children from second-hand smoke. Whenever possible, nurses target education and skills-building to any adult in the home, particularly the father. As seen with mental health, improvements in knowledge, behavior and status are vital for preventing and mitigating adverse childhood experiences, which changes the trajectory for children in positive direction. For NFP clients with an identified substance use problem, there was an increase in average knowledge, behavior, and status ratings from clients' initial to final scores (Figure 2). Five out of 8 showed statistically significant improvement in knowledge, 4 out of 8 showed improvement in behavior, and 6 out of 8 showed statistically significant improvement in status ratings. Overall, 88% (7 out of 8) of NFP clients with an identified substance use problem had a statistically significant improvement in either knowledge, behavior, or status rating.

Caretaking/Parenting



* p<.05 = statistically significant

Figure 3

Caretaking and parenting refers to providing support, nurturance, stimulation and physical care for the child. NFP nurses work with mothers to help develop skills to understand the cues of their babies and children and strengthen their empathy for their children. Nurses empower clients to provide optimal physical and emotional care of their child and engage age-appropriate, positive discipline techniques. Improvements in this area set the foundation for the health of the parent-child attachment and positive development across the life course. For NFP clients with a parenting/caretaking problem, there was an increase in average knowledge, behavior, and status ratings from clients' initial to final scores (Figure 3). Six out of 9 showed statistically significant improvement in knowledge, 5 out of 9 showed improvement in behavior, and 8 out of 9 showed statistically significant improvement in status ratings. Overall, 100% (9 out of 9) of NFP clients with a parenting/caretaking problem had a statistically significant improvement in either knowledge, behavior, or status rating.

Budget Narrative (20 Points)

Past Expenditures- For the 2016-2017 budget year we were able to expend all funds granted to our project. For the current 2018 budget year we are on track to spend down all funds by the end of the contract period (currently with 50% of funds remaining after 6 months into the grant).

Funding Request- We request funds in the amount of \$127,828 for a 12-month continuation grant of the Improving Health program. The majority of our funding request (89%) will cover staff salaries and benefits to implement the project. The remaining funds will cover home visiting associated costs including travel and communication. There is a slight annual increase from our pervious budget request (approximately \$3,000) to cover a portion of a supervisor's time to ensure grant reporting, communication and coordination is maintained. There is no other notable difference in our funding request from previous to current budget.

Improving Health

Funding Modifications- There are no significant changes to the proposed budget for the next year resulting in modification of project activities.

Subcontractors- There are no subcontractors planned for this project.

Sustainability (20 Points)

Leveraged Funds- The funding for this project is a portion of a larger effort. As mentioned previously, this funding covers 0.5 FTE of a nurse and 0.7 FTE of a CHW in a 3.7 FTE total program. Additional funding sources utilized includes Maternal Child Health Block Grant (MCHBG), Washington State Department of Children, Youth and Families (DCYF) home visiting funding, local public health dollars and Healthy Start Kitsap.

MCHBG are federal funds passed on to the Washington State Department of Health (DOH). These funds support NFP nursing FTE and require annual workplans and specific outcome measures. The DCYF funding is in partnership with Jefferson Public Health and a portion of a NFP nurse is covered with this funding. Healthy Start Kitsap is a nonprofit under Kitsap Community Foundation and they have been supportive in covering costs for required trainings for our NFP nurses plus contributing to program supplies and materials. We exhaust all other funding sources prior to tapping into our limited public health funding and the 1/10th of 1% funding.

Sustainability Plan- We anticipate that NFP will always require some level of grant funding, our goal is to increase the amount of dedicated funding to the program. We work with state and local partners to advocate for federal and state funding for home visiting services. There has been recent discussion among home visiting programs across the state related to potential home visiting expansion dollars. Due to the success of our program with the help of the 1/10 of 1% funding we are in a position to apply for additional funds. Continuing to diversify our funding sources will strengthen our ability to maintain program services for years to come.

The NFP CAB continues to be a support for our program and they have the ability to advocate for NFP funding. Their workplans include outreach and promotional activities to increase partnerships and donors for this work. They regularly discuss new ways to develop funding mechanisms and plan for sustainability.

Partnership has been a strong focus of our work over the past few years. We recognize that sustaining an extensive home visiting program requires leveraging of resources in the community. Our work with partners on a centralized referral system (mentioned in the Integration section) is another step toward sustainability. Creating formalized processes and relationships increases our ability to find shared funding opportunities, streamline shared resources and build innovative projects.

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 a 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

ATTACHMENT D

PROJECT NAME: Improving the Health and Resiliency of High-Risk Mothers and Their Children

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who either have or are at risk for substance abuse and/or mental health problems.	Provide continuing NFP home visits to 12 low-income, first-time mothers and infants (at any given time – total served will be greater)	Funded case load of at least 12 mothers and infants (0.5 FTE Nurse) will be maintained through December 31, 2019.	<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 checked="" 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: _____	12 as of 1/1/19	Nightingale Notes Electronic Health Record (NN) and NFP Efforts to Outcomes (ETO) database
	Provide bilingual CHW targeted outreach and community referral systems support	Maintain an average retention rate of 85% for NFP clients over the course of the program year (January-December 2019)	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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 checked="" 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: _____	85% as 1/1/19	Nightingale Notes Electronic Health Record (NN) and NFP Efforts to Outcomes (ETO) database
	Survey a diverse group of community partners regarding barriers to prevention and intervention services for pregnant and parenting mothers.	By December 31, 2019 CHW has at least 200 unduplicated outreach and case management encounters	<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 checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	0 as of 1/1/19	NN Electronic Health Record * All enrollees eligible for evaluation

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who either have or are at risk for substance abuse and/or mental health problems.	Provide ACEs screening and education to NFP clients who voluntarily accept screening Offer referral to MSS Behavioral Health Specialist to all NFP clients with ACE score of ≥ 3 Screen all NFP clients for anxiety and depression and refer those showing risk factors Provide all NFP clients education on perinatal mood disorders and when to seek help	At least 90% of NFP clients with a potential or identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services	<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	Start date: ongoing; baseline starts at client intake Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: ___	January 2016- June 2018, 82%	NN Electronic Health Record * All enrollees eligible for evaluation
	Screen all NFP clients for substance use and refer those screening positive for appropriate diagnostic and treatment services Provide all NFP clients education on the harmful effects of substance use during pregnancy	At least 90% of NFP clients with a potential or identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services	<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	Start date: ongoing; baseline starts at client intake Frequency: <input type="checkbox"/> Quarterly	January 2016- June 2018, 88%	NN Electronic Health Record * All enrollees eligible for evaluation

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and time</small>	G. SOURCE
NFP program maintains high fidelity to the NFP evidence-based model	NFP program meets 18 model fidelity elements according to NFP requirements such that KPHD maintains its permissions to operate an NFP program	By December 31, 2019, KPHD will maintain required high fidelity to the NFP model, as required by the National Service Office.	<input 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 checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:	7/1/18, 100%	Nightingale Notes Electronic Health Record (NN) and NFP Efforts to Outcomes (ETO) database
	Provide all NFP clients with education on parenting, child growth and development, and parental emotional well-being and stress management Link NFP clients to community resources	At least 90% or more of NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services	<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	Start date: ongoing; baseline starts at client intake Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other:	January 2016- June 2018, 100%	NN Electronic Health Record *All enrollees eligible for evaluation
	Click here to enter text.	By December 31, 2019, NFP CAB completes at least 5 outreach activities on its outreach plan	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long	0 as of 1/1/19	NFP CAB Outreach Plan

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
NFP program maintains high fidelity to the NFP evidence-based model	Collect and analyze data from past clients to inform program effectiveness and areas for improvement	Survey 10 past clients that have graduated the program at least 12 months prior. (outreach includes educational presentations, advocacy efforts to increase funding, and promotional events)	<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	Start date: 1/1/19 Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: ___	0 as of 7/1/18	Survey results and Meeting Minutes
			<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 (status) <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Start date: 1/1/19 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: ___		

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name:

Kitsap Public Health District

Project:

Improving Health

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 Supplement - Total Agency Budget Form

Improving the Health and Resiliency of High-Risk Mothers and their Children.

Line items > 10% of budget

Request for Funding	FTE	Salary	Benefit	Total
NFP Nurse	0.50	\$ 45,423	\$ 18,943	\$ 64,366
Community Health Worker	0.70	\$ 31,692	\$ 14,387	\$ 46,079
Supervisor	0.029	\$ 2,953	\$ 962	\$ 3,915
Total		\$ 80,069	\$ 34,292	\$ 114,361

Special Project Budget Form

Agency Name: Kitsap Public Health District

Subcontractor: ___ Yes No

Project: Improving Health

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 31,061	13%	\$ 2,953	2%	\$ 28,109	25%
Staff	77,116	32%	77,116	60%	-	0%
Total Benefits	43,669	18%	34,292	27%	9,377	8%
SUBTOTAL	\$ 151,846	63%	\$ 114,361	89%	\$ 37,486	33%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	300	0%	-	0%	300	0%
Other (Describe): NFP materials	650	0%	-	0%	650	1%
SUBTOTAL	\$ 950	0%	\$ -	0%	\$ 950	1%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Professional Services	18,537	8%	-	0%	18,537	16%
Communication	1,787	1%	347	0%	1,440	1%
Insurance/Bonds	-	0%	-	0%	-	0%
Postage/Printing	-	0%	-	0%	-	0%
Training/Travel/Transportation	2,000	1%	1,500	1%	500	0%
% Indirect (Limited to 10%)	66,545	28%	11,621	9%	54,925	48%
Other (Describe):	-	0%	-	0%	-	0%
SUBTOTAL	\$ 88,868	37%	\$ 13,467	11%	\$ 75,401	66%
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%
Other (Describe):	-	0%	-	0%	-	0%
Other (Describe):	-	0%	-	0%	-	0%
Other (Describe):	-	0%	-	0%	-	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	-	0%	-	0%	-	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 241,665		\$ 127,828		\$ 113,837	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: Kitsap Public Health

Subcontractor: Yes No

Project: Improving Health

Description

Number of Professional FTEs	0.53
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.70
Total Number of FTEs	1.23

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	48,377.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	31,692.00
Description: Community Health Worker	\$	31,692.00
Description:	\$	-
Description:	\$	-
Total Salaries	\$	80,069.00
Total Payroll Taxes	\$	6,126.00
Total Cost of Benefits	\$	18,142.00
Total Cost of Retirement	\$	10,024.00
Total Payroll Costs	\$	114,361.00



Fostering community commitment and partnerships that strengthen the health and independence of vulnerable Kitsap families.

July 20, 2018

RE: LETTER OF COMMITMENT to the Citizens Advisory Board of the Kitsap County Mental Health Chemical Dependency and Therapeutic Court Programs in support of the

Improving the Health and Resiliency of High-Risk Mothers and Their Children Program

Dear Citizens Advisory Board:

Healthy Start Kitsap, now a part of the Kitsap Community Foundation was founded to prevent child abuse and neglect in Kitsap County. Our main effort for the last 15 years has been to start, encourage community support and financially support the Nurse Family Partnership (NFP) here in Kitsap County. The Nurse Family Partnership in Kitsap has now grown to support 50 enrolled mothers and their infants. As the most objectively studied program to date in the US, this program greatly decreases child abuse, increases school readiness and improves both the social and economic futures for these families. The benefits of this program are myriad and can easily be reviewed at NurseFamilyPartnership.org.

Healthy Start Kitsap will continue to support all aspects of the Nurse Family Partnership.

Last year, for example, we provided a \$7500 grant to provide training for a Spanish speaking Public Health Nurse to better reach that segment of our local population.

These programs are expensive, however a recent RAND study proved a \$6 benefit to society for every \$1 spent on our NFP!! You CAN buy benefits like that by supporting NFP! This study can also be reviewed in detail on the website mentioned above.

Your support in the past years has been instrumental in building this program to the capacity to serve these 50 families. Thank you for helping us build NFP. Healthy Start Kitsap is also committed to continued support of Kitsap's NFP.

Please give this important proposal your utmost consideration for funding. We are building a better Kitsap for the future for all!

Sincerely,

A handwritten signature in black ink that reads "B NYQUIST". The signature is stylized and cursive.

Brian O. Nyquist, M.D.

President of Healthy Start Kitsap



July 21, 2018

Re: Letter of Commitment to the Citizens Advisory Board of the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs in support of the Improving the Health and Resiliency of High-Risk Mothers and Their Children program

Dear Citizens Advisory Board:

The Bridge Regional Nurse-Family Partnership Community Advisory Board (CAB) is pleased to submit this letter of commitment to the Citizens Advisory Board in support of the "Improving the Health and Resiliency of High-Risk Mothers and Their Children" program (*Improving Health*). The CAB is comprised of a diverse group of community partners representing private citizens, local health care providers, and government officials. We work together to ensure the evidence-based Nurse-Family Partnership (NFP) intervention is supported and sustained throughout our region.

The CAB provides input on decisions affecting NFP program implementation, program growth, and program sustainability in our region which includes the NFP program implemented by the Kitsap Public Health District (KPHD). CAB members provide leadership in promoting program referrals, increasing community engagement in support of NFP, both philosophically and financially, and political advocacy.

We are pleased to commit the following in support of the "*Improving Health*" program during the next funding period.

- Providing guidance on maintaining the successful outreach work of the Community Health Worker to maintain the full caseloads of the NFP nurses.
- Providing marketing and public relations assistance to the Community Health Worker and NFP nurses.
- Providing legislative advocacy with elected officials in support of funding NFP locally, statewide, and nationally.

Having a strong NFP program in Kitsap County is essential to the future health of our community. NFP is a proven prevention program that interrupts the cycle of poverty, prevents adverse childhood experiences (ACEs), reduces mental illness and substance use disorders, and supports low-income families to parent successfully and become economically self-sufficient. Every dollar invested in NFP yields \$6.40 in return to society, and \$2.90 in savings to state and federal governments. Funding the "*Improving Health*" program is truly a sound investment in prevention.

Sincerely,

Suzanne Plemmons, MN, RN, PHCNS-BC

Co-Chair

Bridge Regional Nurse-Family Partnership Community Advisory Board

Serving the NFP programs of Kitsap Public Health District and Jefferson County Health Department

OLYMPIC EDUCATIONAL SERVICE DISTRICT #114
105 NATIONAL AVENUE NORTH
BREMERTON, WASHINGTON 98312

MEMORANDUM

TO: KITSAP COUNTY HUMAN SERVICES DEPARTMENT

FROM: OLYMPIC EDUCATIONAL SERVICE DISTRICT
MONICA HUNSAKER, ASSISTANT SUPERINTENDENT

SUBJECT: MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC
COURTS RFP GRANT APPLICATION - LIST OF OESD BOARD
MEMBERS AND ADDRESSES

DATE: JULY 26, 2018

OESD Board Members:

Carl Johnson, President
5834 Chico Way NW
Bremerton, WA 98312

Donn Ring
2204 Chestnut Street
Port Townsend, WA 98368

Katie Proteau
4370 Rue Villa NE
Bremerton, WA 98310

Elizabeth Drew
925 Colchester Drive SE
Port Orchard WA 98366

Shirley Johnson
242 Diaht Hill Dr.
Neah Bay, WA 98357

Cliff Huenergard
10090 NE North Shore Rd
Belfair, WA 98528

1. Project Description

A. Project Design

The Olympic Educational Service District (OESD) Behavioral Health Counseling Enhancement Project (BHCEP) is geographically diverse providing equitable services within Kitsap County to the highest need schools in all 5 school districts. Schools were identified based on mental health and substance use indicators from the Washington State Healthy Youth Survey. The BHCEP currently serves 8 elementary schools and 7 high schools. The services are aligned with the Kitsap County Behavioral Health Strategic Plan, specifically Prevention, Early Intervention and Training and Crisis Intervention and Triage. The BHCEP provides school-based prevention and early intervention behavioral health services for mental health and substance use issues (Prevention and Early Intervention) and assists in school-based crisis intervention for suicide (Crisis Intervention) by diffusing and assessing students in need and linking students and families to outside resources. The program helps alleviate multiple barriers in accessing service (i.e. transportation, cost, time out of school, parents missing work, and/or the potential stigma to the student/family) by providing the services at the schools.

This proposal adds from the original proposal by addressing the key priorities identified in the 2017 Kitsap County Behavior Health Strategic Plan Review as follows:

- Implementing the *evidence-based program/intervention* tool Teen Marijuana Checkup, a proven intervention in reducing the use of marijuana (listed on Washington State Institute for Public Policy cost benefit for substance use disorder, <http://www.wsipp.wa.gov/BenefitCost/Program/389>);
- Implementing Cognitive Behavioral Intervention for Trauma in Schools (CBT), a *promising practice program* designed to reduce posttraumatic stress disorder (PTSD), depression and anxiety among children with symptoms of PTSD (CBT is referred on the Washington State Institute for Public Policy cost benefit for children mental health in multiple areas);
- Recognizing and respecting the limits of the 1/10 funding, the addition of a 1.0 FTE (190 days during the school year) Student Assistance Professional to provide services to all 9 middle schools is proposed. Although existing staff have provided this service on a limited basis, the current staffing is not sufficient to provide ongoing follow up and support, and linkages to community resources. Services will include behavior health screenings, referrals and linkages to community resources, individual and counseling support groups, and parent education sessions (as appropriate, and based on capacity). School administrators will identify and prioritize the students of highest need, to include students who are found using alcohol or other drugs on school grounds. Middle school outcomes will be included in evaluation measures for secondary school students.

B. Staffing Qualifications

The OESD staff - Exec. Director (.08 FTE) M.Ed and Certified Integral Life Coach (prior CDP certification 1889-2013); Manager (.50 FTE) B.S. in Psychology -post graduate work for M.Ed.; Minor in Addiction studies (prior Chemical Dependency Professional certification); SKHS SAP (.50 FTE) B.A.in Interdisciplinary Self and Society, Minor in Criminal Justice and Human Rights, CDP certification; CKHS & Klahowya SAP (.6 FTE)

B.A. in Psychology; Olympic & NKHS SAP (1.0 FTE) B.A. in Human Services; and Bainbridge & Eagle Harbor HS SAP (.6 FTE) (vacant). All staff who work in the schools maintain their Washington State Agency Affiliate Counselor License. An agency affiliated counselor (AAC) is a counselor who is employed by an authorized entity to provide counseling services and who is credentialed by the state Department of Health. Currently, the OESD bills for Administrative Medicaid match for OESD staff and contracted staff under this grant beginning in September 2017. However, private insurance or other Medicaid for counseling services we are not yet set up for such billing (see sustainability efforts towards this goal).

Kitsap Mental Health staff licensed/certification breakdown is as follows: Clinical Supervisor (.50 FTE) Licensed Independent Clinical Social Worker and Child Mental Health Specialist (non-billable due to no direct service provided nor paneled with insurance); SKSD – Sidney Glenn and Burley Glenwood (1.0 FTE) Licensed Mental Health Counselor (LMHC) (licenses sufficient for billing, but not currently paneled to bill insurance); East Port Orchard and Olalla Licensed (1.0 FTE) Marriage & Family Associate (license insufficient to bill); Bremerton – Armin Jahr and View Ridge LMHC (licenses sufficient for billing, but not currently paneled to bill insurance); CKSD & NKSD – Woodlands and Suquamish (1.0 FTE) Agency Affiliate Counselor (license insufficient to bill). It is important to note a large portion of the services are not billable regardless of insurance coverage. This is a service provided in the school based on individual student's needs, which do not meet insurance billing criteria and diagnosis requirements.

C. Organizational Licenses and Certifications

The OESD is approved by the Department of Health to employ AAC's. Services provided are intervention services for substance abuse and other behavioral health issues. The OESD subcontracts with KMHS to provide services in the elementary schools. KMHS is a certified, licensed designated community mental health center and holds licensures for provision of both mental health and substance use outpatient and inpatient treatment and services Under the subcontract, licensed services are for behavioral health services.

D. Outreach

Multiple outreach strategies are used to inform all students and parents of school-based program services. The outreach plan is customized to the needs of each school and includes: letter mailed to all parents introducing program services; school staff are provided information on signs and symptoms of mental health and substance use issues to help identify and refer eligible students; and staff may participate in weekly administrator/school counselor meetings where eligible students in need of program services are identified. In addition, staff may outreach families through home visits when the need arises. Specifically, for the high school program, staff conduct classroom presentations describing program services; and services are included as a component of school's alcohol and drug discipline policy where students who violate the drug and alcohol policy are offered a reduction in number of suspension days by receiving a behavior health screening. It is important to recognize part of our success is due to the history and reputation of our program- students, families, and community providers are

familiar with the service and seek it out as needed for themselves or students they believe would benefit.

To stay relevant and culturally competent in behavioral health services, staff are trained annually. Training includes racial equity, culture of poverty, and LGBTQ+. Staff have utilized translators and special population consultations. In reaction to the increased intensity of substance use in parents of elementary aged children, KMHS have partnered more closely with their Chemical Dependency Clinician who has provided direct family education, information about addiction for kids, and consultation.

E. Evaluation

To summarize Attachment D. Evaluation plan, the primary goals and expected outcomes are as follows:

Goal 1) increase the overall health and wellbeing of children and youth. Outcomes: a. 75% for those served who have 8 or more sessions will report improvement in health and wellbeing, with at least +4 point average change. At least 25% will show a greater than +5 point change; **b./c.** A statistically significant percentage of students served will show improvement in the Hope Scale compared to baseline; **d.** 33% of HS students will improve in academics; **e./f.** A statistically significant percentage of students served of all students served will show improvement in attendance; and **g.** there will be a reduction in office referrals and suspensions for elementary students completing 8 or more sessions; **h.** at least 80% of secondary students who report they did not attend school regularly, will report they are more likely to attend regularly because of this program; **i.** 90% of the secondary students will indicate the program was important. **Goal 2) decrease youth substance use. Outcome:** 50% of the youth served will show a reduction in substance use. **Goal 3) increase the schools capacity to respond to student behavioral health needs. Outcomes: a./b.** 75% of school staff in both elementary and secondary at school-year-end will report that services have improved students’ academic success and **c./d.** at school-year-end, 75% of school staff will report services positively influenced the classroom climate.

2. Accomplishments to Date

A. Progress to Date

Goal 1 - To increase the overall health and well-being of program participants.			
	Previous Year	2017-18	Progress Description
<i>Objective 1.</i> Access – By June 30, 2018, at least 372 students will receive services at targeted elementary & high schools.	2014-15: 398 2015-16: 427 2016-17: 428	395	In 2017-18 and the 3 previous yrs. this obj. was met. More than 372 students received services each year.
<i>Objective 1a.</i> 75% of students completing 8 or more sessions with the Mental Health Therapist (elementary program) will have improvement in overall health and wellbeing by the end of the school year (6/30/18), which will be statistically significant. The average change will be at least +4 points change and at least	2014-15: 77%, n=148 2015-16: 81%, n=176 2016-17: 85%, n=172, average change +6	66%, statistically significant, average change = +4, >+5 point change = 36%, n=131	In 2016-17 and the 2 previous yrs., this obj. was met. In 2017-18, the program fell short of the 75% goal, but met the average change goal of +4 points change on average and exceeded the goal for students showing

25% of students will show a greater than +5 point change.			greater than +5 point change, with 36% having greater than +5 point change.
<i>Objective 1b.</i> Hope - 50% of elementary students completing 8 or more sessions will show improvement in Hope Scale compared to baseline, which will be statistically significant.		30%, statistically significant, 58% no change, average change = +0.2, 1+ point change = 15%, n=122	In 2017-18, the percentage of students showing improvement did not meet the goal of 50%, however the percentage improving was statistically significant.
<i>Objective 1c.</i> Hope - 50% of secondary students completing 8 or more sessions will show improvement in Hope Scale compared to baseline, which will be statistically significant.		75%, statistically significant, 0% no change, average change = +0.8, 1+ point change = 46%, n=48	This obj. was exceeded in 2017-18 and was statistically significant.
<i>Objective 1d.</i> Academics – At least 33% of high school students served who failed at least one class will demonstrate improvement in academics (failing fewer classes) based on comparison of 1st semester grades from year served to year after.	2014-15: 28% 2015-16: 47%, n=32 2016-17: 52%, n=46	<i>Results pending (available 9/2019)</i>	In 2015-16 and 2016-17, this obj. was exceeded. 2017-18 data will be available Sept, 2019.
<i>Objective 1e.</i> Attendance – At least 50% of elementary students served will demonstrate improvement in class attendance (30 days at intake compared to last 30 days of school).		51%, n=51	This obj. was met in 2017-18.
<i>Objective 1f.</i> Attendance – At least 50% of secondary students served will demonstrate improvement in class attendance (30 days at intake compared to last 30 days of school).		44%, n=104	This obj. was not met in 2017-18.
<i>Objective 1g.</i> Attendance – At least 80% of secondary students served who say they do not attend school regularly will report they are more likely to attend regularly because of this program, based on end of services survey.	2016-17: 88%	84%	This obj. was met in 2016-17 and 2017-18.
<i>Objective 1h.</i> Discipline – There will be a reduction in office referrals and suspensions for elementary students completing 8 or more sessions.		26%	This obj. was met in 2017-18. 26% of elementary students completing 8 or more sessions had a reduction in major and/or minor office referrals.

<p><i>Objective 1i.</i> At least 90% of secondary students served will report that this program is somewhat or very important to them (end of services survey).</p>	<p>2016-17: 92%</p>	<p>93%</p>	<p>This obj. was met in 2016-17 and 2017-18.</p>
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Goal 2 - Decrease substance use among program participants (high school program).

<p><i>Objective 2a.</i> At end of program service, 50% reduction in substance use (cigarettes, alcohol, binge alcohol, marijuana) for secondary with an identified substance use reduction goal for services compared to baseline as measured by the RMC pre/post self-report tool.</p>	<p>Previous Year</p>	<p>2017-18</p>	<p>Progress Description</p>																								
<table border="1"> <caption>Substance Use Reduction Data</caption> <thead> <tr> <th>Substance</th> <th>2014-15</th> <th>2015-16</th> <th>2016-17</th> <th>2017-18</th> </tr> </thead> <tbody> <tr> <td>Cigs</td> <td>50.60%</td> <td>25.49%</td> <td>44.25%</td> <td>24.54%</td> </tr> <tr> <td>Alc</td> <td>50.64%</td> <td>46.63%</td> <td>16.49%</td> <td>47.67%</td> </tr> <tr> <td>Binge</td> <td>38.74%</td> <td>32.78%</td> <td>54.54%</td> <td>28.82%</td> </tr> <tr> <td>MJ</td> <td>71.62%</td> <td>70.60%</td> <td>84.54%</td> <td>48.60%</td> </tr> </tbody> </table>		Substance	2014-15	2015-16	2016-17	2017-18	Cigs	50.60%	25.49%	44.25%	24.54%	Alc	50.64%	46.63%	16.49%	47.67%	Binge	38.74%	32.78%	54.54%	28.82%	MJ	71.62%	70.60%	84.54%	48.60%	<p>In 2017-18, this obj. was met for all substances. In previous years, it had been met in all years except for binge drinking and marijuana and met in 2/3 years for alcohol and 1/3 years for cigarettes.</p>
Substance	2014-15	2015-16	2016-17	2017-18																							
Cigs	50.60%	25.49%	44.25%	24.54%																							
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Binge	38.74%	32.78%	54.54%	28.82%																							
MJ	71.62%	70.60%	84.54%	48.60%																							

Goal 3 - Increase schools' capacity to effectively respond to students' behavioral health needs.

<p><i>Objective 3a.</i> At end of school year, 75% of elementary school staff will report that services have improved students' academic success.</p>	<p>Previous Year</p> <p>2014-15: 60%, n=119 2015-16: 86%, n=100 2016-17: 72%, n=73</p>	<p>2017-18</p> <p>74%, n=63</p>	<p>Progress Description</p> <p>This objective was met in 2015-16 but fell just short of it in 2016-17 and 2017-18. There has been no statistically significant change over time.</p>
<p><i>Objective 3b.</i> At end of school year, 75% of secondary staff will report that services have improved students' academic success.</p>	<p>2014-15: 92%, n=71 2015-16: 87%, n=53 2016-17: 93%, n=50</p>	<p>86%, n=48</p>	<p>This obj. has been met in all years. Overwhelmingly, high school staff agree that services have improved students' academic success. There has been no statistically significant change over time.</p>
<p><i>Objective 3c.</i> At end of school year, 75% of elementary school staff will report that services have positively influenced the classroom climate.</p>	<p>2014-15: 76%, n=119 2015-16: 78%, n=100 2016-17: 79%, n=73</p>	<p>86%, n=63</p>	<p>This obj. has been met in all years. In 2017-18, 86% of school staff report that services positively influenced the classroom climate. There has been no statistically significant change over time.</p>
<p><i>Objective 3d.</i> At end of school year, 75% of high school staff will report that services have positively influenced the classroom climate.</p>	<p>2014-15: 97%, n=71 2015-16: 95%, n=53 2016-17: 93%, n=50</p>	<p>84%, n=48</p>	<p>This obj. has been met in all years. In 2017-18, 84% of school staff report that services positively influenced the classroom climate. There has been no statistically significant change over time.</p>

B. Barriers to Implementation

In general, the project has not encountered any difficulties/problems in achieving planned goals and objectives. The two main challenges are: 1. Staff resignations, due to job insecurity based on funding only being available one year at a time. We have had five staff between OESD and KMHS resign/transfer to a more stable job; and 2. The availability of data. Since the program is school-based, the final outcome data becomes available at the end of the school year (generally mid-July). Therefore, we struggle each year to provide a full report during the continued funding cycle.

C. Integration and Collective Impact

The collective impact partnerships include KMHS, school districts within Kitsap County, Kitsap Strong, Kitsap Community Suicide Prevention Coalition, Bainbridge Island Youth Services, and KPHD. The partnerships address the Kitsap County Mental Health, Chemical Dependency and Therapeutic Courts Strategic Plan Continuum of Care. Collectively these partners work together to increase the health and wellbeing of children and youth in our community. Examples of these collective impact efforts include:

- a. OESD BHCEP staff and KMHS have worked together to *successfully implement school-based behavioral health services in 15 schools where children/youth and parents can access services*. Providing school-based services removes barriers to access which benefits the overall health and wellbeing of children, youth and families in our community. The schools partner with OESD & KMHS to house, promote, refer and support access to services that are not traditionally housed in the schools.
- b. OESD staff, KMHS, KPHD, Kitsap Strong, and Kitsap Community Suicide Prevention Coalition have a *common goal to increase school staff, parents and the community's knowledge and awareness regarding early identification of mental health, substance use, suicide risk, ACE's and resiliency*. Collectively, the OESD and the above partners have worked to provide trainings throughout Kitsap County. Collaborative efforts to meet this goal:
 - OESD was a recipient of a grant through Kitsap Strong to form and facilitate a collaborative learning academy (CLA), for school district or school teams. The focus of the CLA is to expand the understanding of NEAR (neuroscience, epigenetics, adverse childhood experiences and resilience) science, trauma-informed practices, and building resiliency with an emphasis on equity by providing a professional learning series. The overall goal is to increase capacity within districts to provide classroom and school team consultation, leadership coaching, professional development, and coaching to implement trauma informed practices.
 - The Kitsap Community Suicide Prevention Coalition is committed to reducing deaths by suicide in Kitsap County. The OESD staff attended the coalition meetings and coordinated educational outreach.
 - KMHS provided four Youth Mental Health First Aid Trainings with a total of 104 participants from the schools and community.
 - OESD, Bainbridge Island (BI) Youth Services and BI School District (BISD) worked together to provide community, parent and educator

training on teen suicide prevention; and OESD assisted the district with implementation of evidence-based Signs of Suicide school-wide prevention program.

D. Key Accomplishments

The OESD and its partners KMHS and KPH are most proud of the following:

1. Successful implementation of mental health services within the school setting. According to OSPI, one in five youth struggles with a mental health disorder and most do not receive the services they need (<http://www.k12.wa.us/OSSI/K12Supports/AWARE/FAQ.aspx>). The school-based services address this need by reducing multiple access to service barriers (i.e. transportation, cost, time out of school, parents missing work, and/or the potential stigma to the student/family). In the half of this funding cycle (Jan-Jun), 338 students (172 high school and 166 elementary school) have been served intensively. In addition, a total of 647 (92 elementary and 555 high school) drop in visits occurred.
2. Providing critical interventions on children and youth with suicide ideation. Kitsap County schools are seeing an increase in suicide ideation among their students. BHCEP staff have experienced this as well. During the 2017-18 school year, there was a 57% increase in elementary and a 22% increase in high school drop in visits for suicide ideation over the previous year (2016-17).
3. Utilization of the evidence-based program Teen Intervene, with students who are misusing substances (listed on Washington State Institute for Public Policy cost benefit for substance use disorder, <http://www.wsipp.wa.gov/BenefitCost/Program/647>).
4. Achieving the goal of overall positive impact on school and classroom environment as evident by school staff feedback *“The therapist’s influence on student engagement in academic rigor is evident because they are learning how to manage their thoughts and emotions in positive ways in light of their trauma and challenges.” “In order for students to be actively engaged in the classroom, they need their basic needs met. For some of our students, this requires a professional with the skills and knowledge to support them.”*
5. This service provides the benefit of increased school attendance which predicts graduation rates and ultimately impacts the community and tax payer with positive long-term county health. (<http://impact.all4ed.org/#potential/income/washington/all-students/>) Fifty two percent of high school students served through this program improved academically (failed fewer classes) and 84% of students who report they do not attend school regularly say that they are more likely to attend regularly because of this program.

3. Budget Narrative

A. Past Expenditures

Budget Categories	Grant Budget (allocation)	Actual Expenditures (7/1/16 – 6/30/17)	Remaining balance
Personnel	\$202,425 (Salaries: \$138,059)	\$81,640 (Salaries \$56,889)	\$120,785 (Salaries \$81,170)

	Benefits: \$64,366)	Benefits: \$24,750)	Benefits: \$39,615)
Supplies	\$3,400	\$328	\$3,072
Administration	\$33,554	\$7,023	\$26,531
Operations & Maintenance	\$1,700	\$7,247	\$(5,547)*
Other/ Sub Contract	\$358,921	\$60,581	\$298,339
Total	\$600,000	\$154,427	\$443,295

*Negative balance is covered by match. To date a total of \$2,392 has been received in match with \$1455 received with administrative Medicaid match. Additional \$42,608 is anticipated as revenue from the school districts. Twenty-eight percent of the total budget has been expended within the first quarter. A total of sixty-five percent is encumbered in salary and benefits (\$119,664) and subcontracts (\$269,621) which will be spent by December 31, 2019. The remaining thirty-five percent will be used to purchase supplies, travel, program operations and other administrative costs as per grant proposal.

B. Funding Request

The requested funds from CDMHTC is \$656,220. This will be combined with cash match of \$67,600 for a total project cost of \$723,820. OESD also receives additional grant dollars that support two and half SAP positions as in-kind match for a total of \$144,442.

\$303,136 for Personnel: Staff salaries budgeted at \$195,576 (requested funds from grant \$149,456; cash match funds \$46,120); and Fringe Benefits: \$107,560 (requested funds \$86,080; match funds \$21,480). Staffing: Project Director (.08 FTE) for program oversight, networking with both schools and community partners, collective impact collaboration and sustainability planning; Supervisor (.50 FTE) supervises SAP’s, coordinates mental health services with KMHS, Administrative Assistant (.25 FTE); and SAP’s - 2 staff @190-8-hour-days; 1 staff @190-4-hour-days; 2 staff @114-8-hour-days (3 days/wk).

\$2,100 for Supplies & Equipment: Supplies includes general office supplies (file folders, printer toner, etc.), supplies for facilitating groups (snacks, art supplies, journals etc.) and resource books on evidence/research-based programming.

\$32,693 for Administration: Postage, printing and copy cost for flyers, newsletters, announcements and handouts budgeted at \$1,500. Staff travel budgeted at \$2,875 for local travel to and from schools, meetings, and locally sponsored events (staff travel based on federal reimbursement rate and OESD policy of .545/mile). Indirect is for human resources, insurance, bonding and legal fees and debt service budgeted at 4.5% grant of \$28,318).

\$13,640 for Operations & Maintenance: Staff located at the OESD with a designated FTE is prorated for workstation, network services, space and occupancy, and phone service charges; includes storage space for case file record keeping. The OESD does

not receive other funds to cover these costs.

\$372,251 for Other - Purchased Services: Subcontract with KMHS is \$361,263 to support 4.0 FTE mental health therapists to serve the elementary schools and .50 FTE Clinical Supervisor; and subcontract with KPHD for \$10,988 for staff time in conducting the project evaluation.

C. Funding Modifications

There are no significant funding modifications that impact project activities. However, the FTE for Bainbridge Island School District (BISD) will be hired and supervised by the OESD vs. a subcontract with BISD.

D. Subcontractors

OESD subcontracts with KMHS to provide school-based behavioral health counseling services. The contract is for \$361,263. This supports services in 8 elementary schools – 4 staff and a part-time clinical supervisor. The skills and resources KMHS brings to the project is their in-depth knowledge about children’s behavioral health issues and the ability to provide appropriate support in the school setting, thereby reducing barriers to access. In addition, KMHS staff have the knowledge and skills to help families access community services when a more serious (moderate to serious) behavioral health issue requires mental health services beyond the school-based intervention supports. OESD, in a collaborative partnership, assists KMHS in navigating the school-system, opening the door for communication and linking KMHS to the schools.

OESD will also subcontract with Kitsap Public Health District for the purpose of evaluation. This contract is for \$10,988. Services include data entry, attendance at monthly meetings, evaluation details for quarterly reports, end of year data analysis and completion of an annual evaluation report.

4. Sustainability

A. Leveraged Funds

The project was able to leverage \$151,950. To date, OESD received \$1,455 in Medicaid Administrative Match (MAM); and \$937 in School district cash match. Charges for the project were made to these dollars before billing the County for the remaining grant activities. This is reflected in the invoices submitted to Kitsap County.

In addition, the OESD estimates an additional cash match revenue of \$43,408 between MAM and school district match for the 2018 funding cycle; and in-kind match totaling \$106,150 for two additional SAPs in two high schools (Bremerton and Kingston). These two positions are funded by both federal and state substance use prevention block grant funds. The leveraged amount is based on staff salaries and benefits. These funds were not applied towards staff time specific to the 1/10th of 1% MHCDTCP grant, however, they are leveraged as an effort to augment services and to offer services aligned with the MHCDTCP strategic plan.

Billing Medicaid for the KMHS services provided through this award is not a viable option at this time. The Salish Behavioral Health Organization contracts with KMHS for individuals who meet specific diagnostic “access to care” and Medicaid eligibility

criteria. This SBHO contract functions in a sense as “managed care” with specific rate levels determined by the level of services provided to a certain number of covered lives or population as a whole. The services described in this grant request (observations, staff meetings, consultation, outreach to non-engaged families) are not currently eligible to encounter for billing within existing SBHO/KMHS contract. A primary value of this grant is that it offers opportunities for earlier therapeutic interventions before the student has developed a diagnosis qualifying them for services at the higher level of care provided in the community behavioral health setting. Due to the easily accessible services and non-stigmatizing nature of working in the school environment, for students in need of therapy and more intensive wraparound services, the likelihood is increased that a referral for assessment with KMHS will be accepted by the student and family.

B. Sustainability Plan

OESD-KMHS-BHCEP continues to use a sustainability action plan that includes four areas of potential funding revenue sources (Medicaid and Insurance billing, State and Federal grants, cash match and foundations). Multiple efforts continued to be explored as options to sustain services without 1/10th of 1% MHCDTCP contributions. As mentioned above, the OESD has been able to secure MAM and cash match from school districts to help off-set costs, but this does not sustain 100% of the services proposed.

Additional efforts underway to secure funding include the following:

- OESD submission of a grant proposal to Kaiser Permanente to hire a consultant(s) to analyze and assist with securing a behavioral health license with the State of Washington to provide both school-based mental health and substance use treatment services in Kitsap County. This would include assisting with securing insurance billing with local managed care providers for low income families.
- With changes in the Managed Care Organization (MCO) landscape on the horizon, KMHS is exploring the feasibility with MCOs, and in the future with private insurance companies, to empanel the agency as a whole rather than specific staff members. At this juncture, single licensure empanelment not only restricts the ability to provide mental health services outside of specifically named licensed professions but also is exceedingly cumbersome and can take up to six or more months per individual staff.
- The School District cash match contributions for 2019 funding cycle is estimated to at \$65,600 and MAM is estimated at \$2000 for a total estimated match of \$67,600. About a 47% increase from 2018’s \$45,800 cash match. This demonstrates, the school districts commitment to increase in increments over the next several years. School districts have long fallen short of being able to fund ancillary positions like these as they are currently not fully funded for basic education and some districts experience difficulty passing levies to support anything beyond maintenance needs of the schools.

EVALUATION WORKSHEET

PROJECT NAME: Behavioral Health Counseling Enhancement Project

<p>Goal 1. Increase the overall health and well-being of program participants</p>	<p>Refer and serve students with behavioral health needs in supportive group and individual services</p>	<p>By December 31, 2019, at least 420 students will receive services at targeted elementary and secondary schools measured by project data. Note: 2019 grant period covers students served in two different school years: 2018-19 and 2019-20.</p>	<p><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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>2014-15: 398 2015-16: 427 2016-17: 428 2017-18: 395 (338 from Jan-Jun 2018)</p>	<p>Program data</p>
<p>a. DLA - 75% of students completing 8 or more sessions with the Mental Health Therapist (elementary program) will have improvement in overall health and wellbeing by the end of the school year (6/30/19), which will be statistically significant. The average change will be at least +4 points change and at least 25% of students will show a greater than +5 point change.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>Jan 2019</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other</p>	<p>2014-15: 77% 2015-16: 81% 2016-17: 85% 2017-18: 66% (statistically significant), average change = +4, >+5 point change = 36% (n=131)</p>	<p>2017-18: 30% (statistically significant), 58% no change, average change = +0.2, 1+ point change</p>	<p>Program data</p>	
<p>b. Hope - 50% of elementary students completing 8 or more sessions will show improvement in Hope Scale compared to baseline, which will be statistically significant.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2019</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual</p>	<p>2017-18: 30% (statistically significant), 58% no change, average change = +0.2, 1+ point change</p>	<p>Program data</p>		

EVALUATION WORKSHEET

		<p>c. Hope - 50% of secondary students completing 8 or more sessions will show improvement in Hope Scale compared to baseline, which will be statistically significant.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Other <input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2019</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other</p>	<p>= 15% (n=122) 2017-18: 75% (statistically significant), 0% no change, average change = +0.8, 1+ point change = 46% (n=48)</p>	<p>Program data</p>
	<p>d. Academics – At least 33% of high school students served who failed at least one class will demonstrate improvement in academics (failing fewer classes) based on comparison of 1st semester grades from year served to year after.</p> <p>Note: results for students served in 2018-19 school year will be available in Feb 2020. Results for students served in Sept-Dec 2019 will be available in Feb 2021.</p>	<p><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</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2019</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other</p>	<p>Students served 2014-15: 28% improved. 2015-16: 47% improved (n=32) 2016-17: 52% improved (n=46)</p>	<p>Program data - RMC database.</p>	
	<p>e. Attendance - At least 50% of elementary students served will demonstrate improvement in class</p>	<p><input checked="" type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sept 2018</u></p>	<p>2017-18: Elementary 51% improved (n=51)</p>	<p>Program data.</p>	

EVALUATION WORKSHEET

	<p>attendance (30 days at intake compared to last 30 days of school). Note: Results will be for students served Sept 2018 – June 2019.</p>	<p><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</p>	<p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>Program data - RMC database.</p>
	<p>f. Attendance - At least 50% of high school students served will demonstrate improvement in class attendance (30 days at intake compared to last 30 days of school). Note: Results will be for students served Sept 2018 – June 2019.</p>	<p><input checked="" type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Jan 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>2017-18: 44% improved (n=104)</p>
	<p>g. Attendance - At least 80% of secondary students served who say they do not attend school regularly will report they are more likely to attend regularly because of this program, based on end of services survey.</p>	<p><input checked="" type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Jan 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2019</p>	<p>2016-17: 88% 2017-18: 84%</p>

EVALUATION WORKSHEET

GOALS	OBJECTIVES	MEASUREMENT	EVIDENCE	TIMING	SOURCE
	<p>h. Discipline – There will be a reduction in office referrals and suspensions for elementary students completing 8 or more sessions.</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 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>Jan 2019</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: mid-year, July 2019</p>	<p>2017-18: 26% had reduction in major and/or minor office referrals (n=27)</p>	<p>Program data.</p>
	<p>i. At least 90% of secondary students served will report that this program is somewhat or very important to them (end of services survey).</p>	<p><input type="checkbox"/> Output</p> <p><input checked="" 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 checked="" 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>Jan 2019</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: mid-year, July 2019</p>	<p>2016-17: 92%</p> <p>2017-18: 93%</p>	<p>Program data - RMC database</p>
<p>Goal 2. Decrease substance use among program participants.</p>	<p>Screen all students for substance use</p> <p>Refer students to specific intervention services</p> <p>Assess overall impact of program services on student's</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>Jan 2019</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: mid-year, July 2019</p>	<p>2014-15: Cigs: 60% Alc: 64% Binge: 74% Mj: 62%</p> <p>2015-16: Cigs: 49% Alc: 63% Binge: 78% Mj: 60%</p> <p>2016-17:</p>	<p>Program data - RMC database.</p>

EVALUATION WORKSHEET

GOAL	ACTIVITY	TYPE OF MEASURE	EVIDENCE	SOURCE					
<p>Goal 3. Increase schools' capacity to effectively respond to students' behavioral health needs.</p>	<p>substance use</p>	<p>Implement Behavioral Health Counseling Enhancement Project: Mental Health Therapists at 8 elementary schools (.5 FTE at 8 schools) and SAPI Services at 7 high schools (.5 FTE at 3 schools and .3 FTE at 4 schools) and SAPI Services for all middle schools (1.0 FTE). Informal and formal training and communication with school building staff.</p>	<p>a. At end of school year, 75% of elementary school staff will report that services have improved students' academic success. Note: Results will be for school staff surveyed at end of 2018-19 school year not school staff involved only in fall 2019.</p> <p>b. At end of school year, 75% of secondary staff will report that services have improved students' academic success. Note: Results will be for school staff surveyed at end of 2018-19 school year not school staff involved only in fall 2019.</p> <p>c. At end of school year, 75% of elementary school staff will report that services have positively influenced the classroom climate.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Annual <input type="checkbox"/> Other</p>	<p>Cigs: 25% Alc: 49% Binge: 54% Mj: 54% 2017-18: Cigs: 54% Alc: 67% Binge: 82% Mj: 60%</p>	<p>2014-15: 60%, n=119 2015-16: 86%, n=100 2016-17: 72%, n=73 2017-18: 74%, n=63</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Jan 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2019</p>	<p>Program survey</p>
					<p>2014-15: 92%, n=71 2015-16: 87%, n=53 2016-17: 93%, n=50 2017-18: 86%, n=48</p>	<p>2014-15: 76%, n=119 2015-16: 78%, n=100 2016-17: 79%, n=73 2017-18:</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Jan 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2019</p>	<p>Program survey</p>	
					<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Jan 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2019</p>	<p>Program survey</p>		

EVALUATION WORKSHEET

SCHOOL LEVEL	SMART OBJECTIVE	DEVELOPMENTAL MEASUREMENT	MEASUREMENT	EVIDENCE SOURCE
	<p>Note: Results will be for school staff surveyed at end of 2018-19 school year not school staff involved only in fall 2019.</p>	<p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>86%, n=63</p>
	<p>d. At end of school year, 75% of high school staff will report that services have positively influenced the classroom climate.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2019</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2019</p>	<p>2014-15: 97%, n=71 2015-16: 95%, n=53 2016-17: 93%, n=50 2017-18: 84%, n=48</p>
	<p>Note: Results will be for school staff surveyed at end of 2018-19 school year not school staff involved only in fall 2019.</p>	<p><input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>		<p>Program survey</p>

Total Agency or Departmental Budget Form

Agency Name: **OLYMPIC EDUCATIONAL SERVICE DISTRICT 114**

Project: **BHCEP**

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 6,852,629.00	37%	\$ 7,185,175.00	36%	\$ 7,542,084.00	35%
WA State Revenue	\$ 3,806,777.00	21%	\$ 4,369,672.00	22%	\$ 4,517,392.00	21%
Local Revenue	\$ 7,512,171.00	41%	\$ 8,065,164.00	41%	\$ 9,193,384.00	43%
Private Funding Revenue	\$ 256,153.00	1%	\$ 248,885.00	1%	\$ 25,421.00	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 18,427,730.00		\$ 19,868,896.00		\$ 21,278,281.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 1,653,443.82	9%	\$ 1,549,414.84	7%	\$ 1,722,433.00	8%
Staff	\$ 7,040,148.19	38%	\$ 7,288,957.56	34%	\$ 7,796,617.94	34%
Total Benefits	\$ 3,114,262.63	17%	\$ 3,822,445.81	18%	\$ 4,279,655.73	19%
Subtotal	\$ 11,807,854.64	63%	\$ 12,660,818.21	58%	\$ 13,798,706.67	61%
Supplies/Equipment						
Equipment	\$ 119,177.81	1%	\$ 150,000.00	1%	\$ 49,387.00	0%
Office Supplies	\$ 277,665.33	1%	\$ 369,537.02	2%	\$ 369,021.00	2%
Other (Describe)	\$ 445,331.93	2%	\$ 446,724.00	2%	\$ 362,963.00	2%
Subtotal	\$ 842,175.07	5%	\$ 966,261.02	4%	\$ 781,371.00	3%
Administration						
Advertising/Marketing	\$ 9,627.87	0%	\$ 7,300.00	0%	\$ 28,600.00	0%
Audit/Accounting	\$ 27,882.83	0%	\$ 30,000.00	0%	\$ 32,000.00	0%
Communication	\$ 44,432.80	0%	\$ 54,573.00	0%	\$ 54,542.00	0%
Insurance/Bonds	\$ 30,341.00	0%	\$ 34,351.00	0%	\$ 53,351.00	0%
Postage/Printing	\$ 45,618.58	0%	\$ 59,720.00	0%	\$ 66,509.00	0%
Training/Travel/Transportation	\$ 690,646.25	4%	\$ 622,460.00	3%	\$ 816,240.00	4%
% Indirect	\$ 1,364,161.83	7%	\$ 1,395,922.62	6%	\$ 1,380,042.23	6%
Other (Describe) Fees and Subscriptions	\$ 1,044,963.84	6%	\$ 1,319,941.00	6%	\$ 1,355,533.00	6%
Subtotal	\$ 3,257,675.00	17%	\$ 3,524,267.62	16%	\$ 3,786,817.23	17%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 126,087.72	1%	\$ 103,911.79	0%	\$ 113,413.33	1%
Maintenance Contracts	\$ 85,376.78	0%	\$ 122,500.00	1%	\$ 126,223.00	1%
Maintenance of Existing Landscaping	\$ 11,106.88	0%	\$ 11,000.00	0%	\$ 11,000.00	0%
Repair of Equipment and Property	\$ 81,865.56	0%	\$ 11,607.00	0%	\$ 12,000.00	0%
Utilities	\$ 64,579.50	0%	\$ 77,500.00	0%	\$ 78,200.00	0%
Other (Describe) Facilities/Storage Rental	\$ 78,132.44	0%	\$ 76,525.00	0%	\$ 113,721.00	1%
Other (Describe) Equipment Rental	\$ 1,114.40	0%	\$ 3,000.00	0%	\$ 2,500.00	0%
Other (Describe)		0%		0%		0%
Subtotal	\$ 448,263.28	2%	\$ 406,043.79	2%	\$ 457,057.33	2%
Other Costs						
Debt Service	\$ 60,961.50	0%	\$ 425,000.00	2%	\$ -	0%
Other (Describe) Contracted Services	\$ 2,202,051.34	12%	\$ 3,704,726.98	17%	\$ 3,780,480.00	17%
Subtotal	\$ 2,263,012.84	12%	\$ 4,129,726.98	19%	\$ 3,780,480.00	17%
Total Direct Expenses	\$ 18,618,980.83		\$ 21,687,117.62		\$ 22,604,432.23	

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

2016-2017 SALARIES AND BENEFITS

ATTACHMENT E

Description	OBBB Year-to-Date	
ADMINISTRATOR	2030	256,285.09
ASSISTANT SUPERINTENDENT	3020	130,066.95
CLASSIFIED ADMINISTRATOR	3030	326,663.91
PROGRAM DIRECTOR	2200	432,559.38
PROGRAM DIRECTOR	3200	301,218.04
SUPERINTENDENT	2010	206,650.45
TOTAL ADMIN		<u>1,653,443.82</u>
ACADEMIC COACH	3501	31,090.15
ACADEMIC COACH ASSISTANT	3502	45,142.90
ACCOUNTING CLERK	3550	121,517.72
ADVOCATE	3520	596,607.66
ASSISTANT DIRECTOR HS	3050	52,948.46
ASSISTANT TEACHER	3540	208,033.86
AUDIOLOGIST	2214	61,948.92
CERTIFICATED SUBSTITUTE	2110	770
CLASS TEMPORARY SUPPORT	3130	36,933.05
CLASSIFIED	3500	1,036,791.92
CLASSIFIED SALARIES	3000	3,219.84
CLASSIFIED SUBSTITUTE	3110	48,989.85
COORDINATOR	2280	84,421.32
COORDINATOR	3280	79
COORDINATOR ASSISTANT	3510	466,553.96
FISCAL COORDINATOR	3250	242,039.84
FISCAL COORDINATOR ASST	3255	46,351.82
INTERNAL ACCOUNTANT	3560	102,975.03
LEAD TEACHER	3530	429,215.88
NETWORK TECH I	3275	66,135.94
NETWORK TECH II	3270	232,262.11
OCCUPATIONAL THERAPIST	2212	213,929.70
ORIENTATION & MOBILITY SPECIAL	2213	76,284.92
PATHWAYS OUT OF SCHOOL	3420	1,650.00
PHYSICAL THERAPIST	2209	79,628.92
PREVENTION INTERVENT SPEC	3240	29,138.47
PROFESSIONAL/TECHNICAL	2220	70,375.17
PROFESSIONAL/TECHNICAL	3220	894,861.52
PROGRAM MANAGER	3040	688,336.87
SCHOOL PSYCHOLOGIST	2210	216,414.76
SPECIAL SERVICES NURSE	3221	46,176.96
SPEECH & LANGUAGE PATHOLOGIST	2211	115,961.80
STUDENT RECORDS COOR ASST	3265	96,512.00
STUDENT RECORDS COORDINTR	3260	166,870.01
TEACHER OF THE VISUALLY IMPAIR	2008	164,190.90
TEACHERS	2230	177,493.66
WEX HOURS	3511	105,799.50
YOUTH MENTOR	3503	20,543.04
JANITORIAL		(38,049.24)
TOTAL CLASSIFIED SALARIES		<u>7,040,148.19</u>

ATTACHMENT E

CERT-HEALTH BENEFITS	4210	233,572.61
CERT-INDUSTRIAL INSURANCE	4220	7,283.05
CERTIFIED UNEMP INSURANCE	4230	3,062.35
CERTIFIED SOCIAL SECURITY	4240	154,117.49
CERTIFIED STATE RETIREMT	4250	284,859.62
CERT COMPENSATED ABSENCES	4260	36,391.24
CLASSIFIED HEALTH BENEFIT	4310	1,042,458.38
CLASS IND INSURANCE/L&I	4320	46,341.84
CLASS UNEMPLOYMENT INS	4330	13,057.51
CLASS SOCIAL SECURITY	4340	481,444.53
CLASSIFIED STATE RETIREMT	4350	716,925.97
CLASS COMPENSATED ABSENCES	4360	113,201.34
JANITORIAL		(18,453.30)

TOTAL BENEFITS 3,114,262.63

TOTAL SALARIES AND BENEFITS 11,807,854.64

ATTACHMENT E

2016-2017 NON-EMPLOYEE EXPENSE

			Description	Year-to-Date
01	5100	----	OFFICE/ GENERAL SUPP/SOFTWARE	277665.33
01	5150	----	SCIENCE KIT REPLENISHMENT SUPP	27523.7
01	5200	----	WORKSHOP SUPPLIES	4471.54
01	5230	----	HS FOOD SUPPLIES	22381.03
01	5240	----	HS CLASSROOM SUPPLIES	153884.33
01	5300	----	COMPUTER ROOM SUPPLIES	23356.72
01	5500	----	COPYRIGHTED INST MATERIAL	90498.38
01	5600	----	FUEL/MAINT AGENCY VEHICLS	4277.05
01	5700	----	POSTAGE/UPS	20735.13
01	5800	----	TAGGABLE INV >500<5000	76163.41
01	5900	----	CUSTODIAL/MAINT SUPPLIES	11032.68
01	7000	----	CONTRACTUAL SERVICES	60961.5
01	7100	----	STATE AUDITOR	27882.83
01	7110	----	LEGAL SERVICES	21752.5
01	7120	----	DRS EXPENSE	-245688
01	7150	----	FEES	88687.22
01	7200	----	PROF/PERSONAL CONT SERVIC	2321117.76
01	7230	----	HS FOOD SERVICES	53405.54
01	7300	----	ESD REGIST/PROF DEV/STAFF TRNG	71373.71
01	7400	----	ASSISTANCE FOR STUDENTS	42087.71
01	7401	----	OCCUPATIONAL SKILLS TRAINING	2540.95
01	7500	----	ADVERTISING	9627.87
01	7550	----	MEMBERSHIP DUES	4965.11
01	7600	----	SUBSCRIPTIONS	36586.14
01	7610	----	COPIER LEASE AGREEMENTS	37147.94
01	7620	----	POSTAGE MACHINE	2636.53
01	7640	----	FACILITIES/STORAGE RENTAL	78132.44
01	7660	----	EQUIPMENT RENTAL	1114.4
01	7700	----	EQUIPMENT MAINTENANCE	47349.89
01	7710	----	ELECTRICITY	52994.66
01	7720	----	WATER/SEWAGE	6344.17
01	7730	----	GARBAGE	5240.67
01	7750	----	BUILDING LIAB INSURANCE	30341
01	7770	----	HS/EHS IN-KIND MATCH	0
01	7800	----	TELEPHONE	5044.76
01	7830	----	PHONE/CHIMACUM/K-20 CIRTS	6480
01	7840	----	ESD TELEPHONE SYSTEM	32908.04
01	7850	----	LICENSING FEES	1089671.44
01	7890	----	SECURITY SYSTEM	878.95
01	7900	----	COPY COSTS/PRINTING	22246.92
01	7950	----	CERTIFICATION FEES	549
01	7980	----	BUILDING COSTS	2222.91
01	7990	----	FED FLOTHRU/GRNTS TO DIST	25958.65
01	8000	----	TRAVEL	-628.72
01	8200	----	PER DIEM/MILEAGE	617303.9
01	8400	----	OTHER TRAVEL EXP	56.41
1	9000	----	EQUIPMENT/CAPITAL OUTLAY	119177.81

Grand Expense Totals
5,390,461.91

EDUCATIONAL SERVICE DISTRICT NO. 114
GENERAL EXPENSE FUND OBJECT SUMMARY

FY 2017-2018

<u>OBJECT</u>	<u>AMOUNT</u>	<u>PERCENT</u>
0 DEBIT TRANSFERS	794,498	XXXXXXXXXXXX
1 CREDIT TRANSFERS	794,498	XXXXXXXXXXXX
2 SALARIES - CERTIFICATED EMPLOYEES	2,053,923	10.12%
3 SALARIES - CLASSIFIED EMPLOYEES	6,841,747	33.72%
4 EMPLOYEE BENEFITS AND PAYROLL TAXES	3,845,395	18.95%
5 SUPPLIES, INSTRUCTIONAL RESOURCES, AND NON-CAPITALIZED ITEMS	817,072	4.03%
7 PURCHASED SERVICES	6,021,050	29.67%
8 TRAVEL	562,009	2.77%
9 CAPITAL OUTLAY	150,000	0.74%
TOTAL	\$20,291,196	100.00%

EDUCATIONAL SERVICE DISTRICT NO. 114
GENERAL EXPENSE FUND ACTIVITY SUMMARY

ATTACHMENT E

FY 2017-2018

ACTIVITY	AMOUNT	PERCENT	CERT FTE	CLASS FTE
11 BOARD OF DIRECTORS	31,825	0.16%	0.000	0.000
12 SUPERINTENDENT'S OFFICE	383,313	1.89%	1.000	0.800
13 BUSINESS OFFICE	744,301	3.67%	0.000	6.050
14 FINANCIAL SERVICES	147,257	0.73%	0.000	1.410
15 PERSONNEL	294,464	1.45%	0.000	2.500
16 REGIONAL COMMITTEE	0	0.00%	0.000	0.000
17 PUBLIC INFORMATION	30,068	0.15%	0.000	0.200
20 SUPERVISION OF INSTRUCTION	0	0.00%	0.000	0.000
21 STAFF DEVELOPMENT	2,260,047	11.14%	6.890	5.180
22 CURRICULUM SUPPORT	44,444	0.22%	0.220	0.000
23 CERTIFICATION	86,641	0.43%	0.020	0.430
26 HEALTH/RELATED SERVICES	16,921	0.08%	0.000	0.000
27 DIRECT INSTRUCTION	7,225,753	35.61%	14.550	63.910
41 SUPERVISION FOOD SERVICES	0	0.00%	0.000	0.000
42 FOOD	0	0.00%	0.000	0.000
44 FOOD OPERATIONS	0	0.00%	0.000	0.000
51 SUPERVISION & COORDINATION	0	0.00%	0.000	0.000
52 OPERATING BUSES	0	0.00%	0.000	0.000
53 MAINTENANCE OF SCHOOL BUSES	0	0.00%	0.000	0.000
56 TRANSPORTATION INSURANCE	0	0.00%	0.000	0.000
59 PURCHASE - REBUILD OF BUSES	0	0.00%	0.000	0.000
60 FACILITIES	451,994	2.23%	0.000	1.780
72 INFORMATION SYSTEMS	0	0.00%	0.000	0.000
73 PRINTING	0	0.00%	0.000	0.000
75 MOTOR POOL	10,500	0.05%	0.000	0.000
83 DEBT SERVICE - INTEREST	125,000	0.62%	0.000	0.000
84 DEBT SERVICE - PRINCIPAL	0	0.00%	0.000	0.000
89 DEPRECIATION	125,000	0.62%	0.000	0.000
98 GENERAL SUPPORT	9,108,165	44.89%	2.250	56.400
99 DEBT/CREDIT TRANSFER	(794,498)	-3.92%	0.000	0.000
TOTAL	20,291,196	100.00%	24.930	138.660

EDUCATIONAL SERVICE DISTRICT NO. 114
GENERAL EXPENSE FUND OBJECT SUMMARY

FY 2018-2019

<u>OBJECT</u>	<u>AMOUNT</u>	<u>PERCENT</u>
0 DEBIT TRANSFERS	\$ 76,177	XXXXXXXXXXXX
1 CREDIT TRANSFERS	\$ (76,177)	XXXXXXXXXXXX
2 SALARIES - CERTIFICATED EMPLOYEES	\$ 2,138,105	10.07%
3 SALARIES - CLASSIFIED EMPLOYEES	\$ 7,482,357	35.25%
4 EMPLOYEE BENEFITS AND PAYROLL TAXES	\$ 4,279,658	20.16%
5 SUPPLIES, INSTRUCTIONAL RESOURCES, AND NON-CAPITALIZED ITEMS	\$ 773,980	3.65%
7 PURCHASED SERVICES	\$ 5,746,113	27.07%
8 TRAVEL	\$ 754,790	3.56%
9 CAPITAL OUTLAY	\$ 49,387	0.23%
TOTAL	\$21,224,390	100.00%

EDUCATIONAL SERVICE DISTRICT NO. 114
GENERAL EXPENSE FUND ACTIVITY SUMMARY

FY 2018-2019

ACTIVITY	AMOUNT	PERCENT	CERT FTE	CLASS FTE
11 BOARD OF DIRECTORS	\$ 32,725	0.15%		
12 SUPERINTENDENT'S OFFICE	\$ 403,283	1.90%	1.000	0.800
13 BUSINESS OFFICE	\$ 850,903	4.01%		7.100
14 FINANCIAL SERVICES	\$ 141,893	0.67%		0.850
15 PERSONNEL	\$ 328,588	1.55%		2.100
16 REGIONAL COMMITTEE		0.00%		
17 PUBLIC INFORMATION	\$ 22,164	0.10%		0.200
20 SUPERVISION OF INSTRUCTION		0.00%		
21 STAFF DEVELOPMENT	\$ 2,250,271	10.60%	5.618	6.610
22 CURRICULUM SUPPORT	\$ 84,444	0.40%	0.170	
23 CERTIFICATION	\$ 42,363	0.20%	0.020	0.370
26 HEALTH/RELATED SERVICES	\$ 19,475	0.09%		
27 DIRECT INSTRUCTION	\$ 7,977,907	37.58%	18.445	65.472
41 SUPERVISION FOOD SERVICES		0.00%		
42 FOOD		0.00%		
44 FOOD OPERATIONS		0.00%		
51 SUPERVISION & COORDINATION		0.00%		
52 OPERATING BUSES		0.00%		
53 MAINTENANCE OF SCHOOL BUSES		0.00%		
56 TRANSPORTATION INSURANCE		0.00%		
59 PURCHASE - REBUILD OF BUSES		0.00%		
60 FACILITIES	\$ 527,753	2.49%		2.450
72 INFORMATION SYSTEMS		0.00%		
73 PRINTING		0.00%		
75 MOTOR POOL	\$ 14,973	0.07%		
83 DEBT SERVICE - INTEREST		0.00%		
84 DEBT SERVICE - PRINCIPAL		0.00%		
89 DEPRECIATION		0.00%		
98 GENERAL SUPPORT	\$ 9,275,879	43.70%	1.378	56.986
99 DEBT/CREDIT TRANSFER	\$ (748,231)	-3.53%		
TOTAL	\$ 21,224,390	100.00%	26.631	142.958

Special Project Budget Form

Agency Name: Olympic ESD 114

Subcontractor: Yes No

Project: BHCEP

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 48,051.00	7%	\$ 48,051.00	7%	\$ -	0%
Staff	\$ 147,525.00	20%	\$ 101,405.00	15%	\$ 46,120.00	68%
Total Benefits	\$ 107,560.00	15%	\$ 86,080.00	13%	\$ 21,480.00	32%
SUBTOTAL	\$ 303,136.00	42%	\$ 235,536.00	36%	\$ 67,600.00	100%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 2,100.00	0%	\$ 2,100.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2,100.00	0%	\$ 2,100.00	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 1,500.00	0%	\$ 1,500.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 2,875.00	0%	\$ 2,875.00	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ 28,318.00	4.51%	\$ 28,318.00	4.51%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 32,693.00	5%	\$ 32,693.00	5%	\$ -	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%
Other (Describe): Ntwk services, Spc & Occ, lic	\$ 13,640.00	2%	\$ 13,640.00	2%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 13,640.00	2%	\$ 13,640.00	2%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Subcontract with KMHS and	\$ 372,251.00	51%	\$ 372,251.00	57%	\$ -	0%
SUBTOTAL	\$ 372,251.00	51%	\$ 372,251.00	57%	\$ -	0%
Total Project Budget	\$ 723,820.00		\$ 656,220.00		\$ 67,600.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: Subcontractor: Yes No

Project: OESD BHCEP

Description

	5 staff (2@ .73-190 days; 1@ .37-190-4 hr days & 2 @ .44-114 days)	2.71
Number of Professional FTEs		
Number of Clerical FTEs		0.25
Number of All Other FTEs	Director .08, Supervisor .50	0.58
Total Number of FTEs		3.54

Salary Information

Salary of Executive Director or CEO	\$	9,626.00
Salaries of Professional Staff	\$	137,235.00
Salaries of Clerical Staff	\$	10,290.00
Other Salaries (Describe Below)	\$	38,425.00
Description: Supervisor	\$	38,425.00
Description:	\$	-
Description:	\$	-
Total Salaries	\$	195,576.00
Total Payroll Taxes	\$	8,228.00
Total Cost of Benefits	\$	86,877.00
Total Cost of Retirement	\$	12,455.00
Total Payroll Costs	\$	303,136.00

Agency Name: KMHS Subcontractor: Yes No

Project: OESD BHCEP

Description

Number of Professional FTEs	4 staff @ .73-190 days	4.00
Number of Clerical FTEs		0.00
Number of All Other FTEs	Supervisor .50	0.50
Total Number of FTEs		4.50

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	190,008.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description: Supervisor	\$	33,498.40
Description:	\$	-
Description:	\$	-
Total Salaries	\$	223,506.40
Total Payroll Taxes	\$	20,227.33
Total Cost of Benefits	\$	57,817.53
Total Cost of Retirement	\$	8,940.26
Total Payroll Costs	\$	310,491.52

BOARD OF DIRECTORS
Mev Hoberg
Sheila Jakubik
Tim Kinkead
Lynn Smith
Mike Spence



**BAINBRIDGE
ISLAND**
SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS, STRONG COMMUNITY

ATTACHMENT H
SUPERINTENDENT
Peter Bang-Knudsen

June 13, 2018

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project

The Bainbridge Island School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Bainbridge Island School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$5,600

Total in kind estimated match \$21,925.76

Office space at each school (total square footage 566) – in kind match \$9,825.76

Staff time at Bainbridge High School

- Administrator time (45 min. per week, 30 weeks) – in kind match \$1,575
- Weekly student study/guidance team meetings (1 psychologist, 4 counselors for 45 min. per week, 30 weeks) – in kind match \$6,187.50

Staff time at Eagle Harbor High School

- Administrator time (20 min. per week, 30 weeks) – in kind match \$700
- Counselor time (30 min. per week, 30 weeks) – in kind match \$825
- Weekly student study/guidance team meetings (1 administrator, 1 counselor for 45 min. per week, 30 weeks) – in kind match \$2,812.50.

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, Bainbridge Island School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

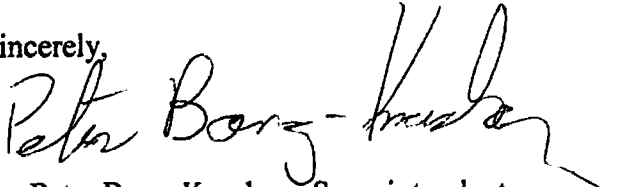
- The Student Assistance Professional will be housed at Bainbridge High School, serving students from both Bainbridge and Eagle Harbor High Schools.
- To effectively serve students staff will have with access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services

- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Bang-Knudsen". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Dr. Peter Bang-Knudsen, Superintendent
Bainbridge Island School District



June 13, 2018

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

The Bremerton School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Bremerton School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$8,000

Total in kind match \$43,404.90

Office space at each school (total square footage 280) – in kind match \$4,860.80

Staff time at View Ridge Elementary School:

- Administrator time (40 hours per year) – in kind match \$2,376.
- Counselor/Intervention Specialist time (108 hours per year) – in kind match \$4,561.92
- Weekly student study/guidance team meetings (7 staff x 1 hour per week, 252 hours per year) – in kind match \$10,644.58

Staff time at Armin Jahr Elementary School:

- Administrator time (40 hours per year) – in kind match \$2,376.
- Individual meetings with teachers (5 hours per week, 180 hours) – in kind match \$7,603.20
- Weekly student study/guidance team meetings (13 staff x 2 hours per month, 260 hours per year) – in kind match \$10,982.40




The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, Bremerton School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

- Mental Health Therapists will be housed at View Ridge and Armin Jahr Elementary Schools.
- To effectively serve students staff will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,


Aaron Leavell, Superintendent
 Bremerton School District

– Board of Directors –

ERIC K. GREENE JEANIE SCHULZE
ROBERT C. MACDERMID SCOTT R. WOEHRMAN
BRUCE J. RICHARDS


Central Kitsap School District

DAVID MCVICKER
SUPERINTENDENT

June 13, 2018

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs:
The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project

The Central Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Central Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$21,150
Total in kind match \$51,505.76

- Office space at each school (total square footage 955) – in kind match \$16,578.80
- Staff time:
 - ✓ Administrator time (20 hours per year x 4 schools) – in kind match \$6,294
 - ✓ Counselor/Intervention Specialist time (36 hours per year x 4 schools) – in kind match \$7,693.92
 - ✓ Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year x 4 schools) – in kind match \$20,939.04

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. Through the partnership with OESD, KMHS, Central Kitsap School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:

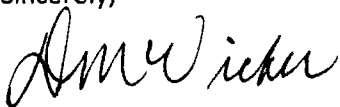
- A Mental Health Therapist will be housed at Woodlands Elementary School and a Student Assistance Professional will be housed at Central Kitsap High School, Olympic High School, and Klahowya Secondary School.

- To effectively serve students staff will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,



David McVicker, Superintendent
Central Kitsap School District

June 18, 2018

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

North Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

North Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$11,850

Total in kind match \$32,054.56

Office space at each school (total square footage 200) – in kind match \$3,472

Staff time at North Kitsap High School:

- Administrator time (20 hours per year) – in kind match \$1,545.40
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,968.84
- Weekly student study/guidance team meetings (4 staff x 2 hours per week, 288 hours per year) – in kind match \$15,675.84

Staff time at Suquamish Elementary School:

- Administrator time (20 hours per year) – in kind match \$1,545.20
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,968.84

- Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year) – in kind match \$5,878.44

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, North Kitsap School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

- A Mental Health Therapist will be housed at Suquamish Elementary School and a Student Assistance Professional will be housed at North Kitsap High School.
- To effectively serve students staff will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma

- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,



Dr. Laurynn Evans, Superintendent
North Kitsap School District

SOUTH KITSAP SCHOOL DISTRICT

Nurturing Growth • Inspiring Achievement • Building Community

ATTACHMENT H

June 13, 2018

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

The South Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance abuse prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

South Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$19,000

Total in kind match: \$58,787.12

Office space at each school (total square footage 497) – in kind match \$8,627.92

Staff time at East Port Orchard, Sidney Glen and Burley Glenwood:

- Administrator time (20 hours per year x 3 schools) – in kind match \$4,104.60
- Counselor/Intervention Specialist time (36 hours per year x 3 schools) – in kind match \$5,983.20
- Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year per school) – in kind match \$17,172.

Staff time at Olalla Elementary:

- Administrator time (20 hours per year) – in kind match \$1,368.20
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,994.40
- Weekly student study/guidance team meetings (8 staff x 45 min. week, 216 hours per year) – in kind match \$11,448.

South Kitsap School District
Superintendent's Office

2689 Hoover Ave SE
Port Orchard, WA 98366

(360) 874-7000 Office
(360) 874-7068 Fax
www.skschools.org



Staff time at South Kitsap High School:

- Administrator time (20 hours per year) – in kind match \$1,597.20
- School Counselor time (60 hours per year) – in kind match \$3,324
- Coordination and consultation with Assistant Principals and Deans (50 hours per year) – in kind match \$3,167.60

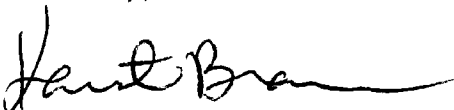
The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, South Kitsap School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

- Mental Health Therapists will be housed at East Port Orchard, Olalla, Sidney Glen and Burley Glenwood Elementary Schools; a Student Assistance Professional will be housed at South Kitsap High School.
- To effectively serve students staff will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

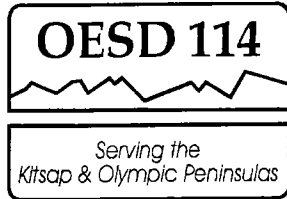
- Early identification of students with behavioral health symptoms.
- Immediate access to counseling services for students in need.
- Elimination of barriers including time, money, transportation and stigma.
- Coordination of care services between school and community resources, eliminating isolated services.
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated.

Sincerely,



Karst Brandsma, Superintendent
South Kitsap School District





Olympic Educational Service District 114
 105 National Avenue North • Bremerton, WA 98312
 (360) 478-6880 • FAX (360) 405-5813

June 30, 2018

Kitsap County Citizens Advisory Board
 C/O Kitsap County Human Services
 Port Orchard, WA 98366

Dear Citizens Advisory Board,

Olympic Educational Service District 114 (OESD), a regional service district supporting 15 school districts on the Olympic Peninsula, is seeking funds to continue providing school-based mental health and substance use prevention and early intervention services to students in Kitsap County.

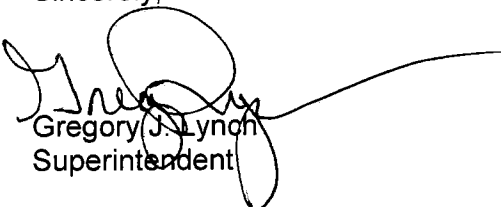
For the past four years, the OESD Student Services and Support Center has successfully implemented the Behavior Health Counseling Enhancement Project. The project deliverables have addressed a major gap within the schools and community. The reason the early intervention services model this grant proposes has been so well received in the schools is due to its non-stigmatizing delivery and its ability to easily and readily deliver services where students and their families are naturally encountered. This service does not let the stigma or a diagnosis be a limiting factor or barrier to accessing services. The OESD developed a sustainability action plan that included multiple areas of potential funding revenue sources (Medicaid and Insurance billing, State and Federal grants, cash match contributions and foundations). As reflected in each of the quarterly reports, multiple efforts have been underway to identify funding possibilities to sustain services without one-tenth of one percent MHCDTCP contributions. Currently, there are two funding streams that the OESD has secured to assist in off-setting cost, but does not fulfill 100% of sustaining services (Medicaid Administrative Title XIX Match; and School District Match).

The OESD is committed to provide \$177,720 in grants, administrative match and indirect reflected as cash match to the project:

- \$2,000 estimated return on Medicaid Administrative Title XIX Match billing;
- \$31,278 remaining indirect. OESD only takes a 4.5 % indirect and 10% is allowed.
- \$144,442 (allocated federal grant funding through OSPI) is for salaries and benefits for two Student Assistance Professionals at 190 -8 hour days per week housed at Bremerton High School and Kingston High School.

Thank you for considering our application.

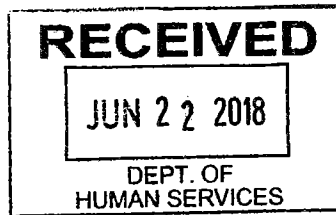
Sincerely,



Gregory J. Lynch
 Superintendent

Board of Directors

Elizabeth Drew • Carl Johnson • Shirley Johnson • Katie Proteau • Donn Ring • Cliff Huenergard
 Gregory J. Lynch, Superintendent



The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, Bremerton School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

- Mental Health Therapists will be housed at View Ridge and Armin Jahr Elementary Schools.
- To effectively serve students staff will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

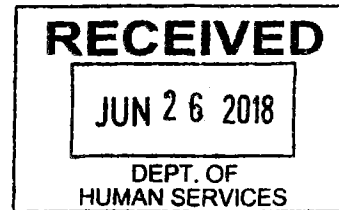
- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,

Aaron Leavell, Superintendent
Bremerton School District

June 18, 2018

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366



RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

North Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

North Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$11,850

Total in kind match \$32,054.56

Office space at each school (total square footage 200) – in kind match \$3,472

Staff time at North Kitsap High School:

- Administrator time (20 hours per year) – in kind match \$1,545.40
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,968.84
- Weekly student study/guidance team meetings (4 staff x 2 hours per week, 288 hours per year) – in kind match \$15,675.84

Staff time at Suquamish Elementary School:

- Administrator time (20 hours per year) – in kind match \$1,545.20
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,968.84

- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,



Dr. Lauryann Evans, Superintendent
North Kitsap School District



2019 GRANT SUMMARY PAGE

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

Organization Name: West Sound Treatment Center

Proposal Title: New Start Program

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

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

Number of Individuals Screened: 157 Number of Individuals Served: 264

Proposal Summary: The proposed grant funds in the amount of \$364,000 would support three (3) FTE's which would include Administration, one (1) Program Director, one (1) New Start Counselor, and one (1) Re-Entry Counselor. Also, five (5) PTE's consisting of one (1) Court Mandated Assessment Counselor, two (2) Housing Case Managers, one (1) Transport Coordinator, and one (1) Program Case Manager. The New Start Program would provide Substance Use Disorder Assessment, Court Mandated Assessment, Level 2.1 Intensive Outpatient Treatment (in jail) for up to 24 individuals at a time, Re-entry services, continuing care services at West Sound Treatment Center including vocational and life-skill building. These funds would also provide (16) Supportive Transitional Housing beds with case management and support for chronically homeless and chemically dependent inmates exiting the jail.

Requested Funds Amount: \$ 364,000

Matching/In-kind Funds Amount: \$ 40,000

Street Address: 1415 Lumsden Rd.

City: Port Orchard State: WA Zip: 98367

Primary Contact: Claire Hickman Phone: (360)337-7249 E-Mail: claire.hickman@wstcs.org

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

Federal Tax ID Number: 91-1184237

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


Signature

OPERATIONS DIRECTOR
Title

7/31/18
Date

West Sound Treatment Center Board of Directors – 2018

List of Board Members

Danine Johnson	Officer Position: Board President
Experience and qualifications:	City of Residence: Port Orchard
<ul style="list-style-type: none"> • Advisory committee for Easter Seals. • Background in high tech, software and Toxicology 	Number of Years on Board: 4 yrs
Name: Rob Divelbess	Officer Position: Vice President
Experience and qualifications:	City of Residence: Bainbridge
<ul style="list-style-type: none"> • Real estate investment • Active in the local recovery community 	Number of Years on Board: 2 yrs
Name: Randolph V. Glein	Officer Position: Treasurer
Experience and qualifications:	City of Residence: Port Orchard
<ul style="list-style-type: none"> • CPA - Accounting, Financial Planning 	Number of Years on Board: 19 yrs
Name: Susan Thoman	Officer Position: Co-Treasurer
Experience and qualifications:	City of Residence: Port Orchard
<ul style="list-style-type: none"> • Founding partner of Compost Manufacturing Alliance Environmental sustainability, small business operations	Number of Years on Board: 6 yrs
Name: Marlisa Thoman	Officer Position: Secretary
Experience and qualifications:	City of Residence: Port Orchard
<ul style="list-style-type: none"> • Bachelor's degree in Liberal Arts • CNA License • Small Business Owner 	Number of Years on Board: 4 yrs
Name: Jeff Harnes	Officer Position: Board of Directors Member
Experience and qualifications:	City of Residence: Bainbridge
<ul style="list-style-type: none"> • Attorney - business law, commercialization of intellectual property, distribution and procurement contracts, business alliances, outsourcing, and privacy. 	Number of Years on Board: 7 mos.
Name: Gary Fuller	Officer Position: Board of Director member
Experience and qualifications:	City of Residence: Port Orchard
<ul style="list-style-type: none"> • Entrepreneur, Chef, Retired Teacher • Business Ownership, Non-profit Leadership 	Number of Years on Board: 15 yrs

West Sound Treatment Center Board of Directors – 2018

List of Board Members

Name: Evans Calas	Officer Position: Board of Directors Member
Experience and qualifications: <ul style="list-style-type: none"> • Vice President of Genelex Labs, • Former president and CEO of Sterling Labs • MBA from University of Michigan 	City of Residence: Gig Harbor
	Number of Years on Board: 4 years
Name: Michell Graff	Officer Position: Board of Directors Member
Experience and qualifications: <ul style="list-style-type: none"> • Case Manager for Kitsap Community Resources in Bremerton. Part of the Work First Community Program. 	City of Residence: Bremerton
	Number of Years on Board: 5 months
Name: Holly Gilman	Officer Position: Board of Directors Member
Experience and qualifications: <ul style="list-style-type: none"> • Attended WSU • Works for Land Title Company • Washington Women’s Correctional Center volunteer 	City of Residence: Kingston
	Number of Years on Board: 7 months
Name: Adrian Weisman	Officer Position: Board of Directors Member
Experience and qualifications: <ul style="list-style-type: none"> • Military veteran who works for Wa State Ferries • Helps with AA programming 	City of Residence: Port Orchard
	Number of Years on Board: 3 months

Please add as many pages as needed to list all of your board members.

**2019 NARRATIVE FOR CONTINUATION
GRANT PROPOSALS**

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

I. Project Design

A. Project Design.

The West Sound Treatment Center (WSTC) New Start Program (NSP) is currently providing comprehensive chemical dependency treatment and re-entry services at the Kitsap County Jail. The primary focus of New Start is to reduce the psychological and social impairment of inmates with substance use disorders, and to connect them with community resources that will assist in the maintenance of long-term abstinence and successful re-entry into the community. New Start creates a cross-system partnership which enables individuals in the jail with substance use disorders to become engaged in chemical dependency treatment. In addition, New Start provides connective services to community resources that address barriers inmates experience when re-entering the community.

The New Start Program provides in jail assessment, in jail treatment, community re-entry, supportive case management and housing services. The primary focus of the program is on the substance use problems of the individuals, as well as the cognitive, social and vocational skills necessary for successful re-entry into the community.

B. Staffing Qualifications.

Operations Director, CDP (1.0 FTE)

Provides financial, clinical and contractual oversight as well as staff supervision and development of community partnerships. Retired Navy veteran with 20-years' experience in leadership, facilities management, and programs coordination, including four (4) years of counseling as a Substance Abuse Recovery Program (SARP) counselor at Naval Hospital Bremerton. 2017 Graduate of Excelsior College with a Bachelor's degree in Human Services and upon retirement she gained her Chemical Dependency Professional license in WA and worked with the Therapeutic Community at the Women's Correctional Center in Purdy.

(CDP) Chemical Dependency Professional (1.0 FTE)

Provides screening, comprehensive assessments, and outpatient treatment based on the MRT model, and T4C life-skill building classes in the Kitsap County Jail. Establishes individual service plans, provides individual and group counseling. West Sound Treatment Center (WSTC) staff must go through a rigorous screening process and must maintain current CDP credentials. Clinicians *must* be MRT certified.

(CDP/T) Chemical Dependency Professional/Re-entry Case Manager (1.0 FTE)

Provides coverage and performs duties in the absence of CDP. Establishes individual service plans and provides individual and group counseling. Provides T4C life-skill building classes. Provides case management and linkages to continuing care treatment, housing options, transportation, vocational and employment opportunities, mental health services, and continuing care treatment. WSTC staff must go through a rigorous screening process and must maintain current CDP/T credentials. Must have extensive knowledge of community partner agencies, and accessibility/eligibility requirements. Clinicians *must* be MRT certified.

(CDP/T) Chemical Dependency Professional/Assessor (.5 FTE)

Provides continuing care outpatient treatment at WSTC based on MRT and T4C life-skill building classes in the Kitsap County Jail. Provides Substance Use Disorder (SUD) Assessments, and Court Mandated Assessments (including Behavioral Health Court Assessments) as needed, for incarcerated clients. Establishes individual service plans and provides individual and group counseling only in the absence of CDP. WSTC staff must go through a rigorous screening process and must maintain current CDP/T credentials. Clinicians *must* be MRT certified.

Lead Housing Case Manager (.5 FTE)

Oversees the housing case managers as well as their own house(s). Has seven (7) years of Housing Case Manager experience in WSTC housing programs. Confirms the collection and submission of client information for reporting purposes, conducts the supervision and training of the housing case management team, and continues to facilitate strong and viable community partnerships. Also accountable for the daily upkeep, maintenance, and repair of the facilities and conducting monthly inspections of the houses, as well as ensuring there are no contraband items inside the facilities. Responsible for the intake, evaluation, coordination and provision of services to housing participants. WSTC staff must go through a rigorous screening process.

Housing Case Manager (.5 FTE)

Responsible for the day-to-day oversight of the housing daily upkeep of the house and conducting monthly inspections as well as ensuring there are no contraband items inside the premises. This position is responsible for a variety of record keeping and interpersonal tasks such as intake, evaluation, coordination and provision of services to housing participants. Collects and submits client information for reporting purposes while adhering to the Washington Administrative Codes (WAC) and laws pertaining to confidentiality and continue to facilitate strong and viable community partnerships. This includes helping to transport clients to essential appointments when other transportation options are not available. WSTC staff must go through a rigorous screening process.

Program Case Manager (.5 FTE)

Responsible for continued follow-up with program participants after client has been referred to community resources. Conducts 30/60/90-day review of clients who are not in the care of our housing case managers or in the care of WSTC therapy. This position is responsible for a variety of record keeping to collect appropriate data and submit client information for reporting purposes while adhering to the Washington

Administrative Codes (WAC) and laws pertaining to confidentiality. Provides case management services that include direct linkages to community partner agencies as needed. Must have extensive experience in relapse prevention and working knowledge of community resources. WSTC staff must go through a rigorous screening process.

Transport Coordinator (.5 FTE)

Responsible for transporting clients to essential appointments, other treatment agencies and any other transportation needs that the pertains to the clients' recovery and care. This position ensures that the client will be transported into locations that are safe and sober. WSTC staff must go through a rigorous screening process.

C. Organizational Licenses and Certifications.

West Sound Treatment Center is licensed with the Department of Health for the following certifications:

- Alcohol and Drug Information School (ADIS)
- Driving Under the Influence (DUI) Assessments
- Level 2.1 Intensive Outpatient
- Level 1.0 Outpatient

D. Outreach

New Start counselors participate in Unit Outreach once per month with jail staff and other Program Leads to provide information answer questions from the inmates incarcerated in the Kitsap County Jail. The New Start Program/Operations Director attends monthly Program Lead meetings at the Kitsap County Jail to discuss program progress. These meetings are a crucial aspect of expanding services for participants.

WSTC shares agency information and community resources to ensure service providers continue to evolve and become the safety net for our community and clients. These services will promote and support the offenders' successful re-entry into the community.

E. Evaluation

Goals: To provide Chemical Dependency treatment, and re-entry preparation services to offenders for successful re-entry into the community; reduce recidivism by providing comprehensive support and basic need services once the offender is released into the community; provide clean and sober supportive housing and mend the community gap for chronically homeless inmates with substance abuse disorder; ensure that the program services meet participant needs and support improvements in health, wellbeing and stability.

Outcomes: We have the following participant objectives: 55% with no new arrests (pre-charges), 70% with no new charges, 85% no new convictions, 60% with no non-compliance arrests. 88% capacity will be maintained for New Start Housing (14/16 units filled each quarter). Surveys conducted to track and monitor health. Following goals for improved health based on client self-reports: 75% in physical health, 60% in mental/emotional health and 75% reports knowledge and skills gained to prevent relapse. 60% of participants to be either employed/in school, to have obtained/regained their license and be able to obtain stable housing by the time of discharge.

II. Accomplishments to Date

A. Progress to Date

Our progress from Jan. 1, 2018-June 30, 2018:

Goal #1: Provide Chemical Dependency treatment and re-entry preparation services to offenders for successful re-entry into the community.

Objective 1: 93% of New Start program eligible inmates were assessed and has entered the program within 2 weeks. 100% of the individuals whom were screened and fit criteria for a substance use disorder were offered New Start or Re-Entry services.

Objective 2: 96% of program eligible inmates will remain sober while incarcerated.

Goal 2: Reduce recidivism by providing comprehensive support and basic need services once the offender is released into the community.

Objective 3: 96% of participants followed through with referral to medical provider and continuing care treatment upon release.

Objective 4: 100% of participants surveyed self-reported having gained the knowledge and skills necessary to prevent relapse within twelve (12) months of entering.

Objective 5: 68% of participants will not re-offend while engaged in services at West Sound Treatment Center.

Goal 3: Provide clean and sober supportive housing and fill the community gap for chronically homeless inmates with substance use disorder.

Objective 6: New Start supportive housing will maintain 100% of housing capacity each quarter. WSTC housed 22 participants to date, which is 88% of the projected 25 annual participants and 100% of the capacity goal.

B. Barriers to Implementation

There were four (4) significant and persistent barriers encountered this past year which we have been able to partially resolve.

- ***Barrier #1: Housing***

Upon release, individuals returning to homelessness typically failed to fully engage in treatment and follow-up care with no contact. To address this barrier, WSTC has created 16 Transitional Beds for New Start clients. The need is reinforced by maintaining full capacity and a wait-list. Homelessness has increased by 15% over the last year, according to the 2018 Point-In-Time.

The housing crisis makes it difficult for participants to remain sober and focus on recovery. New Start Housing Case Managers are supportive and continue to be proactive by assessing inmates for success potential and streamlining the process for housing and referrals. New Start Participants are released from jail directly to our staff where they can be provided transportation and support securing Continuing Care Treatment, as well as assistance quickly locating and obtaining community resources for basic necessities, including health insurance

and food assistance. New Start strives to provide clients with individualized case management services to aid in the reduction of recidivism. The New Start clients and the community would benefit from have additional housing, transportation and supportive case management services to assist participants in their recovery.

Evidence exists to support this assertion. Between April 1 and June 30, 2018 our Drug Court Ed/Voc Staff identified 15 clients with SUD in need of supportive housing. Our Substance Abuse Block Grant (SABG) project staff identified 44 unduplicated individuals in need of housing within a similar time frame. WSTC Housing Programs receive a minimum of 6-10 calls per week from Housing Solutions, SUD inpatient facilities, and various other agencies requesting housing placement. Kitsap Connect staff reported that during a 30-day window (6/15/18 – 7/15/18), about 75% of clients with SUD were unhoused.

- ***Barrier #2: Transport Vehicles***

Housing supportive case managers provide transportation and support to New Start participants. This includes taking participants to court dates, mental health appointments, inpatient treatment, jail pickup and transport. New Start also transports participants to Continuing Care treatment services, medical care appointments, Apple Health Benefits appointments, DOL for picture ID, DSHS to apply for food benefits, emergency basic need items, etc. The New Start program would benefit from the maintenance and upkeep of two (2) transport vans to better assist housing participants in making their appointments.

- ***Barrier #3: Increased Demand for Court Mandated and Referral Assessments***

The amount of assessment referrals and court mandated assessments exceeds current staff capabilities. The New Start Program is the main contact for (in-jail) assessments in Kitsap County. We accept referrals from Kitsap Municipal Court, Bremerton Municipal Court, Poulsbo Municipal Court, Suquamish Municipal Court, Kitsap County Public Defender's Office, Private attorneys, Coffee Oasis, Kitsap Connect, Port Gamble and Kitsap Mental Health. The New Start Program and the community would benefit to have a Court Mandated and Referral Assessment Counselor to focus on completing these assessments and getting the clients the services, they need.

- ***Barrier #4: Lack of Follow-up with clients once referred to another Agency***

The New Start Program is proud to provide a WRAP around care within the WSTC programs; we also partner with organizations in the community. New Start Program CDP/T's continue to refer out offenders directly to the agencies listed below to ensure exiting/ exited offenders can get the best care possible. Due to lack of funding and availability there is difficulty in tracking outcomes and updates on how clients have progressed throughout their care. Resource utilization will be tracked, and outcomes will be monitored correctly and in a timely manner once a Program Case Manager is added to the ranks of the WSTC New Start Team. The New Start Program and the community would

benefit from having a Program Case Manager to engage with clients before they leave the inpatient treatment facilities and/or conduct a follow-up interview to assess their needs or improvement within a 30/ 60/ 90-day increment. This will enhance the quarterly meeting that WSTC and partner agencies conduct to share information, plan services, and evaluate quality and processes.

C. Integration and Collective Impact

WSTC and New Start has facilitated development and collaboration for community collective impact by partnering closely with community partner agencies. Our inclusive approach to business and service delivery has created a continuum of services for our mutual participants. We are members of the Kitsap County Continuum of Care Coalition, Kitsap Community Partnership for re-entry programs Task Force and the Housing First Task Force. We are involved in weekly, monthly, and/or quarterly partner agency meetings based on need with our community partners listed below. These meetings support ongoing continuous communication, the sharing of information and data, the effective problem solving of emergent concerns and challenges, and consensus when making changes to our service delivery thereby ensuring the best outcomes for mutual participants. Current partner agencies include:

- ***Housing***

New Start House (for women), New Start House (for men), Fresh Start Naval House, Benedict House, O'Hana House, The Lighthouse, YWCA ALIVE Shelter, Agape Unlimited, Kitsap Community Resources, Kitsap Connect and Coffee Oasis.

- ***Mental Health Screening & Assessment***

Kitsap Mental Health, Correct Care Solutions

- ***Medical Care***

Peninsula Community Health Services - Dr. Kim Dougan (suboxone), Sound Integrated Health – Dr. Mian (suboxone).

- ***Vocational Assessment. Skill-Building & Employment***

WSTC Treatment Center's Compass Vocational Services, WSTC Treatment Center's Community Outreach Recovery & Education (CORE) Services, Kitsap Community Resources, Work Source, Department of Vocational Rehabilitation (DVR), Goodwill, Coffee Oasis, Kitsap Connect.

- ***Emergency Basic-need Services***

Salvation Army, Abraham's House, St. Vincent De Paul (Bremerton and Port Orchard), Bremerton Food Bank, S. Kitsap Helpline, Bremerton Rescue Mission and Fish Line.

Inpatient and Outpatient Substance Use Disorder Treatment Facilities

- WSTC Outpatient Treatment Clinics (Outpatient - 3 sites and In-jail)
- Agape Unlimited (Outpatient with childcare)
- Kitsap Recovery Center (Inpatient)
- ABHS (Inpatient-Spokane, Port Angeles and Chehalis)
- Olalla Guest Lodge (Inpatient)
- NW Indian Treatment Center (Inpatient)

- NW Behavioral Resources (Inpatient)
- Kitsap Mental Health Outpatient (co-occurring clients)
- S.P.A.R.C (Women's inpatient)
- Prosperity Wellness Center (women's inpatient trauma focused)
- Triumph and J.O.T.C (Inpatient facilities)
- C.O.R.P. (Co-occurring disorder Inpatient).

By working together as a community, we create a lasting and widespread impact. Our participants gain significantly improved access to critical community resources, and organizational and community outcomes are improved.

D. Key Accomplishments

In addition to the successful accomplishments described to date in Section 2, (Key Accomplishments) the New Start Program continues to cultivate and maintain multiple community relationships. These relationships include; Lieutenant Sapp and the Kitsap County Jail Staff, Bremerton Municipal Court staff, Kitsap Connect staff, Kitsap Community Resources staff, Coffee Oasis, Port Gamble Tribe, Suquamish Tribe Municipal Court, Wellness Center, Kitsap Mental Health, Behavioral Court Staff, Kitsap Recovery Center and other new community partners who can contribute to the New Start Program.

The New Start Program continues to provide 16 bed transitional housing programs paired with supportive case management services. New Start has been able to develop a streamlined process for transferring participants from Continuing Care to Inpatient and Intensive Outpatient treatment. The New Start team has formulated collaborative relationships with community agencies to transfer participants when continuing care treatment is no longer appropriate.

A large part of the New Start Programs' success can be attributed directly to the compassion and hard work of New Start staff and their commitment to service. New Start takes pride in our evidence-based models of therapy and treatment.

Based on our evaluation results thus far, it is clear that New Start has had a critical and far reaching impact on those needing assessments, treatment and supportive re-entry services to those who would otherwise have not received these services at all. The in-jail program has recently implemented gender specific groups with the support from jail staff. This allows the New Start Program to serve twice as many individuals and allows participants to truly focus on their recovery without distraction.

The New Start Program recently experienced a high turnover in management but is focused on creating improved data management and desires to hire a counselor to focus specifically on re-entry services, an area of need for this community and the inmates at the Kitsap County Jail.

III. Budget Narrative

A. Past Expenditures.

1. Budget line expenditures to date include; (Jan. 1, 2018 – June 30, 2018)-
 - Total salaries and benefits: \$104,881.44
 - Fringe benefits: \$13,085.00
 - Equipment: \$747.95
 - Office Supplies (paper, postage, and general office supplies): \$472.82
 - Audit/Accounting: \$400.00
 - Insurance/ Bonds: \$520.00
 - Training/ Travel/ Transportation: \$368.76
 - Administrative Indirect: \$18,160.95
 - Transportation: \$6,086.51
 - Utilities: \$12,086.64
 - Rental: \$16,909.00
 - Lab Fees: \$300.00
 - Basic Needs: \$477.87
 - Total expenditures = \$174,195.94. We anticipate expending the remaining contract funds in full (\$302,500.00) by December 31, 2018.

B. Funding Request.

1. Total salaries (Program Director, New Start counselor, Re-entry counselor, one (1) PTE Court mandated assessment/referral counselor, two (2) PTE Housing Case Managers, one (1) PTE Transport Coordinator, and one (1) PTE Program Case Manager.): \$231,500.00
 - Fringe benefits: \$10,000.00
 - Equipment (Printers, computers, Ink): \$1,000.00
 - Office Supplies (MRT books and general office supplies): \$2,500.00
 - Audit/Accounting: \$1,000.00
 - Insurance / Bonds: \$1,000.00
 - Training/ Travel: \$1,000.00
 - • Administrative Indirect: \$30,000.00
 - Transportation (Gas, Insurance, two (2) transport vans): \$20,000.00
 - Repairs of Equipment and Property (for houses and vehicles): \$2,000.00
 - Utilities (two (2) Houses, 16 residents): \$20,000.00
 - Facility Rent (two (2) Houses, 16 residents): \$42,000.00
 - Lab Fees: \$500
 - Basic needs (Bus passes & basic needs to assist clients) \$1,500.00
 - WSTC will provide in-kind services and invest resources to the New Start Program as follows: Salaries and Benefits \$18,000, office supplies \$2,000, repairs to equip. and property \$10,000, New Start facility office and group room space \$10,000.
 - Total Requested Funding for 12 months New Start program: \$364,000.
Total WSTC committed in-kind: \$40,000.

C. Funding Modifications.

Due to the community need and the lack of resources available to chronically homeless inmates in Kitsap County jail, the New Start Program would like to add the following resources.

(CDP/T) Chemical Dependency Professional/ Assessor (.5 FTE)

Due to the high demand and lack of New Start resources, New Start is proposing to acquire a part-time CDP(T) to focus primarily on court mandated chemical dependency and referral assessments. New Start is currently the primary source of chemical dependency assessments at the Kitsap county jail and has been unable to meet the high demand of referrals and court mandated assessments. Total anticipated salary would be \$20,000.

Program Case Manager (.5 FTE)

Due to the high demand and lack of New start resources, New Start is proposing to acquire a part-time Program Case Manager to focus primarily on conducting follow-up interviews to referred clients. Conducting 30/60/90-day review of clients who are utilizing other agency services and community resources to monitor post-program health of our clients and to track improvements. Total anticipated salary would be \$20,000.

IV. Sustainability

A. Leveraged Funds.

Leveraged funding (not including in-kind) is crucial to WSTC's sustainability. Leveraged funding for New Start over the last budget period included Federal Medicaid for Continuing Care and Re-entry clients. WSTC currently has 24 Re-entry participants attending Continuing Care Treatment Services that have Medicaid. While incarcerated, offenders are not eligible for Medicaid however, thus far, 100% of New Start participants engaged in Continuing Care and/or Re-entry services once they exit the jail have been eligible to receive Medicaid insurance benefits through the Federal Medicaid/Affordable Care Act, which covers the cost of treatment and Compass Vocational Services.

WSTC continues to fully maximize in-kind services from our programs and from the programs of our community partners. Most of New Start participants are considered low or very low-income. New Start participants have access to Kitsap Mental Health and Peninsula Community Health Services with their benefits, and Kitsap Community Resources programs due to their low-income status. For eleven consecutive years, WSTC has developed an aggressive annual Fund Development Plan which is updated each year, researching and outlining potential private donors, foundations, and government grants. Research areas for 2017-2018 are focused on; Department of Justice and SAMHSA Grants that frequently provide re-entry and continuing care dollars for innovative programs. These programs utilize best practice models and potential foundation grants for health and wellness for vulnerable populations. Grant applications are developed and submitted throughout the year according to the submission guidelines of funders. As a result, WSTC has a diverse and comprehensive funding base.

B. Sustainability Plan.

WSTC have been very successful in leveraging Federal Medicaid Funds through the Affordable Care Act. Currently of the 24 participants engaged in Outpatient or Continuing Care treatment services at WSTC, 100% are eligible for Medicaid funding. This funding covers the majority of the cost for treatment services. WSTC has developed a sustainability plan based on the following formula; Quality Leadership (plus) Adaptability (plus) Program Capacity (equals) Sustainability. WSTC has maintained financial adaptability by seeking a diverse funding base and taking decisive action when faced with challenges. Federal Medicaid funding is a large part of WSTC's sustainability plan.

New Start Program Five (5) Year Plan:

- 1) Continue to apply for the 1/10th of 1% tax dollars as New Start continues modifying the program to meet community needs and further develop program infrastructure. This important investment will serve as leverage to gain additional government, private and foundation resources.
- 2) Continue to manage development plan and schedule regularly to enhance organizational vitality. Continue to identify sustainable outcomes within the programs we currently offer, so that existing and future resources are directed toward the efforts that are most valuable to the community.
- 3) Our board acknowledges the necessity of retaining existing private donors while identifying new donors, seeking corporate sponsorships, and building strong relationships with foundations. We will explore the viability of a monthly giving program wherein the board will set organizational goals and benchmarks as they fulfill their roles as ambassadors and key donors to the organization.
- 4) Actively research and apply for grants in alignment with New Starts mission and the goals of the community including grants that address: improved health, decreased un-employability, less recidivism going through jail, emergency services, increasing housing availability for these individuals exiting the jail whom have been affected by a substance use disorder.
- 5) WSTC's Board of Directors continue to actively fundraise for WSTC programs and play a vital role in the Financial Management Plan.
- 6) Potential resources include local government grants (Homeless Housing Grant Program, Affordable Housing Grant Program, Substance Abuse Block Grant and our contract with Kitsap County Drug Court, Family Court, Vet Court and Behavioral Court), which may provide for salaries and benefits, operations and maintenance for housing, and the Consolidated Housing Grant (CHG). These grant programs have partnered with WSTC over the years and recognize these innovative programs, sound financial practices, and the ability to maximize leveraged resources.

EVALUATION WORKSHEET

PROJECT NAME: New Start

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>Provide Chemical Dependency treatment, and re-entry preparation services to offenders to successfully re-enter the community.</p>	<p>*Screening *Chemical Dependency Assessment *Intensive outpatient treatment *Re-entry services *Recourses *Individual Therapy *Group Therapy</p>	<p>Objective 1: 80% of inmates deemed New Start program eligible by assessment will enter program (begin services) within 1 month from January 1st, 2019 to December 31st, 2019.* *WSTC is responsible for above measure, but will track the following: <ul style="list-style-type: none"> • % eligible inmates enrolled • % eligible inmates who refuse services • % eligible inmates for whom transportation makes service unfeasible • % eligible inmates who additionally have a MH need that requires service elsewhere Objective 2: The following percentages of program clients will remain sober while:** <ul style="list-style-type: none"> • Incarcerated: 80% • Housed: 60% **Includes both available negative UA results and self-reported sobriety</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>January 1, 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing. New Start Participant Survey.</p>	<p>Jail UA results New Start Participant Survey. Quarterly reporting tools. Participant self-report. Program database</p>
<p>Reduce recidivism by providing comprehensive support and basic need services once the offender is released into the community.</p>	<p>*Continuing Care treatment *Vocational Skill-building *Supportive housing *Moral Reconciliation Therapy *Supportive Case Management *Transportation *Resources</p>	<p>Objective 4: 70% of participants referred to Peninsula Community Health Services will engage in services (attend appointment). Objective 5: The following percentages of participants will not re-offend since enrollment in services at West Sound Treatment Center: - New Arrest Pre-Charge: 55% - New Charge: 70% - New Conviction: 85% - Non-Compliance (DOC): 60%</p>	<p><input checked="" type="checkbox"/> Output <input checked="" 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 checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>January 1, 2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing. New Start Participant Survey.</p>	<p>PCH patient records for WSTC clients (using ROI) New Start Participant Survey.* Quarterly reporting tools. Participant self-report. * Administered Quarterly</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Provide clean and sober supportive housing and fill the community gap for chronically homeless inmates with substance use disorder.</p>	<p>*2 houses *8 Female Long-term beds *8 Male long-term beds *Supportive Case management *Transportation *Treatment Services * Basic needs</p>	<p>Objective 6: New Start supportive housing will maintain 88% of housing capacity (at least 14 of 16 housing units filled) each quarter.</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: January <u>1</u>, 2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing</p>	<p>Quarterly reporting tools Program database</p>
<p>Program services meet participant needs and support improvements in health and wellbeing and stability.</p>	<p>Assess participant improvement in health status</p>	<p>Objective 7: 75% of participants agree or strongly agree that their physical health has improved. Objective 8: 60% of participants agree or strongly agree that their mental/emotional health has improved. Objective 9: 75% of participants agree or strongly agree that they feel confident they can utilize the knowledge gained through the program to prevent a future relapse.</p>	<p><input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: January <u>1</u>, 2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing</p>	<p>New Start Participant Survey.* *Administered Quarterly</p>
<p>Assess participant employment and housing status at exit</p>	<p>Assess participant employment and housing status at exit</p>	<p>Objective 10: 60% of participants are employed and/or in school when they complete services. Objective 11: 60% of participants obtain or regain their licenses by the time they complete services. Objective 12: 60% of participants transfer to stable housing when discharged from services.</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p></p>	<p></p>	<p>Participant self-report Program database</p>

Total Agency or Departmental Budget Form

Agency Name: West Sound Treatment Center

Project:

New Start Program

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue: Phase 36/Medicaid	\$ 309,444.00	16%	\$ 1,317,400.00	55%	\$ 1,500,000.00	57%
WA State Revenue: SABG	\$ 623,441.00	32%	\$ 386,916.00	16%	\$ 396,921.00	15%
Local Revenue: Drug Court/New Start	\$ 52,000.00	3%	\$ 553,770.00	23%	\$ 500,000.00	19%
Coordinated Grant Funds: HHG	\$ 589,290.00	30%	\$ 60,000.00	2%	\$ 160,000.00	6%
Private Funding Revenue: Norcliff/Tribe/Medina	\$ 137,498.00	7%	\$ 25,000.00	1%	\$ 37,000.00	1%
Agency Revenue	\$ 241,440.00	12%	\$ 39,600.00	2%	\$ 39,600.00	1%
Miscellaneous Revenue	\$ 24,077.24	1%	\$ 24,000.00	1%	\$ 20,000.00	1%
Total Agency Revenue (A)	\$ 1,977,190.24		\$ 2,406,686.00		\$ 2,653,521.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 211,334.00	13%	\$ 282,325.00	14%	\$ 300,000.00	14%
Staff	\$ 876,674.00	52%	\$ 945,175.00	47%	\$ 1,000,000.00	46%
Total Benefits	\$ -	0%	\$ 145,500.00	7%	\$ 200,000.00	9%
Subtotal	\$ 1,088,008.00	65%	\$ 1,373,000.00	68%	\$ 1,500,000.00	68%
Supplies/Equipment						
Equipment	\$ 13,000.00	1%	\$ 14,500.00	1%	\$ 15,000.00	1%
Office Supplies	\$ 60,450.00	4%	\$ 38,000.00	2%	\$ 40,000.00	2%
Other (Describe)		0%		0%	\$ -	0%
Subtotal	\$ 73,450.00	4%	\$ 52,500.00	3%	\$ 55,000.00	3%
Administration						
Advertising/Marketing	\$ 6,500.00	0%	\$ 3,000.00	0%	\$ 1,000.00	0%
Audit/Accounting	\$ 19,500.00	1%	\$ 28,000.00	1%	\$ 29,000.00	1%
Communication	\$ 28,600.00	2%	\$ 27,000.00	1%	\$ 28,000.00	1%
Insurance/Bonds	\$ 12,250.00	1%	\$ 19,000.00	1%	\$ 20,000.00	1%
Postage/Printing	\$ -	0%	\$ 6,000.00	0%	\$ 6,500.00	0%
Training/Travel/Transportation	\$ 146,250.00	9%	\$ 50,000.00	2%	\$ 50,000.00	2%
% Indirect	\$ 40,300.00	2%	\$ 31,800.00	2%	\$ 40,000.00	2%
Other (Describe) Miscellaneous	\$ 32,500.00	2%	\$ 20,000.00	1%	\$ 25,000.00	1%
Subtotal	\$ 285,900.00	17%	\$ 184,800.00	9%	\$ 199,500.00	9%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property		0%	\$ 31,500.00	2%	\$ 35,000.00	2%
Utilities		0%	\$ 26,000.00	1%	\$ 28,000.00	1%
Other (Describe) Rent	\$ 56,979.00	3%	\$ 68,000.00	3%	\$ 70,000.00	3%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Indirect	\$ 40,300.00	2%	\$ 30,000.00	1%	\$ 35,000.00	2%
Subtotal	\$ 97,279.00	6%	\$ 155,500.00	8%	\$ 168,000.00	8%
Other Costs						
Debt Service	\$ 129,480.00	8%	\$ 66,000.00	3%	\$ 70,000.00	3%
Other (Describe) Client Needs	\$ -	0%	\$ 195,000.00	10%	\$ 200,000.00	9%
Subtotal	\$ 129,480.00	8%	\$ 261,000.00	13%	\$ 270,000.00	12%
Total Direct Expenses	\$ 1,674,117.00		\$ 2,026,800.00		\$ 2,192,500.00	

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

Special Project Budget Form

Agency Name: Subcontractor: Yes No Project: New Start Program
 West Sound Treatment Center

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 65,000.00	16%	\$ 65,000.00	18%	\$ -	0%
Staff	\$ 184,500.00	46%	\$ 166,500.00	46%	\$ 18,000.00	45%
Total Benefits	\$ 10,000.00	2%	\$ 10,000.00	3%	\$ -	0%
SUBTOTAL	\$ 259,500.00	64%	\$ 241,500.00	66%	\$ 18,000.00	45%
Supplies & Equipment						
Equipment	\$ 1,000.00	0%	\$ 1,000.00	0%	\$ -	0%
Office Supplies	\$ 4,500.00	1%	\$ 2,500.00	1%	\$ 2,000.00	5%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 5,500.00	1%	\$ 3,500.00	1%	\$ 2,000.00	5%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 1,000.00	0%	\$ 1,000.00	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 1,000.00	0%	\$ 1,000.00	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 1,000.00	0%	\$ 1,000.00	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ 30,000.00	7%	\$ 30,000.00	8%	\$ -	0%
Other (Describe): Transportation	\$ 20,000.00	5%	\$ 20,000.00	5%	\$ -	0%
SUBTOTAL	\$ 53,000.00	13%	\$ 53,000.00	15%	\$ -	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	\$ 12,000.00	3%	\$ 2,000.00	1%	\$ 10,000.00	25%
Utilites	\$ 20,000.00	5%	\$ 20,000.00	5%	\$ -	0%
Other (Describe): Rent	\$ 52,000.00	13%	\$ 42,000.00	12%	\$ 10,000.00	25%
Other (Describe): Lab Fee / UA	\$ 500.00	0%	\$ 500.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 84,500.00	21%	\$ 64,500.00	18%	\$ 20,000.00	50%
Other						
Debt Service	\$ -	0%		0%		0%
Other (Describe): Basic Needs	\$ 1,500.00	0%	\$ 1,500.00	0%	\$ -	0%
SUBTOTAL	\$ 1,500.00	0%	\$ 1,500.00	0%	\$ -	0%
Total Project Budget	\$ 404,000.00		\$ 364,000.00		\$ 40,000.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Description	
Number of Clinical FTEs	2.00
Number of Clinical PTEs	1.00
Number of Case Management FTE's	0.00
Number of Case Management PTE's	4.00
Total Number of FTEs	7.00
Salary Information	
Salary of Program Director and Administration Staff	\$65,000
Salaries of Clinical Staff and Case Managers	\$166,500
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 231,500.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 10,000.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 241,500.00

2019 GRANT SUMMARY PAGE

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

Organization Name: Eagles Wings Coordinated Care

Proposal Title: _____ 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 and Training <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Outpatient treatment	<input type="checkbox"/> Medical and Sub-Acute Detoxification <input type="checkbox"/> Acute Inpatient Care <input checked="" type="checkbox"/> Recovery Support Services
---	---

Number of Individuals Screened: 50 Number of Individuals Served: 35

Proposal Summary: _____

Requested Funds Amount: \$ 103,500.00

Matching/In-kind Funds Amount: \$ 80,550.00

Street Address: 12162 Central Valley Rd NE

City: Poulsbo,

State: WA

Zip:
98370

Primary Contact:

Phone: 360-689-4964

E-Mail:

LisaKurek

kureklisa@msn.com

Non-Profit Status: 501C3 of the Internal Revenue Code?

xYes

No

Federal Tax ID Number: 82-3690809

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

Lisa Kurek

Executive Director

7/31/18

Attachment A

Eagles Wings Coordinated Care is a 501c3 transitional housing program serving our community's high needs population and appropriately placing individuals in an environment in which our highly trained on-site case management team and structured program help these individuals become productive members of society while eliminating criminal thinking and activity. Our partnership with a participant's therapeutic care team creates an all-encompassing approach to eliminating one of the largest barriers to successful sober living which is stable housing. Eagles Wings case managers advocate, create accountability, and model life skills that will guide participants through their stages of change. Participants are given the opportunity to learn new life skill strategies that support a healthy living environment that enhances our community.

Eagles Wings partners with property owners in the community to create trusting relationships in which they manage these properties and the participants that inhabit them. These relationships have given us the opportunity to bridge the gap, lessen the risk and eliminate the stigma that is necessary to providing safe, stable, and clean-living atmosphere to a population of people that may have speared fear in the minds of property owners before. The advocacy that we provide between the property owners and participants give them an opportunity that they may not experience without that advocacy.

Our goal is to have at least a 70% success rate in helping an individual become capable of obtaining and maintaining permanent housing once they leave our program.

Attachment B

1. Project Description

A. Project Design

Eagles Wings Coordinated Care is a transitional housing program serving the members of our community that suffer from drug and alcohol addiction and their barriers that continue to cause their homelessness in partnership with therapeutic courts and treatment centers in our community. Our program has experienced case managers addressing the issues people facing the homelessness crisis in our county. As our program expands we will be looking to employ case managers and resident aides at the ratio of 1:9 to ensure that all of our participants get the most out of the services we provide and assistance in creating a wholeness in their life they may have yet to experience.

Eagles Wings has been serving therapeutic court participants by providing clean and sober, safe, structured housing opportunities while supporting their success. In our experiences it has been shown that the success of these individuals can be increased greatly by the implementation of adequate, safe, and structured housing. Eagles Wings offers weekly house meetings, advocacy, random UAs, identifying and eliminating calamity that may arise in a living environment with the addition of onsite resident aides. Eagles Wings is the continuation of the skills and coping mechanisms learned in therapeutic communities into the homelike atmosphere.

Eagles Wings is a tentative one year program to help individuals to obtain and maintain permanent housing options. We recognize the need for more housing and are on several community housing committees that are constantly expressing this lack. Eagles Wings is filling this gap by continuing to open houses and filling the needs as they become available.

B. Evidence-based, Promising, Best, or Innovative Practices

Eagles Wings does not discriminate on the age, sex, race/ethnicity or disorder types of their participants. Each participant creates an individual case managed plan which would include but are not limited to individual goal setting, treatment plans, education and or employment seeking, family reunification, recovery-based connections (i.e. self-help groups, sponsorship), and mental health services, to list a

few. We are building a bridge as other agencies are that was mentioned in the 2017 Kitsap County Behavioral Health Strategic Plan. Housing is another critical piece to creating an opportunity for our participants to be successful while in and after leaving the therapeutic program which is when most relapses happen. Our program's strength-based style of care has proven success by the 55% of individuals that have already graduated our program into permanent housing, continued abstinence and supportive education and employment. Strengths-based practice in social work has a strong theoretical foundation as an effective helping strategy that builds on a person's successes (Brun,2001). Eagles Wings utilizes program development specializing in the methodology continued from the evidence-based practices participants are engaged in through the therapeutic systems.

C. Outreach

Eagles Wings has several partnerships with agencies within the community that utilize our program as a housing option for participants seeking a safe, stable, sober living environment. Eagles Wings has policies and procedures that eliminate cultural or ethical discrimination on any demographic in the community. Eagles Wings works closely with the participant's team and the program as a whole to assist in the care plan and receive referrals. Case managers have stringent oversight and multiple training opportunities as well as ethics sensitivity awareness.

D. Evaluation

The goal of Eagles Wings is to support landlords and community members while filling the need of the homelessness in our county. By building relationships with property owners, creating housing options for zero to low income individuals, we will be filling the gap of funding for participants in the therapeutic program systems while working closely with each participant's team to insure successful outcomes and progressive engagements. Our goal is to fund individuals lacking the income or resources to obtain safe, sober, adequate housing while working on permanent housing opportunities. When an individual is presented to us as a candidate for housing we receive their application, interview them, and encourage them to disclose why they believe our program will benefit them. Once the decision is made that a participant is to enter Eagles Wings and funding has been secured we continue with

participants, staff of volunteers of Eagles Wings. Michelle Fleetwood has experience dealing with Domestic Violence victims, Child Protective Issues, Strengthening Families Coach, and has worked with Kitsap Community Resources Parenting Place and WSU Kitsap Extension and done so in two languages. Michelle has served as the Housing Program Manager with West Sound Treatment, and the Salvation Army Cold Weather Shelter Manager. All the experience Michelle has is in direct relation to community members experiencing crisis. Michelle Fleetwood is Director of Operations and is responsible for community outreach and care coordination of the participants of the program. Michelle will oversee program directives, volunteer teams, project management, networking with permanent housing options and county housing authority processes for participants exiting transitional living stage and work closely with Executive Director to insure quality performance of all directives. Tony Kurek volunteers his contracting experience of 25 years on projects needed in the housing opportunities such as the latest project for the upcoming men's house which is currently being renovated. Daniel Kolp a Chemical Dependency Professional who is a leader of the Celebrate Recovery community will be contracted by Eagles Wings to conduct interviews, assessments and referrals for individuals needing drug and alcohol treatment and or mental health services. Daniel meets the requirement of the 18.225 RCW and this service is within his scope of work. Eagles Wings will not be billing private insurance or Medicaid for services.

D. Organization Licenses and Certifications

Eagles Wings Coordinated Care is a licensed non-profit but does not carry licensing to provide behavioral health services as we are a transitional housing program and that is not required.

E. History of Project Management

Eagles Wings has been successfully operating since October of 2017. Eagles Wings is currently housing several therapeutic court participants and is working closely with the therapeutic court teams.

4. Project Financial Feasibility

A. Budget Narrative



4846 Auto Center Way
Bremerton, Washington 98312
Telephone: (360) 479-9020
Fax: (360) 874-6727
EIN: 27-2074115

Website: www.gmweaverfoundation.org
Email: leann@gmweaverfoundation.org

July 31, 2018

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

RE: Letter of Support for Eagle's Wing Housing Program

Dear Citizens Advisory Committee;

I am writing to express my support for the Eagle's Wings Housing Program grant application, in support of those clients completing the programs at Georgia's House a shelter in Bremerton for low-income women and children. Eagle's wings Housing program provides the support and case management needed to help these women continue their programs with drug rehabilitation and mental health issues.

During the last year we have experienced great difficulty getting women who have exhausted their time in the shelter into affordable housing, this program is ideal in that it continues the services needed for the women to be successful. They provide stable clean and sober housing, case management and the resources needed for success.

With programs such as that offered by Eagle's Wings Housing, the women have options to move beyond their crisis and time at the shelter to stable housing where they can continue to strive.

Sincerely,

L.P.Weaver
Leann Weaver
Executive Director

July 31, 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 for Eagle's Wings Housing Program

Dear Citizens Advisory Committee:

I am writing to express my support for the Eagles Wings Housing Program grant application to provide case management services to individuals reentering society from jail, prison, therapeutic courts, etc. who are unable to secure adequate, sober housing in Kitsap County.

Many individuals released from incarceration are unable to find adequate housing, and have no close family support. By funding this housing option, the community is impacted in the following ways:

- Providing stable housing is one element that can reduce the impact of homelessness on individuals released from incarceration.
- Case management services help to provide a level of accountability in assisting individuals with roadblocks and barriers to learning to live a productive life.
- Utilizing a strength-based model helps individuals to become more successful as they begin to reintegrate back into Kitsap County.

The Kitsap County therapeutic courts are continually struggling to find our participants safe, sober housing. Funding this grant proposal would assist with the sober housing shortage in Kitsap County.

Sincerely,

Samantha Lyons, Treatment Court Manager
Kitsap County Superior Court



The Salvation Army

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Serving Kitsap County since 1920

832 Sixth Street • P. O. Box 886 • Bremerton, WA 98337-0204

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Jerry Soriano
Gena Wales
Greg Wheeler
Kurt Wiest

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

July 16, 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:

The Salvation Army in Bremerton wants to express our support and commitment to the Eagle's Wings' proposal to continue their Transitional Housing Program. Eagle's Wings has been a great opportunity for people who would not typically get accepted into a standard housing program. The Salvation Army understands how important it is to have housing programs for people who would not typically be allowed the opportunity to start over in a housing program.

Eagle's Wings is able to provide case management along with stable and sober living housing for several women who would have been sleeping outside and putting their sobriety at risk. It is an important resource to the community that accesses the services at The Salvation Army.

Thank you for giving Eagle's Wings' proposal your utmost consideration.

Sincerely

Major Scott Ramsey
Commanding Officer

Sheryl Piercy
Social Services Director

WILLIAM BOOTH
Founder

ANDRÉ COX
General

KENNETH G. HODDER
Territorial Commander

BILL DICKINSON
Divisional Commander

MAJORS SCOTT & CHERILEE RAMSEY
Corps Officers



July 30th, 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 for Eagle's Wings Housing Program

Dear Citizens Advisory Committee:

I am writing to you as a member of the community and employee of the Washington State Department of Corrections. I feel it is very important to help those less fortunate in our community through case-management and housing.

I support the Eagle's Wings Housing Program and their commitment to help members of our community. Eagle's Wings are willing to helping people who have been convicted of crime(s) to get stable housing and resources in the Kitsap County area, and to help them re-integrate back into our society.

One of the goals of the Eagle's Wings program, is to get convicted felons to stay on the positive side of the law and not return to criminogenic behavior. Second is utilizing a strength based model to help individuals succeed in their re-entry into Kitsap County.

As an employee of the Department of Corrections and a member of the community, it is paramount acquiring a grant would sustain housing and other services to help the individuals re-integrating back into the community.

Sincerely,

David Bingham Jr
Community Corrections Officer 2
Bremerton Field Office
5002 Kitsap Way, Lower Level
360-415-5645

July 28, 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:

We are writing to express our support and commitment for the Eagles Wing grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Eagles Wing provides case management services to individuals reentering society from jail, prison, homelessness, and therapeutic communities who are unable to find adequate housing and to shelter those individuals throughout the year that are unable to find other housing option. We have worked with them previously to house Kitsap Connect clients and their case managers have been valuable sources of treatment and recovery knowledge and referrals.

Kitsap Connect will commit the following resources to the proposal submitted by Eagles Wing:

- Direct care coordination of clients and Eagles Wing case managers, including staff time, to work with mutual clients
- Cross referrals between Kitsap Connect and Eagles Wing for eligible clients (once RoIs signed)

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 partnering in this critical work.

Sincerely,



Keith Grellner
Administrator

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

July 28, 2018

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

Dear Citizens Advisory Committee:

We are writing to express our support and commitment for the Eagles Wing grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Eagles Wing provides case management services to individuals reentering society from jail, prison, homelessness, therapeutic communities etc. that are unable to find adequate housing and to shelter those individuals throughout the year that are unable to find other housing option. We have worked with them previously to house our clients and their case managers have been valuable sources of treatment and recovery knowledge and referrals.

Kitsap Connect will commit the following resources to the proposal submitted by Eagles Wing:

- Direct care coordination with clients and Eagles Wing case managers, including staff time, to work with mutual clients
- Cross referrals between Kitsap Connect and Eagles Wing for eligible clients (once RoIs signed)

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,



Kelsey Stedman
Kitsap Connect Program Coordinator
Kitsap Public Health District
Office Location:
Salvation Army
832 6th Street | Bremerton, WA 98337
Cell: (360) 633-0783
kelsey.stedman@kitsappublichealth.org



Jayme Stuntz
Kitsap Connect Program Coordinator
Kitsap Public Health District
Office Location:
Salvation Army
832 6th Street | Bremerton, WA 98337
Cell: (360) 633-0210
Jayme.stuntz@kitsappublichealth.org



CATHOLIC COMMUNITY SERVICES
OF WESTERN WASHINGTON

May 19, 2018

It is my privilege to write this letter of support for Eagles Wing, a transitional housing program serving the members of our community suffering from drug and alcohol addiction. Besides providing housing, the residents are involved with a robust case management program that helps them develop life goals and skills that keeps them from relapsing back into homelessness.

As the manager for the Benedict House, a men's shelter in Bremerton, and the Housing and Essential Needs (HEN) programs, it has been my good fortune to know and work with Eagle Wings. I have been impressed with the vision, enthusiasm and compassion that have been demonstrated in meeting the needs of some of our community's most vulnerable populations. I fully support the steps that both Lisa and Michelle have taken in developing safe affordable (case managed) housing. Over the years they have demonstrated that they walk the walk with the local client friendly landlords, earning them respect and full access to use their housing units.

The HEN program is run by Catholic Community Services here in Kitsap, providing a financial safety net to those with some form of disability such as physical, mental health or addiction related problems. Catholic Community Services will commit the following resources to the proposal submitted by Eagle Wing:

- Rental assistance for those who qualify for HEN. Residents need to apply through the local DSHS for HEN assistance.
- Gas Vouchers and Bus Vouchers each month for HEN recipients who qualify.
- Utility assistance for HEN recipients that qualify.
- Essential needs, such as shampoo, razors, toiletries, combs, etc. will also be provided for HEN clients.
- The Benedict House will be glad to refer potential residents for case managed housing through Eagles Wing.

With availability of HEN assistance, this will go a long ways in getting those in our community most in need into supportive housing through Eagles Wing. This is a wonderful opportunity for our community to take flight with the visionaries at Eagles Wing, as they are creating solutions in a shrinking housing market.

Respectfully,

Christopher Brunell, MA



4846 Auto Center Way
Bremerton, Washington 98312
Telephone: (360) 479-9020
Fax: (360) 874-6727
EIN: 27-2074115

Website: www.gmweaverfoundation.org
Email: leann@gmweaverfoundation.org

July 31, 2018

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

RE: Letter of Support for Eagle's Wing Housing Program

Dear Citizens Advisory Committee;

I am writing to express my support for the Eagle's Wings Housing Program grant application, in support of those clients completing the programs at Georgia's House a shelter in Bremerton for low-income women and children. Eagle's wings Housing program provides the support and case management needed to help these women continue their programs with drug rehabilitation and mental health issues.

During the last year we have experienced great difficulty getting women who have exhausted their time in the shelter into affordable housing, this program is ideal in that it continues the services needed for the women to be successful. They provide stable clean and sober housing, case management and the resources needed for success.

With programs such as that offered by Eagle's Wings Housing, the women have options to move beyond their crisis and time at the shelter to stable housing where they can continue to strive.

Sincerely,

L.P. Weaver
Leann Weaver
Executive Director

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 a 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: Eagles Wings Coordinated Care

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data Available	G. SOURCE
<p>To provide transitional living in a structured environment to participants enrolled in therapeutic court programs</p>	<p>Intake Advocacy Interview 1:1 counseling Support sessions House meetings Placement Discovery (short and long term goals)</p>	<p>Provide advocacy through our discovery process that enhances therapeutic programming</p>	<p><input type="checkbox"/> Output <input checked="" 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 checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: monthly</p>	<p>Click here to enter text. Individual experiences unstable housing after enrollment of therapeutic programs within a tentative 1 year period</p>	<p>Click here to enter text. Quarterly reports Participant surveys Quality assurance</p>
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p><input 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</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE		F. BASELINE	G. SOURCE
			<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"/> Long Start date: Click here to enter text.	Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: ____		

Special Project Budget Form

Agency Name: Eagles Wings Coordinated (Subcontractor: Yes No Project: Housing

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%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):rent	\$ 184,050.00	100%	\$ 103,500.00	100%	\$ 80,550.00	100%
SUBTOTAL	\$ 184,050.00	100%	\$ 103,500.00	100%	\$ 80,550.00	100%
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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	0%
Total Project Budget	\$ 184,052.00		\$ 103,501.00		\$ 80,551.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: Eagles Wings Coordinated C; Subcontractor: Yes

No

Project: Housing

Description

Number of Professional FTEs	2.00
Number of Clerical FTEs	1.00
Number of All Other FTEs	0.00
Total Number of FTEs	3.00

Salary Information

Salary of Executive Director or CEO	\$ 52,000.00
Salaries of Professional Staff	\$ 52,000.00
Salaries of Clerical Staff	\$ 26,000.00
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 130,000.00
 Total Payroll Taxes	 \$ 13,000.00
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 143,000.00

KITSAP COUNTY HUMAN SERVICES 2018 Services Funding Request Mental Health, Chemical Dependency and Therapeutic Court Programs

New Proposal Evaluation and Scoring Form

PROJECT: _____

PROJECT SPONSOR: _____

REVIEWER: _____

DATE: _____

Please Check One: Government Non Profit Profit

An eligibility review will be completed by Kitsap County Department of Human Services Staff. All projects meeting eligibility thresholds will be subject to this New Proposal Evaluation and Scoring Form, which is completed separately by the Citizens Advisory Committee (CAC).

Proposals are reviewed and evaluated based on written information and attachments provided by the applicant.

Applications for the Mental Health, Chemical Dependency and Therapeutic Courts services' funding can receive a maximum of 100 points. There are four criteria sections which are rated on a scale of 0- 1-5-10 (10 meeting all of the criteria; 5 partially meeting the criteria; 1 meeting very little of the criteria; 0 meeting none of the criteria). Details of the criteria expectations can be found in the Request for Proposal, 2018 Mental Health, Chemical Dependency and Therapeutic Courts Notice of Funding Availability document.

ORGANIZATIONAL CAPACITY – Apply 0 to 5 and 10 points for each of the following areas listed

Organizational Governance

Organization demonstrates that they have adequate internal governance and leadership structure for the agency and to carry out the project.

- 0 = No mention of internal governance or leadership structure.
- 1 = Vague mention that they have an adequate structure, but no evidence of such.
- 5 = Partially demonstrated that the agency has adequate leadership experience and financial management capacity; provided some evidence but evidence was not complete.
- 10 = Clear detailed description of adequate level and breadth of leadership experience and knowledge; provided clear and complete evidence of financial management capacity; all necessary audited financial statements and agency's budget.

Points Awarded:

Reviewer Comments:

History of Project Management

Project sponsor demonstrates the ability to successfully implement and manage federally and locally funded projects in a timely manner, within budget, and consistent with funding requirements.

- 0 = No mention of previous project management experience.
- 1 = Mentioned that agency has managed projects in the past but no evidence or further details were provided.
- 3 = Partially demonstrated that implementation and management of projects had occurred; provided some evidence but evidence was not complete.
- 5 = Provided clear and complete evidence of similar projects implemented and managed with all relevant details included (e.g., timelines, budget adherence, funding requirements, deliverables.).

Points Awarded:

Reviewer Comments:

Staffing Capacity

Project sponsor demonstrates that they have proper level of staffing to carry out the project.

- 0 = No mention of staff qualifications or experience or of current level of staffing.
- 1 = Vague mention that they have adequate staffing but no evidence of such.
- 3 = Partially demonstrated that the staff has adequate experience and qualifications and that the proper level of staffing is available; provided some evidence but evidence was not complete.
- 5 = Clear detailed description of staffing level and organizational structure was provided; qualifications and experience of staff to be involved with the project were clearly presented.

Points Awarded:

Reviewer Comments:

Organizational Capacity Points (Max = 20) _____

COMMUNITY NEED AND BENEFIT - Apply 0 to 10 points for each of the following areas listed below.

Needs Assessment and Target Population

Project sponsor objectively establishes the acuteness and quantifies the community need and identifies the specific target population to be served by the project.

- 0 = No mention of population needs or target population.
- 1 = Mentioned that there was a need but did not provide any measure of need and no or vague definition of target population.
- 5 = Provided some data that documented needs and identified the target population but did not quantify the needs or establish a baseline.
- 10 = Provided clear and detailed description of needs supported by detailed and current data; quantified the needs and described the target population and the need, a clear number to be served and detailed outreach efforts to the target population.

Points Awarded:

Reviewer Comments:

Outreach

Provided a detailed description of how to outreach to their target population.

- 0 = No mention of an outreach plan.
- 1 = Described an outreach plan, but not specific about reaching the target population.
- 5 = Described the outreach plan and the target population, but did not provide a clear plan to ensure eligible persons have access to the program.
- 10 = Described the outreach plan and the target population, and provided a clear plan to ensure eligible persons have access to the program.

Points Awarded:

Reviewer Comments:

Link between Community Need and Strategic Plan

Provided a clear link between their identified community needs and gaps in service and the recommendations established within the 2014 Kitsap County Behavioral Health Strategic Plan.

- 0 = No link between identified proposal needs and the 2014 Kitsap County Behavioral Health Strategic Plan.
- 1 = Mentioned the 2014 Kitsap County Behavioral Health Strategic Plan, but the linkage was unclear or weak.
- 5 = Demonstrated a general relationship between the identified community needs and gaps in service and the recommendations established within the 2014 Kitsap County Behavioral Health Strategic Plan.
- 10 = Provided a clear and detailed description of their identified community needs and gaps in service and the recommendations established within the 2014 Kitsap County Behavioral Health Strategic Plan.

Points Awarded:

Reviewer Comments:

Community Need and Benefit Points (Max = 30) _____

PROJECT DESCRIPTION – Apply 0 to 10 points for each of the following areas listed below.

Project Design

Describes the design, implementation and timeline for the project.

- 0 = Did not include services to be provided, when or where they will be delivered or a timeline for implementation.
- 1 = Described services to be provided but did not include when or where they will be delivered or a timeline for implementation.
- 5 = Described services to be provided, when and where they will be delivered, but minimal description of a timeline for implementation.
- 10 = Detailed description of services to be provided, when and where they will be delivered, and a timeline for implementation.

Points Awarded:

Reviewer Comments:

Evaluation

Developed a realistic plan for data collection, management and analysis is clear. Project goals, activities and objectives are clearly defined.

- 0 = Did not describe a plan for data collection, management and analysis.
- 1 = Described a plan for data collection, management and analysis but no listing of goals, activities and objectives.
- 5 = Minimal description of data collection, management and analysis, goals, activities and objectives.
- 10 = Detailed description of a plan for data collection, management and analysis, goals, activities and objectives.

Points Awarded:

Reviewer Comments:

Evidence-Based, Promising, Best or Innovative Practices

Identifies the Evidence-based, Promising, Best or Innovative Practices, demonstrates the relationship between the practice and the target population, and includes a robust evaluation process.

- 0 = No mention of a selected practice.
- 1 = Listed selected practice but did not provide evidence for outcomes.
- 5 = Listed the practice, provided evidence of outcomes, but did not include a robust evaluation process.
- 10 = Detailed description of Evidence-based or Promising Practice, demonstrates the relationship between the practice and the target population, and includes a robust evaluation process that includes fidelity measures.

Points Awarded:

Reviewer Comments:

Community Collaboration, Integration and Collective Impact

Project sponsor provides detailed information on other organizations participating in the project and how the project is integrated with other programs in the community.

- 0 = No mention of other agencies participating in the project.
- 1 = Mentioned that there were "other agencies" but did not specify who these agencies were.
- 5 = Listed other agencies who are participating in the project that address their identified goals, but did not specify how the applicant would work with them.
- 10 = Listed other agencies in the community that address their identified goals, activities and outcomes; has a plan for collaboration and describes how the proposed project will provide a collective impact in the community.

Points Awarded:

Reviewer Comments:

Project Description Points (Max = 40) _____

PROJECT FINANCIAL FEASIBILITY – Apply 0 to 5 points for each of the following areas listed below.

Budget

Project budget estimates and costs are reasonable and well supported or justified relative to the number of persons to be served and the services to be provided.

- 0 = Project’s budget forms are incomplete or inappropriate budget was submitted.
- 1 = Project’s appropriate budget forms were submitted, but are not reasonable, or are inconsistent or inaccurate.
- 3 = Project’s appropriate budget submitted, estimates and costs mostly reasonable; budget forms appear consistent and accurate but are not thorough.
- 5 = Project’s appropriate budget submitted, estimates and costs are reasonable; budget forms are clear, consistent, accurate and thorough. Clear evidence that the project will not supplant current funding is documented.

Points Awarded:

Reviewer Comments:

Additional Resources and Sustainability

Project leverages other federal, state, local or private financial and/or in-kind resources and organization has a clear plan for sustainability.

- 0 = Did not mention additional funding or resources that had been leveraged.
- 1 = Vague mention that other funding or resources had been leveraged but no clear evidence that monies or resources were secured or how they would sustain the project.
- 3 = Partial evidence showing that additional funding or resources (not including in-kind) were secured, but no clear sustainability plan developed.
- 5 = Evidence clearly shows that additional funding or resources (not including in-kind) were secured and there is a clear plan for sustaining the project after the grant funds expire.

Points Awarded:

Reviewer Comments:

Project Financial Feasibility Points (Max = 10) _____

Questions for Proposer:

Question #1:

Question #2:

Question #3:

Question #4:

Question #5

CONTRACT FOR HUMAN SERVICES

This contract for Human Services (the Contract) is entered into by Kitsap County, a municipal corporation, having its principal offices at 614 Division Street, Port Orchard, Washington, 98366 (the County); and having its principal office at (the Contractor).

SECTION 1. EFFECTIVE DATE OF CONTRACT

The Contract will become effective on January 1, 2019 and terminate on December 31, 2019. In no event will the Contract become effective unless and until it is approved and executed by the Kitsap County Board of County Commissioners or the Kitsap County Administrator.

SECTION 2. SERVICES TO BE PROVIDED

- 2.1 A description of the services to be performed by the Contractor is set forth in Attachment B: Statement of Work, which is attached to the Contract.
- 2.2 The Contractor agrees to provide its own labor and materials. Unless otherwise provided for in the Contract, no material, labor or facilities will be furnished by the County.
- 2.3 The Contractor will perform the work specified in the Contract according to standard industry practice.
- 2.4 The Contractor will complete its work in a timely manner and in accordance with the schedule agreed to by the parties.
- 2.5 The Contractor will confer with the County from time to time during the progress of the work. The Contractor will prepare and present status reports and other information that may be pertinent and necessary, or as may be requested by the County.

SECTION 3. CONTRACT REPRESENTATIVES

The County and the Contractor will each have a contract representative. A party may change its representative upon providing written notice to the other party. The parties' representatives are as follows.

County's Contract Representative

Kitsap County Department of Human Services
614 Division Street MS-23, Port Orchard, WA 98366
(360) 337-

Contractor's Contract Representative

SECTION 4. COMPENSATION

- 4.1 A description of the compensation to be paid to the Contractor is set forth in Attachment C: Budget Summary, which is attached to the Contract.
- 4.2 The total amount payable under the Contract, by the County to the Contractor, in no event will exceed \$. Any cost incurred by the Contractor over and above the year-end sums set out in the budgets shall be at the Contractor's sole risk and expense.
- 4.3 Unless otherwise provided in the Contract, the Contractor may submit an invoice to the County once a month for payment of work actually completed to date. Contractor shall use the Department of Human Services Contractor Invoice Form, available from the County. Subject to the other provisions of the Contract, the County generally will pay such an invoice within 30 days of receiving it.
- 4.4 The County will submit payments for work performed to;
- 4.5 The Contractor will be paid only for work expressly authorized in the Contract.
- 4.6 Payments shall not be construed as a waiver of the County's right to challenge the level of the Contractor's performance under this Contract, and to seek appropriate legal remedies.
- 4.7 The Contractor will not be entitled to payment for any services that were performed prior to the effective date of the Contract or after its termination, unless a provision of the Contract expressly provides otherwise.
- 4.8 If the Contractor fails to perform any substantial obligation, and the failure has not been cured within 10 days following notice from the County, the County may, in its sole discretion and upon written notice to the Contractor, withhold all monies due the Contractor, without penalty, until such failure to perform is cured.

- 4.9 The Contractor shall pay no wages in excess of the usual and accustomed wages for personnel of similar background, qualifications and experience.
- 4.10 The Contractor shall pay no more than reasonable market value for equipment and/or supplies.

SECTION 5. AMENDMENTS AND CHANGES IN WORK

- 5.1 In the event of any errors or omissions by the Contractor in the performance of any work required under the Contract, the Contractor will make all necessary corrections without additional compensation. All work submitted by the Contractor will be certified and checked by the Contractor for errors and omissions. The Contractor will continue to be responsible for the accuracy of work even after the work is accepted by the County.
- 5.2 In order to be effective, any contract renewal, amendment or modification must be in writing, be signed by both parties, and be attached to the Contract. Work under a renewal, amendment or modification may not commence until the renewal, amendment or modification has been approved by the County and has become effective.
- 5.3 Either party may request that the Contract terms be renegotiated when circumstances, which were neither foreseen nor reasonably foreseeable by the parties at the time of contracting, arise during the period of performance of the Contract. Such circumstances must have a substantial and material impact upon the performance projected under this Contract, and must be outside the control of either party.

SECTION 6. HOLD HARMLESS AND INDEMNIFICATION

To the fullest extent permitted by law, Contractor shall indemnify, defend and hold harmless the County and its elected and appointed officials, officers, employees and agents from and against all claims resulting from or arising out of the performance of the Contract, whether such claims arise from the acts, errors or omissions of Contractor, its subcontractors, third parties or the County, or anyone directly or indirectly employed by any of them or anyone for whose acts, errors or omissions any of them may be liable. "Claim" means any loss, claim, suit, action, liability, damage or expense of any kind or nature whatsoever, including but not limited to attorneys' fees and costs, attributable to personal or bodily injury, sickness, disease or death, or to injury to or destruction of property, including the loss of use resulting therefrom. Contractor's duty to indemnify, defend and hold harmless includes but is not limited to claims by Contractor's or any subcontractor's officers, employees or agents. Contractor's duty, however, does not extend to claims arising from the sole negligence or willful misconduct of the County or its elected or appointed officials, officers or employees. For the purposes of this indemnification provision, Contractor expressly waives its immunity under Title 51 of the Revised Code of Washington and acknowledges that this waiver was mutually

negotiated by the parties. This indemnification provision shall survive the expiration or termination of the Contract.

SECTION 7. INSURANCE

7.1 Professional Legal Liability. The Contractor, if it is a licensed professional, will maintain professional legal liability or professional errors and omissions coverage appropriate to the Contractor's profession. The coverage will have a limit of not less than \$1 million per occurrence. The coverage will apply to liability for a professional error, act or omission arising out of the Contractor's services under the Contract. The coverage will not exclude bodily injury or property damage. The coverage will not exclude hazards related to the work rendered as part of the Contract or within the scope of the Contractor's services under the Contract, including testing, monitoring, measuring operations or laboratory analysis where such services are rendered under the Contract.

7.2 Workers' Compensation and Employer Liability. The Contractor will maintain workers' compensation insurance as required by Title 51, Revised Code of Washington, and will provide evidence of coverage to the Kitsap County Risk Management Division. If the Contract is for over \$50,000, then the Contractor will also maintain employer liability coverage with a limit of not less than \$1 million.

Any additional workers' compensation requirements can be found in Attachment A, Special Terms and Conditions.

7.3 Commercial General Liability. The Contractor will maintain commercial general liability coverage for bodily injury, personal injury and property damage, subject to a limit of not less than \$1 million per occurrence. The general aggregate limit will apply separately to the Contract and be no less than \$2 million. The Contractor will provide commercial general liability coverage that does not exclude any activity to be performed in fulfillment of the Contract. Specialized forms specific to the industry of the Contractor will be deemed equivalent provided coverage is no more restrictive than would be provided under a standard commercial general liability policy, including contractual liability coverage.

7.4 Automobile Liability. The Contractor will maintain automobile liability insurance as follows (check ONE of the following options):

Not Applicable.

The Contractor will maintain commercial automobile liability insurance with a limit of not less than \$1 million each accident combined bodily injury and property damage. The aggregate limit will be at least \$2 million. Coverage will include owned, hired and non-owned automobiles.

The Contractor will maintain automobile liability insurance or equivalent form with a limit of not less than \$100,000 each accident combined bodily injury and property damage. The aggregate limit will be at least \$300,000. If a personal lines automobile liability policy is used to meet this requirement, it must include a business rider and must cover each vehicle to be used in the performance of the Contract and the certificates of insurance must evidence that these conditions have been met. If the Contractor will use non-owned vehicles in performance of the Contract, the coverage will include owned, hired and non-owned automobiles.

7.5 Miscellaneous Insurance Provisions

- A. The Contractor's liability insurance provision will be primary with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees and agents.
- B. The Contractor's commercial general liability insurance and automobile liability insurance (if applicable) will include the County, its officers, officials, employees and agents as additional insureds with respect to performance of services.
- C. The Contractor's commercial general liability insurance and automobile liability insurance (if applicable) will contain no special limitations on the scope of protection afforded to the County as an additional insured.
- D. Any failure to comply with reporting provisions of the policies will not affect the coverage provided to the County, its officers, officials, employees or agents.
- E. The Contractor's insurance will apply separately to each insured against whom claim is made or suit is brought subject to the limits of the insurer's liability.
- F. The Contractor will include all subcontractors as insureds under its policies or will furnish separate certificates and endorsements for each subcontractor. All coverage for subcontractors will be subject to all of the requirements stated in these provisions.
- G. The insurance limits mandated for any insurance coverage required by the Contract are not intended to be an indication of exposure, nor are they limitations on indemnification.
- H. The Contractor will maintain all required policies in force from the time services commence until services are completed. Certificates, policies and endorsements scheduled to expire before completion of services will be renewed before expiration. If the Contractor's liability coverage is written as claims-made-policy, then the Contractor must evidence the purchase of an

extended-reporting period or “tail” coverage for a three-year period after completion of the services.

7.6 Verification of Coverage and Acceptability of Insurers.

- A. The Contractor will place insurance with insurers licensed to do business in the State of Washington and having A.M. Best Company ratings of no less than A-VII, with the exception that excess and umbrella coverage used to meet the requirements for limits of liability or gaps in coverage need not be placed with insurers or re-insurers licensed in the State of Washington.
- B. The Contractor will furnish the County with properly executed certificates of insurance or a signed policy endorsement which will clearly evidence all insurance required in this Section before work under this Contract shall commence. The certificate will, at a minimum, list limits of liability and coverage. The certificate will provide that the underlying insurance contract may not be canceled, or allowed to expire, except on 30-days' prior written notice to the County. Any certificate or endorsement limiting or negating the insurer's obligation to notify the County of cancellation or changes must be amended so as not to negate the intent of this provision.
- C. The Contractor will furnish the County with evidence that the additional-insured provision required above has been met. Acceptable forms of evidence are the endorsement pages of the policy showing the County as an additional insured, or a letter of self insurance from a public entity risk pool which waives the requirement.
- D. Certificates of insurance will show the certificate holder as Kitsap County and indicate “care of” the appropriate County office or department. The address of the certificate holder will be shown as the current address of the appropriate County office or department.
- E. The Contractor will request that the Washington State Department of Labor and Industries, Workers Compensation Representative, send verification to the County that the Contractor is currently paying workers' compensation.
- F. Evidence of such insurance, as required above, shall be provided to the County at the following address:

Program Lead
Program, Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

- G. Written notice of cancellation or change will be mailed to the County Human Services Department as provided above.
- H. The Contractor or its broker will provide a copy of all insurance policies specified in the Contract upon request of the Kitsap County Risk Manager.

SECTION 8. TERMINATION

- 8.1 The County may terminate the Contract in whole or in part whenever the County determines, in its sole discretion, that such termination is in the best interests of the County. The County may terminate the Contract upon giving the Contractor 10-days' written notice. In that event, the County will pay the Contractor for all costs incurred by the Contractor in performing the Contract up to the date of such notice, subject to the other provisions of the Contract.
- 8.2 If funding for the underlying project or matter is withdrawn, reduced or limited in any way after the Contract is signed or becomes effective, the County may summarily terminate the Contract notwithstanding any other termination provision in the Contract. Termination under this provision will be effective upon the date specified in the written notice of termination sent by the County to the Contractor. No costs incurred after the effective date of termination will be paid.
- 8.3 If the Contractor breaches any of its obligations under the Contract, and fails to cure the breach within 10 days of written notice to do so by the County, the County may terminate the Contract. In that event, the County will pay the Contractor only for the costs of services accepted by the County. Upon such termination, the County, at its discretion, may obtain performance of the work elsewhere, and the Contractor will bear all costs and expenses incurred by the County in completing the work and all damages sustained by the County by reason of the Contractor's breach.

SECTION 9. ASSIGNMENT, DELEGATION AND SUBCONTRACTING

- 9.1 The Contractor will perform under the Contract using only its bona fide employees or agents, and the obligations and duties of the Contractor under the Contract will not be assigned, delegated or subcontracted to any other person or firm without the prior express written consent of the County.
- 9.2 If permitted to use subcontractors, the Contractor is responsible for subcontractor compliance with applicable terms and conditions of this Contract and all applicable laws.

- 9.3 The Contractor warrants that it has not paid, nor has it agreed to pay, any company, person, partnership or firm, other than a bona fide employee working exclusively for the Contractor, any fee, commission percentage, brokerage fee, gift or other consideration contingent upon or resulting from the award or making of the Contract.

SECTION 10. INDEPENDENT CONTRACTOR

- 10.1 The Contractor's services will be furnished by the Contractor as an independent contractor and not as an employee, agent or servant of the County. The Contractor will perform the services in strict accordance with the provisions of the Contract, but will be free from control or direction over the performance of the services.
- 10.2 At least one of the following applies: (a) the services to be provided are outside the usual course of business for which the services are performed; (b) the services to be provided will be performed outside all of the places of business of the Contractor; or (c) the Contractor is responsible for the costs of the principal place of business from which the services will be performed.
- 10.3 The Contractor warrants that it either: (a) is customarily engaged in an independently established trade, occupation, profession or business of the same nature as that involved in the Contract; or (b) has a principal place of business for the business it is conducting that is eligible for a business deduction for federal income tax purposes.
- 10.4 The Contractor acknowledges or warrants that it: (a) is responsible for filing at the next applicable filing period a schedule of expenses with the Internal Revenue Service for the type of business the Contractor is conducting; (b) has established an account with the State of Washington Department of Revenue and any other applicable state agencies for the business the Contractor is conducting for the payment of all state taxes normally paid by employers and businesses; and (c) has registered for and received a unified business identifier number from the State of Washington.
- 10.5 The Contractor warrants that it maintains a separate set of books or records that reflect all items of income and expenses of the business that the Contractor is conducting.
- 10.6 The Contractor acknowledges that the entire compensation for the Contract is set forth in the compensation provisions of the Contract and that the Contractor is not entitled to any County benefits, including, but not limited to: vacation pay; holiday pay; sick leave pay; medical, dental or other insurance benefits; fringe benefits; or any other rights or privileges afforded to County employees or agents.

- 10.7 In the event that any of the Contractor's employees, agents, servants or subcontractors, carry on activities or conduct themselves in any manner which may either jeopardize the funding of this Contract or indicates that they are unfit to provide those services as set forth within, the Contractor shall be responsible for taking adequate measure to prevent said employee, agent or servant from performing or providing any such services.
- 10.8 The Contractor will hold harmless, indemnify and defend the County, its officers, officials, employees and agents from and against any loss or expense, including, but not limited to, settlements, judgments, set-offs, attorneys' fees or costs, incurred or suffered by reason of claims or demands arising in connection with the provisions of this Section.

SECTION 11. COMPLIANCE WITH LAWS

- 11.1 The Contractor, its employees, assignees, delegates or subcontractors will not discriminate against any person in performance of any of its obligations under the Contract on the basis of race, color, creed, religion, national origin, age, sex, sexual orientation, marital status, veteran status or the presence of disability.
- 11.2 The Contractor, its employees, assignees, delegates and subcontractors will comply with all applicable provisions of the Americans With Disabilities Act and all regulations interpreting and enforcing such act.
- 11.3 The Contractor and its subcontractors, employees, agents, assignees and representatives will comply with all applicable federal, state and local laws, rules and regulations in their performance under the Contract.

SECTION 12. DOCUMENTATION AND OWNERSHIP OF MATERIALS

- 12.1 The Contractor will maintain readily accessible records and documents sufficient to provide an audit trail needed by the County to identify the receipt and expenditure of funds under this Contract, and to keep on record all source documents, such as time and payroll records, mileage reports, supplies and material receipts, purchased equipment receipts, and other receipts for goods and services.
- 12.2 The Contractor will maintain property record cards and property identification tabs as may be directed by County codes and changes thereto. This applies only to property purchased from funds under this Contract specifically designated for such purposes. Ownership of equipment purchased with funds under this Contract so designated for purchase shall rest in the County and such equipment shall be so identified.
- 12.3 The Contractor will provide a detailed record of all sources of income for any programs it operates pursuant to this Contract, including state grants, fees,

SECTION 16. CHOICE OF LAW, JURISDICTION AND VENUE

- 16.1 The Contract will be construed as having been made and delivered within the State of Washington, and it is agreed by each party that the Contract will be governed by the laws of the State of Washington, both as to its interpretation and performance.
- 16.2 Any action at law, suit in equity or other judicial proceeding arising under or out of the Contract may be instituted and maintained only in a court of competent jurisdiction in Kitsap County, Washington.
- 16.3 If the Contractor is a federally recognized Indian tribe, the following provision applies: Each party hereby grants a limited waiver of sovereign immunity to suit solely with respect to claims made against it by the other party relating to, or arising under, this Contract. Each party hereby voluntarily consents to the personal jurisdiction of the Superior Court of the State of Washington, County of Kitsap, solely for this purpose.

SECTION 17. MISCELLANEOUS

- 17.1 **Authority.** The Contractor certifies that it has the legal authority to apply for the funds covered under this Contract.
- 17.2 **No Waiver.** The parties agree that the excuse or forgiveness of performance, or waiver of any provisions of the Contract, does not constitute a waiver of such provision or future performance, or prejudice the right of the waiving party to enforce any of the provisions of the Contract at a later time.
- 17.3 **Remedies.** All remedies provided for in this Contract will be construed as cumulative and will be in addition to any other remedies provided by law.
- 17.4 **Tax Payments.** The Contractor will pay all applicable federal, state and local taxes, fees (including licensing fees) and other amounts.
- 17.5 **Conflict of Interest.** The Contractor will avoid organizational conflicts of interest or the appearance of a conflict of interest in disbursing contract funds for any purpose and in the conduct of procurement activities. The Contractor will ensure that its subcontractors, employees, agents or representatives avoid conflicts of interest or the appearance of a conflict of interest in disbursing contract funds for any purpose and in the conduct of procurement activities.
- 17.6 **Personnel Removal.** The Contractor agrees to remove immediately any of its subcontractors, employees, agents or representative from assignment to perform services under the Contract upon receipt of a written request to do so from the County's contract representative or designee.

- 17.7 **Records Inspection and Retention.** The County may, at reasonable times, inspect the books and records of the Contractor relating to the performance of the Contract. The Contractor will retain for audit purposes all Contract-related records for at least six (6) years after termination of the Contract.
- 17.8 **Publication.** The Contractor will not publish any results of the works performed under this Contract without the advance written permission of the County.
- 17.9 **County Review.** The County may, at reasonable times, review and monitor the financial and service components of the program as established by the Contractor by whatever means are deemed expedient by the Board of County Commissioners, or its respective delegates. Such review may include, but is not limited to, with reasonable notice, on-site inspection by County agents or employees, and the inspection of all records or other materials which the County deems pertinent to the Contract and its performance, except those deemed confidential by law.
- 17.10 **Successors and Assigns.** The County, to the extent permitted by law, and the Contractor each bind themselves, their partners, successors, executors, administrators and assigns to the other party to the Contract and to the partners, successors, administrators and assigns of such other party in respect to all covenants to the Contract.
- 17.11 **Severability.** If a court of competent jurisdiction holds any provision of the Contract to be illegal, invalid or unenforceable, in whole or in part, the validity of the remaining provisions will not be affected and the parties' rights and obligations will be construed and enforced as if the Contract did not contain the particular provision held to be invalid. If any provision of the Contract conflicts with any statutory provision of the State of Washington, the provision will be deemed inoperative to the extent of the conflict or modified to conform to statutory requirements.
- 17.12 **Suspension, Debarment, and Lobbying.** The Contractor shall certify, on a separate form (Attachment D), that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Also, the Contractor, on a separate form (Attachment E), will certify that it does not use Federal funds for lobbying purposes. Both forms are attached to this Contract.
- 17.13 **Attachments.** The parties acknowledge that the following attachments, which are attached to this Contract, are expressly incorporated by this reference:
- Attachment A – Special Terms and Conditions
 - Attachment B – Statement of Work
 - Attachment C – Budget Summary/Estimated Expenditures

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap County Prevention and Youth Services

Proposal Title: Kitsap County Substance Abuse Prevention Program

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

<input checked="" type="checkbox"/> Prevention, Early Intervention and Training <input type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> Outpatient treatment	<input type="checkbox"/> Medical and Sub-Acute Detoxification <input type="checkbox"/> Acute Inpatient Care <input checked="" type="checkbox"/> Recovery Support Services
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Number of Individuals Screened: 0 Number of Individuals Served: 160,000

Proposal Summary:

This grant would increase youth substance abuse prevention efforts to all of Kitsap County through the application of Research Proven Prevention Strategies. This program would provide services to geographic areas not served by the Health Care Authority Funded Prevention Coalitions. It would also provide prevention services for the substances not addressed by the Department of Health funding such as alcohol and opioids. Preventing Kitsap youth from the effects of substance abuse increases quality of life for all residents, is cost effective, and promotes overall community wellness.

Requested Funds Amount: \$ 64,610.00

Matching/In-kind Funds Amount: \$ 64,610.00

Street Address: 507 Austin Ave.

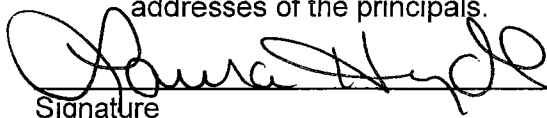
City: Port Orchard State: WA Zip: 98366

Primary Contact: Laura Hyde Phone: 360-337-4879 E-Mail: Lhyde@co.kitsap.wa.us

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

Federal Tax ID Number: 91-6001348

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


Program Manager
8/1/18
 Signature Title Date

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

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

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

1. Project Description (40 Points)

A. Project Design

Expand community-based prevention across Kitsap County. We will accomplish this by developing, implementing, and evaluating community based environmental prevention strategies and programs. We will use Evidence-Based, Promising Practice, and Innovative strategies. According to the 2009 Prevention Mental, Emotional and Behavioral Disorders Among Young People Report (also known as IOM Report) prevention is specifically defined as “Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.” In 2012 Washington State Department of Social and Health Services, DSHS Division of Behavioral Health and Recovery, DBHR experienced a reduction in Prevention funding and shifted from county-wide services to targeting in to specific high-needs communities within each county. As a result, the Bremerton Substance Abuse Prevention Coalition was formed in 2012 and the North Kitsap Substance Abuse Prevention Coalition was launched in 2013 with the remainder of the funding through DSHS. Both have been successful at reducing youth substance abuse within their communities according to the Healthy Youth Survey and other data indicators cited in the Community Needs and Benefit Section of this narrative. However, we have three other school districts within the county that do not have a prevention coalition. It is our hope to increase youth substance abuse prevention services in the South Kitsap, Central Kitsap, and Bainbridge Island School District communities.

Department of Health funding through a partnership with Kitsap Public Health District is offering tobacco and marijuana environmental prevention services to the county as a whole with limitations. However, service gaps exist as this funding does not provide for prevention efforts related to alcohol, opioid, or any substances other than tobacco and marijuana. This program would provide much needed prevention services related to these substances. The following is a description of the research proven services we propose to deliver.

B. Evidence-Based, Promising, Best, or Innovative Practices

Strategy 1: Positive Social Norms - Social norms marketing is based on the central concept of social norms theory – that people’s behavior is influenced by their perceptions of what is “normal” or “typical.” The problem is that we often severely misperceive the typical behaviors or attitudes of our peers. For example, if people believe that the majority of their peers smoke, then they are more likely to smoke. Using social norms marketing to inform people that the majority of their peers do not smoke can potentially lead them to avoid smoking. Thus, informing people that the majority of their peers are acting in a positive or healthy way can create an environment in which people actively strive to emulate what they believe is typical of their peers.

<https://www.hazeldenbettyford.org/education/bcr/addiction-research/social-norms-ru-915>) We will offer campaigns that focus on youth, parents and the many other adults that support youth. Positive Community Norms a component of Positive Social Norms, focuses on developing media campaigns to address normative misperceptions across layers of a community. While traditional social norms efforts focuses on a single group or audience, Positive Community Norms focuses on several audiences surrounding a specific issue. For example, in addressing underage drinking, campaigns might focus on youth, their parents, schools, and the general community.

Mass communications through social media, radio, newspapers or billboards are an effective and low-budget way to reach the community. We will accomplish this using state approved Positive Social Norms media campaigns targeting Youth and Adults across the community with added outreach to cultural groups that have been identified to have higher incidence of substance abuse and ACEs such as African Americans, LGBTQ, Native Americans, and Hispanic/ Latino groups.

Strategy 2: Information Dissemination:

This strategy is an environmental strategy that provides information regarding the nature of drug use, abuse, addiction and the effects on individuals, families and communities. It also provides information about available prevention programs and services. The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two. This strategy paired in a comprehensive approach with other evidence based strategies are most effective.

<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches>

One added benefit to using the state approved campaigns is that most of them have translations in several languages which will be helpful with reaching non-English speaking groups.

This will be accomplished using electronic distribution, social media, and printed materials. Examples of State approved campaigns include:

Preventing Underage Marijuana Use

- Under the Influence of You Parent Messages - Youth Marijuana Prevention Campaign Toolkit
- Listen2YourSelfie Youth Messages - Youth Marijuana Prevention Campaign Toolkit
- Parent-focused transit and print ads
- Marijuana: Know the Facts information card
- A parent's guide to preventing underage marijuana use

- Fact sheets about marijuana
- Preventing Underage Marijuana Use Toolkit
- Social Media Campaign and Guide - 4.20 Parent Call to Action
- Educate retailers about marijuana advertising rules

Preventing Underage Drinking

- *WA DSHS Underage Drinking Prevention Campaign Toolkit (parent and teen messages)*
- *Tips for media advocacy and working with reporters*
- *Media strategies*
- *Social media and other marketing guides and tips*
- *View and order brochures, bookmarks and posters*
- *Talk, They Hear You: Partner Toolkit*

The Information Dissemination program will target the community as a whole and focus additional efforts to cultural groups with a higher incidence of substance abuse and ACEs. We will evaluate this program through the use of the community survey designed and currently being implemented annually in Bremerton and North Kitsap.

http://theathenaforum.org/sites/default/files/CPWICS_2017_Core_English_20170804.pdf

We will administer the survey in South Kitsap, Central Kitsap, and Bainbridge School Districts. We will create a database to collect and generate a report of the findings for evaluation purposes.

Strategy # 3: Retailer Education is another Evidence-Based strategy that we will implement. In partnership with the Washington State Liquor and Cannabis Board, (WSLCB). We will increase the number of Retail Compliance Checks in Kitsap County. **Compliance Checks are defined as;** “The systematic checking by law enforcement of whether a licensed establishment that sells alcohol to underage persons or “underage looking persons”.”

http://theathenaforum.org/sites/default/files/xx_compliance_checks_6-28-12.pdf

We will provide education to alcohol, tobacco, and marijuana retailers regarding regulations and general youth substance use prevention strategies. To evaluate in the short term our goal is to have a 25% decrease in the number of infractions during the compliance checks. Long term success will be reflected in the measures listed on the Evaluation Worksheet, Attachment D and the SYNAR Report which is a state-wide summary of the results of local compliance checks.

Strategy # 4: Prevention Education is an Innovative strategy that involves two-way communication and is distinguished from disseminating information by the fact that it is based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis (e.g. of media messages). Education will be provided mainly through, event-based community trainings, and group presentations. Additional

outreach efforts will be given to cultural groups found to have a higher incidence of substance abuse. Educational materials and resources will be shared prior to, during, and/or after these events. Examples include toolkits, posters, and science-based materials will be provided to the general public as part of presentations or at the request from service providers, educators, and community members.

- A. At least 10 presentations regarding science-based prevention strategies and general wellness will be delivered to community groups during this grant cycle. Groups may include: Substance abuse treatment and other healthcare providers, youths service providers, educators, PTSA's, Churches, Youth and Parent groups. At least one county-wide community educational event will be held. To measure the short-term effectiveness, we will administer evaluation forms at the end of the presentations. <https://guideinc.org/2015/08/19/cadcas-7-strategies-for-community-change/>

C. Outreach

Outreach and marketing strategies include contacting existing partners to inform them of the educational opportunities and social norms marketing strategies. Outreach: Staff and coalition members will initiate outreach to existing partners involved in prevention and promotion of overall wellness with a focus on preventing youth substance abuse and promoting mental health. We will also seek out new partnerships with community groups and event planning committees. This will be accomplished through contact at community events and shared meetings. It will also involve researching community services and the initiation of contact utilizing in-person, email, social media, and phone strategies. Attention will be given to engaging all cultures and key leaders within the community. Partnerships include, but are not limited to the Q Center, the Kitsap Immigration Assistance Center, Kitsap Parent Coalition, Elk's, YWCA, Boys and Girls Clubs, Emmanuel Apostolic Church, Salvation Army, Stand Up for Kids, Housing Kitsap, Peninsula Community Health and Kingston Trails and Open Space Committee. <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches>

D. Evaluation

We selected one goal to measure long-term success of decreasing substance abuse in Kitsap County. Our medium-term success measure is to increase the perception of harm associated with substance use.

Our short-term measure is to increase substance abuse prevention and awareness among youth, parents, and the community. The specific timeline and sources of data are outlined in Attachment D.

2. Community Needs and Benefit (25 Points)

A. Policy Goals

All the substance abuse prevention strategies proposed in this application are environmental services. It is our estimate we will reach at least 60% of Kitsap County Residents (159,848) with these services. The Kitsap Substance Abuse Prevention Program strategies to address Behavioral Health Prevention, Early Intervention and Training (Gap #1) are as follows:

Expand mental health and substance abuse prevention education for students and support a shared plan through on-going collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training. Conduct professional development for educators, youth development and community agencies on youth mental health and substance abuse issues, concerns and supportive prevention and intervention strategies. This includes training all systems on community resources and substance abuse treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage through information dissemination, community events, public forums, education and awareness campaigns and programs. Training will include education on Healthy Option Services and Medicaid Expansion.

We will participate in ongoing monitoring and evaluation of services through regular stakeholder meetings, review of community surveys and other data resources for continuous quality improvement.

<https://www.washington.edu/news/2018/04/26/community-efforts-to-prevent-teen-problems-have-lasting-benefits/>

The Kitsap Substance Abuse Prevention Coalition Strategies to address Crisis Intervention/Triage Services (Gap #2)

Expand the use of evidence and research-based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.

Program staff will support substance abuse disorder and suicide prevention, screening, brief intervention, and referral for treatment for youth through information sharing, collaboration with mental health, substance abuse prevention, law enforcement, healthcare professionals, and the community.

In efforts to support suicide prevention and intervention we will educate school and youth servicing professionals.

Program staff will promote the increase of crisis response for youth through education of the community and partners on crisis response and recovery supports.

In the efforts to reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth we will utilize evidence-based practice strategies and programs to support this goal area.

The Kitsap Substance Abuse Prevention Coalitions will promote Recovery Support Services (Gap #6)

Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.

We will help to address barriers to accessing treatment through community awareness efforts, sharing of needs assessment data findings, collaborative efforts with key partners and identifying alternative funding streams.

The program will support youth involvement in the Kitsap County Juvenile Department Diversion Program, so youth can increase engagement a substance free lifestyle.

B. Needs Assessment and Target Population

Substance use is affecting our health. We also know from the wealth of information generated by the Kaiser Permanente Adverse Childhood Experiences Study <https://www.cdc.gov/violenceprevention/acestudy/> and subsequent research on the topic, that substance abuse among other childhood traumas associated with substance abuse can have lasting physical, social and even genetic effects on the entire human population. Below are some of the significant statistics from the County HYS results published on the Ask HYS website located at <https://www.askhys.net/> In Kitsap, the following 10th grade rates are higher than the state rates: Kitsap rate vs State rate: Smoked cigarettes in the past 30 days, 4.0% vs 3.1%. used an electronic cigarette/e-cigs/vape pen in the last 30 days, 7.3% vs 6.2%. In the same room with someone who was smoking a cigarette, 75.5% vs 79.5%. youth perception of harm (not at all wrong to use tobacco) 3.9% vs 2.7%. a moderate risk to binge drink, 28.2% vs 25.9% parents talking with youth about substance use 42% vs 45.8%, parent discussions specifically about marijuana, 42.7% vs 44.8%, friends who would think it is not at all wrong to use prescription drugs, 4.0% vs 2.2% mental health: in the past 12 months did you ever seriously consider attempting suicide, yes 19.6% vs 16.7% 12th grade results are even higher used marijuana in the past 30 days, 29% vs 26%, smoked cigarettes in the past 30 days 14% vs 11%. Our 6th grade results are about comparable to the state averages for substance use yet, mental health is a concern: serious thoughts about killing themselves, 16.5% vs 14.6% With 8th graders, substance use is slightly elevated in Kitsap, and the perception of harm is lower, feel there is a moderate

risk if drinking alcohol 28.2% vs 25.9% have friends who feel it is not at all wrong to use marijuana, 8.3% vs 6.7%.

Behavioral Health Prevention, Early Intervention, and Training are the support base for the Kitsap County Continuum of Care. Currently, Kitsap County Prevention Services can provide support in Bremerton and North Kitsap only through our two funded Prevention Coalitions. Due to its size, Kitsap qualifies for only two State funded coalitions so other funding must be secured to extend youth substance abuse prevention and mental health promotion services throughout the county. If awarded, we would be able to extend prevention to rest of the county. Department of Health funding provides limited tobacco and marijuana environmental prevention services to the county, but leaves gaps related to alcohol, opioid, or any substances other than tobacco and marijuana. This program will fill those gaps in prevention services. This includes support and advocacy for resources that provide for the many services included in the Continuum of Care, such as recovery support services and Treatment. The 2016 Kitsap County Core Public Health Indicators Report also points out that Substance use behaviors continue to hurt all the Kitsap residents.

C. Community Collaboration, Integration and Collective Impact

Kitsap County Human Services is one of the driving factors in the Kitsap County Collective Impact process. The Kitsap County Human Services Department and the Kitsap County Prevention and Youth Services Program staff have participated in this process since the Collective Impact process began here in Kitsap. In 2014, youth substance abuse was identified as one of the six Kitsap County Community Health Priorities. We continue to participate in this process.

3. Organizational Capacity

A. Organizational Governance

The Kitsap County Substance Abuse Prevention Program will be managed by the Kitsap County Prevention and Youth Services Program which is part of the Kitsap County Human Services Department (KCHS). KCHS has full and part time employees and administers an annual budget of approximately \$86,313,471 dollars and supervises 98 full and part-time employees. The Substance Abuse Prevention Program administers an annual budget of \$225,000. Laura Hyde is the Program Manager of the Prevention and Youth Services Program and supervises 1 FTE Prevention Coalition Coordinator Deanne Jackson.

The Program Manager and Coalition Coordinator work directly in community mobilization efforts including substance abuse prevention coalition development, education, awareness and resource implementation. Two Prevention Coalitions are

currently being implemented using the Evidence-Based Program: Communities that Care Program. The Kitsap County Prevention and Youth Services Program is administered through the Kitsap County Human Services Department and currently funds comprehensive programs for alcohol and other drug prevention. Additionally, the Kitsap County Treatment Program funds intervention/crisis services. Kitsap County is the administrator of the Salish Behavioral Health Organization (SBHO). The SBHO oversees the delivery of Mental Health and Substance Use Disorder services in Kitsap, Jefferson and Clallam Counties. The goals of both the Kitsap County Substance Abuse Prevention and the Kitsap County Treatment Program are to reduce the likelihood of people living in Kitsap County will abuse substances and to provide effective services for people addicted to alcohol and drugs. Prevention services aimed at all Kitsap residents, as well as those who have an increased risk for substance abuse, are provided using Federal, State and local funds. Prevention services funding includes the Health Care Authority of Washington), using Federal and State revenue, and the Washington State Department of Health (DOH).

Kitsap County Prevention and Youth Services Program is part of the Strategies Coordinating standing committee of the Kitsap County Commission on Children and Youth (CCY). CCY is responsible for assisting the Kitsap County Substance Abuse Prevention Program in establishing priorities for services. CCY is comprised of 24 community members appointed by the Kitsap County Board of Commissioners. CCY makes planning and funding recommendations to the Kitsap Board of Commissioners and advocates for the needs of Kitsap children and youth.

The Kitsap County Board of Commissioners; comprised by Chair Robert Gilder, Commissioner Edward E. Wolfe and Commissioner Charlotte Garrido provide oversight for the Kitsap County Department of Human Services. Coordination and supervision of governmental support on behalf of the County Commissioners is directed by County Administrator Karen Goon. Oversight includes a variety of Executive Boards and Advisory Groups, staffed by the Department. Included in these Boards are, the Commission on Children and Youth and the Olympic Consortium Board as well as many others. The Director of the Human Services Department Doug Washburn is the Administrator for County Human Services Programs including Substance Abuse Prevention and Treatment, Youth Services, Aging and Long-Term Care, Kitsap Recovery Center, Mental Health, Workforce Employment & Training and others. (See Attachment I)

B. Organizational Finances

The Kitsap County Prevention Program is managed by Laura Hyde and directed by Doug Washburn as part of the Human Services Department. Alissa Durkin provides the financial support including but not limited to payroll and accounts payable actions while Allen Sharrett is the accountant for the Human Services Department. According to the 2017 Kitsap County Human Services Department booklet, 97% of the department's operating funds are obtained through State and Federal grants and contracts. The remaining funds are provided through local funding. Additionally, funds are secured from Mental Health & Chemical Dependency and Therapeutic Court Programs Sales Tax. Kitsap County is part of the Annual Washington State Audit of Programs. As part of the 2017 audit process, Kitsap County had no disallowed costs, questioned costs or negative administrative findings.

C. Staffing Qualifications

Laura Hyde is the Program Manager of the Substance Abuse Prevention and Youth Services Program. Laura has over 30 years of experience in Human Services in a variety of settings from education and community mobilization to program development and oversight. Laura specializes in education and supporting relationships between the public, policy-makers, schools, and local programs utilizing a collective impact model to meet the needs of the community. She earned her Bachelor of Arts in Biology with a Secondary Teaching Certificate in Science from Western Washington University. Prior to working for Kitsap County, Laura worked as a Youth Services Professional, Program Manager, Middle School Teacher, and Mentor Coordinator. As a youth services professional, she provided program management and direct services for mentally ill, substance abusing, court involved youth. Laura joined Kitsap County in 2012 as the Substance Abuse Prevention Specialist to coordinate the development of the Bremerton Substance Abuse Prevention Coalition and managed the Kitsap Youth Mentoring Consortium. Later Laura launched the North Kitsap Substance Abuse Prevention Coalition and now manages the Department of Health funded Youth Tobacco Prevention and Youth Marijuana Prevention Programs under contract with the Kitsap Public Health District. Laura administers the Kitsap County Admissions Tax Program which provides funding for Sexual Assault and Domestic Violence programs. Laura also coordinates the Commission on Children and Youth (CCY). Throughout her career, she has worked directly to positively impact under-resourced youth and families.

Deanne Jackson is the Coalition Coordinator for both the Bremerton and North Kitsap Substance Abuse Prevention coalitions. Deanne attended Olympic College and completed her bachelor's degree in Human Services with Western Washington University and her master's degree in Organization Psychology and Non-Profit Management. Deanne has over 25 years of successful youth services, community outreach and program management experience. Deanne has served on a variety of local boards and volunteer organizations and has strong ties to the Kitsap County substance abuse prevention community. She has professional experience working with mentally ill and substance abusing populations though working with high risk youth in the foster care system and as a victim advocate. She also has a history of community mobilization in Kitsap County, with the most recent being as the Bremerton and North Kitsap Substance Abuse Prevention Coalition coordinator for the past three years. In addition, she had been the Chair for the Bremerton Substance Abuse Prevention Coalition. Deanne will support and provide technical assistance. On-going professional development for staff and volunteers will be provided. Staff will receive training in effective prevention and treatment, community mobilization, strategic planning and all

necessary areas to become fully equipped to successfully implement the program. Training will include the WA State Prevention Summit and the Summer Institute run by the Health Care Authority of Washington as well as community based and web-based education.

D. Organization Licenses and Certifications

Yes, we are licensed with Department of Social and Health Services, Washington Health Care Authority, and Department of Health to provide Mental Health Treatment, Outpatient and Inpatient Chemical Dependency Treatment.

E. History of Project Management

The Kitsap County Prevention and Youth Services Program was first established by the Kitsap County Board of Commissioners in 1990 to develop needed substance abuse prevention resources and to support and assist with coordination of existing prevention programs and services for youth, families, schools and communities. The program is supported by 1 full and 1 part time Human Services employees. Our program has a long history of managing groups, mobilizing: community groups, boards, commissions, councils, coalitions and the community that begins as far back as 1988 with the Commission on Children and Youth (CCY). Prevention has been an integral part of CCY efforts. Management history has included Family Policy Council work, Department of Labor's Community Mobilization to Reduce Youth Substance Abuse and Violence Federal grant, The Department of Social and Health Services/Department of Behavioral Health and Recovery substance abuse prevention grant, the Department of Health Community Health Outreach programs grant and the Department of Health Youth Tobacco Prevention and Marijuana Prevention Programs in partnership with Kitsap Public Health District, and the County funded Kitsap Cares about Kids grant administered through the Kitsap County Commission on Children and Youth. The Kitsap County Human Services Department (formerly Department of Personnel and Human Services) is presently managing 11 major programs successfully. All programs have met timelines for implementation, stayed within planned budgets, funding requirements and met contract deliverables. To date we have launched two funded existing coalitions that work to mobilize the community to prevent and reduce substance abuse. The Bremerton Substance Abuse Prevention Coalition was formed in May of 2012 and, the North Kitsap Substance Abuse Prevention Coalition was formed in November of 2013. Since the launch of these coalitions, each coalition successfully implemented substance abuse prevention education, awareness and resource development within their communities resulting in decreases in youth substance abuse and associated risk factors according to the Healthy Youth Survey results and the What's Happening in North Kitsap and What's Happening in Bremerton Community Needs Assessment Data Books provided by DBHR. In April of 2018.

4. Project Financial Feasibility

A. Budget Narrative

To do this program effectively, we require a .5 FTE staff member, Program Analyst classification. We also need a Manager at .05 FTE to perform staff hiring, training and supervision as well as project management and reporting. A total staffing cost of \$48,264.00 We are also requesting \$3,700.00 for materials, printing/postage, and supplies related to positive social norms, information dissemination, and community education/events. We are requesting a 10% indirect (\$6,402.00) to cover communications/county computer charge, county program charge, and insurance. These charges reflect a small percentage of the total charges to the Prevention and Youth Services Program as a whole. (Indirect charges to the program for 2017 were: \$23,206.62) or %9.6. The charge for accounting services in 2017 was \$10,464. We included \$1,744 in this grant application to cover accounting services to process additional payroll, travel, and purchase payments. Travel/Training costs (\$3,000.00) would be mainly mileage costs incurred by program staff dedicated to this grant and a small training budget for specific new hire trainings for substance abuse prevention strategies. The total budget requested for the program is: \$64,610.00. We have many partners who have promised to assist with service delivery. See Attachment H. In-Kind services include supporting substance abuse prevention activities and events, information dissemination, and staff time where appropriate.

B. Additional Resources and Sustainability

Additional Resources for this program include: Current HCA funding for the Community Wellness Prevention Initiative (CPWI) Bremerton and North Kitsap Substance Abuse Prevention Coalitions. Where efforts overlap as in the case of Information Dissemination all costs incurred including staff time will be provided through the CPWI funding. If awarded, the Kitsap County Substance Abuse Prevention Program, will fund Information Dissemination in the other three school district areas not served by the CPWI funding.

The Department of Health (DOH) funding for Tobacco Prevention and Marijuana Prevention provides for limited environmental strategies and is specific to these two substances. Using Information Dissemination as an example again, information specifically covered by the DOH program all costs associated including staff time will be funded under the DOH program. Information Dissemination materials and time related to all other substances will be funded through this grant, Kitsap County Substance Abuse Prevention Program.

Currently, Youth Substance Abuse Prevention is not a billable service under Federal Medicaid. Changes in Medicaid approved services will be monitored and applied for if

they become available. This is one of our Sustainability options. There is little funding available for community-based prevention at this time. Most of the federal substance abuse prevention funding is awarded to the states. Kitsap is currently receiving all eligible funds for youth substance abuse prevention. Other funding opportunities will be pursued. As a board member of the Washington Association of Substance Abuse and Violence Prevention (WASAVP) Laura Hyde will be made aware of these opportunities as they arise. We will pursue funding from the county general fund and other private grants to sustain county-wide youth substance abuse prevention covering the entire county and the range of substances abused by our youth.

EVALUATION WORKSHEET

PROJECT NAME: Kitsap County Prevention and Youth Services

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Decrease substance abuse in Kitsap County	Engage community in coordinated efforts to reach individuals, especially youth that are using drugs or at risk of using drugs through collaborative support, education and outreach.	20% decrease of substance abuse by youth and adults by 2025.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: 1/2/19 Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Healthy Youth Survey 2018 OSPI data-School District Report Card July 2019 CPWI Community Survey, October 2018, Risk and Protection Profile for Substance Abuse Prevention in Kitsap County 2018	Healthy Youth Survey, Public Health data, OSPI data-School District Report Card July 2019 CPWI Community Survey October 2019, Risk and Protection Profile – June 2019
Increase substance abuse prevention and awareness among youth, parents and the community as a whole.	Provide opportunities to increase the exposure to positive social norms messaging, education, attend events and engage In collaborative community wellness efforts through the use of state approved, evidence based campaigns, information dissemination and community education and activities.	30% increase of awareness of tools, resources and services that support at healthy and drug free community by 1/15/2019.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" 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 checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/2/19 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Healthy Youth Survey 2018 OSPI data-School District Report Card July 2019 CPWI Community Survey, October 2018, Risk and Protection Profile for Substance Abuse Prevention in Kitsap County 2018	Healthy Youth Survey, Public Health data, OSPI data-School District Report Card July 2019 CPWI Community Survey October 2019, Risk and Protection Profile – June 2019 .

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data/Measure	G. SOURCE
Increase the perception of harm	Implement evidence based, promising practice and community needs identified strategies and programs.	30% increase of the perception of harm regarding the use of alcohol, drugs tobacco and vaping products among participants.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" 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 checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/2/19</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Substance Abuse Prevention In Kitsap County 2018 Healthy Youth Survey, Public Health data, OSPI data-School District Report Card July 2019 CPWI Community Survey October 2019, Risk and Protection Profile – June 2019.	CPWI approved programs and the pre and post surveys related to their outcomes. Healthy Youth Survey, Public Health data, OSPI data-School District Report Card July 2019 CPWI Community Survey October 2019, Risk and Protection Profile – June 2019.

Total Agency or Departmental Budget Form

ATTACHMENT E

Kitsap County Prevention and Youth Services

Project: Kitsap County Substance Abuse Prevention Program

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 188,417.86	76%	\$ 167,000.00	74%	\$ 167,000.00	74%
WA State Revenue	\$ 60,774.33	24%	\$ 54,000.00	24%	\$ 54,000.00	24%
Local Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ 4,000.00	2%	\$ 4,000.00	2%
Total Agency Revenue (A)	\$ 249,192.19		\$ 225,000.00		\$ 225,000.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 113,066.99	45%	\$ 127,554.00	57%	\$ 127,554.00	57%
Total Benefits	\$ 42,064.74	17%	\$ 46,820.00	21%	\$ 46,820.00	21%
Subtotal	\$ 155,131.73	62%	\$ 174,374.00	77%	\$ 174,374.00	77%
Supplies/Equipment						
Equipment	\$ 1,526.07	1%	\$ 500.00	0%	\$ 500.00	0%
Office Supplies	\$ 16,155.89	6%	\$ 1,800.00	1%	\$ 1,800.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 17,681.96	7%	\$ 2,300.00	1%	\$ 2,300.00	1%
Administration						
Advertising/Marketing	\$ 460.00	0%	\$ 500.00	0%	\$ 500.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 140.00	0%	\$ 1,408.00	1%	\$ 1,408.00	1%
Postage/Printing	\$ 824.39	0%	\$ 3,000.00	1%	\$ 3,000.00	1%
Training/Travel/Transportation	\$ 13,060.74	5%	\$ 14,937.00	7%	\$ 14,937.00	7%
% Indirect	\$ 15,248.00	6%	\$ 9,538.00	4%	\$ 9,538.00	4%
Other (Describe) Computer charges	\$ 2,061.72	1%	\$ 7,943.00	4%	\$ 7,943.00	4%
Subtotal	\$ 31,794.85	13%	\$ 37,326.00	17%	\$ 37,326.00	17%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Prof Services	\$ 44,583.65	18%	\$ 11,000.00	5%	\$ 11,000.00	5%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 44,583.65	18%	\$ 11,000.00	5%	\$ 11,000.00	5%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 249,192.19		\$ 225,000.00		\$ 225,000.00	

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

Special Project Budget Form

 Kitsap County Prevention and Youth Servis Subcontractor: ___ Yes No

Kitsap County Substance Abuse Prever

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 3,400.00	5%	\$ 3,400.00	5%	\$ -	0%
Staff	\$ 34,959.00	54%	\$ 34,959.00	54%	\$ -	0%
Total Benefits	\$ 9,905.00	15%	\$ 9,905.00	15%	\$ -	0%
SUBTOTAL	\$ 48,264.00	75%	\$ 48,264.00	75%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 200.00	0%	\$ 200.00	0%	\$ -	0%
Other (Describe):educational materials/misc.	\$ 3,000.00	5%	\$ 3,000.00	5%	\$ -	0%
SUBTOTAL	\$ 3,200.00	5%	\$ 3,200.00	5%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 1,744.00	3%	\$ 1,744.00	3%	\$ -	0%
Communication	\$ 1,000.00	2%	\$ 1,000.00	2%	\$ -	0%
Insurance/Bonds	\$ 500.00	1%	\$ 500.00	1%	\$ -	0%
Postage/Printing	\$ 500.00	1%	\$ 500.00	1%	\$ -	0%
Training/Travel/Transportation	\$ 3,000.00	5%	\$ 3,000.00	5%	\$ -	0%
% Indirect (Limited to 10%)	\$ 6,402.00	10%	\$ 6,402.00	10%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 13,146.00	20%	\$ 13,146.00	20%	\$ -	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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service		0%	\$ 1.00	0%	\$ 1.00	100%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ 1.00	100%
Total Project Budget	\$ 64,610.00		\$ 64,610.00		\$ 1.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Kitsap County Prevention and Youth Service Subcontractor: Yes No

Project: Kitsap County Substance Abuse Prevention Program

Description

Number of Professional FTEs	0.55
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	0.55

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	32,076.00
Salaries of Clerical Staff	\$	-
Other Salaries	\$	3,400.00
Description: Manager Salary at 5%	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	35,476.00
 Total Payroll Taxes	\$	2,883.00
Total Cost of Benefits	\$	5,775.00
Total Cost of Retirement	\$	4,130.00
Total Payroll Costs	\$	48,264.00

Letter of Commitment

August 1, 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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness, including programming that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole.

The Kitsap Public Health District's (KPHD) Youth Marijuana Prevention and Education Program (YMPEP) and the Tobacco and Vapor Product Prevention and Control Program (TVPPCP) will commit the following resources to the proposal submitted:

- supporting substance abuse prevention activities and events
- information dissemination

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with the KPHD's YMPEP and TVPPCP programs to provide a variety of culturally diverse prevention efforts, activities and events. Together, we will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work collectively to support, educate and build awareness regarding alcohol, tobacco and other drugs. Efforts will address barriers that may inhibit whole community wellness.

Thank you for giving this proposal your utmost consideration.

Sincerely,



Keith Grellner
Administrator



Peninsula Community Health Services

July 20, 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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programming that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole.

Peninsula Community Health Services will commit the following resources to the proposal submitted:

- supporting substance abuse prevention activities and events
- information dissemination
- staff time where appropriate

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with Peninsula Community Health Services (PCHS), together partners with a variety of culturally diverse prevention efforts, activities and events. Together PCHS will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work together to support, educate and build awareness in alcohol, tobacco and other drugs. Efforts will address barriers that may inhibit whole community wellness. Collaboration efforts will include but not be limited to homelessness, LGBTQ population, ESL and children of parents that use drugs.

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,

Jennifer Kreidler-Moss Pharm.D, CMPE
Chief Executive Officer



KITSAP COMMUNITY
Resources

A Community Action Partnership helping people, changing lives

July 31, 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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programming that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole.

Kitsap Youth in Action will commit the following resources to the proposal submitted:

- supporting substance abuse prevention activities and events
- information dissemination
- staff time where appropriate

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with Kitsap Youth in Action, (KYA), together partners with a variety of culturally diverse prevention efforts, activities and events. Together KYA will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work together to support, educate and build awareness in alcohol, tobacco and other drugs. Efforts will address barriers that may inhibit whole community wellness. Collaboration efforts will include but not be limited to youth engaged in the Kitsap Youth in Action program and their parents/guardians, low income, underrepresented, homeless, and LGBTQ youth.

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,

Irmgard Davis
Interim Executive Director

July 30, 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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programing that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole.

Kitsap Community Resources Early Learning & Family Services (KCR ELFS) will commit the following resources to the proposal submitted:

- supporting substance abuse prevention activities and events
- information dissemination
- staff time where appropriate

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with KCR ELFS, together partners with a variety of culturally diverse prevention efforts, activities and events. Together, we will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work together to support, educate and build awareness in alcohol, tobacco and other drugs. Efforts will address barriers that may inhibit whole community wellness.

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,

Jill Brenner

Jill Brenner, M.Ed.
Child Development Manager Early Learning & Family Services
Kitsap Community Resources
Phone: 360-473-2097
Fax: 360-525-6187
www.kcr.org
www.facebook.com/kitsapcommunityresources



July 30, 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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programing that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole.

As Chair of the Commission on Youth and Children (KCCYC) Advisory Committee, I will commit the following resources to the proposal submitted:

- supporting substance abuse prevention activities and events
- information dissemination
- volunteer time where appropriate

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with KCCYC, together partners with a variety of culturally diverse prevention efforts, activities and events. Together, we will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work together to support, educate and build awareness in alcohol, tobacco and other drugs. Efforts will address barriers that may inhibit whole community wellness.

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,

Jill Brenner

Jill Brenner, M.Ed.
Child Development Manager Early Learning & Family Services
Kitsap Community Resources
Phone: 360-473-2097
Fax: 360-525-6187
www.kcr.org
www.facebook.com/kitsapcommunityresources



Real coffee. Real hope.

July 30, 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:

The Coffee Oasis supports the Kitsap County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programing that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole. We see that the drug crisis faces the entire county and so resources need to be provided for the entire county.

The Coffee Oasis will commit the following resources to the proposal submitted:

- Supporting substance abuse prevention activities and events
- Information dissemination
- Staff time where appropriate

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with The Coffee Oasis, together partners with a variety of culturally diverse prevention efforts, activities and events. Together, we will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work together to support, educate and build awareness in alcohol, tobacco and other drugs. Efforts will address barriers that may inhibit whole community wellness.

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,

Daniel Frederick, Director of Community Development
The Coffee Oasis
837 4th Street, Bremerton, WA 98337

July 30, 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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programing that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole.

Kitsap County "Target Zero" Task Force will commit the following resources to the proposal submitted:

- supporting substance abuse prevention activities and events
- information dissemination
- staff time where appropriate

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with Kitsap County "Target Zero" Task Force, together partners with a variety of culturally diverse prevention efforts, activities and events. Together, we will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work together to support, educate and build awareness in

alcohol, tobacco and other drugs. Efforts will address barriers that may inhibit whole community wellness.

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,


Marsha Masters

Mmasters@co.kitsap.wa.us

360-509-4869



"One life lost is one too many"

7/2/2018

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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programing that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole. North Kitsap Substance Abuse Prevention Coalition (NKSAPC) will commit the following resources to the proposal submitted:

- supporting substance abuse prevention activities and events
- information dissemination
- staff time where appropriate

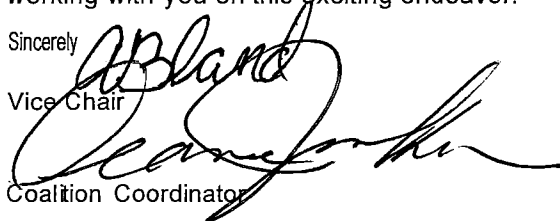
Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with NKSAPC, together partners with a variety of culturally diverse prevention efforts, activities and events. The NKSAPC will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work together to support, educate and build awareness in alcohol, tobacco and other drugs. As part of the coalition's mission; we are prepared to join in partnership with this program to combat youth substance use and abuse. Efforts will address barriers that may inhibit whole community wellness. Collaboration efforts will include information sharing based on our outcomes related to evidence based programs that we are responsible for implementing. We will also promote and support through the collaborative impact model addressing the most vulnerable in our population i.e. homelessness, LGBTQ population, ESL and children of parents that use drugs.

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

Vice Chair

Coalition Coordinator





Department of Human Services

Doug Washburn
Director

KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES
Hannah Shockley,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Anders Edgerton, Administrator
Phone: 360.337.4886

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

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

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

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

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

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

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

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811

7/2/2018

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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programing that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole.

The Bremerton Substance Abuse Prevention Coalition (BSAPC) will commit the following resources to the proposal submitted:

- supporting substance abuse prevention activities and events
- information dissemination
- staff time where appropriate

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with BSAPC, together partners with a variety of culturally diverse prevention efforts, activities and events. The BSAPC will promote and participate in prevention activities and assist in identifying gaps, community assets, risk and protective factors and work together to support, educate and build awareness in alcohol, tobacco and other drugs. As part of the coalition's mission; we are prepared to join in partnership with this program to combat youth substance use and abuse. Efforts will address barriers that may inhibit whole community wellness. Collaboration efforts will include information sharing based on our outcomes related to evidence based programs that we are responsible for implementing. We will also promote and support through the collaborative impact model serving the most vulnerable in our population i.e. Homelessness, LGBTQ population, ESL and children of parents that use drugs.

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,

Stand-In Chair

Coalition Coordinator





Department of Human Services

Doug Washburn
Director

**KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES**

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

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Anders Edgerton, Administrator
Phone: 360.337.4886

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

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

Aging & Long-Term
Care/Senior Information &
Assistance
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Phone: 360.337.7068 (LTC)
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Community Development
Block Grant
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kirsten Jewell, Coordinator
Phone: 360.337.7286

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

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661 Taylor Street
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Fax: 360.377.7027
Bergen Starke, Clinical Manager
Phone: 360.337.4625

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

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811

7/2/2018

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 County Substance Abuse Prevention and Youth Services grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap County Substance Abuse Prevention and Youth Services is a Division of the Human Services Department that provides community education and awareness. Programing that focuses on substance free, resilience building and community wellness as part of a collective impact approach. This proposal seeks to provide youth and family substance abuse prevention expansion to cover the entire county with a strategic plan to reach underserved areas and populations within the community as a whole.


The Bremerton Substance Abuse Prevention Coalition (BSAPC) will commit the following resources to the proposal submitted:

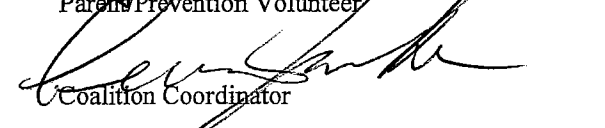
- supporting substance abuse prevention activities and events
- information dissemination
- staff time where appropriate

Kitsap County Substance Abuse Prevention and Youth Services has a collaborative relationship with BSAPC, together partners with a variety of culturally diverse prevention efforts, activities and events. As a volunteer in the community I will promote and participate in prevention activities and contribute in assessing the community for gaps, community assets, risk and protective factors and work together to support, educate and build awareness in alcohol, tobacco and other drugs. As part of the coalition's mission; I am prepared to join in partnership on this program to combat youth substance use and abuse. I will also promote and support through the collaborative impact model and outreach serving the most vulnerable in our community i.e. Homelessness, LGBTQ population, ESL and children of parents that use drugs. As a parent, I will commit to the efforts to educate and develop positive social norms regarding substance use, abuse and whole community wellness.

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,


Hank Schou
Parent Prevention Volunteer


Kevin Smith
Coalition Coordinator



Organizational Chart

Human Services Director
Doug Washburn

Financial & Management Information Systems

Grants and Accounting Manager
Allen Sharrett

Financial Analyst
Mavis Beach

Fiscal Support Specialist
Alissa Durkin

Workforce Employment and Training
Elizabeth Curt

Veterans Assistance
Andrew Sargent

Aging and Long Term Care
Stacey Smith

Kitsap Recovery Center
Bergen Stark

Community Development Block Grant
Bonnie Turfs

Housing and Homelessness
Kristen Jewell

Administrative Support
Office Support Supervisor
Hannah Shookley

Office Support Specialist
Dabi Matheson

Office Support Specialist
Alexandra Hardy

1/10 of 1% Sales Tax Mental Health/ Chemical Dependency/ Therapeutic Court

1/10 of 1% Mental Health Chemical Dependency Therapeutic Court Coordinator
Gay Neal

Planning Developmental Disabilities

Developmental Disabilities Coordinator
Kelly Oneal

Developmental Disabilities Program Specialist
Kristen Murray

AND Youth Services and Substance Abuse

Youth Services and Substance Abuse Prevention
Laura Hyde

Prevention Coalition Coordinator
Deanne Montgomery

Office Support Assistant
MIS - KRC

OPERATIONS Behavioral Health

Behavioral Health Regional Administrator
Anders Edgerton

Compliance Officer
Martha Crowhover

Children Services Coordinator
Toby Bingham

Adult Services Manager
Martian Lewis

Quality Assurance Coordinator
Richelle Jordan

Quality Assurance Assistant
Ileea Nehus

Information Systems Manager
Dani Repp

Chemical Dependency Manager
Sam Agnew

24 hour/Residential Manager
Jolene Kron

Youth Service Manager
Ginger Wotzka

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap County Prosecuting Attorney's Office

Proposal Title: Therapeutic Courts Alternative to Prosecution

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

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

Number of Individuals Screened: 1000 Number of Individuals Served: 374 (currently)

Proposal Summary:
The Kitsap County Prosecuting Attorney's Office is requesting grant funding to support its rapidly increasing role in all five Therapeutic Courts. These programs have demonstrated a combined need for: Two full-time Deputy Prosecuting Attorneys (DPA) and one full-time Legal Assistant (LA). The Prosecuting Attorney's Office partners with the Superior Court on the Drug Court, Veterans Court, and ResDOSA programs and District Court on the Felony Diversion Court, Human Trafficking Diversion Court and Behavioral Health Court. Drug Court participation and duties have continued to expand over the course of the last two decades. We have also added Felony Diversion Court, Veterans Court, Human Trafficking Diversion Court, Residential Drug Offender Sentencing Alternative Court (ResDOSA) and Behavioral Health Court since the Prosecutor's Office first committed to participating in Drug Court 20 years ago. Each of these programs is a partnership that is limited by the ability of its partners to expand their participation. These programs continue to grow and require participation of the Kitsap County Prosecutor's Office. Superior Court and District Court have lofty goals for these programs. But their goals of expanding and growing these programs is limited by our inability to grow along with them. These treatment courts are partnerships and our staffing limitations hinder the ability of these programs to grow and serve the community.

Requested Funds Amount: \$ 298,854

Matching/In-kind Funds Amount: \$ 0.00

Street Address: 614 Division St., MS-35

City: Port Orchard State: WA Zip: 98366

Primary Contact: Tina R. Robinson Phone: (360) 337-4900

E-Mail: trobinson@co.kitsap.wa.us

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

Federal Tax ID Number: 91-6001348

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

<u>June Rolusiv</u>	<u>Prosecutor</u>	<u>7/25/2018</u>
Signature	Title	Date

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS**MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY HUMAN SERVICES DEPARTMENT**

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

1. Project Description**A. Project Design**

Every therapeutic court in this county by necessity involves the Kitsap County Prosecutor's Office. Court jurisdiction over all therapeutic-court participants is the result of the Kitsap County prosecutor's Office filing criminal charges in either District or Superior Court. The decision to divert a criminal offender out of the traditional criminal-justice track rests entirely with the Prosecutor's Office. To make the best and most informed decision, however, requires the input and expertise of others, both in and out of the criminal justice system; it requires a collaborative approach, with the Prosecutor's Office making the initial decision as to an offender's presumptive eligibility under the therapeutic-court statute, in addition to each therapeutic-court program's eligibility standards and then, if eligible to screen for a particular program, the offender is screened and evaluated by the various behavioral health and addiction specialists employed by the different therapeutic courts. Once the evaluation is complete, the participant candidate is staffed by the particular therapeutic-court team and a consensus decision is made whether to accept the candidate. The Prosecutor's Office, however, has final veto power over entry into therapeutic court as it is the Prosecutor which is mandated to enforce the State's criminal laws, and which is ultimately responsible for the safety of the community of Kitsap County vis-à-vis criminal offenders.

Therapeutic courts exist because there is a recognized gap in the criminal justice system when addressing offenders whose criminal behavior is primarily the result of unidentified and/or untreated behavioral health conditions. When left untreated these behavioral health conditions result in negative consequences for the local community and for offenders as they "recycle" through the criminal justice system repeating these problematic, yet treatable, behaviors. The Kitsap County Prosecutor Office's Therapeutic Court Unit is designed to provide cohesive and integrated prosecutorial services to all county therapeutic courts.

It is well documented that there is a chronic shortage of behavioral health resources in this state. One need only look to Western State Hospital's present state of affairs or the long waiting lists for chemical dependency treatment at public treatment facilities to understand some of the challenges facing individuals with behavioral health issues. Without therapeutic-court funding we will not be able to absorb the increased capacity of

the courts and will be forced to cap the number of eligible participants in virtually all of the therapeutic courts in Kitsap County. In some instances, we will have to reduce our commitment, decreasing the number of Drug Court participants from 150+ to 75. The reason for these changes is simple: we do not have the resources to sustain our present commitments which, as a consequence, will limit their growth and forward progress to the detriment of those in need of services and the community as a whole.

These are not new or experimental court programs that need to establish their effectiveness. We know they are effective and worthwhile, both as an alternative to traditional crime-related punishment and, just as importantly, as a humane recognition that criminal behavior is sometimes a product of undiagnosed and/or untreated medical conditions often accompanied by a host of socio-economic challenges. In fact, the therapeutic-court model in Kitsap County has been so successful over the past two decades that the initial participant cap for the founding therapeutic court, Drug Court, was 50, and today, Drug Court has 174 active participants with a total number of active therapeutic-court participants at 374. During the entire history of the Kitsap County therapeutic courts, the Prosecutor's Office has never received any funding for its significant collaborations and has simply worked hard to make these courts a vital reality for this community. The Prosecutor's Office is still committed to participating in the therapeutic courts in some capacity as long as there is a courthouse, but if its budget is not supplemented to account for the necessary FTEs needed to adequately staff the different and essential programs, the Prosecutor's Office will have no alternative but to reduce its level of participation.¹

The Prosecutor's Office was slow to recognize the enormity of the added work load of the therapeutic courts in part because it occurred slowly at first and because the Office continued to view the therapeutic courts as "new" and "experimental" long after these courts had been established as a necessary and needed alternative component to the traditional criminal-justice model. The reality is the Office responded much like the metaphorical frog in a pot of water that is gradually brought to boil. As the temperature increases, so the metaphor goes, the frog fails to notice until it is too late, or, in the case of the Prosecutor's Office, it adapts and triages, and acclimates and becomes accustomed to always being overheated until it reaches a breaking point, and that breaking point is now.

Drug Court participation and duties have continued to expand over the course of the last two decades. We have also added Felony Diversion Court, Veterans Court, Human Trafficking Diversion Court, Residential Drug Offender Sentencing Alternative Court (ResDOSA) and Behavioral Health Court since the Prosecutor's Office first committed to participating in Drug Court 20 years ago. Until last year, the Kitsap County Prosecutor's Office had never requested a budget increase to account for the workload increase precipitated by our participation in Drug Court and the other therapeutic courts,

¹The Prosecutor's Office is responsible for six therapeutic courts, which currently serves approximately 374 participants: (1) Drug Court (approximately 174 participants); (2) Behavioral Health Court (BHC) (30 participants); (3) Veterans' Court (25 participants); (4) Human Trafficking Court (HTC) (8 participants); (5) Felony Diversion Court (111 participants); and (6) Residential Drug Offender Sentencing Alternative Court (ResDOSA) (38 participants). Drug Court, Veterans' Court, and ResDOSA Court are under the auspices of Superior Court, while BHC, HTC, and Felony Diversion Court are managed by District Court.

and, in fact, this office has never received any budget increase to offset the employee hours necessary to fulfill the Prosecutor's therapeutic-court responsibilities. The Prosecutor's therapeutic-staff budget, however, has remained static with each therapeutic-court addition and expansion with the office continuing to simply absorb and triage the explosion in therapeutic-court work responsibilities. In reality, the full staffing of these courts at a minimum requires 2.0 FTE attorneys and 1.0 FTE legal assistant based upon the current amount of time attorneys/staff are dedicating to these courts. The result is that other attorneys/staff are being pulled from their duties in order to cover the increased court presence and the increased screening requirements that these treatment courts require. This state of affairs is taxing on the Prosecutor's Office ability to execute its daily responsibilities to the community and demands we take an ad hoc approach to administering and fulfilling our responsibilities to the therapeutic courts. Superior Court and District Court have lofty goals for these programs. But their goals of expanding and growing these programs is limited by our inability to grow along with them. These treatment courts are partnerships and our staffing limitations are hindering the ability for these programs to grow and serve the community.

These treatment courts require: **(1) An Increased Court Presence:** At its inception, Drug Court was in session one afternoon a week. Today, Drug Court is held Wednesday afternoon, all day Thursday and Friday afternoons (along with Veterans Court). In total it is 2 full days a week of in-court time. Felony Diversion and Human Trafficking Diversion are held every other week, at one hour a session for each program. The new Behavioral Health Court is held all afternoon on Thursdays and would like to double in size (this cannot happen, however, unless and until the Prosecutor's Office has the additional staff needed to handle the workload). RESDOSA hearings are heard for one hour each month. All of these hearings require an attorney to be present and support staff to prepare the cases for court. **(2) Increased Staffing Presence:** Along with court time, Drug Court, Veterans Court, and Behavioral Health Court require staffing meetings with the treatment team, compliance team, judge and the defense attorney. For Drug Court, these meetings take all Wednesday morning and for at least 30 minutes before each of the 4 court sessions. Veterans and Drug Court staffing requires an attorney to be present for nearly 6 hours a week of meetings. For Behavioral Health Court, staffing occurs all Thursday morning. The result is that an attorney is needed in court or in staffing for the equivalent of over 4 days worth of work. And that doesn't include the time spent on these cases outside of court or staff meetings. **(3) Increased Case Review:** Beyond the court presence and the required staffing meetings, a deputy prosecutor is required to review whether the defendant is statutorily eligible for these programs as well as whether the defendant meets our own eligibility standards. This determination requires the DPA to review the facts of the current case, criminal history, treatment history, investigate the facts of prior cases, and contact victims. In fact, it is this aspect of the therapeutic courts that involves the lion's share of work for the assigned deputy prosecutor. This type of thorough review is increasingly difficult given the demands of being in court and being in staff meetings (along with the other non-treatment court duties of the attorney) and effects the quality of the analysis that goes into making the serious decision of whether to divert a criminal offender from the traditional criminal-justice model of punishment/incarceration. We currently have multiple attorneys covering various hearings in order to meet all the

demands of these courts while still trying to cover matters that are not in treatment courts.

To fully address and adequately support all of the therapeutic courts, the Prosecutor's Office will create the Therapeutic Court Unit. The Therapeutic Court Unit (TCU) will have two experienced deputy prosecuting attorneys and one legal assistant. The TCU will be responsible for all therapeutic-court prosecutorial responsibilities. Having a TCU will have two significant effects:

- (1) the TCU will alleviate the ad hoc, piecemeal approach of assigning multiple prosecutors, all of whom have other primary responsibilities, to administer a particular therapeutic court. This creates not only a lack of continuity for a particular court but for all of the therapeutic courts. Instead of the present practice of assigning five (5) different DPAs to handle the six (6) therapeutic courts, the TCU will handle all therapeutic courts as a cohesive and integrated team with the two DPAs dividing up primary responsibility for each of the six courts and the legal assistant handling all administrative functions. The TCU team would devote 100% of its time to the therapeutic courts, sharing and combining information about referrals and active participants in each of the different therapeutic courts and establishing and maintaining therapeutic-court expertise while maintaining comprehensive institutional knowledge that can be shared and handed down within the office; and
- (2) the TCU will act as a centralized-referral unit for all the therapeutic courts. The current practice, born out of necessity, has the referring party contact the DPA assigned to the particular court the referring party has identified as the most appropriate program for the offender. While this process works to get individuals into the various programs, it encourages one-stop shopping, i.e., the referred individual may be eligible for and benefit from the particular program, yet another therapeutic-court program would have been more beneficial if only the DPA had been familiar with the program and had greater expertise in the therapeutic-court environment to recognize the opportunity. Moreover, since the TCU is devoted 100% to all the therapeutic courts, it will have the time resources and, just as importantly, the undivided focus to quickly and thoroughly review referrals for initial eligibility and start the behavioral-health evaluative process, thus, diverting appropriate participants from the traditional criminal-justice paradigm focused on punishment to the therapeutic-court paradigm focused on identification and treatment of behavioral health conditions that, left otherwise untreated, doom the person to "recycle" through the criminal justice system over and over.

Therapeutic courts must continue to grow and expand to meet the increasing demand that has resulted from continued and increasing recognition that some criminal behavior is caused by unidentified and untreated behavioral health conditions. The therapeutic courts have demonstrated over the last two decades that collaborative efforts between criminal justice agencies and local, community-based treatment and other service providers can redirect a life toward long-term stability. To support these collaborations and to ensure the continued growth and expansion of the therapeutic courts, the

Prosecutor's Office must have the resources to fully participate in these proven and effective partnerships.

B. Evidence-Based Practices Used by Kitsap County Therapeutic Courts:

- Crisis Intervention Model;
- Therapeutic Court Model Components²:
 - Use of collaborative, non-adversarial team approach with prosecution, defense, Drug Court team (chemical dependency counselors, treatment aides, educational and vocational training counselor, behavioral health counselor, etc.), Behavioral Health Court team (Behavioral Health Specialists, chemical dependency treatment services, etc.), and judge presence at staffings, while promoting public safety and protecting constitutional rights of participants;
 - Access to continuum of care for mental health and chemical dependency treatment, and other related services;
 - Coordinated, individuated response to participants' compliance or non-compliance;
 - Abstinence monitored by random UA and/or other testing;
 - Early identification of potential candidates and address program entry barriers;
 - Multi-disciplinary team partnerships created and maintained;
 - Judicial interaction/connection made with each participant;
 - System of rewards/incentives created;
 - Consequences/sanctions are on graduated/progressive basis, are consistent, fair and proportionate to the violation, and designed to create a learning moment (e.g., written assignment in lieu of jail);
 - All team members continue inter-disciplinary education regularly to stay abreast of current law and research on best practices;
 - Continued monitoring, evaluation and strategic planning to promote effective practice, procedure and operations;
 - Ensuring that historically disadvantaged groups have equal access, and are provided the same opportunities, to participate in the appropriate therapeutic court.

C. Outreach

All therapeutic-court participants have pending criminal charges in Kitsap County District Court and/or Superior Court. Therefore, most individuals applying for entry into a therapeutic court are referred by their criminal defense attorney. Referrals also come from law enforcement, the jail, family members, treatment providers, and the Prosecutor's Office. If, at the time of charging, there are facts in the law enforcement

² See "Adult Drug Court Best Practices Standards, Volume II," National Association of Drug Court Professionals, 2015.

criminal referral report that suggest, for example, a mental-illness component underlying the criminal behavior, the deputy prosecutor charging the case is encouraged to make a note in the court file that the defendant, if eligible, may be a good candidate for BHC. Likewise, the assigned trial DPA sometimes suggest to the defense attorney the potential alternative of therapeutic court. By and large, however, most referrals are initiated by the participants' defense attorneys who are free to meet with defendants, make inquiries, and obtain far more comprehensive knowledge of the defendants and the personal challenges they may face.

D. Evaluation

End triage-based prosecutorial services by reducing the number of deputy prosecutors presently serving the six therapeutic courts from 5 to 2. Provide greater continuity between the different therapeutic-court programs with centralized referral system to quickly and efficiently determine presumptive statutory and program eligibility followed by factual review of case and consult with referring party to determine behavioral health issue or co-occurring issues and make initial placement determination for program screening. Review treatment specialist evaluations and integrate into participants' prosecutor file.

2. Community Needs and Benefit (25 Points)

A. Policy Goal

There is an established 20-year therapeutic-court history in Kitsap County with proven results, which the Kitsap County Prosecutor's Office has supported and collaborated on from the very beginning. By ensuring that the Kitsap County Prosecutor's Office can participate and fully serve therapeutic courts at their presently funded capacity, individuals with behavioral health issues are identified and offered services designed to offer long-term stability, which reduces hospital interventions, ER visits, and other crisis intervention services. Moreover, it is of paramount importance to quickly review and evaluate presumptive eligibility for identified participants and, if chemically dependent or mentally ill, remove them from the traditional criminal-justice track and place them in the appropriate therapeutic court where they can receive treatment and support services that help participants not return to or "recycle" through the county criminal justice system. The result of a thriving therapeutic-court system is the overall, improved health of the community and a far more knowledgeable and informed portion of the community that, historically, lacks the skills and information to successfully navigate and take advantage of available support services.

For the therapeutic-court eligible participants, for whom the above policy goals are in large part designed, to continue being identified and receiving both long-term curative and palliative services, however, requires the robust participation of the Prosecutor's Office. If the Prosecutor's Office is unable to increase its participation and, in fact, must reduce some of its commitments to the various therapeutic courts, the outcome is that eligible participants will be placed on a waiting list or resolve their cases through the traditional criminal-justice model. This has already happened to Behavioral health Court, which is presently capped at 30 participants because the Prosecutor's Office simply

doesn't have the staff to accommodate the additional case reviews, staffing, and court calendars that would be necessary to increase the total participants from 30 to between 50 to 60 participants that BHC believes its present staff could handle. Because of the cap, BHC is closed to new participants until at least October of this year. The end result is better than no therapeutic court, however, the anemic, over-extended participation of the Prosecutor's Office will not result in furthering the policy goals first outlined in the 2014 Kitsap County Behavioral Health Strategic Plan. Moreover, while best practice would be to intervene and provide services before the criminal justice system becomes involved, the reality is that many of the individuals in need of behavioral health services are first identified, or re-identified after a break in services, because of their contact with the criminal justice system.

This office believes in the alternative paradigm that the therapeutic courts offer our criminal justice system, moving away from strictly negative consequences for individuals who commit crimes because of behavioral health issues toward a culture and system that, when appropriate, directs its efforts to clearly identify the underlying behavioral issue and then offer a structured program that includes the entire panoply of health and human services designed to give the criminal offender long-term stability. This office believes that the policy goals identified in the 2014 Kitsap County Behavioral Health Strategic Plan must include the significant population of recidivist offenders whose behavior can be directly attributed to untreated behavioral health conditions because without their inclusion, the services' – created as a result of the identified policy goals – effectiveness are reduced in direct relation to the most problematic members of the community who will not be identified if therapeutic courts are not able to grow and expand, or even shrink in capacity, and consequently this population is not diverted out of the criminal justice system. Creating the services that satisfy the policy goals identified without ensuring community members mired in the criminal justice system because of behavioral health issues are at the top of any list to receive these services diminishes the incredible results already experienced in fulfilling these policy goals and diminishes the overall quality and lasting outcomes that benefit the community at large.

B. Needs Assessment and Target Population

There are approximately 374 individuals participating in Kitsap County therapeutic courts right now. Presently, 174 participants are enrolled in Drug Court; 111 participants in Felony Diversion Court; 38 participants in ResDOSA Court; 30 participants in BHC; 25 participants in Veterans' Court; and 8 participants in Human Trafficking Court. All the therapeutic courts in Kitsap County have been active between two and 20 years. The number of participants has been well established. The number of individuals screened during a given year depends on the court. In BHC's first 18 months, 188 individuals were screened out of which 39 were admitted. Drug Court screens between 350 and 400 individuals for 70 to 90 openings each year. The above numbers are well-established averages for the number of individuals served, however, BHC is prepared to increase participants from the current cap of 30 to 50 or 60 participants if the Prosecutor's Office receives funding for increased staffing.

C. Community Collaboration, Integration and Collective Impact

Beginning with Drug Court 20 years ago, therapeutic courts work as a collaborative partnership between the Prosecutor, the court, the jail, treatment providers, and other social-service providers. The Kitsap County prosecutor's Office has demonstrated over this time its ability and its desire to work collaboratively with the courts and the treatment and services providers to establish and maintain fully integrated therapeutic-court programs that meet the needs of the participants and result in long-term, positive benefits for both the participant and the county-wide community.

The Therapeutic Court Unit allows the Prosecutor's Office to provide centralized services to the courts, as well as a consolidated unit whose primary responsibility is the therapeutic-court system of Kitsap County. Instead of the present state of affairs, with five separate DPAs handling six separate and distinct therapeutic courts with no centralized-referral system, no integrated institutional memory and little to no continuity between the therapeutic courts, the Therapeutic Court Unit will consolidate institutional knowledge of the distinct therapeutic courts with a working knowledge and up-to-date, real-time information about each court, which will facilitate more efficient collaboration and have the collateral effect of stimulating creative problem solving and spur greater innovation and stronger, long-term outcomes. We believe therapeutic courts are here to stay and the Prosecutor's Office must continue in and strengthen its role as a primary collaborative agency within the therapeutic-court milieu.

3. Organizational Capacity (25 Points)

A. Organizational Governance

The elected County Prosecutor determines how the office's resources are allocated. The County Prosecutor serves a 4-year term and must be elected or appointed. The elected Prosecutor establishes the level of resources the office will commit to a therapeutic court. Assignment of DPAs to a therapeutic court is typically delegated by the elected Prosecutor to the Felony Division and District/Municipal Division Chiefs with input from direct supervisors of the DPAs under consideration. Generally, DPAs with less than two years of legal experience are not considered for therapeutic-court assignment.

The Therapeutic Court Unit will be comprised of two (2) FTE deputy prosecutors and one (1) FTE legal assistant. The Therapeutic Court Unit will be a part of the Felony Division within the Prosecutor's Office.

B. Organizational Finances

The Kitsap County Prosecuting Attorney's Office is a general fund department. All financial transactions run through the County's financial management system know as JD Edwards. All appropriate accounting controls are in place.

C. Staffing Qualifications

The Two (2) FTE DPAs must have graduated from an accredited law school and be licensed in good standing to practice law in the State of Washington by the Washington

State Bar Association. The two (2) FTE DPAs will be experienced criminal deputy prosecutors, familiar with all the courts in Kitsap County and will be expected to perform the same work and at the same level as a DPA 2.

The two (2) FTE DPAs will be responsible for initial review and determination of eligibility of all therapeutic-court referrals. Each FTE DPA will be assigned approximately 50 percent of the therapeutic courts with Drug Court weighted to account for 150+ participants. The two (2) FTE DPAs will attend the staffing and calendars for their assigned courts, respond to motions, attend contested hearings, and litigate all contested matters completely and thoroughly, as well as collaborate as a team, which includes one (1) FTE legal assistant.

The one (1) FTE Legal Assistant will have three years of clerical experience including two years experience working as a legal secretary/assistant, paralegal or legal clerical support. The one (1) FTE Legal Assistant will be an experienced criminal legal assistant, familiar with all of the courts in Kitsap County.

The one (1) FTE Legal Assistant will be responsible for all case processing for Felony Drug Court, Veterans Court, Residential Drug Offender Sentencing Alternative Court (ResDOSA), Behavioral Health Court, Felony Diversion Court, and Human Trafficking Diversion Court, including but not limited to, initial victim contact, preparing cases, pulling calendars, attending hearings, preparing cases for graduation, providing weekly status reports, running reports, processing supplementals, processing victim impact statements, creating restitution orders.

D. Organizational Licenses and Certifications

Two (2) FTE DPAs – JD and be licensed in good standing to practice law in the State of Washington by the Washington State Bar Association.

One (1) FTE Office Support Specialist (Legal Assistant) – three years of clerical experience including two years experience working as a legal secretary/assistant, paralegal or legal clerical support.

E. History of Project Management

The Kitsap County prosecutor's Office has been successfully collaborating and supporting therapeutic-court services for 20 years. The Office has a proven track record for efficiently administering its responsibilities within the therapeutic-court paradigm and, in fact, has acted as a de facto stopgap-funding stream during this time to encourage the creation, growth and expansion of the therapeutic courts. One need only look to the 20-year success of Drug Court and the more recent success of Behavioral Health Court and the continued need for BHC to grow and expand, as well as the management of the day-in and day-out responsibilities of the entire Prosecutor's Office, for evidence that the Kitsap County Prosecutor's Office has the demonstrated ability to implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

4. Project Financial Feasibility (10 Points)

A. Budget Narrative

2 FTE Attorney 2 (Deputy Prosecutors). Funding (\$223,664) is requested for two full time Attorney 2 positions to meet the demonstrated need to current and expanding Therapeutic Courts (Behavioral Health Court, Drug Court, Veteran's Court, Human Trafficking Court, Felony Diversion, ResDOSA Court)

1 FTE Office Support Specialist (Legal Assistant). Funding (\$66,256) is requested for 1 full time Legal Assistant is requested to support the workload of the Therapeutic Courts.

Supplies and Equipment. Funding (\$7,200) is requested for office supplies, furniture, and computers.

B. Additional Resources and Sustainability

This proposal sets forth a plan to bring the Prosecutor's Office therapeutic-court services to a level that is equal to the therapeutic courts' status as proven, effective, and needed alternatives to the traditional criminal-justice model.

The Kitsap County Prosecutor's Office is asking for a Treatment Sales Tax grant to fund its Therapeutic Court Unit if these positions are not funded through the Prosecutor's county budget. It is the Prosecutor's position that the therapeutic-court programs have become an expected, important and effective alternative to the traditional criminal-justice paradigm, and as such the Therapeutic Court Unit should be funded through the Prosecutor's annual budget. If, however, that is not possible, the Prosecutor's Office is asking that its important work collaborating with the therapeutic courts be allowed to continue by subsidizing the requested positions through the Treatment Sales Tax fund until such time the county budget can accommodate the cost of these important services.

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 a 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: Therapeutic Courts Alternative to Prosecution

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Provide comprehensive, integrated prosecutorial services to the therapeutic courts with the ability to effectively serve expansion and growth of these vital programs.</p>	<p>-Dedicated Therapeutic Court Unit maintained within the Prosecutor's Office, comprised of two experienced deputy prosecutors and one full-time legal assistant.</p>	<p>-Reduce triage-based prosecutorial services by reducing the number of deputy prosecutors presently serving the six therapeutic courts from 5 to 2. -create greater continuity of prosecutor services between the therapeutic courts. -Reduce time between referral and review when making initial determination of eligibility. -Earlier and more accurate placement of participants into the appropriate therapeutic court because referrals are centralized within the Therapeutic Court Unit, rather than made to five (5) separate deputy prosecutors. -Expand and grow with Behavioral Health Court. -Increase BHC participant cap from 30 to 60. -Expand BHC calendar from half a day to one day to accommodate growth. -Expand BHC staffing from half a day to one day day to accommodate growth. -Provide Drug Court with uninterrupted prosecutorial services. - End result – streamlined participant entry into the therapeutic-court alternative paradigm with the expectation of permanent avoidance of traditional criminal justice consequences.</p>	<p><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</p> <p>If applicable: <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>01/01/2019</u></p> <p>Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>For the prior established courts a baseline of the past 3 years; for the newly established therapeutic courts, from commencement of program.</p>	<p>Prosecutor Case Management System (DAMION) Statistical and Comparison Reports</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>Fully support therapeutic-court efforts to fully stabilize those in crisis in our criminal justice system and divert appropriate candidates into alternative therapeutic-court paradigm.</p>	<p>-Two Dedicated DPAs and one legal assistant whose primary responsibility is to administer prosecutorial responsibilities in regard to collaboration with therapeutic courts. -Centralized referral system for all therapeutic courts via Therapeutic Court Unit. -Centralized Therapeutic Court Unit provides continuity between the particular therapeutic courts and the particularized needs of the participants. -All therapeutic court referrals are initially made to Therapeutic Court Unit where participant cases reviewed for -nexus between pending crime and behavioral health condition or <i>primary</i> behavioral health condition, i.e., if suspected co-occurring behavioral health issues, make initial determination which therapeutic court program is most appropriate; -presumptive statutory eligibility in accordance with RCW 2.30.030; -presumptive eligibility pursuant to each therapeutic court's eligibility requirements in addition to RCW 2.30.030.</p>	<p>-Quick and efficient initial case review. -Swift determination of presumptive eligibility under statute and program eligibility. -consultation with referring attorney/agency with case review to initially determine most appropriate program. -Diverted from criminal track into therapeutic-court track quickly and efficiently.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>01/01/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>For the prior established courts a baseline of the past 3 years; for the newly established therapeutic courts, from commencement of program.</p>	<p>Prosecutor Case Management System (DAMION) Statistical and Comparison Reports</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
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input 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 type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Click here to enter text.	Click here to enter text.

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Prosecuting Attorney

Project: Therapeutic Courts Alternative to Prosecution

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 982,803.15	40%	\$ 1,075,182.00	42%	\$ 1,075,182.00	42%
WA State Revenue	\$ 687,069.77	28%	\$ 715,945.00	28%	\$ 715,945.00	28%
Local Revenue	\$ 267,220.12	11%	\$ 262,705.00	10%	\$ 262,705.00	10%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 547,860.84	22%	\$ 533,979.00	21%	\$ 533,979.00	21%
Miscellaneous Revenue	\$ 569.11	0%	\$ 724.00	0%	\$ 724.00	0%
Total Agency Revenue (A)	\$ 2,485,522.99		\$ 2,588,535.00		\$ 2,588,535.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 1,321,480.89	14%	\$ 1,336,016.00	14%	\$ 1,336,016.00	14%
Staff	\$ 4,929,151.63	53%	\$ 5,189,170.00	53%	\$ 5,189,170.00	53%
Total Benefits	\$ 2,154,039.94	23%	\$ 2,271,792.00	23%	\$ 2,271,792.00	23%
Subtotal	\$ 8,404,672.46	90%	\$ 8,796,978.00	89%	\$ 8,796,978.00	89%
Supplies/Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 48,091.17	1%	\$ 56,973.00	1%	\$ 56,973.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 48,091.17	1%	\$ 56,973.00	1%	\$ 56,973.00	1%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): All Services (5415-5499)	\$ 329,130.60	4%	\$ 338,050.00	3%	\$ 338,050.00	3%
Subtotal	\$ 329,130.60	4%	\$ 338,050.00	3%	\$ 338,050.00	3%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Misc/Other (6971)	\$ 140,759.00	2%	\$ 142,527.00	1%	\$ 142,527.00	1%
Subtotal	\$ 140,759.00	2%	\$ 142,527.00	1%	\$ 142,527.00	1%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Interfund	\$ 454,116.05	5%	\$ 535,804.00	5%	\$ 535,804.00	5%
Subtotal	\$ 454,116.05	5%	\$ 535,804.00	5%	\$ 535,804.00	5%
Total Direct Expenses	\$ 9,376,769.28		\$ 9,870,332.00		\$ 9,870,332.00	

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

Special Project Budget Form

 Agency Name: Prosecuting Attorney's Offi Subcontractor: ___ Yes No

Project: Therapeutic Courts

Alternative to Prosecution

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 1,336,016.00	14%	\$ -	0%	\$ -	0%
Staff	\$ 5,189,170.00	53%	\$ 209,664.00	70%	\$ -	0%
Total Benefits	\$ 2,271,792.00	23%	\$ 81,989.00	27%	\$ -	0%
SUBTOTAL	\$ 8,796,978.00	89%	\$ 291,653.00	98%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%	\$ 4,000.00	1%	\$ -	0%
Office Supplies - Furniture	\$ 56,973.00	1%	\$ 3,200.00	1%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 56,973.00	1%	\$ 7,200.00	2%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): All Services (5415-5499)	\$ 338,050.00	3%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 338,050.00	3%	\$ -	0%	\$ -	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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Misc/Other (6971)	\$ 142,527.00	1%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 142,527.00	1%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ 1.00	0%	\$ 1.00	100%
Other (Describe): Interfund	\$ 535,804.00	5%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 535,804.00	5%	\$ 1.00	0%	\$ 1.00	100%
Total Project Budget	\$ 9,870,332.00		\$ 298,854.00		\$ 1.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: Prosecuting Attorney's Office **Subcontractor:** Yes No

Project: Therapeutic Courts Alternative to Prosecution

Description

Number of Professional FTEs	2.00
Number of Clerical FTEs	1.00
Number of All Other FTEs	0.00
Total Number of FTEs	3.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 164,986.00
Salaries of Clerical Staff	\$ 44,678.00
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 209,664.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 54,995.00
Total Cost of Retirement	\$ 26,994.00
Total Payroll Costs	\$ 291,653.00

KITSAP COUNTY DISTRICT COURT

CLAIRE A. BRADLEY, JUDGE
DEPARTMENT NO. 1

614 Division Street, MS-25
Port Orchard, WA 98366

MARILYN G. PAJA, JUDGE
DEPARTMENT NO. 3

JEFFREY J. JAHNS, JUDGE
DEPARTMENT NO. 2

Fax 337-4865

KEVIN P. KELLY, JUDGE
DEPARTMENT NO. 4

CLINT CASE BOLT
COURT ADMINISTRATOR

July 31, 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 commitment for the Kitsap County Prosecutor's Office grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

The Kitsap County Prosecutor's Office provides undeniably crucial support to all of the therapeutic courts in Kitsap County. The Prosecutor's Office was instrumental in creating the county's first therapeutic court almost two decades ago when Kitsap Superior Court's Drug Court was created. Since the Drug Court's inception, the Prosecutor's Office has been the gatekeeper for all therapeutic courts and alternative sentencing programs. They have provided a deputy prosecutor (DPA) to review cases for eligibility of potential participants and have provided a DPA to file charges, and appear for all case staffings, team meetings and court hearings. Over the many years, the Drug Court has expanded significantly, and many other therapeutic courts and alternative programs have been created, but the Prosecutor's Office has been unable to procure funding for additional personnel to maintain or expand these programs.

The Kitsap Prosecutor's Office grant request will finally add additional personnel to maintain the current therapeutic courts and programs, and expand these programs to support the demonstrated need. They are requesting two (2) 1.0 FTE Deputy Prosecutors, and one (1) 1.0 FTE support staff.

Administered by the Kitsap County District Court, the Kitsap County Behavioral Health Court (BHC) offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Currently, the BHC is unable to expand to allow more participants because the prosecutor's office simply does not have the personnel to cover additional court days. As such, there is a moratorium on new referrals to BHC, and a waiting list for potential participants who were referred before

the moratorium. To put it simply: the BHC will be unable to take any more participants indefinitely if the prosecutor's office does not obtain additional personnel.

The Kitsap County District Court, Behavioral Health Court will commit the following resources to the proposal submitted by Kitsap County Prosecutor's Office:

- **Provide one (1) .50 FTE Judge to preside over BHC;**
- **Provide one (1) .75 FTE BHC Program Manager;**
- **Provide one (1) .33 FTE court clerk for all BHC hearings;**
- **Provide one (1) .20 FTE Office Support Coordinator for budget, creation of forms, and assistance with equipment issues;**
- **Provide one (1) .25 Probation Compliance Monitor;**
- **Provide courtroom space, office equipment, and office supplies;**
- **Pay for (and contract directly with) Westsound Treatment Center for provision of substance use disorder evaluations for potential participants detained in the jail;**
- **Pay for ETG (alcohol testing) test strips to be used during Urinalysis (UA) testing by the Corrections Center.**

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,

A handwritten signature in black ink that reads "CLINT CASEBOLT". The signature is written in a cursive, slightly slanted style.

Clint Casebolt, Court Administrator
Kitsap County District Court

THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR KITSAP COUNTY

614 DIVISION STREET, MS24
PORT ORCHARD, WASHINGTON 98366
(360) 337-7140

JEANETTE M. DALTON, JUDGE
DEPARTMENT NO. 1
MICHELLE ADAMS, JUDGE
DEPARTMENT NO. 2
MELISSA A. HEMSTREET, JUDGE
DEPARTMENT NO. 3
WILLIAM C. HOUSER, JUDGE
DEPARTMENT NO. 4
JEFFREY P. BASSETT, JUDGE
DEPARTMENT NO. 5

July 31, 2018

KEVIN D. HULL, JUDGE
DEPARTMENT NO. 6
JENNIFER A. FORBES, JUDGE
DEPARTMENT NO. 7
SALLY F. OLSEN, JUDGE
DEPARTMENT NO. 8

MATTHEW L. CLUCAS
COURT COMMISSIONER
FRANK A. MAIOCCO, JR.
COURT ADMINISTRATOR

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 Chemical Dependency, Mental Health and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my commitment and support for the Kitsap County Prosecutor's Office grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

The Kitsap County Prosecutor's Office provides crucial support to all the therapeutic courts in Kitsap County. The Prosecutor's Office was instrumental in creating the county's first therapeutic court almost two decades ago when Kitsap Superior Court's Drug Court was created. Since the Drug Court's inception, the Prosecutor's Office has been the gatekeeper for all therapeutic courts and alternative sentencing programs. They have provided a deputy prosecutor (DPA) to review cases for eligibility of potential participants and have provided a DPA to file charges, and appear for all case staffings, team meetings and court hearings. Over the years, the Drug Court has expanded significantly, and many other therapeutic courts and alternative programs have been created, but the Prosecutor's Office has been unable to procure funding for additional personnel and struggled to support all of these programs.

The Kitsap Prosecutor's Office grant request proposes to add additional personnel to maintain the current therapeutic courts and programs and expand these programs to support the demonstrated need. It requests two (2) 1.0 FTE Deputy Prosecutors, and one (1) 1.0 FTE support staff.

Administered by the Kitsap County Superior Court, the Kitsap County Drug Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Currently, Drug Court is exceeding its maximum capacity of 150 participants with 174 participants and there is a developing wait-list for future participants. Without additional resources to allow the Prosecutor's Office to expand its therapeutic-court presence, I am advised that it will have to reduce its support to Drug Court from the current 150-participant capacity and cap its participation at 75 participants, while it

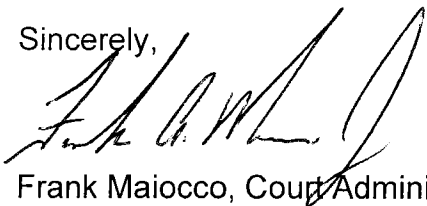
has already capped its support to Behavioral Health Court at 30 participants even though BHC has the capacity to expand to 60 participants. As a result, there is a moratorium on new referrals to BHC, and a waiting list for potential participants who were referred before the moratorium. The Prosecutor's Office simply does not have the personnel to cover the increasing amount of therapeutic-court work. To put it simply: Drug Court will be unable to take any more participants indefinitely if the Prosecutor's Office does not obtain additional personnel.

The Kitsap County Superior Court, Drug Court, will commit the following resources to the proposal submitted by Kitsap County Prosecutor's Office:

- Provide one (1) 0.50 FTE Judge to preside over Adult Drug/Veterans Treatment Courts;
- Provide one (1) 1.00 FTE Treatment Court Manager;
- Provide one (1) 1.00 FTE Office Support Coordinator for budget, creation of forms, and assistance with equipment issues;
- Provide three (3) 3.00 FTE Drug Court Compliance Specialist;
- Provide courtroom space, office equipment, and office supplies;

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,



Frank Maiocco, Court Administrator
Kitsap County Superior Court

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap County Sheriff's Office

Proposal Title: Crisis Intervention Coordinator

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

<input checked="" type="checkbox"/> Prevention, Early Intervention and 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: _____ Number of Individuals Served: 300

Proposal Summary:
 This proposal is to fund a full-time Kitsap County Crisis Intervention Coordinator (CIC) Deputy to provide essential services in the community and address some gaps identified in behavioral health. The CIC Deputy will have many responsibilities, but their primary role will be outreach to the homeless population in Kitsap County. The advantage of having a dedicated CIC Deputy is that they can assist these service programs contacting with the homeless population that is hidden in remote areas, where it is often unsafe for anyone to go alone.

Requested Funds Amount: \$183,792.00
 Matching/In-kind Funds Amount: \$28,000
 Street Address: 614 Division Street
 City: Port Orchard State: WA Zip: 98366
 Primary Contact: Steve Duckworth Phone: 360-337-4441 E-Mail: SDuckwor@co.kitsap.wa.us
 Non-Profit Status: 501C3 of the Internal Revenue Code? Yes No
 Federal Tax ID Number: 91-6001348

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

 Signature Title Date

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS
MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY HUMAN SERVICES DEPARTMENT

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

1. Project Description (40 Points)

A. Project Design

This proposal is to fund a full-time Kitsap County Crisis Intervention Coordinator (CIC) Deputy to provide essential services in the community and address some gaps identified in behavioral health. The CIC Deputy will have many responsibilities, but their primary role will be outreach to the homeless population in Kitsap County. The CIC Deputy will collaborate with local service providers that include Kitsap Mental Health Services (KMHS), the City of Poulsbo Navigators, and Homeless Advocacy Groups to help those that are homeless get services, more specifically in mental health and substance abuse treatment. These providers are already funded for these services, but we do not have the ability to dedicate a deputy to work with them. The advantage of having a dedicated CIC Deputy is they can assist these service providers contacting with the homeless population hidden in remote areas, where it is often unsafe for anyone to go alone. With this partnership, they will be able to provide referrals and services as part of a long-term approach to assist the homeless, preventing unnecessary incarceration or hospitalization of the homeless.

The homeless population is very prevalent in the unincorporated areas of Kitsap County, but there is no exact way to measure how many. In 2018, Kitsap County held a Point in Time County on the homeless population, and according to the data it shows a 19% decrease in those that are considered living "unsheltered," in tents, outdoors etc. Survey volunteers reached out to those on the streets, getting assistance from food banks, or at Project Connect Resource Fair to generate this data in a 24 hour time period. There is still an untouched population of homeless people that cannot be found, without the assistance of law enforcement for safety reasons. This population is far into the woods in order to remain hidden. The findings in this study did indicate that those who were homeless, 14% of them contributed their lack of housing due to substance abuse, and 37% was mental health. In addition to this survey another one was held in the jail, showing that of the 127 surveyed, this is less than 1/3 of the average daily population of the jail, 91% were homeless. Of those surveyed in the jail, 51% answered upon their release one of their challenges would be substance abuse and 33% indicated health issues. This survey indicates that there will be several people released from the

jail into the community that will be homeless, and in need of services. The CIC Deputy and our community providers could help those that are homeless get the resources they need.

The addition of a CIC Deputy will allow the Kitsap County Sheriff's Office to dedicate a deputy to provide services within the community, that our current staffing levels will not allow. The current population of Kitsap County, cities and county included, is 267,120. Of that number, 176,290 live in the unincorporated area of the county, these areas span from Olalla to Hansville with only 6-10 deputies handling calls for service. In 2017, the sheriff's office handled 82,000 calls for service and the projection for 2018 is 85,000. In 2017 our deputies wrote 12,897 reports and it is projected this year to be 13,309. With the large amount of calls and low staffing for the large areas we do not have anyone that we can pull from patrol and handle the outreach we want to accomplish with the CIC Deputy.

In looking at the above data, more specifically the reports, we envision the CIC Deputy reading all of these reports daily, selecting those that are mental health or chemical dependency related, and following up where it is needed. Partnering with KMHS and Navigators, the CIC can go out with these staff members and follow up to see if they need resources. The report reading and follow up will also provide valuable information that can be added to the RideAlong application. This is information and details that may have been missed but is important to add and share with all law enforcement. The CIC Deputy will also be responsible to forward all behavioral health related reports to KMHS for their own follow up, especially if this person is in their services.

The Kitsap County Sheriff's Office realizes that outreach and follow up is an area where all law enforcement agencies need to focus on, but because of staffing levels and the inability to assign someone to do so, this important service is not being provided. Our areas are so far spread out; we cannot place a service provider in one patrol car, in the Silverdale area for example, because follow-ups might also include the Port Orchard or Hansville area. This has been the challenge with the City of Poulsbo Navigators. We do not have a deputy we can dedicate to them for the sole purpose of follow-ups and outreach. The addition of this CIC Deputy would be utilized specifically for these purposes.

B. Evidence-based, Promising, Best or Innovative Practices

There position we are requesting is not an innovative concept, the Lakewood Police Department has dedicated a full-time police officer and partnered him with a Great Lakes Mental Health employee, to create a Behavioral Health Contact Team (BHCT). They City found value in this partnership, because they have a large amount of mental health in their area. The first year the BHCT was running they assisted over 200 people

in the community with getting the services they needed. This information can be found at <https://www.cityoflakewood.us/communications/blog/1198-behavioral-health-contact-team-helped-200-people-in-2015>. The City of Seattle has a far larger homeless population compared to us; therefore they have an entire team that is dedicated to this issue. The service providers are paired with a group of Seattle Police personnel to reach out and provide resources to the homeless population. More information can be found here. <https://homelessness.seattle.gov/meet-the-nav-team/>. Addressing the homeless population and helping decrease the numbers will help address the mental health and substance abuse concerns in our community, making it safe for those that are struggling, and the community as a whole.

C. Outreach

The CIC Deputy will have the time to go out to the areas where there is a large homeless population and begin to develop a rapport, finding out what resources they need. The CIC Deputy will partner with KMHS, Navigators, Homeless Advocacy Groups, and other local service providers to educate this population in what type of resources are available to them. Using a trained law enforcement staff member will allow these service providers to make contact with people that are in areas that are isolated and not safe for them to go out alone. The Navigators should not be expected to reach out to this hidden population, alone without anyone to assess safety concerns. Because of the safety concerns, the homeless populations that live in these isolated areas are ignored until there has been a crime committed or complaint from citizens. With the addition of the CIC Deputy, we can reach out to this untouched population.

D. Evaluation

The CIC Deputy will make at least 50 contacts with the homeless population per quarter in order to align them with services. This will equate to 200 the first year. The CIC Deputy will conduct 25 follow ups per quarter on reports that are mental health or substance abuse related. This will equate to 100 the first year.

2. Community Needs and Benefit (25 Points)

A. Policy Goal

This proposal will address four of the six policy goals, reducing the number of people in Kitsap County who recycle through the criminal justice system, including the jails and prisons. It will help reduce the number of chemically dependent and mentally ill youth and adults from initial and further criminal justice system involvement. There are

homeless youths in our community. It will help reduce the incidences and severity of chemical dependency and mental health disorders in adults and youths. Finally, it will improve the health status and wellbeing of Kitsap County residents.

This proposal is seeking to address various gaps that have been identified. The first, support a shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross training. A second gap will be to expand mental health and substance abuse prevention coalitions Countywide. This will be the first stage of establishing a Mobile Crisis Team and infrastructure to handle attempts by law enforcement or mental health outreach teams to preempt entry into the legal system, jail, or hospital. This proposal will address the gap by developing, enhancing, and expanding an adult diversion program for low level offenders with mental health or substance abuse disorders, A most important gap this will fill is establishing specialized homeless outreach services, including to the population of Veterans, mental health and substance abuse. The funding of this CIC Deputy is essential so these goals and gaps can be addressed and met.

B. Needs Assessment and Target Population

As mentioned above, we have a general idea of the population of homeless in Kitsap County. We also know there is a larger number that are uncounted because they are living in isolated areas where it is unsafe for many service providers to go out alone. We do not have a clear number at this time, but with this grant approval we will be able to report out more valid data.

C. Community Collaboration, Integration and Collective Impact

The CIC Deputy will work closely with KMHS and the Navigator Program to provide direct services to the homeless population. As mentioned before, these service providers expect us to work with them, but we do not have dedicated staff to do so. These two partners have access to many services that can help provide the resources needed to address the mental health and chemical dependency issues that are the underlying variable that correlates with being homeless. The Kitsap County Sheriff's Office is partnering with KMHS to request a Co-Responder Grant through Washington Association of Sheriff's and Police Chiefs (WASPC) in order to have a Designated Crisis Responder (DSR) dedicated to Kitsap County Sheriff's on a 24 hour basis to answer crisis calls with deputies throughout the county. If we receive this grant through WASPC we expect our partnership with KMHS to grow even more so, having a direct line of communication and collaboration with each other. The CIC Deputy will be able to work

not only with KMHS for follow-ups after a crisis, but the Navigators can also provide their support. Working together as a team will allow all of us to align and focus on the services these people need.

3. Organizational Capacity (25 Points)

A. Organizational Governance

The Kitsap County Sheriff's Office (KCSO) will be considered the lead organization and take the responsibility of fiscal management. Although KCSO is the lead, the partnership and commitment spans throughout the law enforcement agencies in Kitsap County. Sheriff Gary Simpson is the elected official who oversees the Sheriff's Office. The elected sheriff has the ability to appoint certain positions, which is considered the executive staff of the organization. Sheriff Simpson has appointed Undersheriff Gese, Chief of Patrol Steve Duckworth, Chief of Detectives/Support Services Dave White and Chief of Corrections Mark Rufener. Within the three divisions, patrol, detectives/support services, and corrections, a chief oversees their operations and staffing. The Sheriff employs 119 deputies, 91 corrections officers and 35.25 support staff. Each of the chiefs are responsible for their specific division and day-to-day operations.

B. Organizational Finances

Kitsap County is a local government and uses the modified accrual basis of accounting. The county uses fund accounting and reports on governmental, proprietary and fiduciary funds on its CAFR each year. Governmental funds include the general fund, special revenue funds, capital projects funds and debt service funds.

The county is decentralized and departments and offices are responsible for monitoring the financial activity in the funds and cost centers (business units) under their purview. The auditor's office is responsible for processing accounts payable and payroll, and for annual financial statement preparation (CAFR).

Departments and offices must comply with the county's purchasing policy (i.e. dollar amount thresholds for certain types of purchases require purchase orders or contracts). Individuals within departments and offices are authorized to approve invoices and payment vouchers. Departments and offices submit payment vouchers to the auditor's office for processing. The auditor's office audits the vouchers and, if they contain all required support and authorizations/approvals, processes them for payment. Payments are issued daily.

Departments and offices submit employee timecard information to the auditor's office for payment (bi-weekly); employee timecards or time entry is approved at the department level by authorized individuals. The auditor's office payroll processes payroll for all county departments and offices.

Departments and offices are responsible for grant reporting and compliance. The auditor's office is responsible for annual SEFA preparation, audit (by the State Auditor's Office), and submission to the Federal Audit Clearinghouse.

The Sheriff's Office's fiscal operations are managed by the Administrative Manager who reports directly to the Undersheriff. The Administrative Manager is responsible for managing the financial aspects of the Sheriff's Office to include oversight of financial procedures, administrative functions of the Sheriff's Office cash receipting program, balancing accounts, managing cash balances, ensuring periodic internal audits are conducted to maintain compliance with the county's financial procedures, and all financial and activity grant reporting.

The Kitsap County Auditor's Office and the State Auditor's Office conduct periodic audits to ensure proper financial procedures are being followed. The Department of Justice also conducts periodic site visits to ensure proper procedures are followed with regard to federal grants.

The Sheriff's Office inventory and Jail were audited by the Washington State Auditor's Office for the period January 1, 2017 through December 31, 2017. They found we complied with applicable requirements and provided adequate safeguarding of public resources. We also complied with state laws and regulations and our own policies and procedures in the areas examined.

Department of Justice representative Jeffrey Felten-Green conducted an audit in June, 2017 of the Department of Justice Ed Byrne Grant. While the audit results have not been finalized, he indicated by phone he found nothing questionable.

C. Staffing Qualifications

Must be a Commissioned Deputy with the Kitsap County Sheriff's Office.
Must have successfully completed the probationary period as of November 4, 2018.
Applicant must be willing to commit to an assignment period of three (3) years.

D. Organizational Licenses and Certifications- Does not apply

E. History of Project Management

The Kitsap County Sheriff's Office has obtained several grants from the Department of Justice to include a \$750,000 COPS grant and the Ed Byrne Memorial Justice Assistance Grant. The COPS grant was over the course of four years and required quarterly reports of wages, benefits, and activity. All reports were prepared and submitted on time. We have maintained proper documentation to include all financial and activity reports together with appropriate documentation of our reporting data. Each year we obtain a Department of Justice Ed Byrne grant for purchase of equipment and/or salaries and benefits of law enforcement personnel. This grant also requires management of purchases and/or salaries and benefits to include staying within budget,

ensuring only allowed items are reimbursed, and all quarterly, semi-annual, and final activity and financial reporting.

4. Project Financial Feasibility (10 Points)

A. Budget Narrative-

This proposal is for one full-time Deputy position, which is \$118,792.00 in salary and benefits, \$55,000.00 for a patrol vehicle and \$10,000.00 for a computer. Our agency does not have extra patrol vehicles and computers; therefore we are asking to fund these items as well.

B. Additional Resources and Sustainability

The Sheriff's Office realizes this position is needed, but we do not have the staffing levels to cover these responsibilities. The position we are requesting will ideally be funded through this tax source and eventually the Commissioners will add this deputy position to the budget. The investment in this position will allow the CIC Deputy to make contact with the homeless population. The CIC Deputy will be dedicating their time to helping the homeless population find resources and hopefully changing their current situation.

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 a 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: CIC Deputy

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>Conduct outreach to homeless population</p>	<p>CIC Deputy will make contact with at least 200, 50 per quarter, homeless people in Kitsap County to help connect them to resources</p>	<p>Going out and making contact with 200, 50 per quarter, people who are homeless</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 01/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>We currently do not provide this service, except when there is a call for service</p>	<p>CIC Deputy will keep track of contacts and their disposition</p>
<p>Follow ups on reports</p>	<p>CIC Deputy will follow up on reports that are related to mental health and substance abuse.</p>	<p>CIC Deputy will follow up on at least 25 reports per quarter</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 01/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>We do not have a dedicated staff member for this.</p>	<p>CIC Deputy will keep track of contacts and their disposition</p>
	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p><input 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</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Sheriff's Office

Project: CIC Deputy



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 24,351.94	0%	\$ -	0%	\$ 1.00	100%
WA State Revenue	\$ 48,109.84	1%	\$ 44,300.00	0%	\$ -	0%
Local Revenue	\$ 6,443,308.05	75%	\$ 6,779,898.00	76%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 1,999,384.28	23%	\$ 2,077,200.00	23%	\$ -	0%
Miscellaneous Revenue	\$ 27,459.70	0%	\$ 10,000.00	0%	\$ -	0%
Total Agency Revenue (A)	\$ 8,542,613.81		\$ 8,911,398.00		\$ 1.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ 1.00	100%
Staff	\$ 19,292,245.76	53%	\$ 20,047,249.00	53%	\$ -	0%
Total Benefits	\$ 7,890,661.00	22%	\$ 8,347,138.00	22%	\$ -	0%
Subtotal	\$ 27,182,906.76	74%	\$ 28,394,387.00	75%	\$ 1.00	100%
Supplies/Equipment						
Equipment	\$ 168,654.33	0%	\$ 226,200.00	1%	\$ -	0%
Office Supplies	\$ 1,376,289.16	4%	\$ 1,352,850.00	4%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,544,943.49	4%	\$ 1,579,050.00	4%	\$ -	0%
Administration						
Advertising/Marketing	\$ 842.05	0%	\$ 8,500.00	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 70,274.54	0%	\$ 74,050.00	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 22,160.11	0%	\$ 31,750.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 126,628.53	0%	\$ 147,100.00	0%	\$ -	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 219,905.23	1%	\$ 261,400.00	1%	\$ -	0%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 105,391.97	0%	\$ 163,850.00	0%	\$ -	0%
Utilities	\$ 436,822.06	1%	\$ 496,950.00	1%	\$ -	0%
Other (Describe) Contract Medical	\$ 1,903,054.53	5%	\$ 1,788,400.00	5%	\$ -	0%
Other (Describe) Rental Leases	\$ 141,414.11	0%	\$ 161,100.00	0%	\$ -	0%
Other (Describe) Capital Outlay, dues, intergovmt	\$ 1,036,944.39	3%	\$ 899,126.00	2%	\$ -	0%
Subtotal	\$ 3,623,627.06	10%	\$ 3,509,426.00	9%	\$ -	0%
Other Costs						
Debt Service	\$ 8,556.72	0%	\$ 8,600.00	0%	\$ -	0%
Other (Describe) Interfund billing, computers, etc.	\$ 4,087,956.10	11%	\$ 4,052,365.00	11%	\$ -	0%
Subtotal	\$ 4,096,512.82	11%	\$ 4,060,965.00	11%	\$ -	0%
Total Direct Expenses	\$ 36,667,895.36		\$ 37,805,228.00		\$ 1.00	

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

Special Project Budget Form

Agency Name: Kitsap County Sheriff's Office Subcontractor: Yes NO

Project: CIC Officer

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	\$ 85,717.00	40%	\$ 85,717.00	47%		0%
Total Benefits	\$ 33,075.00	16%	\$ 33,075.00	18%	\$ -	0%
SUBTOTAL	\$ 118,792.00	56%	\$ 118,792.00	65%	\$ -	0%
Supplies & Equipment						
Equipment	\$ 18,000.00	8%	\$ 10,000.00	5%	\$ 8,000.00	29%
Office Supplies	\$ -	0%		0%	\$ -	0%
Other (Describe): Patrol Vehicle	\$ 55,000.00	26%	\$ 55,000.00	30%	\$ -	0%
SUBTOTAL	\$ 73,000.00	34%	\$ 65,000.00	35%	\$ 8,000.00	29%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%		0%	\$ -	0%
Training/Travel/Transportation;Instructors	\$ 20,000.00	9%		0%	\$ 20,000.00	71%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 20,000.00	9%	\$ -	0%	\$ 20,000.00	71%
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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 211,792.00		\$ 183,792.00		\$ 28,000.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: Kitsap County Sheriff's Office Subcontractor: Yes

X NO

Project: 2018 Step 6 Deputy at 3% Longevity

Description

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

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	-
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	85,717.00
Description: 2018 Step 6 Deputy at 3% Longevity	\$	85,717.00
Description:	\$	-
Description:	\$	-
Total Salaries	\$	85,717.00

Total Payroll Taxes	\$	9,506.00
Total Cost of Benefits	\$	18,916.00
Total Cost of Retirement	\$	4,653.00
Total Payroll Costs	\$	118,792.00

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap County Sheriff's Office

Proposal Title: Reentry Officer and Reentry Coordinator

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

Number of Individuals Screened: 8,843 Number of Individuals Served: See Attached

Proposal Summary:
 The Kitsap County Sheriff's Office is requesting funding for a Reentry Officer and Reentry Coordinator to collaborate with the current services that are being provided in the jail, and also add services that are currently not being offered. We are also asking for funding to receive training and access to the Correctional Assessment & Intervention System (CAIS). The CAIS is a validated tool that will help assess risk and needs of offenders and help put those incarcerated on the right track to reduce recidivism.

Requested Funds Amount: \$210,720.23

Matching/In-kind Funds Amount: \$28,501.00

Street Address: 614 Division Street MS#33

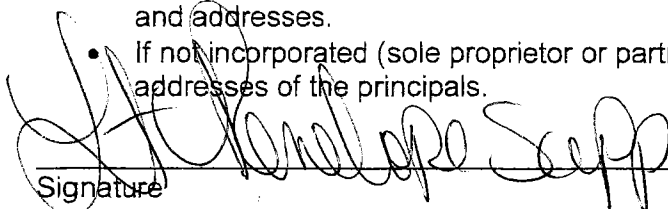
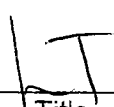
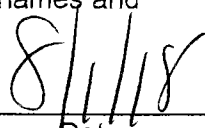
City: Port Orchard State: WA Zip: 98366

Primary Contact: Penelope Sapp Phone: 360-337-4514 E-Mail: psapp@co.kitsap.wa.us

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

Federal Tax ID Number: 91-6001348

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

Signature Title Date

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

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

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

1. Project Description (40 Points)

A. Project Design

The Kitsap County Sheriff's Office is requesting funding for a Reentry Officer and Reentry Coordinator to collaborate with the current services that are being provided in the jail, and also add services that are currently not being offered. We are also asking for funding to receive training and access to the Correctional Assessment & Intervention System (CAIS). The CAIS is a validated tool that will help assess risk and needs of offenders and help put those incarcerated on the right track to reduce recidivism.

Over the course of the last few years, we have had several service providers request entry into the jail, some that are funded through this tax, such as West Sound Treatment. The requests have increased, and so has the workload on our staff. Jail staff is unable to meet the needs of the service providers that are currently embedded in the jail, and those that are seeking to be added. Agencies such as Westsound Treatment, YWCA Domestic Violence, Coffee Oasis, Goodwill, Kitsap Mental Health, Western State Hospital and Port Gamble S'Klallam Tribe that have been providing classes and services in the jail to help facilitate a successful transition into the community for those incarcerated and fill the gap in services. These partners have dedicated their time in the jail, but they often struggle trying to get class rosters, have inmates transported to the classrooms, and connect their participants to services by use of a phone that does not require collect calls. The jail cannot meet the needs of these service providers for them to be successful in what they are trying to accomplish. Additionally, the support lieutenant is the coordinator of these programs and does not have the time to dedicate to the needs of the organizations, such as getting backgrounds completed, holding security classes, gathering data, and managing all the collaboration meetings. These programs are suffering by no fault of anyone, just that there is not enough staff to handle their needs. That is why funding a Reentry Officers and Reentry Coordinator is important, so they can work closely with all the organizations that want to provide services to those incarcerated. Services to people that have a mental illness or chemical dependency.

With mental health and chemical dependency, the jail has a large population that needs services which start right from when they enter the jail. When looking at jails it appears that the common focus is on services provided to those that are getting released, but not really looking at what can be done pre-release. The transition preparation for someone who is incarcerated should start the day they enter the jail and really start to intensify when they are about to be released. Jails have the challenge of dealing with a

population that is only there for a smaller time period compared to a prison, but that does not mean we should not attempt to reduce recidivism by offering them pre-release services and do so in a manner that will increase success. This cannot be done in the current state the jail is in. We do not have the time and staffing to handle the increase of services that are currently offered in the jail and we cannot move forward with what we want to implement.

To give you a general idea of what the data is in the jail, here is a snapshot of 2017. Kitsap County Jail's average daily population was about 416. The jail is often the where mentally ill people will find themselves when there is a crime committed and no other option. This is a sad fact, but jails throughout the country are commonly referred to as the de-facto mental institutions. While it is hard to capture the exact data of how many mentally ill people we had incarcerated of the 8,843 that were booked in the jail, 1,167 of them were prescribed psychotropic medications. This number does not reflect the many that refuse to take medication which is quite a few, but that data cannot be calculated. In addition to mental health, the jail has seen a dramatic increase of drug, more specifically Opioids, and alcohol, which both are dangerous when going through the withdrawal. Last year our medical staff had to initiate detox protocols on 4,153 different prisoners. The protocol requires comfort medication prescriptions and vital checks for a 5-day period, 3 times a day, on each person. That calculates out to be approximately 20,766 detox checks. Finally, in 2017 we experienced an 85% recidivism rate, meaning of those arrested last year 85% were rearrested again that same year.

There is a lot more that we as a jail can do to provide even more effective services to help assist with an even more successful transition, this includes adding Worksource to our partnership, offering GED classes to those that will be here for an extended amount of time, and Medical Assisted Treatment (MAT), to name a few. We want to add the Port Gamble re-entry model that experienced a 75% decrease in recidivism among their native residents. This is where the CAIS is integrated to properly assess those incarcerated receive a proper assessment. After the assessment, they would be placed in programming that would focus on people who have either a mental health component and substance abuse dependency. The Reentry Coordinator and Reentry Officer would work closely together and collaborate with the other agencies that are providing services in the jail. The Reentry Officer and Reentry Coordinator sole responsibility would be to work collaboratively with all the service providers, and those receiving the services.

Reentry Officer Duties-The duties of the Reentry Officer would include assisting with conducting CAIS assessments on individuals to initiate mental health or drug evaluations. The Reentry Officer would also be answering requests from those incarcerated asking for services while they are in jail. We receive many requests a day for many different reasons, and the Reentry Officer would respond to those that need services. The Reentry Officer would create class rosters, so the instructors will know who to expect for their classes. Another main function of this officer's duties would be escort the prisoners to the classes and sit in the sessions, or close by depending on the sensitivity of the class, in order to provide security. With this officer addition we will be able to mix the genders and classification levels in most classes, allowing other classes to be added to the week to maximize the window of time we must provide these services. We currently cannot mix either, so there is an untouched population, which is

the mentally ill and many that suffer from substance abuse. Another important role of this officer is they will be working close with the service providers to facilitate a release plan for the prisoner, so they can be handed off upon release and immediately start with services in the community. For example, substance abuse or mental health treatment, transported to a community health center to receive a Naloxone (OPIOD Blocker) injection, etc. This officer will know release dates and be able to work with the Reentry Coordinator and service providers to follow through with the plan upon prelease. Our current staffing does not have the time to handle these needs, so the prisoner is often released into the community with no plan, or because of miscommunication they are released without the service provider knowing. When this occurs, the prisoner will not seek the services they agreed to and will soon return to the jail after committing another crime. The Reentry Officer and Reentry Coordinator would collaborate between themselves, the services embedded in the jail, and those in the community, to help facilitate a successful transition into the community.

Reentry Coordinator's Duties-This will be a civilian position who will also be trained to utilize CAIS. The coordinator will take on the responsibilities that currently the support lieutenant in the jail is doing, plus so much more that is not being done due to time constraints. The coordinator will continue to enhance and develop reentry services, plus evaluate the curriculum. They will coordinate with the Reentry Officer and program leads, meeting on a frequent basis to go over case planning and transition plans for prisoners upon release. Negotiate and write contracts with providers, enlist and develop working relationships with other departments to provide services to those in the reentry programs. Contact and engage local businesses and other organizations to support the Reentry program by providing job-training opportunities. Meet with such partners to monitor their experience with the program and encourage their continued participation. Maintain and provide statistics for grant reporting for the reentry program. Assist in grant writing in support of the reentry program. Maintain statistics and information required for evaluation of the reentry program. Prepares briefings and lead regular meetings for community and team meetings.

The Reentry Officer and Reentry Coordinator's sole responsibility will be to support those services that have tried to fill the gap in providing behavioral health screenings, referral for treatment, referrals to therapeutic courts and enhance linkage at discharge to comprehensive services including care coordination, access to medication, benefits, health care, etc. These are gaps that have been identified in your strategic planning. Additionally, the Kitsap County Jail has been actively pursuing Medical Assisted Treatment, but this is something that takes a lot of time and planning. A task that we cannot currently handle today if we were to implement. The jail wants to continue to work with these service providers and even enhance the services we currently have, but we cannot continue to meet the needs in our current state. Our division suffered loss of several positions during the recession, about 13, and we have only recouped 5 of those positions. Our jail staffing levels have not met the needs of normal day-to-day operations, so the secondary tasks such as reentry programs, are labeled discretionary and can be addressed when we have time. These additional two positions would allow the jail to support the needs of the reentry services, enhance them, and reduce recidivism.

B. Evidence-based, Promising, Best or Innovative Practices

This proposal for additional staff is to assist with the current programs we have in jails and implement those that we do not. This idea of a Reentry Officer and Reentry Coordinator is not innovative, it is being utilized in several jails throughout the State of Washington. Clark County Jail has a robust Reentry Team and in the if you look up on You Tube at https://www.youtube.com/watch?v=8jKo_MB6-U, you will see what they provide in their facility. There is an additional article at https://www.clark.wa.gov/.../newsletters/ReentryNews_June2016.pdf that highlights success stories of inmates that have been provided these reentry services. Clark County Jail is a great model to follow and the following link will provide you more insight. <https://www.clark.wa.gov/sheriff/corrections-branch>.

The CAIS we are proposing funding for is a validated tool and is designed to allow face-to-face interviewing that will allow our staff to discover the underlining motivation for their criminal behavior, for example mental health or substance abuse. The has shown to reduce recidivism by locating the variables that are correlated to criminal behavior and increase recidivism. This is the tool that Port Gamble used with their reentry program, where they had 80 participants and only 20 returned to jail. You will find information on CAIS at: <https://www.nccdglobal.org/assessment/correctional-assessment-and-intervention-system-cais>

<https://nicic.gov/beyond-risk-and-needs-assessments>

In conjunction with CAIS and the additional two positions, the Kitsap County Reentry Programs will see success. The jail itself is the primary place to work with these individuals while they are incarcerated and develop a plan for them, with them. If we could just reduce recidivism to 50%, it would be a success to everyone, including the taxpayers who fund the large jail budget that revolves around the care and supervision of prisoners.

C. Outreach

The plan for outreach is quite simple, it will occur when someone is brought into custody and an CAIS is completed. This will trigger there is a need for services and the Reentry Officer and Coordinator can collaborate with all the services that are embedded in the jail to initiate a plan as to what services they need. Additionally, prisoners in the jail can send requests through the KIOSK system to initiate services. Finally, referrals from staff will be allowed. Because we will be conducting the CAIS upon entering the jail, everyone will be interviewed, but in cases where they may be suffering from drug induced or mental health psychosis, the CAIS might have to be put off. However, those will be the people we would want to prioritize.

D. Evaluation

Because there is no one in the jail that has direct access to the data of the programs that are currently embedded in the jail, we have no idea of who is getting services and

who is not. It is also not communicated to us as to if there is a reduction in recidivism after these people receive their services. Finally, we have no input to who should have access to these services. The prisoners that are in these services currently are either referred to by the courts or they can request services through the KIOSK. We are not meeting the needs of those with mental health, because they are often housed in units that cannot attend because of their housing needs. We would like to capture how many receive services, both mental health and chemical dependency related. Data on how many are transitioned into the MAT. Finally we would like to see a reduction in recidivism, as reduction in bed days used at the jail. From that data we would be able to articulate a savings to taxpayers. It is important to note, our 2018 bed rates will be about \$98.00, which is calculated on an average per prisoner cost. Those with mental illness and chemical dependency are the ones that cost more because of medication and treatment needed. Additionally, they often destroy jail property, another cost that is not even considered when we calculate daily bed rates.

2. Community Needs and Benefit (25 Points)

A. Policy Goal

This proposal will meet four of the six policy goals, which includes reducing the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons. It will also reduce the number of chemically dependent and mentally ill adults from further criminal justice system, involvement. It will reduce the incidence and severity of chemical dependency and/or mental health disorders in adults. Finally, it will improve the health status and wellbeing of Kitsap County residents.

In relation to the gaps, this proposal will assist filling the gap to develop, enhance, or expand an adult diversion program, for low level offenders with mental illness or substance abuse disorders. Provide behavioral health screening, brief intervention, and referral for treatment for adults in primary care. Increase access and options for MAT. Expand behavioral health outreach, assessment, intervention, referral and treatment in jail. These gaps have slowly been attempted through the services we have imbedded in the jail, but they cannot be successful without the jail staff to support them. Despite wanting to help reduce recidivism, our staff cannot handle the extra duties that are needed in reentry. The jail is the best place to begin treatment and reduce recidivism.

B. Needs Assessment and Target Population

The Kitsap County Jail booked 8,843 people into jail in 2017, and we are target to book that many this year. A CAIS will be conducted on everyone that is booked into the jail to determine who has immediate mental health and chemical dependency. What is unknown is how many that will be and if this limited staff can handle what is suspected to be a high number. What we can do is prioritize and try to get those in services that have a high need. For reentry classes, with the funding of the Reentry Officer, we will be able to allow those that are housed in the higher classification pods attend these classes. All of this data will be captured and reported back to Citizens Advisory Group.

C. Community Collaboration, Integration and Collective Impact

To hit the population target, those with a mental illness and chemical dependency, the CAIS will be the instrument to trigger a case plan needs to be initiated. The jail already has the following partners embedded in the jail:

- Westsound Treatment-New Start and Chemical Dependency Evaluations
- YWCA-Providing domestic violence classes
- DSHS-To assist prisoners who are delinquent in their child support
- Port Gamble-Providing cultural classes to Native Americans
- Dispute Resolution Center-Providing prisoners with conflict resolution tools
- Worksource-In August will begin job skills training
- Western State Hospital-Providing mental health evaluations ordered by the courts
- Hargrove-A Kitsap Mental Health Services employee who connects prisoners to mental health care upon release
- Jail Diversion Program-This staff is funded through Trueblood who help divert people from the courts to services

We would also like to collaborate with Peninsula Community Health and other providers to help prisoners receive Naloxone (OPIOD Blocker) injection. This must be administered immediately after release to avoid drug use, and overdose deaths. This is something we have experienced too much recently. Olympic College has also expressed their desire to provide GED classes in the jail, and we could move forward with this class. We will also collaborate more with the Reentry Task Force, which has grown in numbers and opportunities. The Reentry Officer and Coordinator can look into so many options to help the prisoners transition into the community successfully and with a plan.

3. Organizational Capacity (25 Points)

A. Organizational Governance

The Kitsap County Sheriff's Office (KCSO) will be considered the lead organization and take the responsibility of fiscal management. Although KCSO is the lead, the partnership and commitment spans throughout the law enforcement agencies in Kitsap County. Sheriff Gary Simpson is the elected official who oversees the Sheriff's Office. The elected sheriff has the ability to appoint certain positions, which is considered the executive staff of the organization. Sheriff Simpson has appointed Undersheriff Gese, Chief of Patrol Steve Duckworth, Chief of Detectives/Support Services Dave White and Chief of Corrections Mark Rufener. Within the three divisions, patrol, detectives/support services, and corrections, a chief oversees their operations and staffing. The Sheriff employs 119 deputies, 91 corrections officers and 35.25 support staff. Each of the chiefs are responsible for their specific division and day-to-day operations.

B. Organizational Finances

Kitsap County is a local government and uses the modified accrual basis of accounting. The county uses fund accounting and reports on governmental, proprietary and fiduciary funds on its CAFR each year. Governmental funds include the general fund, special revenue funds, capital projects funds and debt service funds.

The county is decentralized and departments and offices are responsible for monitoring the financial activity in the funds and cost centers (business units) under their purview. The auditor's office is responsible for processing accounts payable and payroll, and for annual financial statement preparation (CAFR).

Departments and offices must comply with the county's purchasing policy (i.e. dollar amount thresholds for certain types of purchases require purchase orders or contracts). Individuals within departments and offices are authorized to approve invoices and payment vouchers. Departments and offices submit payment vouchers to the auditor's office for processing. The auditor's office audits the vouchers and, if they contain all required support and authorizations/approvals, processes them for payment. Payments are issued daily.

Departments and offices submit employee timecard information to the auditor's office for payment (bi-weekly); employee timecards or time entry is approved at the department level by authorized individuals. The auditor's office payroll processes payroll for all county departments and offices.

Departments and offices are responsible for grant reporting and compliance. The auditor's office is responsible for annual SEFA preparation, audit (by the State Auditor's Office), and submission to the Federal Audit Clearinghouse.

The Sheriff's Office's fiscal operations are managed by the Administrative Manager who reports directly to the Undersheriff. The Administrative Manager is responsible for managing the financial aspects of the Sheriff's Office to include oversight of financial procedures, administrative functions of the Sheriff's Office cash receipting program, balancing accounts, managing cash balances, ensuring periodic internal audits are conducted to maintain compliance with the county's financial procedures, and all financial and activity grant reporting.

The Kitsap County Auditor's Office and the State Auditor's Office conduct periodic audits to ensure proper financial procedures are being followed. The Department of Justice also conducts periodic site visits to ensure proper procedures are followed with regard to federal grants.

The Sheriff's Office inventory and Jail were audited by the Washington State Auditor's Office for the period January 1, 2017 through December 31, 2017. They found we complied with applicable requirements and provided adequate safeguarding of public resources. We also complied with state laws and regulations and our own policies and procedures in the areas examined.

Department of Justice representative Jeffrey Felten-Green conducted an audit in June, 2017 of the Department of Justice Ed Byrne Grant. While the audit results have not been finalized, he indicated by phone he found nothing questionable.

C. Staffing Qualifications

Reentry Officer Minimum Qualifications:

1. Must be a Corrections Officer with the Kitsap County Sheriff's Office.
2. Must have successfully completed the probationary period as of November 4, 2018.
3. Applicant must be willing to commit to an assignment period of three (3) years.

Reentry Coordinator Qualifications:

- Education: A Bachelor's Degree is required, with an emphasis on Criminal Justice and/or social work is preferred.
- Work Experience: Law Enforcement work experience is preferred.
- Licensing/Certification: Requires a valid Washington State Drivers License, and a reliable vehicle.
- Personal Computer Skills: Basic personal computer skills are required, as well as the ability to learn word processing, spread sheet and other software programs.
- Other: Familiarity with reservation communities.
- Ability to communicate effectively with offenders, families and all service providers.
- Ability to act independently and make sound judgments within casework protocols.
- Must pass a criminal background check.

D. Organizational Licenses and Certifications-We are not licensed but have licensed professionals here through Kitsap Mental Health and Correct Care Services.

E. History of Project Management

The Kitsap County Sheriff's Office has obtained several grants from the Department of Justice to include a \$750,000 COPS grant and the Ed Byrne Memorial Justice Assistance Grant. The COPS grant was over the course of four years and required quarterly reports of wages, benefits, and activity. All reports were prepared and submitted on time. We have maintained proper documentation to include all financial and activity reports together with appropriate documentation of our reporting data. Each year we obtain a Department of Justice Ed Byrne grant for purchase of equipment and/or salaries and benefits of law enforcement personnel. This grant also requires management of purchases and/or salaries and benefits to include staying within budget, ensuring only allowed items are reimbursed, and all quarterly, semi-annual, and final activity and financial reporting.

4. Project Financial Feasibility (10 Points)

A. Budget Narrative

The budget for this proposal includes the position of corrections officer which is \$100,189.20 including salary and benefits. For the Reentry Coordinator this falls under the Kitsap County Program Supervisor Position, which is \$100,531.00 with salary and

benefits. We are also asking for \$10,000.00 for the ability be trained and certified to use the CAIS. This will allow up to ten people to be certified and we could include classification officers in this to help with the large overflow on some days.

B. Additional Resources and Sustainability

We cannot continue to sustain the level of service that is being currently expected and desired from the reentry programs, and we will not be able to enhance either, without the positions requested. The positions we are asking for are ideally funded through this tax source and eventually the Commissioners will add these positions in the Sheriff's Office budget. The investment of the funding for these positions will help reduce recidivism, along with lowering the direct costs to the jail, which is funded by the taxpayers of Kitsap County.

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 a 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: Reentry Officer and Reentry Coordinator

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Increase number of prisoners that receive services	The jail will have direct access to the data of those receiving reentry services	Number of prisoners receiving services	<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: 04/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	The jail does not have figures on who receives services, we just escort prisoners to the class.	The officer and coordinator will keep track of this data
Decrease bed days in jail	After they have been provided services and released, we will be able to measure if they return to jail	Reduce bed days in jail	<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 checked="" 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: 06/01/2018 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	2017 we experienced an 85% recidivism rate, meaning of those arrested last year 85% were rearrested again that same year.	The data from above can be used to see the reduction of bed dates.
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input 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 type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other:	Click here to enter text.	Click here to enter text.

EVALUATION WORKSHEET

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Sheriff's Office

Project: Reentry Officer and Reentry Coordinator



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 24,351.94	0%	\$ -	0%	\$ 1.00	100%
WA State Revenue	\$ 48,109.84	1%	\$ 44,300.00	0%	\$ -	0%
Local Revenue	\$ 6,443,308.05	75%	\$ 6,779,898.00	76%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 1,999,384.28	23%	\$ 2,077,200.00	23%	\$ -	0%
Miscellaneous Revenue	\$ 27,459.70	0%	\$ 10,000.00	0%	\$ -	0%
Total Agency Revenue (A)	\$ 8,542,613.81		\$ 8,911,398.00		\$ 1.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ 1.00	100%
Staff	\$ 19,292,245.76	53%	\$ 20,047,249.00	53%	\$ -	0%
Total Benefits	\$ 7,890,661.00	22%	\$ 8,347,138.00	22%	\$ -	0%
Subtotal	\$ 27,182,906.76	74%	\$ 28,394,387.00	75%	\$ 1.00	100%
Supplies/Equipment						
Equipment	\$ 168,654.33	0%	\$ 226,200.00	1%	\$ -	0%
Office Supplies	\$ 1,376,289.16	4%	\$ 1,352,850.00	4%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,544,943.49	4%	\$ 1,579,050.00	4%	\$ -	0%
Administration						
Advertising/Marketing	\$ 842.05	0%	\$ 8,500.00	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 70,274.54	0%	\$ 74,050.00	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 22,160.11	0%	\$ 31,750.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 126,628.53	0%	\$ 147,100.00	0%	\$ -	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 219,905.23	1%	\$ 261,400.00	1%	\$ -	0%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 105,391.97	0%	\$ 163,850.00	0%	\$ -	0%
Utilities	\$ 436,822.06	1%	\$ 496,950.00	1%	\$ -	0%
Other (Describe) Contract Medical	\$ 1,903,054.53	5%	\$ 1,788,400.00	5%	\$ -	0%
Other (Describe) Rental Leases	\$ 141,414.11	0%	\$ 161,100.00	0%	\$ -	0%
Other (Describe) Capital Outlay, dues, intergovmt	\$ 1,036,944.39	3%	\$ 899,126.00	2%	\$ -	0%
Subtotal	\$ 3,623,627.06	10%	\$ 3,509,426.00	9%	\$ -	0%
Other Costs						
Debt Service	\$ 8,556.72	0%	\$ 8,600.00	0%	\$ -	0%
Other (Describe) Interfund billing, computers, etc.	\$ 4,087,956.10	11%	\$ 4,052,365.00	11%	\$ -	0%
Subtotal	\$ 4,096,512.82	11%	\$ 4,060,965.00	11%	\$ -	0%
Total Direct Expenses	\$ 36,667,895.36		\$ 37,805,228.00		\$ 1.00	

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

Special Project Budget Form

Agency Name: Kitsap County Sheriff's Office Subcontractor: Yes NO

Project: Reentry

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 71,136.00	31%	\$ 71,136.00	34%	\$ -	0%
Staff	\$ 69,659.20	30%	\$ 69,659.23	33%	\$ -	0%
Total Benefits	\$ 51,870.00	22%	\$ 59,925.00	28%	\$ -	0%
SUBTOTAL	\$ 192,665.20	83%	\$ 200,720.23	95%	\$ -	0%
Supplies & Equipment						
Equipment	\$ 7,500.00	3%	\$ -	0%	\$ 7,500.00	26%
Office Supplies	\$ 1,000.00	0%	\$ -	0%	\$ 1,000.00	4%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 8,500.00	4%	\$ -	0%	\$ 8,500.00	30%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 20,000.00	9%	\$ -	0%	\$ 20,000.00	70%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Assessment Tool	\$ 10,000.00	4%	\$ 10,000.00	5%	\$ -	0%
SUBTOTAL	\$ 30,000.00	13%	\$ 10,000.00	5%	\$ 20,000.00	70%
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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 231,165.20		\$ 210,720.23		\$ 28,500.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: Kitsap County Sheriff's Office Subcontractor: Yes No

Project: 2018 Step 7 Corrections Officer effective 7/9/18

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	\$	71,136.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	69,659.20
Description: 2018 Step 7 Corrections Officer	\$	69,659.20
Description:	\$	-
Description:	\$	-
Total Salaries	\$	140,795.20
Total Payroll Taxes	\$	16,110.00
Total Cost of Benefits	\$	35,094.00
Total Cost of Retirement	\$	8,721.00
Total Payroll Costs	\$	200,720.20

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap Mental Health Services (KMHS)

Proposal Title: Permanent Supportive Housing Pre-Development

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

Number of Individuals Screened: 120* Number of Individuals Served: 70*

*Projected number of individuals served when permanent supported housing is operational.

Proposal Summary:

Kitsap Mental Health Services, the Bremerton Housing Authority and Kitsap Community Resources participated in a Permanent Supportive Housing Feasibility Study, which concluded that a 70-unit project was feasible in our community. This request will fund the predevelopment costs necessary to construct a 70 unit permanent supportive housing complex serving individuals and couples experiencing chronic homelessness and living with mental health and/or substance use issues. Note: Pre-development refers to the period between deciding to pursue a project and closing on the permanent financing and includes design, engineering, zoning, site testing and development services required to make successful application to Federal Home Loan Bank, the Housing Trust Fund and 9% Low Income Housing Tax Credits.

Requested Funds Amount: \$ 119,900

Matching/In-kind Funds Amount: \$ 134,500

Street Address: 5455 Almira Drive NE

City: Bremerton State: WA Zip: 98311

Primary Contact: Monica Bernhard Phone: (360) 415-6672 E-Mail: monicab@kmhs.org

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

Federal Tax ID Number: 91-1020106

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

 CEO 07/31/2018
Signature Title Date

KMHS List of Board Members

Position 1				
Name: James Tracy		President		
Board Term Expiration Date: 6/30/19	Number of Years on Board: 22 years 10 mos.	City of Residence: Kingston		
Experience and qualifications: Attorney – Land Use law				
Position 2				
Name: Maureen Gaffney		President-Elect		
Board Term Expiration Date: 6/30/19	Number of Years on Board: 1 year – 10 mos.	City of Residence: Bremerton		
Experience and qualifications: Retired – Registered Nurse				
Position 3				
Name: Britt Feldman		Immediate Past President		
Board Term Expiration Date: 6/30/19	Number of Years on Board: 7 years- 10 mos.	City of Residence: Bremerton		
Experience and qualifications: Naval Base Kitsap Installation, Manager – Fleet and Family Support Program				
Position 4				
Name: Peter Douvis		Secretary-Treasurer		
Board Term Expiration Date: 6/30/19	Number of Years on Board: 15 years –10 mos	City of Residence: Bremerton		
Experience and qualifications: Retired Sr. Vice President Kitsap Bank				
Position 5				
Name: Jan Tezak, RN, MN		Board Member		
Board Term Expiration Date: 6/30/20	Number of Years on Board: 9 years 10 mos.	City of Residence: Poulsbo		
Experience and qualifications Retired Nursing Faculty, Olympic College				

Position 6		
Name: Bruce Harlow, Rear Admiral – USN (Ret)		Board Member
Board Term Expiration Date: 6/30/2021	Number of Years on Board: 11 years–10 mos.	City of Residence: Poulsbo
Experience and qualifications: Rear Admiral, USN (Ret)		
Position 7		
Name: Eve Willett		Board Member
Board Term Expiration Date: 6/30/19	Number of Years on Board: 10 years–10 mos.	City of Residence: Tumwater
Experience and qualifications: Business Owner – Red Pony Insurance Services		
Position 8		
Name: Jean Mackimmie		Board Member
Board Term Expiration Date: 6/30/2020	Number of Years on Board: 23 years – 9 mos.	City of Residence: Bremerton
Experience and qualifications: Retired Public Health Nurse		
Position 9		
Name: Patty Lent		Board Member
Board Term Expiration Date: 6/30/19	Number of Years on Board: 8 years – 10 mos.	City of Residence: Bremerton
Experience and qualifications: Retired Mayor, City of Bremerton		
Position 10		
Name: Steve Strachan		Board Member
Board Term Expiration Date: 6/30/2021	Number of Years on Board: 2 years – 10 mos.	City of Residence: Bremerton
Experience and qualifications: Executive Director - Washington Association of Sheriffs and Police Chiefs, Former Police Chief – City of Bremerton		
Position 11		
Name: Magdalena Pratt		Board Member
Board Term Expiration Date: 6/30/2021	Number of Years on Board: 4 months	City of Residence: Bainbridge Island
Experience and qualifications: Attorney		

**Kitsap County Mental Health, Chemical Dependency
& Therapeutic Court Programs
2019 New Project Request – Permanent Supportive Housing Pre-Development**

Attachment B

PROJECT BACKGROUND AND HISTORY:

Kitsap Mental Health Services, the Bremerton Housing Authority (BHA) and Kitsap Community Resources (KCR) participated in the Community Frameworks (CF) led Permanent Supportive Housing (PSH) Feasibility Study which recently concluded that a 70-unit project was feasible in our community. Community Frameworks is a not-for-profit housing developer with a solid track record of developing PSH for specialty populations. The study was funded by a 1/10th of 1% Citizens Advisory Board grant to KCR and identified the project scope, potential sites, capital funding sources, and operating/services budgets for a PSH project designed to serve chronically homeless Kitsap County residents with behavioral health needs. The final Community Frameworks Feasibility Study developed and outlines a recommended financial plan, predevelopment timeline and task list based on a 70-unit PSH facility.

Although KCR contracted with CF to conduct the original feasibility study, over the course of the six-month assessment the study partners mutually agreed that KMHS, currently a housing provider for persons with serious mental illnesses and behavioral health disorders, take the lead as project sponsor moving forward. As part of the feasibility process, partners participated in site visits to several PSH projects, and CF led the partners in a series of stakeholder meetings that refined the project scope, thoroughly reviewed funding options, assessed potential sites, and facilitated discussion of the roles each organization might play in developing and operating a permanent supportive housing project. Early on, the partners achieved consensus that the most critical unmet need for homeless housing was the “hard to serve” homeless population, primarily single adults with serious mental illness and/or substance use disorders, who require significant support services in addition to safe and affordable housing. Consensus was to ground development and operations of the PSH project in principles of Housing First, the best practice known to improve overall health and well-being of those housed, reduce homelessness, reduce law enforcement encounters and unnecessary incarceration, and reduce emergency department visits.

This \$119,900 funding request will be used to fund a portion (45%) of the pre-development costs, the first step in building a 70-unit housing facility. Ultimately, the final number of units which can be built will depend on final site selection and zoning restrictions. PSH projects generally require a three year time span from start to finish, in order to secure and improve the selected site, generate the necessary funds from local, state, federal, loans and tax credits, and initiate and complete the construction process to occupancy. Projects in general, must first demonstrate that local funding sources are awarded, in order to further leverage these state and other financing sources. Given the scale of PSH, project development activities are usually conducted by a Housing Development company due to the complexity of financing; thus we propose continue in a contractual relationship with the feasibility study consultant, Community Frameworks.

1. PROJECT DESCRIPTION

A. Project Design

This request will fund the predevelopment costs necessary to construct a 70 unit permanent supportive housing complex serving individuals and couples experiencing chronic homelessness and living with mental illness and substance use disorders. Pre-development typically refers to the period between deciding to pursue a project and closing on the permanent financing. The current project plan for this project indicates this process will take 27 months (January 2018 – March 2020).

Project Deliverables: The deliverables from the pre-development process will include:

- Feasibility Study (Completed: Funded via 2018 1/10th grant to KCR)
- Site selection (In process.)
- Rezone expenses
- Architectural Design
- Third Party Reports (i.e. Environmental, Soil testing, constructability reviews)
- Contingency
- Development Services: All project development from concept to opening doors including: 1) Managing Zoning requirements, 2) Making application for capital funding (Low Income Housing Tax Credits, Housing Trust Fund, Federal Home Loan Bank), 3) Assembling and managing work of project team (Architect, Civil Engineer, Attorney, Investor, and general contractor), 4) Setting up the LLC for Tax Credits, and; 5) Construction management (budget and compliance during construction).

The project will be approximately 50,000 sq. ft. housing facility designed to meet needs of the target population, with a capital budget of \$18.3M, and located in an appropriately zoned location in the City of Bremerton. Project Based Vouchers are critical to any PSH in order to sustainably finance annual operations, and without which, most PSH cannot be operated. BHA is the local housing authority able to award Project Based Vouchers and they are currently restricted for use within the Bremerton City limits. The site must also, to meet public grantor requirements, be close to transportation, food, and services. Project scope itself is dependent on acquiring a site of sufficient size and appropriate zoning to enable the desired unit count. The primary sources of financing will be 9% Low Income Housing Tax Credits, Washington State Housing Trust Fund, Federal Home Loan bank and local capital funding sources. Demonstrating local capital funding sources is essential to leverage large public funding, illustrating the local citizenry is invested in a project. If a suitable site that accommodates the proposed 70 unit facility cannot be identified in the City of Bremerton, so that at a minimum our community can meet a portion of the major gap in the Kitsap County Homeless Housing Plan, Bremerton Housing Authority has offered to sign over title to a BHA owned property, appropriately zoned, which would support a much smaller, though still very critical, 30-unit PSH facility. Overall! cost of the project would be reduced proportionately.

The Permanent Supportive Housing Feasibility Study was completed in June, 2018, with the study identifying a site in the “freeway corridor” of Bremerton. Unfortunately, shortly after the completion of the study the identified site had just become “under contract” with another developer. Given the urgency of the housing crisis faced by

people experiencing homelessness in Kitsap County, the KMHS leadership team with the support of the KMHS Board, voted to proceed with pre-development efforts and persist in securing a suitable site. Therefore, with the concurrent understanding that KMHS has access to the smaller BHA site as a back-up option or “fall back” position, we will continue dedicated effort to identify an optimal, suitable site with a capacity for 70 units during the months of August through December 2018.

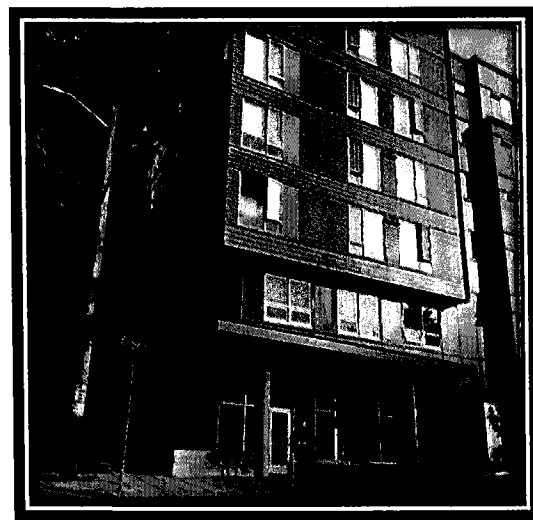
Project Timeline

- Conduct an initial feasibility study which will include site identification, capital funding options, operating and service delivery funding options, risk analysis, potential project schedule, pre-development work-plan and budget, and an overall recommendation as to concept feasibility. **(Completed June 2018)**
- Identify site and assess suitability of the identified site including height, number of units, building footprint, utility connections, etc. **(August – December 2018)**
- Full Site Control: **March 2019**
- Preliminary Design: **April 2019**
- Construction Cost Estimates: **Summer 2019**
- Secure financing including preparing application: **April – December 2019**
 - Federal Home Loan Application: (April – December 2019 (notification))
 - Apply for local funding: 1/10th, CDBG, Coordinated Grant (June–September 2019)
 - Housing Trust Fund – September 2019 – December 2019
 - Apply for Low Income Housing Tax Credits (January 2020 – February 2020)
 - LIHTC Investor Selection: March 2020
- Contractor Selection: **(March 2020)**
- Complete Final Design, apply for permits: **(June – August 2020)**
- Construction Begins **(September 2020)**
- Construction Complete, Certificate of Occupancy **(September 2021)**
- Place residents into the new units **(September– December 2021).**

Examples of Permanent Supportive Housing Projects



Catholic Charities, Spokane (50 units)



“The Estelle”, DESC, Seattle (91 units)

Who Will Be Served?

This project is designed to serve 70 individuals and couples who are residents of Kitsap County, experiencing chronic homelessness, and living with serious mental illness and/or substance use disorders. Once the facility is opened, we anticipate screening 120 individuals for eventual placement of 70 residents.

What Services Will Be Provided?

The service coordinators in the building will take the lead in developing housing stability plans for the people on their caseload. If the person does not want to participate, the plan will primarily focus on engagement efforts. Unit inspections will be conducted at least monthly and staff will look for unacceptable conditions such as fire hazards, hoarding and damage. The proposed supportive housing units will offer housing stabilization assistance without preconditions or service participation requirements, except for the expectation that participants comply with lease agreements. Services will include mental health and substance use engagement, housing search, primary care (including Medication Assisted Treatment), and employment services. And, while it is desirable for people to follow through with referrals to mainstream community resources and services, participation is not mandated, but presented as opportunities to improve housing stability, social, health, and economic well-being.

B. Evidence-Based, Promising, Best or Innovative Practices

Developing PSH: Affordable housing models include permanent supportive housing (PSH), Housing First, and recovery housing. Permanent Supported Housing is community-based housing targeted to extremely low-income households with serious and long-term disabilities. It combines permanent housing with case management and wraparound care. Research shows that this approach often fits within what people experiencing homelessness are seeking and there is documented success.

<https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/> and <https://store.samhsa.gov/product/Permanent-Supportive-Housing>

The proposed Permanent Supported Housing program will operate using the Housing First model, a nationally recognized best practice rooted in the premise that persons who are homeless do not have to agree to sobriety or treatment as a condition of entering or retaining housing. Housing First is also oriented to helping individuals and families sustain permanent housing quickly, regardless of prior engagement with services. <https://endhomelessness.org/resource/housing-first/>

At Time of Service Delivery: Engagement Models Use Evidence Based Practices

At the point of operationalizing this PSH project, our approach will incorporate recognized evidence-based best practices into the participant engagement service delivery model. Practices listed here are applicable for all adults; research shows them effective for persons with behavioral health disorders. KMHS staff are trained in and use

- Trauma Informed Care (TIC) emphasizes physical, psychological and emotional safety for both consumers and providers. It helps survivors rebuild a sense of control and empowerment. By becoming “trauma-informed”, all parties can

recognize that people often have many types of trauma in their lives. A TIC approach supports creation of the safe provider/participant relationship necessary for recovery. <https://www.samhsa.gov/nctic/trauma-interventions>

- Motivational Interviewing (MI) is a method for facilitating and engaging intrinsic motivation in order to change behavior. MI is a goal-oriented, person-centered approach which helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health. <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>; <https://www.centerforebp.case.edu/practices/mi>
- Recovery Model: Endorsed by the Substance Abuse Mental Health Services Administration, this model is person centered and strengths-based, in contrast to the medical model which focuses on disease and disability. This practice will be used by the onsite behavioral health staff to engage center guests in services and recognizes that people can and do recover from mental illness and substance use disorders. <https://www.samhsa.gov/recovery>
- Peer to Peer Model: A model recognizing that people with lived experience of mental and/or substance use disorders have a unique capacity to help others based on a shared affiliation and deep understanding of this experience. In mutual support, people offer this support, strength, and hope to their peers, allowing for personal growth, wellness promotion, and recovery. <https://www.samhsa.gov/recovery/peer-support-social-inclusion>

C. Outreach

Once KMHS has a Certificate of Occupancy for the facility, participants will be identified for housing through the Housing Solutions Center (HSC). The HSC team has strong referral relationships with PCHS, KMHS, KCR, Shelter providers, law enforcement, jail, therapeutic courts, the emergency department, and other local service providers so that persons in need of housing are almost always referred directly to HSC as the county's one-stop shop for housing services. HSC will also specifically identify the target population in several ways: First, the HSC is an active near daily partner to the Kitsap County Connect team and also provides its services twice weekly for participants at the Kitsap County Crisis Triage Center, and as such is responsible for identifying the most appropriate housing options available for each household. Both Kitsap Connect and the Kitsap County Crisis Triage Center program participants are among the highest utilizers of emergency services including EMS, law-enforcement, emergency departments, jail services, and the courts. These program participants are virtually always chronically homeless and in need of permanent housing, such as the housing created through this project. Second, the HSC has sites in Bremerton, Port Orchard, Poulsbo and Bainbridge Island where staff meet one on one with people who are homeless, often with behavioral health issues, and can be identified as benefiting from permanent supportive housing. When conducting intake with people experiencing homelessness, the HSC utilizes a recognized "vulnerability assessment" screen which ensures that only the most vulnerable households with a substance use disorder and/or mental illness are considered for this housing. HSC also has an AmeriCorps staff member focused on

community outreach and will engage homeless persons who are on the street, in emergency shelters, in makeshift camps and in drop-in centers. Third, the HSC will accept intake and screening referrals from other service providers including but not limited to, KMHS inpatient services, law-enforcement/EMS and therapeutic courts.

KMHS complies fully with local, state, federal laws and executive orders for national equal employment opportunity policies and provision of services. KMHS is committed to affording employment and participation to all employees, volunteers, interns, and applicants for employment, to providing agency services to consumers, and administering agency contracts consistent with applicable laws to ensure non-discrimination regardless of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, disabled veteran status, Vietnam era veteran status, disability, or other protected status under applicable laws. Cultural diversity training is conducted yearly for all staff; special population consultations are available.

D. Evaluation

Primary Goals

- 1) Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County by creating 70 units of permanent supported housing.
- 2) Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Expected Long-Term Outcomes

- 1) Reduction in number of unsheltered persons with mental illnesses and substance use disorders, including affiliated physical health conditions.
- 2) Reduction in mental health, substance use, and physical health crisis with concomitant reductions in unnecessary emergency department use and jail services.
- 3) Improvements in behavioral health/physical health that support living more successfully in the community.

Plan for Data Collection, Management and Analysis: Project goals, activities, and objectives outlined in Attachment D align with the project's performance outcome measures. The Chief Operating Officer and KMHS Development Team are responsible for managing the evaluation processes related to receipt of pre-development deliverables as contracted with Community Frameworks. With guidance of grantor epidemiologist, by January 2019 we will make any needed refinements to the evaluation plan. KMHS will ensure source documents associated with project activities are available for review according to the timeline described in the narrative and evaluation plan. Data collection methods rely on retaining and providing various items of written documentation such as legal site control, architectural design and estimated construction costs, with financing and funding applications and letters notifying receipt of awards. These documents provide confirmation of major activities necessary for successful completion of the pre-development phase of the PSH project and the established measures associated with each activity, objectives and outcomes. CF,

KMHS and our partners will also use these documents for quarterly shared analysis (or more frequently if needed) so as to proceed effectively to the next project phase. As the project moves forward, KMHS will employ a continuous quality improvement process (CQI) approach to the project milestones, in discussion with CF and our partners. Quarterly meetings will inform short, mid, long-term adjustments necessary to the program and facilitate communication of progress to both partners and funder. Quarterly reports will be written and available quarterly, or as otherwise requested by funders, and oral presentations of progress will be available upon request.

2. COMMUNITY NEEDS AND BENEFIT

A. Policy Goal:

This project will address the following three policy goals:

- 1. Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County** – This proposal would create 70 units of stable, permanent affordable housing for people with substance use disorders and/or serious mental illness.
- 2. Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.** – The Downtown Emergency Services Center (DESC) in Seattle has been the early adopter of the Housing First model and studies have demonstrated significant reductions in emergency service utilization following placement into a housing first facility. KMHS will operate this permanent supportive housing facility in accordance with proven Housing First operating models in Seattle and across the county. This attention to fidelity should ensure that our housing program will yield similar results as those experienced by DESC and other locations.
- 3. Improve the health status and wellbeing of Kitsap County residents** – Access to housing has long been identified as a key social determinant of health, given the underlying premise that once someone is stably housed they are far more likely to access support services including primary care and behavioral healthcare for mental illness and substance use disorders. Adding Housing First units will increase access to much needed permanent housing for this population, which in turn will improve the health and well-being of those who are served.

B. Needs Assessment and Target Population

The 2017 Kitsap County Behavioral Health Strategic Plan notes that 43% of 1/10th of 1% survey participants identified permanent supportive housing as one of the top three priorities for support by this important community funding source. The Plan also noted that ongoing gaps in services included access to capital for behavioral health housing and permanent supportive behavioral health housing. These priorities will each be directly addressed by this proposal. The 2018 Update to the Kitsap County Homeless Housing Plan further noted that, “individuals with the most severe, persistent, or complex barriers to housing stability are the most underserved...and they tend to be

difficult to place in existing shelter beds.” These conclusions are well supported by the following statistics:

- The 2018 Point in Time Count indicated that 146 individuals were experiencing unsheltered homelessness and an additional 66 people were spending the night in a short-term winter shelter.
- Of the 1,199 Literally Households served by the HSC in 2017, 40% (478) households self-reported mental illness, 20% (134) Substance Use Disorders, and 11% (134) co-occurring disorders.
- Of the 65 individuals currently served by the KMHS PACT program, which provides intensive 24/7 wraparound services for those with the most severe mental illnesses in our community, 31% (20) of them are currently homeless.
- Among KMHS’s 2,931 active adult program participants, 10.2% (298) individuals currently report they are homeless or immanent risk of homelessness.

Kitsap County’s Housing and Homeless Program office also reports that for every 100 very low-income households qualified to receive affordable housing, there are only 12 units available. Rents have risen 47% since the beginning of 2014, and vacancy rates are around 4.6%, making it extremely difficult for low-income persons to attain or retain permanent housing of any kind. These factors only serve to strengthen the need for effective housing stability services for those who are also suffering with the added challenge of Persistent Serious Mental Illness and/or Substance Use Disorders.

C. Community Collaboration, Integration and Collective Impact

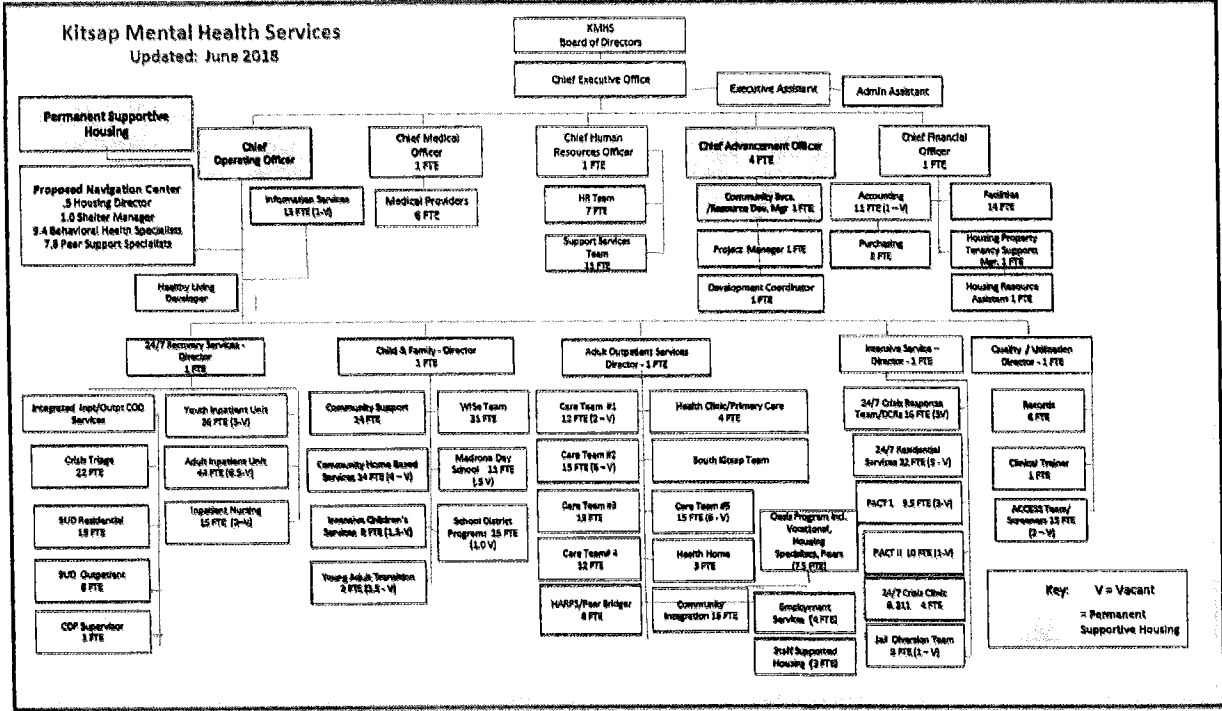
Kitsap County is fortunate to have several major services providers that are rooted in their desire to create and sustain a collective impact through the creation of permanent supportive housing units for people living in our community. In this proposal, each of the principle partners are bringing their core-competencies to the project:

- **KMHS:** Will serve as facility developer, owner and operator, and as operator, will provide onsite housing stability services as well as onsite engagement services to encourage and support treatment for mental illness and/or substance use disorders. KMHS will also function as property manager/landlord, ensuring a maintenance plan is in place and operationalized, and all property manager/landlord operational requirements are met.
- **Bremerton Housing Authority:** Will provide 56 Project Based Vouchers based on a 70-unit project. Project Base Vouchers are necessary to guarantee support of long term funding for ongoing facility operations and maintenance. BHA has also agreed to assign title to KMHS for an existing BHA property with a capacity to site and construct 30-units if necessary so that this critical project can go forward should a larger building site not be identified.
- **Kitsap Community Resources/Housing Solutions Center** – Will provide HSC intake, vulnerability screening, and housing referral services for the PSH tenants.

For purposes of moving forward with pre-development for this PSH project, KMHS intends to contract with Community Frameworks for development services. CF is a Seattle based non-profit housing developer with a site in Bremerton, and has been developing low income housing and community facilities for 40 years, including special needs housing for seniors, people with disabilities, victims of domestic violence, and homeless individuals and families. CF has developed emergency shelters, transitional and permanent housing and community service facilities throughout Washington State, in rural, small city, and urban locations. CF is based in Seattle with offices in Bremerton. Recent similar projects managed by CF include a 40-unit facility in Bellingham, 30-units of permanent supportive housing at Quixote Village near Olympia, and a 24-unit supportive housing complex for homeless families with children.

3. ORGANIZATIONAL CAPACITY

Kitsap Mental Health Services, a Kitsap County based not-for-profit 501(c)(3) committed “to shape the future of mental health through state of the science service delivery, community partnerships, and advocacy” for chronically and severely mentally ill adults, older adults, and children and their families was created by the Kitsap County Board of Commissioners in 1978 as a state designated comprehensive mental health center and sole provider of community mental health services for county residents with serious mental illnesses. KMHS today provides whole person, behavioral health care, including co-occurring substance use disorder treatment, chemical dependency treatment, primary care coordination and wellness programs, and in partnership with PCHS, offers primary care and a dental clinic on its main campus. It’s continuum of services include crisis services, inpatient, outpatient, residential, and housing programs. With its main campus in Bremerton, the agency maintains three additional offices in Kitsap County.



A. Organizational Governance

KMHS Board Capacity: KMHS is governed by a twelve member Board of Directors. Members representing Kitsap residents and consumers of Mental Health services, experienced in health, behavioral health, law, business, public and military service. The Board of Directors is informed in their decision-making through monthly meetings, educated about programs, current service gaps, opportunities, trends, audit/regulatory compliance, and financial review. The Board of Directors set agency direction, policy, and maintains fiscal accountability; all internal policies require review and approval by the Board. A Chief Executive Officer (CEO) reports to the Board and is responsible for administrative oversight including overall direction, human and financial resources, budget and daily operations needed to meet the organization's mission as a designated community mental health agency.

KMHS Leadership Structure: Under direction of the CEO, the Executive Leadership Team (ELT) provides clinical and operational oversight and management for 500+ staff. The CEO is supported by a Strategy Team comprised of the Chief Medical Officer, Chief Operations Officer (CCO), Chief Financial Officer (CFO), Chief Human Resources Officer, Chief Advancement Officer and Executive Leadership Team (ELT). ELT members including a Medical Services Manager, Adult Outpatient Director, 24/Hour Services (Inpatient, Triage and SUD Residential Centers), 24/Hour Intensive Services Director (Crisis Response/DMHPs, Residential Treatment, PACT, Housing), Child & Family Services Director, an Information Services and a Quality Improvement Director. Each Clinical Services Director is responsible for multiple interdisciplinary teams ranging from inpatient to outpatient to residential services for both adults and children.

KMHS Program Management Structure: In addition to the ELT where program, staffing, budgeting and operations planning, implementation approaches and monitoring take place, the organization maintains bi-weekly meetings for system and quality assurance procedures and review, daily "huddles" for clinical Teams, weekly individual staff supervision for clinical and managerial staff, and meetings to address specific topics i.e. ongoing monthly meetings such as safety and security, Housing Triage, or emerging topics, such as Medication Assisted Treatment and others. Managers meet weekly with their staff. Clinical staff use daily huddles to discuss, review, and refine the various crisis, inpatient, outpatient, residential program and client services.

B. Organizational Finances

KMHS Fiscal Controls and Procurement: Detailed financial information is reviewed monthly by the Finance Committee and Board. Fiscal oversight is via an accrual-based accounting system in full conformity with Generally Accepted Accounting Principles, state BARS and SAS reporting system. No staff can access check stock to initiate signing; registers require CFO approval, with extensive internal controls for recording transactions, authorizing, creating and distributing checks. Signatory authority is by CEO and Board Officers.

KMHS Fiscal Management Capacity and Fiscal Review: Board Policy directs the agency to strive to maintain a three month operating reserve to assure operational stability. A CFO identifies, implements, and manages financial systems and strategies. Fiscal policies address personnel, payroll, grants, contracts, travel and purchasing. Grant funds are coded separately. An annual audit is conducted by an independent Certified Public Accountant, in accord with the Single Audit Act; Auditor presents audit to the Board on completion. The agency has always had a record of “clean” audits. The most recent audit was for the year ended June 30, 2017 (audit for June 30, 2018 will occur September 2018). The auditors issued a clean audit report and did not note any significant issues for the year ended June 30, 2017. As noted in the financial statements, KMHS did make corrections to the beginning balance of Net Assets (the period ending June 30, 2016) to reflect accruals of community hospital expenses, revenue adjustments, and medical self-insurance liability.

Procurement: KMHS policy provides fair and equitable treatment of all persons or firms, assures supplies and services are procured efficiently, effectively, and at favorable prices; provides advantage to local vendors; provides safeguards for procurement quality and integrity; assures purchasing actions comply with applicable Federal standards, State, local laws, terms/conditions of grant, contract, gift or bequest, and assures at least two competitive bids for purchases or contracts \$25,000+.

A. Staffing Qualifications

While we describe below the two KMHS staff directly associated with project oversight and coordination with Community Frameworks to conduct the predevelopment phase for this PSH request, they are not included as a staff budget line item. These staff are:

Pre-Development/Development Phase

Chief Operations Officer - Megan Kelly, MS, MHP. Megan is a Licensed Independent Clinical Social Worker with 30 years of experience working in community mental health systems. She has extensive expertise in Trauma Informed care and creating systems that wrap services around those in need. Megan manages all clinical programs at KMHS and will supervise the Housing Director position.

Development Manager – Monica Bernhard. Monica holds a Masters of Finance and has 30+ years of professional experience including accounting/finance and 10 years in social services and housing program administration. Monica will be the primary liaison with Community Frameworks throughout the Pre-development process. She will also serve as the liaison with the KMHS Owners Representative during construction, and will be responsible for ongoing fund development efforts associated with the Permanent Supportive Housing project.

Ongoing Permanent Supportive Housing Operations:

No expenses are included in this pre-development budget for PSH operations staff, however, these staff positions are provided as the anticipated PSH staffing model and was included in the analysis to ensure that the operational aspect of this PSH project will “pencil out” through time. These positions are:

Housing Director – This position will be partially funded by PSH operations budget and will have overall responsibility for the Permanent Supportive Housing operations to include community partner engagement, recruitment and supervision, and facility management. No certification required. B.A. or Master’s degree plus five years’ experience directing housing programs.

Site Manager – This position will be staffed by an individual with a B.A. or Masters level education and will oversee day to day center operations including scheduling, intake, onsite partner activities, meals, security, and coordinating operations and maintenance requirements. This position will also manage landlord responsibilities associated with the facility.

Behavioral Health Specialists - The BH Specialists will hold a B.A. Behavioral Health Specialists assume responsibility for intake, outreach and engagement with behavioral health services (mental health and substance use), interpersonal conflict resolutions between guests and de-escalation of behavioral health situations. Agency Affiliated Counselor registration required.

Peer Support Specialists - Peer Support Specialists who have experienced mental health and/or substance use disorders will be available to encourage engagement in treatment services, accessing social services (DSHS, Food, Social Security, etc.), and will offer guests support, strength, and hope allowing for personal growth, wellness promotion, and recovery. Peer Counseling Certification required.

Facilities Management, Maintenance and Security staff will also be included in the operations budget.

B. Organization Licenses and Certifications

For over 3 decades, Kitsap Mental Health Services (KMHS) has been Kitsap County’s sole provider of community mental health services for persons with acute and persistent, serious mental illnesses, serving over 6,800 persons annually. KMHS services are provided via multi-disciplinary teams, with integrated care treatment and services including mental health, co-occurring and singular substance use disorders, medication management, case management, care coordination with primary and dental care, vocational services, housing, and other needed services.

KMHS is a certified, licensed mental health agency holding additional licenses including but not limited to, co-occurring substance use and chemical dependency, residential treatment, and psychiatric evaluation and treatment. KMHS currently provides a continuum of services from Crisis Triage Center, acute inpatient evaluation and treatment (14 day), a “step down” 30-day residential treatment facility, 30 Day SUD facility, two Programs for Assertive Community Treatment (“hospitals without walls”), outpatient treatment services, and housing.

C. History of Project Management

KMHS has extensive experience developing and managing major capital projects including the KMHS Main Campus, scattered housing sites throughout the County, Adult and Youth Inpatient Units, The Keller House Residential Facility and our newly completed Kitsap County Crisis Triage Center and 16-Bed SUD residential treatment facility. Most recently we opened the Kitsap County Crisis Triage Center, which required \$3.4M in renovations to an existing older facility, similar to the approach we will be taking with the Navigation Center. When Kitsap County vacated the site in November 2017, KMHS was able to immediately begin construction in January 2018, which recently completed and will open in August. It is also of note that while behavioral health staffing is a challenge statewide, KMHS aggressively and successfully worked to hire 52 staff (nearly all) for the August 2018 opening of the new Crisis Triage/SUD facility. Across these projects we have secured and administered funding via Housing Trust Fund (HTF), HUD, HRSA, HHS, DSHS, Washington State Commerce, Legislative allocations, CDBG, Building Communities Funds, the County Mental Health tax, bonds, bank loan, private foundation grants and conducted community fundraising. Projects are overseen by the KMHS Executive Leadership Team, each with assigned responsibilities. Operations Directors work with architects and project managers, monitoring construction quality, timelines and budget; Development creates funding plans, writes public and private grants, and initiates community engagement; Finance manages project budgets and monitors contracts to see projects to completion. KMHS's extensive construction experience requires our agency have a full understanding of Federal Contract regulations including management of bidding processes, Davis-Bacon Act, and construction management record keeping.

4. PROJECT FINANCIAL FEASIBILITY

A. Budget Narrative

Pre-Development Cost Breakdown

In addition to the feasibility assessment which was funded by the 1/10th Citizens Advisory Board in 2018, Community Frameworks estimates the predevelopment costs to be \$245K. These include:

Development Services	\$95,000
Earnest Money/Rezone	15,000
Design	92,000
Third Party Reports	23,000
Contingency	<u>18,500</u>
Total	\$ 243,500

Funding Sources:

KMHS – 2018	\$ 65,000
1/10 th of 1%	109,000 *(plus 10% indirect)
KMHS – 2020 (if favorable to proceed)	<u>69,500</u>
Total	\$ 243,500

Indirect rate: 10% - From KMHS's audited financial statements for the fiscal year ended June 30, 2017, we spent approximately \$3.4 million dollars on administrative expenses that support our clinical operations. These administrative expenses are necessary to support all KMHS programs and services and include activities such as required human resources to hire and train our dedicated staff, information technology support and infrastructure, and general facilities repair and maintenance. Our program expenses total about \$24.7 million, so as a percentage, general administrative expenses are 13.9% of our program expenses. We limit our request to 10% consistent with grant guidelines.

Note: This request is only seeking support to fund the pre-development expenses associated with the construction of the permanent supportive housing project. The following outlines our plan to assemble the necessary capital development funds as well as ongoing operations.

Capital Expenditures – Permanent Supportive Housing Project

The Community Frameworks feasibility study identifies a total project cost of \$18.3M for 70 units of permanent supportive housing. The base construction cost assumption is \$220 per square foot, plus sales tax and a 10% construction contingency. The actual total project costs will be dependent on the number of units that can be supported by the final site selected: Our CF recommended plan is to pursue the following funding sources:

- **Low Income Housing Tax Credits (LIHTC), 9%** – \$11,425,000 - The LIHTC program is the largest source of capital funding in the United States for affordable housing. In the 9% LIHTC program, a project receives an allocation of tax credits for 10 years in exchange for a commitment to provide affordable housing that would not be possible without this incentive. The credits are “sold” to an investor. To accomplish this, KMHS and the LIHTC investor create a Limited Liability Corporation, in which KMHS would act as the managing member.
- **Housing Trust Funds** - \$3,000,000 – The Washington State Housing Trust fund provides funding for a range of affordable housing types. In recent years allocations were given to projects serving “priority populations”, including people who are chronically homeless with serious mental illness and/or substance use disorders.
- **Federal Home Loan Bank** - \$750,000 – The Federal Home Loan Bank system is a congressionally chartered network of regional banks, which are required to contribute 10% of their net income to affordable housing each year. This funding is designated for the purchase, construction or rehabilitation of affordable housing.
- **Local Funding Sources** – We anticipate a significant portion of the remainder of the required funds would come from a combination of CDBG (City and County), Affordable Housing Grant Program, and 1/10th of 1% Mental Health, Chemical Dependency and Therapeutic Court programs.
- **Capital Campaign** – We will pursue major foundations including the Boeing Employees Community Fund, The Murdock Foundation, The Medina Foundation,

Ben Cheney Foundation and Norcliffe Foundation. KMHS will also seek capital support from the Managed Care organizations and CHI Franciscan.

Ongoing Operating Costs – Permanent Supportive Housing Project

Once open, the operating budget is built based on these assumptions:

- Annual operating and service costs are estimated at \$13.5K per unit, based on CF experience with similar projects.
- Staffing – Eleven FTE are included in the draft operating budget for property management and services.

B. Additional Resources and Sustainability

Ongoing resources to support ongoing operations, including repairs and maintenance, utilities, security and onsite services will be provided through several sources:

- **Project Based Vouchers** – The Bremerton Housing Authority will provide 56 project based vouchers (80%), assuming a 70-unit project. For these units, residents will be required to use 30% of their income toward rent and utility costs. The remainder of the rent, as determined by the Fair Market Rental standards for Kitsap County, will be covered by the voucher. This ensures a sustainable stream of market rate rent for 80% of the 70 units.
- **Rental Income** – All residents will be required to pay 30% of their income toward housing costs.
- **Medicaid** – The State of Washington Medicaid demonstration allows providers to bill Medicaid for certain supportive housing services for Medicaid eligible individuals meeting specified criteria including services utilization and chronic homelessness, both of which would apply to participants in this housing.
- **Local Funding Sources** - This permanent supportive housing project is not a residential treatment facility and, with the exception of supported housing and employment, administrative and behavioral health outreach services provided in this housing will not be billable to Medicaid. While the Project Based Vouchers provide significant operations support, a 70-unit permanent supportive housing project may also require some level of ongoing community investment to sustain operations.

EVALUATION WORKSHEET

PROJECT NAME: Permanent Supportive Housing Predevelopment

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and Date	G. SOURCE
<p>Create 70 units of stable, permanent affordable housing for people with substance use disorders and/or serious mental illness.</p>	<p>Engage Community Frameworks to identify site and assess suitability of the identified site including zoning, height, number of units, building footprint, utility connections; obtain site control, preliminary design and cost estimates, initiate financing requests.</p>	<p>Appropriate site identified and confirmed acceptable by partners (Dec 2018), with full site control obtained by March 2019.</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/2/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>new</p>	<p>Site control documentation provided by previous site owner, possessed by KMHS</p>
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Preliminary Design completed by April 2019</p>	<p><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</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/15/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>new</p>	<p>Preliminary Design documents provided by architect, possessed by KMHS.</p>
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Construction Cost Estimates obtained by August 2019.</p>	<p><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</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>5/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>new</p>	<p>Construction Cost estimates provided by architect, possessed by KMHS.</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BENCHMARK	G. SOURCE
<p>Create 70 units of stable, permanent affordable housing for people with substance use disorders and/or serious mental illness.</p>	<p>Engage Community Frameworks to identify site and assess suitability of the identified site including zoning, height, number of units, building footprint, utility connections; obtain site control, preliminary design and cost estimates, initiate financing requests.</p>	<p>Prepare applications and secure financing.</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>4/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>new</p>	<p>Financing award notifications received from funder and notifications of award in KMHS possession.</p>
<p>Click here to enter text.</p>	<p>Regularly meet with CF and partners to assure shared planning and investment in PSH project and inputs in project design.</p>	<p>Quarterly CF/partner meetings during 2019 for shared planning and project investment.</p>	<p><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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>9/1/2018</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>new</p>	<p>KMHS record of meetings and high level discussion results.</p>
<p>Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.</p>	<p>Develop housing facility and operations design based on Housing First, low barrier, PSH building design and staffing model for occupancy by December 2021.</p>	<p>PSH housing facility to be operational and open for occupancy December 2021.</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start Date: <u>12/31/2021</u> Frequency: X Quarterly Semi-annual Annual Other _____</p>	<p>new</p>	<p>Written documentation :Facilities pass building inspection to open for occupants. Program Design model. Staff Hired and Trained. Occupancy Begins.</p>

Total Agency or Departmental Budget Form

Agency Name: Kitsap Mental Health Services

Project: Kitsap Housing Navigation Center

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 25,299,312.8	84%	\$ 30,816,739.63	86%	\$ 32,111,952.00	82%
Local Revenue	\$ 1,627,939.3	5%	\$ 2,939,486.15	8%	\$ 5,962,633.20	15%
Private Funding Revenue	\$ 1,780,825.2	6%	\$ 1,007,234.64	3%	\$ 832,698.00	2%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ 1,407,324.0	5%	\$ 900,734.11	3%	\$ 200,385.60	1%
Total Agency Revenue (A)	\$ 30,115,401.27		\$ 35,664,194.53		\$ 39,107,668.80	
AGENCY EXPENSES						
Personnel						
Managers	\$ 3,412,467.91	12%	\$ 3,464,087.09	12%	\$ 4,315,142.40	11%
Staff	\$ 11,609,348.21	41%	\$ 13,281,005.76	44%	\$ 19,116,414.00	50%
Total Benefits	\$ 7,553,005.01	27%	\$ 6,862,354.72	23%	\$ 6,393,743.00	17%
Subtotal	\$ 22,574,821.13	80%	\$ 23,607,447.57	78%	\$ 29,825,299.40	78%
Supplies/Equipment						
Equipment	\$ 62,499.94	0%	\$ 236,885.05	1%	\$ 186,400.00	0%
Office Supplies	\$ 129,081.75	0%	\$ 156,562.81	1%	\$ 201,117.60	1%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 191,581.69	1%	\$ 393,447.86	1%	\$ 387,517.60	1%
Administration						
Advertising/Marketing	\$ 7,005.78	0%	\$ 5,741.47	0%	\$ 11,000.40	0%
Audit/Accounting	\$ -	0%	\$ 1,500.00	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 304,970.17	1%	\$ 306,146.09	1%	\$ 329,654.40	1%
Postage/Printing	\$ 156,892.66	1%	\$ 244,056.35	1%	\$ 297,390.00	1%
Training/Travel/Transportation	\$ 280,831.58	1%	\$ 317,646.64	1%	\$ 464,516.40	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) <u>Legal, Security, IT Systems, Investment Management</u>	\$ 134,931.55	0%	\$ 503,428.17	2%	\$ 996,750.00	3%
Subtotal	\$ 884,631.74	3%	\$ 1,378,518.72	5%	\$ 2,099,311.20	5%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 618,112.04	2%	\$ 589,322.91	2%	\$ 671,283.60	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 336,430.49	1%	\$ 267,031.73	1%	\$ 291,999.60	1%
Utilities	\$ 496,317.96	2%	\$ 450,637.86	1%	\$ 516,099.60	1%
Other (Describe) <u>Food, Program, and Other Clinical Expenses</u>	\$ 348,021.79	1%	\$ 321,249.78	1%	\$ 483,753.20	1%
Other (Describe) <u>Medical and Pharmacy</u>	\$ 32,374.23	0%	\$ 32,148.46	0%	\$ 20,221.20	0%
Other (Describe) <u>Community Hospitalizations</u>	\$ 1,397,862.35	5%	\$ 1,772,261.13	6%	\$ 2,400,000.00	6%
Subtotal	\$ 3,229,118.86	11%	\$ 3,432,651.87	11%	\$ 4,383,357.20	11%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) <u>Rent and Deprecation Expense</u>	\$ 1,443,285.41	5%	\$ 1,280,811.69	4%	\$ 1,604,793.60	4%
Subtotal	\$ 1,443,285.41	5%	\$ 1,280,811.69	4%	\$ 1,604,793.60	4%
Total Direct Expenses	\$ 28,323,438.83		\$ 30,092,877.71		\$ 38,300,279.00	

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

Total Agency or Departmental Budget Form - Attachment Detailing Expenditures Greater than 10%

Excerpt of Items Exceeding 10% Threshold							
	2017 (Audited 7/1/16 - 6/30/17)		2018 (Unaudited 7/1/17 - 6/30/18)		2019 (Budgeted 7/1/18 - 6/30/19)		
	Actual	Percent	Budget	Percent	Budget	Percent	
Personnel							
Managers	\$ 3,412,467.91	12%	\$ 3,464,087.09	12%	\$ 4,315,142.40	11%	
Staff	\$ 11,609,348.21	41%	\$ 13,281,005.76	44%	\$ 19,116,414.00	50%	
Total Benefits	\$ 7,553,005.01	27%	\$ 6,862,354.72	23%	\$ 6,393,743.00	17%	
Subtotal	\$ 22,574,821.13	80%	\$ 23,607,447.57	78%	\$ 29,825,299.40	78%	

Each item above is comprised of the following:

Managers

Clinical & Administration Management	3,412,467.91	3,464,087.09	4,315,142.40
Clinical Staff	9,502,998.48	10,470,530.30	13,990,664.40
Support Staff	2,244,812.41	2,568,551.74	5,081,115.60
	<u>15,160,278.80</u>	<u>16,503,169.13</u>	<u>23,386,922.40</u>

Total Benefits

Personal Leave (Budgeted in Wages)	2,011,023.32	2,295,849.30	-
Disability & Other Leave	175,415.18	181,217.70	44,634.00
FICA Taxes	1,259,381.61	1,353,139.52	1,881,625.20
Unemployment, Labor & Industries	228,021.31	273,132.53	358,521.60
Medical, Dental, and Vision Insurance	3,027,519.93	2,383,460.09	3,266,691.60
Retirement & Other Benefits	713,180.98	617,479.30	886,904.60
	<u>7,414,542.33</u>	<u>7,104,278.44</u>	<u>6,438,377.00</u>

Special Project Budget Form

Agency Name: KMHS

Subcontractor: ___ Yes No

Project: PSH Pre-Development

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%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ 10,900.00	4%	\$ 10,900.00	9%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 10,900.00	4%	\$ 10,900.00	9%	\$ -	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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%		0%		0%
Development Services	\$ 95,000.00	37%	\$ 15,000.00	13%	\$ 80,000.00	59%
Rezone Expenses	\$ 15,000.00	6%	\$ 15,000.00	13%		0%
Design	\$ 92,000.00	36%	\$ 79,000.00	66%	\$ 13,000.00	10%
Third Party Reports	\$ 23,000.00	9%		0%	\$ 23,000.00	17%
Contingency	\$ 18,500.00	7%	\$ -	0%	\$ 18,500.00	14%
SUBTOTAL	\$ 243,500.00	96%	\$ 109,000.00	91%	\$ 134,500.00	100%
Total Project Budget	\$ 254,400.00		\$ 119,900.00		\$ 134,500.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: KMHS

Subcontractor: ___ Yes No**Project: Permanent Supported Housing Pre-Development**

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

Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff (Hire June 2019)	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Behavioral Health Specialists (9.4 FTE, Hire August 2019)	\$ -
Description: Peer Support Specialists (7.8 FTE, Hire August 2019)	\$ -
Description:	\$ -
Total Salaries	\$ -
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ -

Attachment H

Letters of Commitment and Support

Kitsap Mental Health Services
Bremerton Housing Authority



KITSAP MENTAL HEALTH SERVICES

July 30, 2018

Kitsap County Department of Human Services
614 Division St. MS -23
Port Orchard, WA 98366-4676

Dear Citizen Advisory Committee Members:

The 2018 Update to the Homeless Housing Plan identified the critical need to create a permanent supportive housing facility, focused on serving individuals experiencing chronic homelessness and living with mental illness and substance use disorders. The Permanent Supportive Housing project we are pursuing, in partnership with the Bremerton Housing Authority, will create this much needed permanent, safe and affordable low-barrier housing for 70 households in our community.

We are entering the predevelopment stage of this project and KMHS is prepared to invest \$65,000 of our agency reserves to fund the 2018 predevelopment expenses. Our 2019 request to the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court programs requests funding for the 2019 predevelopment costs associated with this important project. Assuming the project appears favorable for full funding by the Housing Trust Fund and Low Income Housing Tax Credit programs, KMHS will fund the still remaining 2020 pre-development expenses of \$69,500 out of its reserves. Once the permanent supportive housing site and financing is finalized, we intend to begin construction on these units in the fall of 2020, with a target occupancy of fall of 2021.

Thank you for your consideration of our request and for your dedication and support to serving the needs of those most vulnerable in our community.

Warm Regards,

Joe Roszak
Chief Executive Officer

BOARD OF DIRECTORS

- James [unclear]
- Bob [unclear]
- Peter [unclear]
- Bob [unclear]
- Barry [unclear]
- Earl [unclear]
- Steve [unclear]
- Janet [unclear]
- Tim [unclear]
- Emerita [unclear]
- Paul [unclear]
- Greg [unclear]
- Carol [unclear]
- Yves [unclear]
- Dennis [unclear]
- 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) 373-0458
5458 Aurora 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, and veteran status, or other protected status under applicable laws in its programs and activities.



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

July 18, 2018

Joe Rosak
Executive Director
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

Re: Project-Based Housing Assistance Payments

Dear Mr. Rosak:

The Housing Authority of the City of Bremerton (BHA) is pleased to provide this letter as conditional approval for no more than 56 project-based voucher's(PBV) to be used for the KMH Staff Supportive Housing project. Final approval of your proposal is contingent upon the following:

- The completion of either new construction or rehab of 70 studio and one bedroom units.
- Complete the formal request for Project Based Vouchers prior to occupancy to solidify the awarded vouchers.
- Approval by the BHA Board of Commissioners of the proposed PBV contract.

The annual financial contribution for this PVB award would be \$438,435.00 in rental assistance and would remain in effect for 15 years with one additional option of renewal, for a subsequent 15 years.

Sincerely,

Kurt Wiest
Executive Director



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.



2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap Mental Health Services (KMHS)

Proposal Title: Housing Navigation Center

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

Number of Individuals Screened: 100 Number of Individuals Served: 80

Proposal Summary:
 KMHS intends to develop and operate a Housing Navigation Center which:
 1)Creates 60-80 beds in a year-round, 24x7 non-time limited shelter for people experiencing chronic homelessness who are living with mental illness and substance use disorders, 2) Provides 10 beds for respite care for individuals with healthcare needs and who do not meet the severity of psychiatric or substance use inpatient treatment, hospital, crisis triage center, or residential treatment facility acuity, but are living without shelter and would benefit by a 24x7 supportive environment, and 3) Offers engagement connection to substance use and/or mental illness treatment as well as housing and employment services.

Requested Funds Amount: \$ 1,685,943

Matching/In-kind Funds Amount: \$ 726,107

Street Address: 5455 Almira Drive NE


City: Bremerton State: WA Zip: 98311

Primary Contact: Monica Bernhard Phone: (360) 415-6672 E-Mail: monicab@kmhs.org

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

Federal Tax ID Number: 91-1020106

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


Signature

CEO
Title

07/31/2018
Date

KMHS List of Board Members

Position 1		
Name: James Tracy		President
Board Term Expiration Date: 6/30/19	Number of Years on Board: 22 years 10 mos.	City of Residence: Kingston
Experience and qualifications: Attorney – Land Use law		
Position 2		
Name: Maureen Gaffney		President-Elect
Board Term Expiration Date: 6/30/19	Number of Years on Board: 1 year – 10 mos.	City of Residence: Bremerton
Experience and qualifications: Retired – Registered Nurse		
Position 3		
Name: Britt Feldman		Immediate Past President
Board Term Expiration Date: 6/30/19	Number of Years on Board: 7 years- 10 mos.	City of Residence: Bremerton
Experience and qualifications: Naval Base Kitsap Installation, Manager – Fleet and Family Support Program		
Position 4		
Name: Peter Douvis		Secretary-Treasurer
Board Term Expiration Date: 6/30/19	Number of Years on Board: 15 years –10 mos	City of Residence: Bremerton
Experience and qualifications: Retired Sr. Vice President Kitsap Bank		
Position 5		
Name: Jan Tezak, RN, MN		Board Member
Board Term Expiration Date: 6/30/20	Number of Years on Board: 9 years 10 mos.	City of Residence: Poulsbo
Experience and qualifications Retired Nursing Faculty, Olympic College		

Position 6		
Name: Bruce Harlow, Rear Admiral – USN (Ret)		Board Member
Board Term Expiration Date: 6/30/2021	Number of Years on Board: 11 years–10 mos.	City of Residence: Poulsbo
Experience and qualifications: Rear Admiral, USN (Ret)		
Position 7		
Name: Eve Willett		Board Member
Board Term Expiration Date: 6/30/19	Number of Years on Board: 10 years–10 mos.	City of Residence: Tumwater
Experience and qualifications: Business Owner – Red Pony Insurance Services		
Position 8		
Name: Jean Mackimmie		Board Member
Board Term Expiration Date: 6/30/2020	Number of Years on Board: 23 years – 9 mos.	City of Residence: Bremerton
Experience and qualifications: Retired Public Health Nurse		
Position 9		
Name: Patty Lent		Board Member
Board Term Expiration Date: 6/30/19	Number of Years on Board: 8 years – 10 mos.	City of Residence: Bremerton
Experience and qualifications: Retired Mayor, City of Bremerton		
Position 10		
Name: Steve Strachan		Board Member
Board Term Expiration Date: 6/30/2021	Number of Years on Board: 2 years – 10 mos.	City of Residence: Bremerton
Experience and qualifications: Executive Director - Washington Association of Sheriffs and Police Chiefs, Former Police Chief – City of Bremerton		
Position 11		
Name: Magdalena Pratt		Board Member
Board Term Expiration Date: 6/30/2021	Number of Years on Board: 4 months	City of Residence: Bainbridge Island
Experience and qualifications: Attorney		

**Kitsap County Mental Health, Chemical Dependency
& Therapeutic Court Programs
2019 New Project Request – Kitsap County Navigation Center**

Attachment B

Background:

In the winter months of 2017-2018, The Salvation Army (TSA) operated a “winter” shelter serving 478 unduplicated individuals, providing 50-70 people nightly shelter, with a peak of 91 persons. Due to physical and behavioral health needs of guests (about 85% experiencing mental health and/or substance use issues), TSA requested another agency assume future shelter operations. Kitsap Mental Health Services, working in collaboration with TSA and community partners, sought a year-round shelter model designed to meet this urgent need, a need exacerbated for persons with behavioral health concerns as the cost of housing in the region continues to rise. Research led to San Francisco and Seattle Navigation Center models, upon which this design is based.

1. PROJECT DESCRIPTION

A. Project Design

Proposal Summary

In Kitsap County, people experiencing chronic homelessness and living with persistent and severe mental illness and/or substance use disorders have extremely limited options when it comes to emergency shelter. Ultimately, permanent supportive housing is what most individuals experiencing chronic homelessness and serious behavioral health concerns need; but in the meantime, these individuals are suffering, and in some situations, even dying. The community too suffers when its’ streets and open spaces are the only home people without housing have. To address this shelter crisis in our community, KMHS intends to open and operate a Housing Navigation Center, designed to serve as a long-term shelter and services model that:

- Creates 60-80 beds in a year-round, 24x7 non-time limited shelter for people experiencing chronic homelessness who are also primarily living with mental illness and substance use disorders,
- Provides 10 beds for respite care for individuals who do not meet the severity of psychiatric or substance use inpatient treatment, hospital, crisis triage center, or residential treatment facility acuity, but are living without shelter and would benefit by a 24x7 supportive environment for their behavioral health and healthcare needs,
- Offers engagement connection to substance use and/or mental illness treatment services, including Medication Assisted Treatment,
- Encourages engagement with primary care services and easy on-site access,
- Supports efforts to secure safe and affordable permanent housing, and;
- Supports long-term stability through access to employment services.

While not time-limited, it is estimated that the average stay of shelter guests will be 6 months. With a planned opening date of 9/1/2019, the Center will be able to accommodate up to 80 individuals (70 households including couples) in 2019. Annually, we expect to serve 160 individuals (140 households). The Housing Navigation Center offers a low-barrier program entry and, consistent with low-barrier models, encouragement for participation in services including behavioral health, primary care, housing and employment. Individuals will be prioritized for beds through the Housing Solutions Center (HSC) based on their “vulnerability score,” a recognized screening system in which individuals who have higher barriers to housing including chronic homelessness, mental illness and/or substance use, will have priority in placement over individuals who may be higher functioning in their community. In addition, the Navigation Center reduces the three most common barriers to shelter by welcoming guest’s pets (subject to conditions), a reasonable level of possessions, and inviting couples to share their living space in the shelter.

Proposed Housing Navigation Center

With our agency mission in mind, KMHS is seeking funding to acquire and renovate a 6,000-8,000 square foot facility, located either in Bremerton or a neighboring area, necessarily close to services, transportation and food. The Housing Navigation Center will be staffed by a team with behavioral health training who will not only be equipped to respond to behavioral health issues in the center, but can also offer outreach and engagement to behavioral health services offered via Kitsap Mental Health Services, Peninsula Community Health Services (PCHS), or other behavioral health provider as appropriate.

Given the urgency of the continuing homelessness crisis facing persons with serious mental illnesses and substance use disorders in our community, the KMHS leadership team with support of the KMHS Board, agreed to proceed with taking steps necessary to open a Housing Navigation Center if the significant capital and operational funding can be secured. To that end, while continue to identify a suitable site, we are concurrently making application for funding to both the Coordinated Grant and 1/10th programs, instead of delaying the project for a full year until a site is identified.

Project Timeline:

Timing of the Project: KMHS will focus on identifying a suitable location/facility between now and November 2018. Once identified, we will make an offer contingent on inspection, permitting and financing. We expect this transaction to close by the end of January 2019. During the first quarter of 2019, we will ensure appropriate zoning, permitting, environmental review, bid award process and finalize our design requirements for necessary facility renovations. The renovations are expected to take 3 months. Our current plan is to open the facility by September 1, 2019.

Facility Design:

The following Housing Navigation Center design identifies the sources of referrals, and onsite services that will be available to guests at the Center.

***Proposed ***
Kitsap Housing Navigation Center
Purpose: Create a 24/7 shelter prioritized for chronically homeless individuals and couples with mental illness and substance use disorders, providing onsite housing, healthcare and employment services.



Source of Referrals (Screened via Housing Solutions Center)

<ul style="list-style-type: none"> • Hospital Discharge • PCHS Referral • EMS/Law Enforcement • Housing Solutions Center 	<ul style="list-style-type: none"> • The Salvation Army/ Kitsap Rescue Mission • Kitsap Connect • Inpatient Treatment • Residential Treatment Facility • Other Residential Shelters 	<ul style="list-style-type: none"> • Crisis Triage Center • SUD Treatment Facility • Therapeutic Courts • Law Enforcement • Jail Discharge • EMS • Shelter Trespass List
--	--	---

24/7 Staffing Model

<p>(Provided by: Peninsula Community Health Services)</p> <ul style="list-style-type: none"> .5 FTE Mid-Level Provider .5 FTE Medical Assistant 1.0 Community Health Worker 	<p>(Provided by: Kitsap Mental Health Services)</p> <ul style="list-style-type: none"> .5 FTE Housing Director 9.4 FTE Behavioral Health Specialists 7.8 FTE Peer Support Specialists 1.0 FTE Shelter Manager Overnight Security
--	---

Collaborative Model

Other onsite services will include the Housing Solutions Center and WorkSource employment services.

Who Receives Services?

Individuals may access the Housing Navigation Center in multiple ways: 1) Housing Solution Center (HSC) referral - the primary access point, 2) Emergency Medical Services (EMS)/Law-enforcement drop-off, 3) Crisis Clinic Referral, 4) Crisis Triage Center/Designated Crisis Responder referral, 5) Therapeutic Court referral, and; 6) Emergency Department/Primary Care referral. All individuals referred to the Navigation Center, including those dropped off after-hours, are subject to bed availability and HSC intake screening by the following business day. Priority placement is afforded to those who are chronically homeless and living with mental illness, substance use disorders, physical disabilities or chronic health conditions. Given the current TSA experience, we anticipate this population will routinely fill the shelter beds. If space is available, other individuals not meeting this criteria may be placed into the shelter when other shelters are full. Respite beds will be reserved for those who are ambulatory and can perform "Activities of Daily Living", but are in need of rest and medical assistance during the day.

In order to successfully operate a shelter facility of this magnitude with this population, we will observe multiple site and community safeguards. The shelter will be behavior based and guests will agree to observe a code of conduct. Failure to do so will result in their being asked to leave the facility. (Note: If people are banned from the shelter, they will be offered a path to re-entry if certain conditions are met.) Given the current opioid crisis in communities everywhere, Naloxone will be available onsite and all staff will be trained in the proper administration of the drug in case of overdose. We will also provide onsite overnight security.

What Services Will Be Provided?

Engagement in behavioral health, primary care services or employment services will be encouraged but not required, consistent with Housing First best practices, and a known effective strategy to engage participants. KMHS will leverage the diverse expertise of our community partners to maximize provision of onsite supportive services. Voluntary services include outreach and engagement supporting enrollment in either KMHS or other behavioral health and substance use disorder services for people whose illnesses are from mild to severe. At intake, individuals will be triaged to the appropriate provider of mental health services required, even though participation will be voluntary. Other providers include:

Peninsula Community Health Services: Rarely does someone present at either PCHS or KMHS with symptoms that are either exclusively physical health related or exclusively a behavioral health condition. Instead, people, especially those who have been without housing, usually have co-morbid conditions that left untreated affect all dimensions of their health. These untreated physical health issues often complicate the usual mental health and substance use health impacts, and likewise, untreated mental illness and substance use can seriously complicate a person's physical health recovery. To that end, PCHS will be available Monday - Friday to provide health services including wound care and treatment for chronic health conditions. They will also be able to offer treatment services onsite for mild to moderate acuity behavioral health needs, as well as Medication Assisted

Treatment. If needs exceed the capacity of this shelter, the individual may be more appropriately served at a “step up facility” such as the Kitsap County Crisis Triage Center, SUD inpatient, Residential Treatment Center or Adult Inpatient Unit.

Kitsap Community Resources – Housing Solutions Center will provide housing navigation services and will focus on moving people to more appropriate permanent housing options such as private market housing, the KCR Supportive Housing Program, Oxford Houses, and assisted living. Note: Given the Shelter’s focus on securing permanent housing opportunities, lack of participation in HSC services may result in a guest being asked to leave the shelter.

Work Source - WorkSource will be onsite to assist with the employment and training needs of individuals utilizing the services of the Housing Navigation Center. In an effort to promote the long-term housing stability of individuals served by the Navigation Center, Work Source will commit to providing onsite employment services for those guests who are interested in seeking employment.

Transportation services are available through Kitsap Transit’s VanLink program to shuttle people to TSA, KCR, DSHS and Social Security.

Benefits of the model:

The Housing Navigation Center is one of the most important investments our community can make to address the urgent needs of people experiencing unsheltered homelessness and living with mental illness and/or substance use disorders in Kitsap County. Not only will the Center provide a much needed year-round 24x7 shelter option, it offers significant community benefits:

- Provides our community’s most vulnerable residents appropriate shelter options,
- Individuals receive a more appropriate level of care in the appropriate setting thus reducing use of more costly services,
- Increased engagement with voluntary services improving the likelihood an individual will participate in treatment services supporting recovery,
- Provides a 24x7 location for law-enforcement drop-off and supports evening and weekend housing crisis for unsheltered adults, and;
- Creates the opportunity for providers to have a “step-down” option for shelter as people discharge from a higher acuity setting rather than exit to homelessness.

B. Evidence-Based, Promising, Best or Innovative Practices –

KMHS uses evidence based practices in all of its programs. With respect to Navigation Center operations, the best practices include:

Innovative Emergency shelters play a critical role in ending homelessness.

Effective shelters embrace a Housing First approach, offering immediate, low-barrier access to anyone facing a housing crisis, and measuring shelter performance.

<https://endhomelessness.org/resource/emergency-shelter/>. The Navigation Center will operate using the Housing First model, a nationally recognized best practice rooted in the premise that persons who are homeless do not have to agree to sobriety or

treatment as a condition of entering or retaining housing. The proposed year-round 24/7 Navigation Center is a hybrid between more traditional short-term emergency shelter and recognition that the crisis in our community, especially among the chronically homeless with behavioral health concerns, demands a more immediate year-round solution. This same crisis led to the creation of year-round "Navigation Centers" in San Francisco and Seattle, innovative practices leading the way across the nation in resolving the dire homelessness emerging in communities everywhere by offering shelter indoors until permanent housing is found. The San Francisco Model is found at <http://sfcontroller.org/sites/default/files/Documents/Auditing/Nav%20Center%201yr%20Eval%20Final%206-21-16.pdf>. The San Francisco Navigation Center began operations in March 2015 as a pilot program designed to shelter and find housing for San Francisco's difficult-to-serve homeless population, providing room and board to 75 people and their pets while staff connected them to stable income, public benefits and permanent housing. In 2015, 61% of homeless participants were male, 33% a female, and 5% transgender. Median age of clients entering during the first six months of operation (45 years) was slightly higher than clients who entered in subsequent six months (40 years). Many had been homeless for extended periods of time - 61% were homeless for 1 - 5 years, 14% were homeless for 6 - 10 years; 56% (131 clients) were members of an encampment prior to entering the center, 37% (86 clients) were from an encampment and had been homeless for less than 5 years, while 12% (29 clients) were from an encampment, and had been homeless for less than five years. At the 6-month mark, the average length of stay for clients who exited the Navigation Center into permanent housing was 57 days. For clients who exited through 5/4/16, the average was approximately 88 days. While long-term housing stability is out of the control of Navigation Center staff, the Center is playing a role in stabilizing clients, acclimating long-term homeless individuals to the homeless system, making preliminary linkages to support services, and preparing clients for moves into permanent housing. Following a visit to the San Francisco Navigation Center in 2017, Seattle announced it would initiate its own 75 bed Navigation Center (<https://www.seattlemet.com/articles/2017/2/9/not-your-average-shelter>).

Services: Staff/Participant Engagement Models Evidence Based Practices

Our approach incorporates recognized evidence-based best practices into the participant engagement service delivery model. Practices listed here are applicable for all adults; KMHS staff are trained in and use:

- Motivational Interviewing (MI) is a method for facilitating and engaging intrinsic motivation in order to change behavior. MI is a goal-oriented, person-centered approach which helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health.
<https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>;
<https://www.centerforebp.case.edu/practices/mi>
- Trauma Informed Care (TIC) emphasizes physical, psychological and emotional safety for both consumers and providers. It helps survivors rebuild a sense of control and empowerment. By becoming "trauma-informed", all parties can recognize that people often have many types of trauma in their lives. A TIC

approach supports creation of the safe provider/participant relationship necessary for recovery. <https://www.samhsa.gov/nctic/trauma-interventions>

- **Recovery Model:** Endorsed by the Substance Abuse Mental Health Services Administration, this model is person-centered and strengths-based, in contrast to the medical model which focuses on disease and disability. This practice will be used by the onsite behavioral health staff to engage Center guests in services and recognizes that people can and do recover from mental illness and substance use disorders. <https://www.samhsa.gov/recovery>
- **Peer to Peer Model:** This model recognizes that people with lived experience of mental and/or substance use disorders have a unique capacity to help others based on a shared affiliation and deep understanding of this experience. In mutual support, people offer this support, strength, and hope to their peers, allowing for personal growth, wellness promotion, and recovery. <https://www.samhsa.gov/recovery/peer-support-social-inclusion>

B. Outreach

KMHS will coordinate outreach with multiple organizations that can refer to the Navigation Center. Outreach targets include 211/Crisis Clinic, Law Enforcement Agencies, CHI Franciscan and EMS. For initial bed placement, we anticipate reaching out to individuals who resided at the TSA winter shelter. The HSC will be a significant source of referrals. HSC provides this function already to Kitsap Connect, and also conducts outreach at the jail, treatment courts, KMHS, the Kitsap County Crisis Triage Center, and the library and ferry terminals.

KMHS complies fully with local, state, federal laws and executive orders for national equal employment opportunity policies and service provision. KMHS is committed to affording employment, providing agency services, and administering agency contracts consistent with applicable laws to ensure non-discrimination regardless of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, disabled veteran status, Vietnam era veteran status, disability, or other protected status under applicable laws. Multiple cultural diversity trainings are conducted yearly for all staff; special population consultations are available.

C. Evaluation

Primary Goals

- 1) Reduce unsheltered homelessness through provision of year round, long-term, 24/7 shelter among adult (18+) individuals and couples experiencing chronic homelessness and living with serious mental illness and substance use disorders.
- 2) Encourage linkage to treatment, leading to Increase number of adults with mental illnesses participating in mental health treatment.
- 3) Encourage linkage in treatment, leading to increase in the number of persons with substance use disorder participating in substance use treatment.
- 4) Increase number of persons with acute and chronic physical health concerns engaging in medical treatment.
- 5) Identify and secure permanent housing, where possible.

- 6) Identify options, increase household income through employment, where possible.
- 7) Reduce emergency room utilization.
- 8) Reduce jail utilization.

Expected Long-Term Outcomes

- 1) Reduction in persons among the unsheltered homeless with mental illnesses and substance use disorders, including affiliated physical health conditions.
- 2) Reduction in mental health, substance use, and physical health crisis with concomitant reductions in unnecessary emergency department and jail utilization.
- 3) Improvements in behavioral health/physical health that support living more successfully in the community.
- 4) Increased number of persons able to secure and maintain permanent housing and employment.

Plan for Data Collection, Management and Analysis: Project goals, activities, and objectives outlined in Attachment D align with the project's approach and performance outcome measures. The Chief Operating Officer, Housing Director and Navigation Site Manager are responsible for managing full evaluation processes, including management of data collection results contributed by primary service delivery partners PCHS, KCR/HSC, and WorkSource. With guidance of grantor epidemiologist, and with partner agencies, by April 2019 we will refine the evaluation plan prior to service delivery, and by June 2019, ensure fields, field data extraction capacity, and data collection methods are fully in place and can provide information needed for measures associated with each agencies activities, objectives and outcomes for shared analysis and to prepare needed reports.

The Homeless Management Information System (KCR/HSC) will track number of persons receiving shelter services, receiving housing navigation services, or exiting to permanent housing. Individuals receiving Mental Health and/or substance use engagement services will be tracked through the KMHS Electronic Health Record (EHR) and for behavioral health and/or physical health, by PCHS Electronic Medical Record (EMR). For all other service providers, including engagement with employment services and attaining employment, self-report will be used. KMHS will include self-report information in the participant's EHR record. As a new project, baseline measure will not be established until end of year one operations. Standard tool and electronic report as provided by funder will be used at intake to services, routinely throughout the person's stay, and at discharge. Aggregate data for measures will provided to funder at three-month intervals and annually, unless otherwise requested. KMHS uses a continuous quality improvement process (CQI) and will meet with partners monthly the first quarter, then quarterly thereafter to discuss and implement project refinements needed, as well as perform analysis of project data showing outcome measure performance. These meetings will inform short, mid, long-term adjustments necessary to the program and facilitate oral and written communication of progress to both partners and funder.

2. COMMUNITY NEEDS AND BENEFIT

A. Policy Goal

This proposal addresses three Kitsap County Behavioral Health Strategic policy goals:

- 1) **Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.** The Housing Navigation project addresses this goal, as clarified by the Addendum, by providing low-barrier shelter access for 60-80 individuals living with substance use disorders and/or mental illnesses. Note: RFP Addendum #1 (Q3) clarifies that this goal applies to shelters if that “shelter program is a component of a coordinated chemical dependency or mental health treatment program or service.”
- 2) **Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.** The Downtown Emergency Services Center (DESC) in Seattle has been the early adopter of the Housing First model and studies have demonstrated significant reductions in emergency service utilization following placement into a “housing first” style facility. KMHS will design and operate this Housing Navigation Center in accordance with proven Housing First operating models in Seattle and across the county.
- 3) **Improve the health status and wellbeing of Kitsap County residents** – Access to housing has long been identified as a key social determinant of health, given the underlying premise that once someone is stably housed and survival needs met, that they are far more likely to access support services including primary care and behavioral healthcare for mental illness and substance use disorders. Adding low barrier beds will increase access to much needed shelter for this unsheltered population, which in turn will improve the health and well-being of persons served.

B. Needs Assessment and Target Population

The lack of a low-barrier shelter option serving chronically homeless individuals, most of whom are living with mental illness and substance use disorders, was identified as a key gap in the 2018 Update to the Kitsap County Homeless Housing Plan. The Plan noted that, “individuals with the most severe, persistent, or complex barriers to housing stability are the most underserved...and they tend to be difficult to place in existing shelter beds.” The plan further identified New Action Step 2.4.A, the need to, “Create 80 year-round low-barrier shelter beds in Bremerton/CK that accepts pets, possessions and partners.” The identified need in our community is well supported by statistics:

- The Salvation Army estimated that 85% of individuals served at the 2017-18 winter shelter, which closed at the end of March, were challenged by substance use and/or mental illness.
- The 2018 Point in Time Count indicated that 146 individuals were experiencing unsheltered homelessness and an additional 66 people were spending the night in a short-term winter shelter.
- Of the 1,199 Literally Homeless Households served by the HSC in 2017, 40% (478) households self-reported mental illness, 20% (134) Substance Use Disorders, and 11% (134) co-occurring disorders.

- Of the 65 individuals currently served by the KMHS PACT program, which provides 24/7 intensive wraparound services for adults with persistent, severe mental illnesses and who live in our community, 31% (20 people) are homeless at this time.
- Among KMHS's 2,931 active adult program participants, 10.2% (298 people) currently report they are homeless.

The Housing Navigation Center targets adults and couples who are living unsheltered, and experiencing chronic homelessness, and have SUD/SMI or co-occurring disorders. We expect to serve people age 18+ who have extremely low, or no income.

Numbers of individuals served:

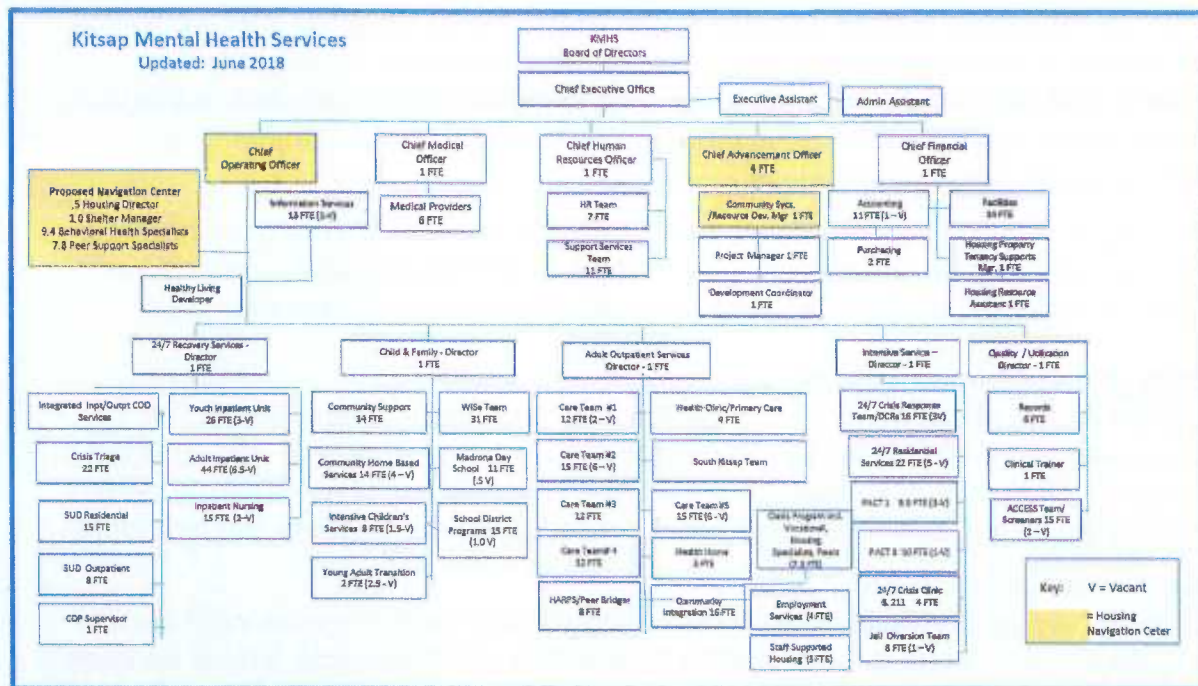
With a planned opening date of 9/1/19, the Housing Navigation Center will screen 100 individuals and serve 80 individuals (70 Households including couples), subject to final site capacity. Though not time-limited, we estimate the average stay will be six months, and on an annualized basis the shelter could conservatively serve up to 160 individuals.

C. Community Collaboration

The Housing Navigation Center shelter will co-locate community services onsite and also offer transportation for ease of access to essential offsite services. These services will include the meal, hygiene and laundry services currently provided at TSA, offer PCHS onsite primary care services (billable to Medicaid), Housing Solutions Center (HSC) intake and housing navigation services at the Center as well as Work Source employment related services, and use Kitsap Transit VanLink programs to provide transportation to service providers in the community. The Housing Navigation Center will also offer opportunities to collaborate with other KMHS programs including the Kitsap County Crisis Triage Center, the Keller House residential program, the Pacific Hope and Recovery Center and the Adult Inpatient Unit or other behavioral health provider or primary care provider as appropriate. Each of these critical programs will require options for individuals exiting these programs to avoid homelessness. The Navigation Center will also subcontract with PCHS to provide a part-time position onsite to support coordination for guest physical healthcare services.

3. ORGANIZATIONAL CAPACITY

Kitsap Mental Health Services, a Kitsap County based not-for-profit 501(c)(3) committed “to shape the future of mental health through state of the science service delivery, community partnerships, and advocacy” for chronically and severely mentally ill adults, older adults, and children and their families. Created by the Kitsap County Board of Commissioners in 1978 and state-designated as a comprehensive mental health center, as sole provider of community mental health services for county residents with Serious Mental Illness, KMHS today provides whole person, behavioral health care, including co-occurring substance use disorder treatment, chemical dependency treatment, primary care coordination and wellness programs, and in partnership with PCHS, offers primary care and a dental clinic on its main campus. It’s continuum of services include crisis services, inpatient, outpatient, residential, and housing programs. With its main campus in Bremerton, the agency maintains three additional offices in Kitsap County.



A. Organizational Governance

KMHS Board Capacity: KMHS is governed by a twelve member Board of Directors. Members representing Kitsap residents and consumers of Mental Health services, experienced in health, behavioral health, law, business, public and military service. The Board of Directors is informed in their decision-making through monthly meetings, educated about programs, current service gaps, opportunities, trends, audit/regulatory compliance, and financial review. The Board of Directors set agency direction, policy, and maintains fiscal accountability; all internal policies require review and approval by the Board. A Chief Executive Officer (CEO) reports to the Board and is responsible for administrative oversight including overall direction, human and financial resources, budget and daily operations needed to meet the organization's mission as a designated community mental health agency.

KMHS Leadership Structure: Under direction of the CEO, the Executive Leadership Team (ELT) provides clinical and operational oversight and management for 500+ staff. The CEO is supported by a Strategy Team comprised of the Chief Medical Officer, Chief Operations Officer (CCO), Chief Financial Officer (CFO), Chief Human Resources Officer, Chief Advancement Officer and Executive Leadership Team (ELT). ELT members including a Medical Services Manager, Adult Outpatient Director, 24/Hour Services (Inpatient, Triage and SUD Residential Centers), 24/Hour Intensive Services Director (Crisis Response/DMHPs, Residential Treatment, PACT, Housing), Child & Family Services Director, an Information Services and a Quality Improvement Director. Each Clinical Services Director are responsible for multiple interdisciplinary teams ranging from inpatient to outpatient to residential services for both adults and children.

KMHS Program Management Structure: In addition to the ELT where program, staffing, budgeting and operations planning, implementation approaches and monitoring take place, the organization maintains bi-weekly meetings for system and quality

assurance procedures and review, daily “huddles” for clinical Teams, weekly individual staff supervision for clinical and managerial staff, and meetings to address specific topics i.e. ongoing monthly meetings such as safety and security, Housing Triage, or emerging topics, such as Medication Assisted Treatment and others.

B. Organizational Finances

KMHS Fiscal Controls and Procurement: Detailed financial information is reviewed monthly by the Finance Committee and Board. Fiscal oversight is via an accrual-based accounting system in full conformity with Generally Accepted Accounting Principles, state BARS and SAS reporting system. No staff can access check stock to initiate signing; registers require CFO approval, with extensive internal controls for recording transactions, authorizing, creating and distributing checks. Signatory authority is by CEO and Board Officers.

KMHS Fiscal Management Capacity and Fiscal Review: Board Policy directs the agency to strive to maintain a three month operating reserve to assure operational stability. A CFO identifies, implements, and manages financial systems and strategies. Fiscal policies address personnel, payroll, grants, contracts, travel and purchasing. Grant funds are coded separately. An annual audit is conducted by an independent Certified Public Accountant, in accord with the Single Audit Act; Auditor presents audit to the Board on completion. The agency has always had a record of “clean” audits. The most recent audit was for the year ended June 30, 2017 (audit for June 30, 2018 will occur September 2018). The auditors issued a clean audit report and did not note any significant issues for the year ended June 30, 2017. As noted in the financial statements, KMHS did make corrections to the beginning balance of Net Assets (the period ending June 30, 2016) to reflect accruals of community hospital expenses, revenue adjustments, and medical self-insurance liability.

Procurement: KMHS policy provides fair and equitable treatment of all persons or firms, assures supplies and services are procured efficiently, effectively, and at favorable prices; provides advantage to local vendors; provides safeguards for procurement quality and integrity; assures purchasing actions comply with applicable Federal standards, State, local laws, terms/conditions of grant, contract, gift or bequest, and assures at least two competitive bids for purchases or contracts \$25,000+.

C. Staffing Qualifications

Staff Involved with Housing Navigation Center include:

Chief Operations Officer - Megan Kelly, LICSW. (Not funded by this proposal). Megan is a Licensed Independent Clinical Social Worker with 30 years of experience working in community mental health systems. She has extensive expertise in Trauma Informed care and creating systems that wrap services around those in need. Megan manages all clinical programs at KMHS and will supervise the Housing Director position.

Housing Director – B.A. or M.S. preferred. (.5 FTE – Not funded by this proposal). This position will have overall responsibility for Navigation Center operations to include community partner engagement, recruitment and supervision, and facility management. This position will be hired in January, 2019 to develop the program operations and

training plan. Requires 5+ years administering housing programs. No license/certification required.

Navigation Center Site Manager – B.A. (1.0 FTE, of which .5 FTE is funded by this proposal). This position will be staffed by individual to be hired by June 2019, in time to recruit and train onsite staff. The Shelter Manager will oversee the day-to-day operations of the Housing Navigation Center including scheduling, intake, onsite partner activities, meals, security and coordination for operations and maintenance requirements. Requires 3-5 years' experience working with homeless populations. No license/certification required.

Behavioral Health Specialists – (9.4 FTE, providing 24x7 coverage). These positions will be hired by August 2019 to begin training and orientation. The BH Specialists positions require a B.A. and assume responsibility for Navigation Center intake, outreach and engagement with behavioral health services (mental health and substance use), interpersonal conflict resolutions between guests and de-escalation of behavioral health situations. Agency Affiliated Counselor registration required.

Peer Support Specialists – (7.8 FTE, providing 24x7 coverage). Peer Support positions will be hired in August 2019 to begin training and orientation. Peers who have experienced mental health and/or substance use disorders will be available to encourage engagement in treatment services, accessing social and will offer guests support, strength, and hope allowing for personal growth, wellness promotion, and recovery. Peer Counseling Certification required.

Community Health Worker (CHW) – (.5 FTE, subcontracted with PCHS). The CHW is responsible for helping Navigation Center guests who receive PCHS services to schedule and offer reminders follow-up on appointments, take medication, and support enrollment in Medicaid. This position will be hired in August to begin training and orientation. Requires successful completion of CHW training program.

D. Organization Licenses and Certifications

For over 3 decades, Kitsap Mental Health Services (KMHS) has been Kitsap County's sole provider of community mental health services for persons with acute and persistent, serious mental illnesses, serving over 6,800 persons annually. KMHS services are provided via multi-disciplinary teams, with integrated care treatment and services including mental health, co-occurring and singular substance use disorders, medication management, case management, care coordination with primary and dental care, vocational services, housing, and other needed services. KMHS is dually licensed to provide MH care and CD treatment, and currently provides an adult continuum of services from Crisis Triage Center, inpatient evaluation and treatment (14 day), a "step down" 30-day residential treatment facility, 30 Day SUD facility, two Programs for Assertive Community Treatment, outpatient treatment services, and housing.

E. History of Project Management

KMHS has extensive experience developing and managing major capital projects including the KMHS Main Campus, scattered housing sites throughout the County, Adult and Youth Inpatient Units, The Keller House Residential Facility and our newly

completed Kitsap County Crisis Triage Center and 16-Bed SUD residential treatment facility. Most recently we opened the Kitsap County Crisis Triage Center, which required \$3.4M in renovations to an existing older facility, similar to the approach we will be taking with the Navigation Center. When Kitsap County vacated the site in November 2017, KMHS was able to immediately begin construction in January 2018, which recently completed and will open in August. It is also of note that while behavioral health staffing is a challenge statewide, KMHS aggressively and successfully worked to hire 52 staff (nearly all) for the August 2018 opening of the new Crisis Triage/SUD facility.

Across these projects we have secured and administered funding via Housing Trust Fund (HTF), HUD, HRSA, HHS, DSHS, Washington State Commerce, Legislative allocations, CDBG, Building Communities Funds, the County Mental Health tax, bonds, bank loan, private foundation grants and conducted community fundraising. Projects are overseen by the KMHS Executive Leadership Team, each with assigned responsibilities. Operations Directors work with architects and project managers, monitoring construction quality, timelines and budget; Development creates funding plans, writes public and private grants, and initiates community engagement; Finance manages project budgets and monitors contracts to see projects to completion. KMHS's extensive construction experience requires our agency have a full understanding of Federal Contract regulations including management of bidding processes, Davis-Bacon Act, and construction management record keeping.

4. PROJECT FINANCIAL FEASIBILITY

A. Budget Narrative

- All staffing and operations costs for 2019 are based on a projected September 1, 2019 opening date, with certain staff coming on board earlier for program design and training purposes. All positions are compensated according to Board approved compensation schedules. To operate the year-round facility 24x7, it is assumed that 1.4 FTE are required for each KMHS position.
- Utilities estimated at \$3 per square foot.
- Security will be provided by contractors. We assumed \$30 per hour for 12 hour overnight coverage from 7pm – 7am, a level consistent with other KMHS programs.
- Meals are estimated at \$8.50 per person per bed day. We will provide continental breakfast and lunch and a hot dinner. Dinner will either be prepared at a KMHS kitchen at its main campus or contracted to another community provider. We also estimate that many individuals will take advantage of community meals offered through The Salvation Army.
- The cost estimates in the Housing Navigation Center facility acquisition and renovation budget were developed based on KMHS experience managing multiple construction projects, including most recently the Crisis Triage Center and the Substance Use residential facility. Accordingly, we assumed:
- Purchase and renovate a 7,000 square foot facility, sited in Bremerton or nearby location. Note: We are working with a commercial broker and are unable to identify, as of yet, leasing options for this facility. Common facilities will include kitchen, showers, bathrooms, cots, privacy dividers, mattresses, storage areas, office furniture, lighting, and guest lounge area.

- Potential requirement to install sprinklers or elevator, depending on the site.
- Contract Overhead and Profit: Total 5% of construction costs.
- Architect: 10% of construction costs, same as state funded facility guidelines.
- Indirect rate: 10% - From KMHS's audited financial statements for the fiscal year ended June 30, 2017, we spent approximately \$3.4 million dollars on administrative expenses that support our clinical operations. These administrative expenses are necessary to support all KMHS programs and services and include activities such as required human resources to hire and train our dedicated staff, information technology support and infrastructure, and general facilities repair and maintenance. Our program expenses total about \$24.7 million, so as a percentage, general administrative expenses are 13.9% of our program expenses. We limit our request to 10% consistent with grant guidelines.

B. Additional Resources and Sustainability

The Center has two primary resource and sustainability challenges.

Resources – Site Identification

KMHS must secure a site consistent with local zoning, and minimal community opposition. KMHS has initiated discussions with the Mayor of Bremerton and Office of Community Development seeking their support for proposed sites. During the site identification process these conversations will continue with other local officials, including seeking support from County Commissioners.

Sustainability- Ongoing Operations

Although KMHS is the county's designated community behavioral health provider, the Housing Navigation Center is not designed to operate as a behavioral health treatment facility. Staffing and operations necessary to run these recently created, innovative shelters models do not have insurance codes that allow them to be services billable to Medicaid or to any other insurers and are unlikely to have such in the foreseeable future. Concurrent with this application, KMHS submitted a request to the Coordinated Grant requesting funds supporting the capital investment, as well as onsite services and operations and maintenance. KMHS will commit \$75,000 in agency reserves to the capital investment and development costs required for the project, and intends to make application to multiple foundation grants (Boeing Employees Community Fund, Murdock Foundation, Medina Foundation, Ben Cheney Foundation and Norcliffe Foundation as well as seek capital support from Managed Care Organizations and CHI Franciscan.

Given the magnitude and scope of the Navigation Center, a significant ongoing community investment is required to sustain operations. For both the Seattle and the San Francisco models, operations and services are funded from public sources. To our knowledge, there are no other significant alternative operational funding sources available. If the creation and operation of the Navigation Center is a priority for Kitsap County and can be sufficiently funded for operations, KMHS will continue making application to both the coordinated grant and the 1/10th funding sources in the future to support services and operations and maintenance expenses. We will also continue to seek operations funding support from outside sources including foundations, Managed Care Organizations and the hospital.

EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Housing Navigation Center

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and time</small>	G. SOURCE
Reduce homelessness through provision of year round, long term, 24/7 shelter among adults with mental illness and/or substance use issues	Provide 24/7 shelter to reduce homelessness, decrease utilization of emergency room, increase access to basic need social services, treatment services, and housing.	Shelter facility created; 96% of shelter beds will be filled by 12/1/2019.	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>9/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	New	Fields will be in place for KMHS EHR, PCHS EMR, KMHS EHR will allow for self-report for services received outside of these agencies. Fields will be in place through HMIS for housing.
Identify and secure permanent housing, where possible.	Provide 24/7 shelter to reduce homelessness, increase access to housing.	100% of shelter admits receive housing navigation services	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input 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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>12/31/2018</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	New	Fields will be in place through HMIS

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
Increase number of persons with mental illnesses participating in mental health treatment.	Provide onsite shelter engagement and outreach to encourage participation in mental health treatment services.	50% of individuals will receive mental health engagement services; 20% choose to enroll in treatment.	<input checked="" type="checkbox"/> Output <input checked="" 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 checked="" 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: 9/1/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	New	Fields will be in place through KMHS EHR, PCHS EMR. KMHS EHR will allow for self-report for services received outside of these agencies.
Increase number of persons with substance use disorder participating in substance use treatment.	Provide onsite shelter engagement and outreach to encourage participation in substance use treatment services.	50% of individuals will receive substance use engagement services; 5% choose to engage in treatment.	<input checked="" type="checkbox"/> Output <input checked="" 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 checked="" 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: 9/1/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	New	Fields will be in place through KMHS EHR, PCHS EMR. KMHS EHR will allow for self-report for services received outside of these agencies
Increase number of persons with physical health concerns engaging in medical treatment.	Provide on-site primary care/medical treatment services and/or coordination with primary care practice.	50% of individuals will engage in primary care medical services	<input checked="" type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" 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	New	Fields will be in place through PCHS EHR if PCHS is provider, for other providers, receipt of services is by self-report.

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and time</small>	G. SOURCE
Identify employment and increase household income through employment, where possible.	Provide access to work training and employment opportunities.	20% of individuals will participate in services to attain employment; of these 5% will become employed.	<input checked="" type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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>9/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	New	Fields will be in place through KMHS EHR to capture self-report
Reduce unnecessary emergency room utilization.	Provide engagement services for behavioral health and treatment for physical health needs.	Emergency room utilization will decrease by 25% as shelter participants increase use of behavioral and physical health services.	<input checked="" 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 checked="" 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>9/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	New	Fields will be in place through KMHS EHR to capture EDIE alerts via KMHS and PCHS.
Reduce unnecessary jail utilization.	Provide engagement services for behavioral health and treatment for physical health needs.	Unnecessary jail utilization will decrease by 40% as shelter participants increase use of behavioral and physical health services.	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" 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>9/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	New	Fields will be in place through KMHS EHR to capture either self-report, or jail data if accessible

Total Agency or Departmental Budget Form

Agency Name: Kitsap Mental Health Services

Project: Kitsap Housing Navigation Center



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 25,299,312.8	84%	\$ 30,816,739.63	86%	\$ 32,111,952.00	82%
Local Revenue	\$ 1,627,939.3	5%	\$ 2,939,486.15	8%	\$ 5,962,633.20	15%
Private Funding Revenue	\$ 1,780,825.2	6%	\$ 1,007,234.64	3%	\$ 832,698.00	2%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ 1,407,324.0	5%	\$ 900,734.11	3%	\$ 200,385.60	1%
Total Agency Revenue (A)	\$ 30,115,401.27		\$ 35,664,194.53		\$ 39,107,668.80	
AGENCY EXPENSES						
Personnel						
Managers	\$ 3,412,467.91	12%	\$ 3,464,087.09	12%	\$ 4,315,142.40	11%
Staff	\$ 11,609,348.21	41%	\$ 13,281,005.76	44%	\$ 19,116,414.00	50%
Total Benefits	\$ 7,553,005.01	27%	\$ 6,862,354.72	23%	\$ 6,393,743.00	17%
Subtotal	\$ 22,574,821.13	80%	\$ 23,607,447.57	78%	\$ 29,825,299.40	78%
Supplies/Equipment						
Equipment	\$ 62,499.94	0%	\$ 236,885.05	1%	\$ 186,400.00	0%
Office Supplies	\$ 129,081.75	0%	\$ 156,562.81	1%	\$ 201,117.60	1%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 191,581.69	1%	\$ 393,447.86	1%	\$ 387,517.60	1%
Administration						
Advertising/Marketing	\$ 7,005.78	0%	\$ 5,741.47	0%	\$ 11,000.40	0%
Audit/Accounting	\$ -	0%	\$ 1,500.00	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 304,970.17	1%	\$ 306,146.09	1%	\$ 329,654.40	1%
Postage/Printing	\$ 156,892.66	1%	\$ 244,056.35	1%	\$ 297,390.00	1%
Training/Travel/Transportation	\$ 280,831.58	1%	\$ 317,646.64	1%	\$ 464,516.40	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) <u>Legal, Security, IT systems, Investment Management</u>	\$ 134,931.55	0%	\$ 503,428.17	2%	\$ 996,750.00	3%
Subtotal	\$ 884,631.74	3%	\$ 1,378,518.72	5%	\$ 2,099,311.20	5%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 618,112.04	2%	\$ 589,322.91	2%	\$ 671,283.60	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 336,430.49	1%	\$ 267,031.73	1%	\$ 291,999.60	1%
Utilities	\$ 496,317.96	2%	\$ 450,637.86	1%	\$ 516,099.60	1%
Other (Describe) <u>Food, Program, and Other Clinical Expenses</u>	\$ 348,021.79	1%	\$ 321,249.78	1%	\$ 483,753.20	1%
Other (Describe) <u>Medical and Pharmacy</u>	\$ 32,374.23	0%	\$ 32,148.46	0%	\$ 20,221.20	0%
Other (Describe) <u>Community Hospitalizations</u>	\$ 1,397,862.35	5%	\$ 1,772,261.13	6%	\$ 2,400,000.00	6%
Subtotal	\$ 3,229,118.86	11%	\$ 3,432,651.87	11%	\$ 4,383,357.20	11%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) <u>Rent and Depreciation Expense</u>	\$ 1,443,285.41	5%	\$ 1,280,811.69	4%	\$ 1,604,793.60	4%
Subtotal	\$ 1,443,285.41	5%	\$ 1,280,811.69	4%	\$ 1,604,793.60	4%
Total Direct Expenses	\$ 28,323,438.83		\$ 30,092,877.71		\$ 38,300,279.00	

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

Total Agency or Departmental Budget Form - Attachment Detailing Expenditures Greater than 10%

Excerpt of Items Exceeding 10% Threshold						
	2017 (Audited 7/1/16 - 6/30/17)		2018 (Unaudited 7/1/17 - 6/30/18)		2019 (Budgeted 7/1/18 - 6/30/19)	
	Actual	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 3,412,467.91	12%	\$ 3,464,087.09	12%	\$ 4,315,142.40	11%
Staff	\$ 11,609,348.21	41%	\$ 13,281,005.76	44%	\$ 19,116,414.00	50%
Total Benefits	\$ 7,553,005.01	27%	\$ 6,862,354.72	23%	\$ 6,393,743.00	17%
Subtotal	\$ 22,574,821.13	80%	\$ 23,607,447.57	78%	\$ 29,825,299.40	78%

Each item above is comprised of the following:

Managers

Clinical & Administration Management	3,412,467.91	3,464,087.09	4,315,142.40
Clinical Staff	9,502,998.48	10,470,530.30	13,990,664.40
Support Staff	2,244,812.41	2,568,551.74	5,081,115.60
	<u>15,160,278.80</u>	<u>16,503,169.13</u>	<u>23,386,922.40</u>

Total Benefits

Personal Leave (Budgeted in Wages)	2,011,023.32	2,295,849.30	-
Disability & Other Leave	175,415.18	181,217.70	44,634.00
FICA Taxes	1,259,381.61	1,353,139.52	1,881,625.20
Unemployment, Labor & Industries	228,021.31	273,132.53	358,521.60
Medical, Dental, and Vision Insurance	3,027,519.93	2,383,460.09	3,266,691.60
Retirement & Other Benefits	713,180.98	617,479.30	886,904.60
	<u>7,414,542.33</u>	<u>7,104,278.44</u>	<u>6,438,377.00</u>

Special Project Budget Form

 Agency Name: Kitsap Mental Health Service Subcontractor: Yes No

Project: Housing Navigation Center

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 72,800	3%	\$ 14,560	1%	\$ 58,240	8%
Staff	\$ 285,307	12%	\$ 285,307	17%	\$ -	0%
Total Benefits	\$ 154,658	6%	\$ 131,733	8%	\$ 22,925	3%
SUBTOTAL	\$ 512,765	21%	\$ 431,600	26%	\$ 81,165	11%
Supplies & Equipment						
Equipment	\$ 20,000	1%	\$ -	0%	\$ 20,000	3%
Office Supplies	\$ 1,667	0%	\$ 1,667	0%	\$ -	0%
Other (Describe): Bedding & Kitchen supplies	\$ 20,000	1%	\$ 20,000	1%	\$ -	0%
SUBTOTAL	\$ 41,667	2%	\$ 21,667	1%	\$ 20,000	3%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 1,200	0%	\$ 1,200	0%	\$ -	0%
Insurance/Bonds	\$ 10,000	0%	\$ 10,000	1%	\$ -	0%
Postage/Printing	\$ 1,200	0%	\$ 1,200	0%	\$ -	0%
Training/Travel/Transportation	\$ 7,000	0%	\$ 7,000	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ 211,375	9%	\$ 152,183	9%	\$ 59,192	8%
Other (Describe): Subcontract w/ PCHS	\$ 11,933	0%	\$ 11,933	1%	\$ -	0%
SUBTOTAL	\$ 242,708	10%	\$ 183,516	11%	\$ 59,192	8%
Ongoing Operations & Maintenance						
Janitorial Service	\$ 10,000	0%	\$ -	0%	\$ 10,000	1%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ 2,400	0%	\$ -	0%	\$ 2,400	0%
Repair of Equipment and Property	\$ 8,000	0%	\$ -	0%	\$ 8,000	1%
Utilities	\$ 11,250	0%	\$ -	0%	\$ 11,250	2%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 31,650	1%	\$ -	0%	\$ 31,650	4%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Navigation Center Facility - See attached development budget	\$ 1,469,000	12%	\$ 1,016,500	0%	\$ 452,500	45%
Other (Describe): Shuttle Gas	\$ 2,000	12%	\$ 2,000	0%		45%
Other (Describe): Meals	\$ 81,600	3%	\$ -	0%	\$ 81,600	11%
Other (Describe): Security	\$ 30,660	1%	\$ 30,660	2%	\$ -	0%
SUBTOTAL	\$ 1,583,260	66%	\$ 1,049,160	62%	\$ 534,100	74%
Total Project Budget	\$ 2,412,050		\$ 1,685,943		\$ 726,107	

NOTE: Indirect is limited to 10%

Special Project Budget Form

Agency Name: PCHS (Subcontract)

Subcontractor: Yes No

Project: Housing Navigation Center

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	\$ 7,458.00	62%	\$ 7,458.00	62%		0%
Total Benefits	\$ 4,475.00	38%	\$ 4,475.00	38%		0%
SUBTOTAL	\$ 11,933.00	100%	\$ 11,933.00	100%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%		0%		0%
Office Supplies	\$ -	0%		0%	\$ -	0%
Other (Describe): Bedding & Kitchen supplies	\$ -	0%		0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%		0%	\$ -	0%
Audit/Accounting	\$ -	0%		0%		0%
Communication	\$ -	0%		0%		0%
Insurance/Bonds	\$ -	0%		0%		0%
Postage/Printing	\$ -	0%		0%		0%
Training/Travel/Transportation	\$ -	0%		0%		0%
% Indirect (Limited to 10%)	\$ -	0%		0%		0%
Other (Describe):	\$ -	0%		0%		0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	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%
Other (Describe):	\$ -	0%	\$ -	0%		0%
Other (Describe):	\$ -	0%	\$ -	0%		0%
Other (Describe):	\$ -	0%	\$ -	0%		0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ 0.00	0%	\$ 0	0%	\$ 0	100%
Other (Describe): Navigation Center Facility - See attached development budget	\$ -	12%		0%		45%
Other (Describe): Shuttle Gas	\$ -	12%		0%		45%
Other (Describe): Meals	\$ -	0%		0%		0%
Other (Describe): Security	\$ -	0%		0%		0%
SUBTOTAL	\$ 0.00	0%	\$ 0.00	0%	\$ 0.00	100%
Total Project Budget	\$ 11,933.00		\$ 11,933.00		\$ 0.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: KMHS

Subcontractor: Yes No

Project: Housing Navigaion Center

Description	
Number of Professional FTEs	0.50
Number of Clerical FTEs	0.00
Number of All Other FTEs	17.20
Total Number of FTEs	17.70

Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff (Hire June 2019)	\$ 14,560.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ 285,306.60
Description: Behavioral Health Specialists (9.4 FTE, Hire August 2019)	\$ 167,006.60
Description: Peer Support Specialists (7.8 FTE, Hire August 2019)	\$ 118,300.00
Description:	\$ -
Total Salaries	\$ 299,866.60
Total Payroll Taxes	\$ 24,739.00
Total Cost of Benefits	\$ 94,999.33
Total Cost of Retirement	\$ 11,994.67
Total Payroll Costs	\$ 431,599.60

Project Salary Summary Housing Navigation Center

Agency Name: PCHS

Subcontractor: Yes No

Project: Housing Navigation Center

Description

Number of Professional FTEs	0.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.50
Total Number of FTEs	0.50

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ 7,458.33
Description: Community Health Worker (.5 FTE, Hire August 2019)	\$ 7,458.33
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 7,458.33
Total Payroll Taxes	\$ 1,691.55
Total Cost of Benefits	\$ 2,783.45
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 11,933.33

ATTACHMENT H

Letters Commitment and Support

Kitsap Mental Health Services

Peninsula Community Health Services

Kitsap Community Resources

Work Source



**KITSAP
MENTAL
HEALTH
SERVICES**

July 25, 2018

Kitsap County Department of Human Services
614 Division St. MS -23
Port Orchard, WA 98366-4676

Dear Citizen Advisory Committee Members:

The January 2018 Point in Time Count identified 146 individuals living unsheltered in Kitsap County, the vast majority of whom are also living with mental health, substance use, and/or chronic health disorders. We believe this shelter crisis must be addressed immediately, both for the health and well-being of those living unsheltered but also for the overall quality of life in our community. The Housing Navigation Center provides a collaborative community impact response to this growing housing emergency by providing 60-80 beds with onsite supportive services including access to primary care, behavioral health, housing and employment services.

Bringing this extraordinary vision to reality will require a significant community investment. KMHS is prepared to invest \$75K of its agency reserves to support funding the facility acquisition as well as provide significant fund development expertise to raise the additional funds required.

Thank you for your consideration of our request and for your dedication and support to serving the needs of those most vulnerable in our community.

Warm Regards,

Joe Roszak
Chief Executive Officer
Kitsap Mental Health Services

BOARD OF DIRECTORS

- James C. Tracy
President
- Maureen Gaffney RN
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- Peter A. Douvis
Secretary-Treasurer
- Britt Feldman
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- Steve Strachan
- Jan Tezak, RN, MN
- Eve Willett

- Emeritus:**
- Paul Dour
- Greg Memovich
- Carolyn Powers
- Wes Tallman
- Dennis Veloni

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.



Peninsula Community Health Services

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

July 30, 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:

On behalf of Peninsula Community Health Services (PCHS), I am writing to express my support and commitment to Kitsap Mental Health Services' (KMHS) proposal to create a Housing Navigation Center. The Center will provide desperately needed, long-term, year-round, 24x7 shelter for 60-80 chronically homeless persons living with serious mental illness and/or substance use disorders in our community, many of whom are also dealing with acute or chronic health conditions related to their behavioral health conditions.

With our mutual goal of providing comprehensive care to those experiencing chronic homelessness, PCHS and KMHS understand the interconnectedness of a person's behavioral health and physical wellness. Without question, untreated physical health issues exacerbate mental health and substance use and likewise, untreated mental illness and substance use seriously complicate a person's physical health recovery. To that end, PCHS will provide onsite primary care services at the Housing Navigation Center Monday – Friday to include wound care, treatment for chronic health conditions, immunizations, behavioral health for mild-moderate mental illnesses, and access to Medication Assisted Treatment. Navigation Center guests will also have access to a Nurse Line after hours. All of the physical health services would be billable to Medicaid, ensuring sustainability. For individuals who are Medicaid ineligible for some reason, access to our sliding fee scale will be offered; this is linked to our indigent care funds for individuals experiencing a time of financial leanness. We will also contract with KMHS to provide a .5 FTE Community Health Worker to support healthcare enrollment, scheduling, and follow-up services for guests of the Navigation Center.

This is one more important milestone in our more than 30 years of collaboration with KMHS, as we work together toward our common mission of serving the most vulnerable residents of our community. We recognize that many people rely on both agencies for services and we continue to identify opportunities for continued partnership. Most recently, PCHS co-located medical and dental services on the KMHS Almira campus, which dramatically improved healthcare and dental access for people served by KMHS. We also look forward to partnering with KMHS on our mobile "Wellness on Wheels" project.

We believe the Housing Navigation Center model will transform the way shelter and community services are provided to those experiencing chronic homelessness, offering them their best

• P.O. Box 960 • Bremerton, WA 98337
• Telephone: 360.478.2366 • Fax: 360.373.2096
www.pchsweb.org



KITSAP COMMUNITY
Resources

A Community Action Partnership. Helping people. Changing lives.

July 30, 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:

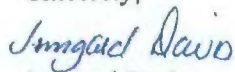
On behalf of Kitsap Community Resources (KCR), I am writing to express my strong support and commitment to Kitsap Mental Health Services' (KMHS) proposal to create a Housing Navigation Center. The Center will provide desperately needed long-term 24x7 shelter for 60-80 chronically homeless persons living with serious mental illness and/or substance use disorders in our community.

KCR is prepared to provide onsite Housing Solutions Center (HSC) services 4-6 hours per week. These services will include intake and performing a vulnerability assessment for all guests served by the Navigation Center, and working with each household in their efforts to secure permanent housing. Given the extreme shortage of permanent safe and affordable housing, the HSC is highly skilled at helping people identify permanent housing options, wherever possible, including Oxford houses, subsidized housing, assisted living, as well as shared and market rate housing. Recognizing that one of the biggest barriers to attaining affordable housing is the lack of income, we also have HSC team member who is certified to provide SOAR (SSI/SSDI Outreach, Access, and Recovery) services. SOAR is a national program funded by the Substance Abuse and Mental Health Services Administration designed to increase access to Social Security disability benefits for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Through our many programs benefitting low-income residents of Kitsap County including Housing and Homeless Services, the HSC, Head Start, and Energy Assistance, KCR has enjoyed a long-standing partnership with KMHS, and routinely cross-refers individuals to each other's services. Currently, we collaborate with them on the Kitsap Connect team, of which KMHS was a founding partner, as well as working in partnership to provide housing tenancy support and behavioral health engagement through the Housing Stability Supports program.

With 146 individuals identified to be living outside in the January 2018 Point in Time Count, KCR strongly agrees that the Housing Navigation Center is what our community needs now to stem the growing housing crisis faced most especially by people in our community who are living with mental illness and substance use disorders.

Sincerely,


Irmgard Davis,

Interim Executive Director



Dear Grants Committee and Kitsap Mental Health Services:

This letter is to support Kitsap Mental Health Services efforts for application as a Housing Navigation Center for low-barrier shelter.

I believe their request is important as they support a much needed service to our community by strengthening local services to improving outcomes for people experiencing barriers in life. Housing first is an excellent solution towards removal of barriers.

Adding to the list of community partners and services, WorkSource Kitsap is prepared to assist with the employment and training needs of individuals utilizing the services of the Housing Navigation Center. WorkSource Kitsap is part of a statewide partnership of state, local and nonprofit agencies that provides an array of employment and training services to job seekers and employers in Washington. The centers offer local supportive services and training referrals, career counseling, job listings, employment-related workshops, and individualized services.

WorkSource Kitsap is committed to provide group services at the Housing Navigation Center by conducting an Orientation to WorkSource services workshop twice a month starting August 16th, 2018. This relationship will serve KMHS clients as a path for moving forward and access to the labor market with services that will meet the customer where they are at and a partnership towards a warm hand off.

Sincerely,



Michael A. Robinson

WorkSource One-Stop Operator
Olympic Workforce Development Council
Serving WorkSource Clallam, Jefferson, and Kitsap Counties
Office (360) 337- 4727 Cell (360) 277-8684
mrobinson@esd.wa.gov

2019 GRANT SUMMARY PAGE

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

Organization name: Kitsap Recovery Center

Proposal Title: Kitsap County Drop In Center

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

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

Proposal Summary:

The Kitsap Recovery Center is requesting grant funds to provide comprehensive trauma services and substance use disorder services at a local Drop In Center located in Central Kitsap. In conjunction with the Human Trafficking Diversion Program participants; other individuals who may have experienced sexual exploitation and trauma would have access to immediate services.

Requested Funds Amount: \$ 367,518.00

Matching/In-kind Funds Amount: \$ _____

Street Address: 661 Taylor Street

City: Port Orchard

State: WA

Zip: 98366

Primary Contact: Bergen Starke

Phone: (360) 337-5722

E-Mail: bstarke@co.kitsap.wa.us

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

Federal Tax ID Number: 916-001348

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

Signature

Title

Program Manager

Date

02/01/18

Project Description

A. Project Design

The Kitsap Recovery Center Drop-in Center will be a place that will provide a wide array of services to victims of human trafficking and sexual abuse. The center will occupy a county owned building in Central Kitsap that is well suited for this use. The building is an ideal size in a location that is both discrete and accessible. A primary task of the KRC Drop-In Center will be to aid individuals seeking a way out of sex trafficking and commercial sexual exploitation. The core of the program will be the accessibility to a staff of four who will be specially trained to meet the unique needs of our target population. These needs range from immediate assistance (food, hygiene and rest) to long-term assistance (substance use disorder treatment, mental health therapy, peer support and life skills). An important feature of this center will be to meet the clients “where they are,” utilizing the best practice theories and intervention modalities of harm-reduction, trauma-informed treatment and the stages of change. The Drop-In Center will be a safe place to discuss all the issues related to exiting a life of abuse, violence, and poverty. Staff will be available to discuss common challenges and ways to move forward from the experience and thrive.

Monday through Friday from 8AM to 5 PM victims will be able to walk into a safe and welcoming facility that will be able to meet both immediate needs, provide case management for more complex needs and offer access treatment for trauma, and substance use disorder. Along with walk-in clients, the Center will also take referrals from other agencies and law enforcement.

KRC realizes that change is difficult and fraught with many dangers for those who are being sexually exploited. All services will be provided in a safe and welcoming environment, with a staff specifically trained to address the unique needs of victims of human sex trafficking and sexual exploitation. Individuals who enter the Drop-In Center will have access to immediate help for hygiene, food and rest. These persons will also be able to meet with a case manager who can help connect the client with resources including housing, food assistance, medical referrals and legal advocacy. Individuals will also have access to substance use disorder and mental health assessments and co-occurring outpatient treatment.

The Center will offer outreach to local agencies to increase awareness of human trafficking in Kitsap County. This will include offering written information and on-site presentations. In conjunction with the Human Trafficking task force, the Center will offer presentations about consent and what can lead to human trafficking to students at local middle and high schools.

Although the majority of victims of human trafficking and sexual exploitation are female, the Drop-In Center will also be able to offer help and support to male victims.

Evidence-Based

At KRC, the agency embraces the goal of providing support and information so that a victim may empower herself or himself to heal, while acknowledging the victim-survivor's dignity and respect of her or his decisions.

The staff at the Drop in Center will be utilizing the following evidenced-based screenings to assist in the healing process with the victims:

Adverse Childhood Experiences (ACEs):

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

Post-traumatic Checklist for DSM-V (Civilian) (PCL-5):

The PCL-5 is a 20-item self-report measure that assesses the 20 DSM-V symptoms of PTSD. The PCL-5 has a variety of purposes, including:

- Monitoring symptom change during and after treatment
- Screening individuals for PTSD
- Making a provisional PTSD diagnosis

The gold standard for diagnosing PTSD is a structured clinical interview such as the Clinician-Administered PTSD Scale (CAPS-5). When necessary, the PCL-5 can be scored to provide a provisional PTSD diagnosis.

Life Events Checklist for DSM-5 (LEC-5):

The Life Events Checklist for DSM-5 (LEC-5) is a self-report measure designed to screen for potentially traumatic events in a respondent's lifetime. The LEC-5 assesses exposure to 16 events known to potentially result in PTSD or distress and includes one additional item assessing any other extraordinarily stressful event not captured in the first 16 items.

The primary therapies to be used will be:

Cognitive Processing Therapy

Cognitive processing therapy (CPT) is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after

experiencing a variety of traumatic events including child abuse, combat, rape and natural disasters.

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):

An evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences.

Seeking Safety:

Nationally-recognized curriculum Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It can be conducted in group (any size) and/or individual modality. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.

B. Outreach

It is important to target community organizations such as local schools, public libraries, and small businesses as they are conduits to increase the general public's awareness and knowledge of human trafficking. The Drop in Center staff will assist the Kitsap County Human Trafficking Task Force in developing materials to educate the community, such as posters to distribute, fact sheets, public service announcements, and a website to raise awareness about human trafficking.

As victims often do not self-identify, human trafficking targets vulnerable people of all ages. It is difficult for trafficking victims to come forward as they find themselves physically and socially isolated in an unfamiliar culture. They fear reaching out to law enforcement officers, health providers or even others that have the ability to assist them. Therefore, it is important to educate first responders, services providers and the public as they tend to be the population that have the initial, and perhaps, the most direct contact with trafficked persons or at-risk individuals.

KRC, as a community-based organization, can successfully reach and provide services to trafficked persons and the residents within the community through the established network of connections.

C. Evaluation

Goal #1: Expand behavioral health outreach, assessment, intervention, referral, and treatment in the substance use disorder throughout the continuum of care.

- Measure the number of clients referred to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health and substance use disorder treatment.
- Measure the number of clients to be referred to Peninsula Community Health and/or other medical partners.
- Measure the number of clients referred to and screened for services for the Human Trafficking Diversion Program.
- Measure the number of clients contacting for services due to referrals by law enforcement.

Goal #2: Clients are satisfied with the services provided.

- Measure satisfaction ratings at intake and discharge of services.

Goal #3: Prevent mental illness, behavioral problems, and future addiction in victims of trauma who either have or are at risk for substance abuse and/or mental health problems.

- Measure the number of clients to receive Seeking Safety and Relapse Prevention education.

Community Needs and Benefits

A. Policy Goal

- Improve the health status and wellbeing of Kitsap County residents
- Reduce the incidence and severity of substance use disorder and/or mental health disorders in adults and youth
- Reduce the number of chemical dependent and mentally ill youth and adults from initial or further criminal justice system involvement
- Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

The service gaps that's this project would address are the following:

1. Prevention, Early Intervention, training

- a. Support a shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice
 - b. Train all systems on community resource and behavioral health treatment options including inpatient, outpatient, medication assisted, withdrawal management services and crisis triage
 - c. Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support (S.A.S. program)
 - d. Conduct professional development for educations, youth development and community agencies on youth mental health and substance abuse issues (Train the trainer)
2. Crisis Intervention and Triage
- a. Develop county-wide protocols for first responders responding to a call where mental illness or substance use may be a factor
 - b. Develop, enhance or expand an adult diversion programs for low level offenders with mental illness or substance abuse disorders
 - c. Provide behavioral health screening, brief intervention, and referral for treatment for youth and adults in primary care
3. Outpatient treatment
- a. Increase substance abuse treatment funding for youth and adults who are not eligible for Medicaid
 - b. Expand community mental health center services to include individuals who are not eligible for Medicaid
 - c. Increased dual-certification among mental health and substance abuse treatment providers for addressing all of the individual's behavioral health needs.
 - d. Develop shelter-based behavioral health prevention, outreach, assessment, intervention, referral and treatment
 - e. Provide on-site behavioral health screen and referral for Superior, Municipal and District Courts
 - f. Expand behavioral health outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts
 - g. Expand behavioral health prevention, outreach, assessment, intervention, referral and treatment within the juvenile justice system
 - h. Enhance linkage at discharge to comprehensive services including care coordination
4. Recovery Support Services
- a. Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment
 - b. Provide local cursory competency evaluation for out of custody, low-risk offenders

B. Needs Assessment and Target Population

SEX TRAFFICKING: is the act of forcing, coercing, or transporting a person for the purpose of a commercial sex act. These crimes are primarily committed against a person and children. Sex trafficking can occur in residential brothels, brothels disguised as massage parlors, strip clubs, and via online escort services and street prostitution.

Commercial sexual exploitation of children is defined as criminal practices that demean, degrade and threaten the physical and psycho-social integrity of children.

There are three primary forms of commercial sexual exploitation of children: prostitution, pornography and trafficking for sexual purposes. Other forms of commercial sexual exploitation of children include child sex tourism, child marriages and forced marriages.

Children who are involved in the commercial sex industry are viewed as victims of severe forms of trafficking in persons, which is sex trafficking "in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age."

Victims of sex trafficking are intensely manipulated, exploited and are made to believe they are worthless beyond their role as a money generating commodity. Trafficked persons are subject to physical injuries and psychological and emotional abuse on a daily basis. Injuries such as broken bones, concussions, burns, traumatic brain injury are but a few physical issues.

A commercial sex act is "any sex act on account of which anything of value is given to or received by any person." Victims of sex trafficking and commercial sexual exploitation are intensely manipulated and coerced by pimps and traffickers to believe that they are willing participants in their own exploitation and worthless beyond their role as a money generating commodity.

A victim/survivor's history of victimization and trauma sets her up for a psychological belief that she deserves no better and has no other options. Exiting the life of such abusive and violent situations is a difficult one, especially because the people involved have often been subjected to abuse since childhood; they are truly the person that got left behind. For many of them there is no such thing as choice, and once they are in it, it is extremely difficult to get out.

Recent research has shown that men and boys who may have experience physical and sexual abuse due to the deprivation of basic nutrition and loss of freedom of movement often do not initially see themselves as having been the victim of exploitation. Instead they perceived the situation as "bad luck." For male victims of sex trafficking the path to recovery and rehabilitation in the United States is long and full of challenges. Male victims of sex trafficking are less likely to receive support services than female victims.

In a recent study of the number of beds in residential treatment centers for domestic victims of sex trafficking only 5 percent of the beds were allocated for men. Most programs established to assist trafficking victims do not focus on meeting male survivors needs. Male survivors of trafficking need access to comprehensive and culturally appropriate assistance to meet their needs.

Commercially sexually exploited individuals are among some of the most vulnerable populations experiencing issues such as homelessness, mental health problems, substance use disorder, rape and sexual trauma, domestic abuse and general violence. All trafficking victims should be offered high quality individualized assistance, supported in regaining control of their lives, and empowered to make informed decisions about the options available to them.

As a result of its proximity to Seattle and Tacoma, Kitsap County has been significantly impacted by the growing epidemic of sex trafficking offenses in the area. This is not surprising considering that the Washington State Department of Commerce found that Seattle saw a 200 percent increase between 2003 and 2007 in the size and structure of its underground commercial sexual economy (UCSE). Major metropolitan areas like Seattle have a variety of different funding resources, nonprofits, and grants used to address sex trafficking cases. There are resources in Seattle but are simply too far for victims to be able to travel creating additional barriers for access to services.

Between 2014 and 2018, Kitsap County had a total of 191 cases of sex trafficking. This number is representative only of those cases that were reported. Since there is a lack of substantial targeted resources allotted to combating and preventing sex trafficking in Kitsap County, investigations and stings specifically targeting sex trafficking are severely limited, as they must be balanced with other law enforcement needs. In addition, there are very few efforts being made to attempt to outreach to the community and individuals in order to prevent sex trafficking and help those, not only who are already involved in sex trafficking, but who are at-risk as well. As such, it is nearly impossible to know how extensive the problem of sex trafficking really is in the area. Local law enforcement investigations and prosecutions into human trafficking in the community over the last several years revealed a lack of available services within the county. After each investigation from law enforcement related to human trafficking, Natalie Mays with the prosecutor's office makes attempts to assist victims in need of services. Often, they were sent out of the area for resources in other communities, in part, because services in Kitsap County were unavailable.

In addition to not having resources for the investigation of sex trafficking cases, Kitsap County does not have comprehensive service providers available for victims of sex trafficking. Though there are agencies within community that provide victim-support services, none specifically serve individuals involved in sex trafficking. With the award of

this grant, victims of sex trafficking will be able to access the Drop in Center for immediate access to comprehensive service and other service coordination.

The Kitsap County Prosecutor's Office HT Diversion Program was designed to help victims of human trafficking leave the life of prostitution by providing treatment and resources to the participants. Victims of human trafficking enter the criminal justice system under a variety of charges. Most of the charges that the victims face are not human trafficking offenses, but all are related to the victimization and trauma of being trafficked. Currently, the diversion program has 10 participants. The participants meet with a probation officer who assists the victims in obtaining services and monitors compliance with the program.

As the HT Diversion program expands, the ability to provide assistance to the participants in the program is weakened. The probation officer is not trained to assess specific treatment needs or evaluate the progress participants are making in treatment. While the program was small, this was not a significant issue; but as the program expanded, so did the needs of the participants. A Community Therapist at the Drop in Center would have the training to make formal assessments to determine the participant's needs and would also have direct contact with service providers to determine what placement would be most effective in providing a means of recovery. With a Community Therapist at the Drop in Center, the program would be able to expand the capacity of their participants.

In addition to providing therapeutic services to victims of sex-trafficking, will be tasked to work with community partners and train agencies on identifying victims and determining how to respond. They will be responsible for assisting KRC in conjunction with the Kitsap County Human Trafficking Task Force in educating the public.

C. Community Collaboration, Integration and Collective impact

Understanding that the public has a critically important role to play in identifying victims and reducing demand. Media presentations often perpetuate myths about the nature and the scope of the problem of human trafficking. An effective public awareness program can help to change public perception and ultimately reduce crime.

If the victim is a foreign national, the collaborative partnership with the Kitsap Immigration Assistant Center will assist the victim in obtaining their Office of Refugee Resettlement (ORR) Certification.

Medical services will be provided through Harrison Medical Center and Peninsula Community Health. Harrison Medical Center has registered Sexual Assault Nurse Examiners (SANE) available for victims of sexual assault. According to the International Association of Forensic Nurses, SANE nurses provide forensic care of client who has experienced sexual assault or abuse including streamlined care, comprehensive

medical forensic examinations, testifying in legal proceedings related to the examination and ensuring proper chain-of-custody. They will also collaborate with other agencies that provide services to victims including: crime lab personnel, law enforcement, advocates, attorneys and Child Protective Agency. Peninsula Community Health will provide basic medical care, dental services and medically-assisted treatment. Victims will be financially covered through state-funded insurance for these services.

Victims will also have access to advocacy services through the YWCA, Kitsap Special Assault Investigations and Victim's Services (SAIVS) and KSAC at no cost.

The YWCA is trained in identifying victims of sexual assault and ensuring that the individuals receive the legal and social support that they need to maintain their safety. The advocates at the YWCA provide safety planning, legal advocacy, resources and immediate assistance to victims including step-by-step explanations of the investigative and prosecutorial process.

Kitsap SAIVS will coordinate advocacy services through KSAC that will be available to adult and child victims of sexual assault. They ensure that the victim has resources and that their rights and safety are maintained throughout the process of investigation and prosecution and ongoing support after resolution of the case.

Work Source and Goodwill provide job training and employment assistance. Both provide an array of employment and training services to job seekers and employers in Washington. Work Source additionally serves individuals to connect them with educational opportunities such as pursuing a GED, high school diploma or college degree.

The Kitsap County Human Trafficking Task Force along with the Mental Health Therapist will host a semi-annual community event to increase awareness regarding human trafficking. In collaboration with the Task Force, the Mental Health Therapist will assist in providing semi-annual training to first responders, law enforcement, medical providers and other social service workers that come in contact with victims. They will be able to provide tools to recognize human trafficking victims and what to do when the victim is identified.

Organizational Capacity

A. Organizational Governance

Kitsap Recovery Center (KRC) is governed by the Salish Behavioral Health Organization (SBHO) and the SBHO Advisory Board. The SBHO Executive Board works with the Advisory Board to provide policy guidance and oversight of the local behavioral health programs. The Advisory Board helps determine procedures for the delivery of mental health services in all three counties and develops a service plan. The Kitsap County Department of Human Services has been designated as the administrative entity for the region and provides staff support to the Executive Board.

The Executive Board is composed of nine county commissioners:

Board Member	County Represented
Commissioner Randy Johnson	Clallam
Commissioner Bill Peach	Clallam
Commissioner Mark Ozias	Clallam
Commissioner Kate Dean	Jefferson
Commissioner David Sullivan	Jefferson
Commissioner Kathleen Kler	Jefferson
Commissioner Charlotte Garrido	Kitsap
Commissioner Edward E. Wolfe	Kitsap
Commissioner Robert Gelder	Kitsap
Liz Mueller	Tribal Authority
Elya Moore	Olympic Community of Health
Russ Hartman	SBHO Advisory Board

The Advisory Board is composed of 17 members:

Member	County	Term
Charles, Roberta	At Large - Tribal Rep	04/29/16 - 12/31/18
Dean, Anne	Jefferson	01/01/17 - 12/31/19
Fenn, Freida	Jefferson	02/17/17 - 12/31/19
George, Jolene	At Large - Tribal Rep	02/11/16 - 12/31/18
Hartman, Russ	Kitsap	01/01/17 - 12/31/19
Hoell, Lois	Kitsap	01/01/16 - 12/31/18
Kreidler-Moss, Jennifer	Kitsap	01/01/16 - 12/31/18
Morrison, Helen	Jefferson	01/01/16 - 12/31/18
Nickolaus, Janet	Clallam	01/01/16 - 12/31/17
Pridgen, Charles	Clallam	01/01/17 - 12/31/19
Robinson, Catharine	Jefferson	01/01/16 - 12/31/17
Vacant	Clallam	01/01/17 - 12/31/19
Stroup, Jon	Kitsap	01/01/17 - 12/31/19
Goodwick, Sandy	Clallam	06/16/17 - 12/31/19

Vacant	Clallam	06/16/17 - 12/31/19
Workman, Stephen	Jefferson	09/01/17 - 12/31/19
O'Callaghan, Sally	Kitsap	10/20/17 – 12/31/19

B. Organizational Finances

Kitsap Recovery Center fiscal management is overseen by the Kitsap County Auditors Office. The agency auditing structure and control is monitored by a Department designated Accountant. The agency administrator is responsible for internal checks and balances of the day to day cost of operations.

C. Staffing Qualifications

Bergen Starke, MA, CDP, Clinical Manager / Kitsap Recovery Center

Project director, clinical and contractual oversight. Ms. Starke has 16 years of experience as a Substance use disorder Professional with a background in criminal justice related to the Kitsap County Drug Court program and as a licensed Mental Health Counselor. She has been employed at Kitsap Recovery Center (KRC) as a CDP since 2003 and now serves as Clinical Manager since June 2013. Develops operational goals, policies and program objectives consistent with the procedures and guidelines outlined in Title 70 RCW: Public Health and Safety, to insure the health and safety of clientele of the residential treatment program for drug and alcohol addiction, which includes dealing with dual diagnosis and mental health issues. Under the direction of the Human Services Director, selects, supervises and evaluates assigned staff. Assesses training needs/provide for proper evaluation, control and documentation of assigned operations.

Jackielyn Jones, Community Therapist (1.0 FTE)

As a part-time substance use disorder professional with the Kitsap County Drug Court Program (KCDC) and part-time as the Community Therapist Intern in the Human Trafficking Diversion Program (HTDP). Ms. Jones has her Master's Degree in Psychology with an Emphasis in Marriage Family Therapy at Brandman University. Her passion to help others was ignited as she began to work with girls who identified as having experience sexual exploitation within their addiction where she has been employed at KRC since 2014.

Ms. Jones has served as a liaison with the HT Diversion program providing individual initial screenings for suitability for the HT Diversion Program and those who have contact with sexually exploited youth as part of the position. She continues to meet with individuals within the Kitsap County Jail providing case management, substance use disorder assessments, one to one supportive sessions, and group facilitation. She provides resources and referrals to medical, legal, therapeutic and social services across Kitsap County and surround areas within the Puget Sound to enhance client

services by actively connecting the victims/survivors with supportive systems in the community.

Continuation of this position is expected to work throughout all of Cornerstone's target cities and provide services in the office, community, and homes of participants. This position is unique in that it will work in partnership with law enforcement in the field to provide immediate crisis interventions and preliminary assessment services during sting operations. The Community Therapist is responsible supportive services for at-risk or survivors of sexual exploitation, training, and education to key community partners (law enforcement, non-profits, schools, etc.).

This position will adhere to the program policies and procedures and Washington Administrative Code (WAC) requirements, as well as maintaining records and documents in support of programs and services administered by KRC.

Community Outreach Coordinator (1.0 FTE)

This position would provide outreach services to victims of labor and/or sex trafficking adults and/or youth. Assist with identifying and adjusting clients to a safe and appropriate living arrangement by providing referrals to shelter and services that may include meals, laundry, transportation and assistance in identifying housing, employment, and public benefits. Provide crisis intervention information to runaway youth, victims of trafficking and/or homeless individuals and/or their families.

Through collaboration with Kitsap County Human Trafficking Task Force, the Community Outreach Coordinator will assist in educational presentations or trainings to students, educators, community partners, law enforcement, etc. regarding knowledge around identification, intervention, and referral for sexually exploited youth or young adult. Promotes public awareness on local human trafficking issues, provides training and outreach, and identifies and seeks partnerships with other agencies and organizations for collaboration.

The Community Outreach Coordinator will require a minimum of a bachelor's degree in social work, psychology, or social sciences and experience working with at-risk or survivors of sexually exploitation. Ability to develop working relationships with community organizations, schools, law enforcements, hospitals, etc. Experience facilitating training or public speaking is desirable. Understanding of community resources, and how to access them.

Case Manager/Advocate (1.0 FTE)

Under the supervision of the Kitsap Recovery Center Clinical manager, this position would be responsible for providing comprehensive case management services to victims/survivors of human trafficking through a client driven wellness and recovery model that is strength based, culturally relevant, trauma informed, consumer driven, and outcome based. Advocates are able to help clients explore options after an assault has occurred.

This position includes providing information about crime victims' rights, crisis stabilization, safety planning, law enforcement and victim advocacy, access to housing through advocacy and service planning in support of recovery and self-sufficiency. Provide information to victims about their options in working with various levels of law enforcement in the investigation and prosecution of traffickers. Provide victim advocacy and information about crime victims' rights and services while supporting the victim through the process. The advocate offer support for victim/survivor as they navigate through legal and medical systems. Assist individual's in accessing community resources and information.

The Case Manager/Advocate position requires an Associate degree and one-year relevant work experience which includes paid or volunteer work experience with victims of domestic violence and/or in the direct provision of human services. Crisis intervention, case management and/ or residential experience preferred

Client Care Coordinator (1.0 FTE)

The Client Care Coordinator will be responsible for general clerical support such as meeting with the client to collect information, explain KRC drop-in center services, will oversee reception of callers and visitors; filing, data entry, answer phones; provide information, referrals, and support to victims and other callers. Greet all clients and visitors to the office. In addition, conduct supportive intake screenings with new clients, assessing their level of risk for further abuse as well as their current level of safety. Maintain program statistics in compliance with funding requirements and objectives.

D. Organization Licenses and Certifications

Kitsap Recovery Center (KRC) is the only County-owned and operated treatment center in Washington State with a broad spectrum of substance use disorder, case management and assessment services for low income/indigent clients.

KRC is state-approved and utilizes the American Society of Addiction Medicine (ASAM) treatment criteria. The facility houses 16 inpatient treatment beds and 16 sub-acute withdrawal management beds. Employees include treatment staff, administrative support staff and two private consultants contracted to provide medical and dietary advice and assistance.

E. History of Project Management

Kitsap Recovery Center (KRC) is the only county owned and operated treatment center in Washington State. The mission of KRC is to promote healthy lifestyles and communities through superior, responsive, cost-effective substance use disorder treatment services leading to improved quality of life for those involved in or affected by substance use disorder.

Currently KRC provides outpatient services for over 150 participants, including outpatient services, the Adult Drug Court Program and the Veteran's Treatment Court Program with the Kitsap Superior Court (established 1999). Twelve withdrawal management services beds (established June 1990), and sixteen intensive inpatient treatment beds 24-hours per day (established June 1990).

In 2017 Kitsap Recovery Center formally joined the Human Trafficking Diversion Program. The roles of the therapist have been to screen and assess for substance use disorders and mental health. After this process is done the coordination of care and discussion with the prosecuting attorney's investigator takes place to assess the participant needs and placement for the participant. The therapist provides direct services in the form of group and individual sessions. On a bi-weekly basis the therapist attends, staffing and court to report on the participant's progress. All women in the HT Diversion Program have participated in a monthly group to discuss individualized growth, resources, concerns and connect with one another.

While working with women and girls the therapist has provided education related to sexual abuse, safety planning and warning signs of sexual exploitation. The therapist has facilitated trainings in the community with partnering agencies to bring awareness about human trafficking and sexual exploitation.

Within the past year Kitsap Recovery Center has been contacted by women, juvie and other providers to provide quick consult and screen, support and therapy for women wanting out of the life. (of prostitution).

Within the past year it has become apparent that the needs for this population are complicated and a more comprehensive is needed. The Drop in Center would provide immediate access to services and a safe alternative to the streets. In the past, KRC housed a six-bed guest program which provided emergency shelter for homeless individuals (2009-2015), and triage services (1990-2017) within the county.

To accommodate the significant growth of need in recent years, KRC continuously improves its services through training and program development to strengthen the ties of individuals to their community. These improvements include but are not limited to implementing nationally recognized evidence-based practices such as motivational interviewing; mindfulness practices; harm reduction; ASAM assessment criteria; intake/discharge surveys; and referrals for continuing services while constantly meeting the regulations and quality standards set by the Washington Administrative Codes (WAC), Department of Health, and the SBHO.

Project Financial Feasibility

A. Budget Narrative

Budget line items include total salaries and benefits: \$ 332,764.00 equipment (computers and related equipment): \$ 6,000, training and travel costs: \$ 8,00.00, curriculum materials: \$ 1,500 office supplies: \$ 2,500, and urinalysis testing in continuing care treatment (to include laboratory confirmation): \$5,000.00.

(See Attachment F)

B. Additional Resources and Sustainability

Sustainability would be established through Medicaid funding and anticipated growth through the HT Diversion Program. Currently the Prosecuting Attorney's Office is working towards establishing new structure to increase the capacity within the HT Diversion Program within Kitsap County. With the increase of immediate service availability with the position, the capacity within the HT Diversion Program would increase to 20 participants.

In partnership with the Kitsap County Human Trafficking Task Force the awareness of Human Trafficking and its practices will increase, providing more opportunities for legal and crisis intervention, awareness of services and a direct referral source for WestNet and law enforcement for assessments and services.

EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Trauma-Informed Care Services

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Expand behavioral health outreach, assessment, intervention, referral, and treatment in the substance use disorder throughout continuum of care</p>	<p>Conduct chemical dependency assessments using ASAM and DSM-IV criteria</p>	<p>50% of those receiving assessments are eligible for services</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 checked="" 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>04/01/2019</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>Assessment of Need</p>	<p>Program Database</p>
<p>Expand behavioral health outreach, assessment, intervention, referral, and treatment in the substance use disorder throughout continuum of care</p>	<p>Create and implement a mental health assessment based on trauma-informed care</p>	<p>To create and implement a mental health assessment based on ACEs, PCL-5 and LEC-5 by the end of the first quarter</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 checked="" 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>01/01/2019</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: _____</p>	<p>n/a</p>	<p>Program Database / Materials</p>
<p>Offer referral to a medical provider for physical exam and health needs</p>	<p>Offer referral to a medical provider for physical exam and health needs</p>	<p>75% of clients referred to a medical provider for physical exam and health needs</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><input checked="" type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: _____</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 type="checkbox"/> Other: _____</p>	<p>Assessment of Need</p>	<p>Program Database</p>

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Clients are satisfied with	At intake and discharge a survey will be provided to	50% of participants are moderate to highly satisfied with the program	If applicable: <input type="checkbox"/> Fidelity measure <input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill	Start date: 04/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	New tool – 0%	Program Database
	Provide all participants with education on healthy sex negotiation skills and STI education	75% of participants who access services at the Drop in Center will show improvement in knowledge and behavior using the Omaha Rating System	If applicable: <input type="checkbox"/> Fidelity measure <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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	Start date: 04/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	New Tool – 0%	Program Database
	Conduct mental health screen and SUD assessment using the created agency assessment tool	75% of those receiving assessments are eligible for services	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" 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	Start date: 04/01/2019 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	Assessment of Need	Program Database

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and time</small>	G. SOURCE
<p>the services provided</p>	<p>gauge satisfaction of services</p>		<p><input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p>Start date: <u>04/01/2019</u></p> <p>Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:</p>	<p>New tool – <u>0%</u></p>	<p>Program Database</p>
<p>Prevent mental illness, behavioral problems, and future addiction in victims of trauma who either have, or are at risk for substance abuse and/or mental health problems</p>	<p>Provide Seeking Safety evidence-based model to all participants enrolled in program</p>	<p><u>50%</u> of participants will receive the Seeking Safety education while enrolled</p>	<p><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 type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p>Start date: <u>04/01/2019</u></p> <p>Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:</p>	<p>New tool – <u>0%</u></p>	<p>Program Database</p>
	<p>Provide relapse prevention education to all participants enrolled in program</p>	<p><u>50%</u> of participants will receive relapse prevention education while enrolled</p>	<p><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 type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p>Start date: <u>04/01/2019</u></p> <p>Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:</p>		

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap Recovery Center

Project: 2019 Drop In Center

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2016		2017		2018	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 1,670,927.73	62%	\$ 1,840,000.00	63%	\$ 1,840,000.00	63%
WA State Revenue	\$ 380,071.10	14%	\$ 460,000.00	16%	\$ 460,000.00	16%
Local Revenue	\$ 518,444.18	19%	\$ 537,758.00	18%	\$ 537,758.00	18%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ 120,337.33	4%	\$ 106,000.00	4%	\$ 106,000.00	4%
Total Agency Revenue (A)	\$ 2,689,780.34		\$ 2,943,758.00		\$ 2,943,758.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 79,421.00	3%	\$ 81,458.00	3%	\$ 83,494.00	3%
Staff	\$ 1,301,106.28	49%	\$ 1,480,656.00	50%	\$ 1,478,620.00	50%
Total Benefits	\$ 644,845.94	24%	\$ 702,779.00	24%	\$ 702,779.00	24%
Subtotal	\$ 2,025,373.22	77%	\$ 2,264,893.00	77%	\$ 2,264,893.00	77%
Supplies/Equipment						
Equipment	\$ 11,784.79	0%	\$ 6,200.00	0%	\$ 6,200.00	0%
Office Supplies	\$ 60,514.28	2%	\$ 81,800.00	3%	\$ 81,800.00	3%
Other (Describe)	\$ 32,907.54	1%	\$ 34,500.00	1%	\$ 34,500.00	1%
Subtotal	\$ 105,206.61	4%	\$ 122,500.00	4%	\$ 122,500.00	4%
Administration						
Advertising/Marketing	\$ -	0%	\$ 625.00	0%	\$ 625.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 13,734.32	1%	\$ 9,154.00	0%	\$ 9,154.00	0%
Insurance/Bonds	\$ 22,979.52	1%	\$ 23,892.00	1%	\$ 23,892.00	1%
Postage/Printing	\$ 8,492.35	0%	\$ 6,795.00	0%	\$ 6,795.00	0%
Training/Travel/Transportation	\$ 18,322.09	1%	\$ 9,725.00	0%	\$ 9,725.00	0%
% Indirect	\$ 50,960.00	2%	\$ 57,259.00	2%	\$ 57,259.00	2%
Other (Describe) Miscellaneous expense	\$ 15,413.62	1%	\$ 72,245.00	2%	\$ 72,245.00	2%
Subtotal	\$ 129,901.90	5%	\$ 179,695.00	6%	\$ 179,695.00	6%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 65,980.53	3%	\$ 7,025.00	0%	\$ 7,025.00	0%
Utilities	\$ 51,858.64	2%	\$ 52,125.00	2%	\$ 52,125.00	2%
Other (Describe)	\$ 117,774.20	4%	\$ 132,250.00	4%	\$ 132,250.00	4%
Other (Describe)	\$ 141,845.41	5%	\$ 185,270.00	6%	\$ 185,270.00	6%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 377,458.78	14%	\$ 376,670.00	13%	\$ 376,670.00	13%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 2,637,940.51		\$ 2,943,758.00		\$ 2,943,758.00	

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

Special Project Budget Form

Agency Name: Kitsap Recovery Center

Subcontractor: Yes No

Project: 2019 Drop In Center

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 44,964.00	12%	\$ 44,964.00	12%	\$ 1.00	20%
Staff	\$ 184,808.00	50%	\$ 184,808.00	50%	\$ -	0%
Total Benefits	\$ 102,992.00	28%	\$ 102,992.00	28%	\$ -	0%
SUBTOTAL	\$ 332,764.00	91%	\$ 332,764.00	91%	\$ 1.00	20%
Supplies & Equipment						
Equipment	\$ 6,000.00	2%	\$ 6,000.00	2%	\$ 1.00	20%
Office Supplies	\$ 2,500.00	1%	\$ 2,500.00	1%	\$ -	0%
Other (Describe): Drug Testing/ Lab Fees	\$ 5,000.00	1%	\$ 5,000.00	1%	\$ -	0%
SUBTOTAL	\$ 13,500.00	4%	\$ 13,500.00	4%	\$ 1.00	20%
Administration						
Advertising/Marketing	\$ 1.00	0%	\$ 1.00	0%	\$ 1.00	20%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 8,000.00	2%	\$ 8,000.00	2%	\$ -	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Curriculum Materials	\$ 1,500.00	0%	\$ 1,500.00	0%	\$ -	0%
SUBTOTAL	\$ 9,501.00	3%	\$ 9,501.00	3%	\$ 1.00	20%
Ongoing Operations & Maintenance						
Janitorial Service	\$ 3.00	0%	\$ 2.00	0%	\$ 1.00	20%
Maintenance Contracts	\$ 5,000.00	1%	\$ 5,000.00	1%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilites	\$ 6,500.00	2%	\$ 6,500.00	2%	\$ -	0%
Other (Describe): Cell Phone	\$ 250.00	0%	\$ 250.00	0%	\$ -	0%
Other (Describe): Cell Phone	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 11,753.00	3%	\$ 11,752.00	3%	\$ 1.00	20%
Other						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	20%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	20%
Total Project Budget	\$ 367,520.00		\$ 367,518.00		\$ 5.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Description

Number of Professional FTEs	3.50
Number of Clerical FTEs	1.00
Number of All Other FTEs	0.00
Total Number of FTEs	4.50

Salary Information

Salary of Executive Director or CEO	\$ 44,964.00
Salaries of Professional Staff	\$ 149,492.00
Salaries of Clerical Staff	\$ 35,316.00
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 229,772.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 102,992.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 332,764.00



SUPERIOR COURT OF KITSAP COUNTY
JUVENILE AND FAMILY COURT SERVICES

1338 SW Old Clifton Rd
Port Orchard, WA 98367-9113
Phone: (360) 337-5401 | Fax: (360) 337-5402

July 6, 2018

Re: Letter of Intent of Support

Dear Ms. Starke:

I am writing to express my support and commitment to Kitsap Recovery Center through its application proposal to provide human trafficking investigation, prevention, victim-support and public-awareness services within Kitsap County.

Kitsap Recovery Center seeks to develop programs directly responsible for targeting, preventing and providing victim-services in human trafficking cases. There is a significant gap in the availability of victim-services in our county directly related to human trafficking. Additionally, public awareness and the resources available for investigation and prosecution of these offenses are severely limited.

The Juvenile Department supports and assist youth in navigating the criminal justice system. We offer a wide array of services and programs to intervene in criminal behavior of youth while promoting positive changes and outcomes for youth and family. The Juvenile Department is committed to providing services to promote changes in behavior and long-term success for youth in the community. Our collaboration with the Kitsap County Drop in Center would provide a referral for youth to receive trauma informed care related to sexual exploitation and sexual abuse.

Sincerely,



Michael S. Merringer

Kitsap County District Court
State of Washington



CLAIRE A. BRADLEY
JUDGE, DEPARTMENT 1

JEFFREY J. JAHNS
PRESIDING JUDGE, DEPARTMENT 2

614 DIVISION STREET
PORT ORCHARD, WA 98366
360-337-7109

MARILYN G. PAJA
JUDGE, DEPARTMENT 3

kitsapgov.com/dc KCDC@co.kitsap.wa.us

KEVIN P. KELLY
JUDGE, DEPARTMENT 4

CLINT L. CASEBOLT
COURT ADMINISTRATOR

July 25, 2018

Citizens Advisory Committee

Re: Kitsap Recovery Center Drop In Center Grant Proposal
Letter of Support

Greetings—

I am the presiding judge for Kitsap County District Court. The court operates two therapeutic courts – a Behavioral Health court and a Human Trafficking court. These two therapeutic courts prepare a plan to attempt to deal with the reasons the person is appearing before the court. In the majority of situations, substance abuse treatment is needed.

In addition to our therapeutic courts, many of the other criminal matters handled by the court involve substance abuse issues. Additionally, some District Court felony diversion defendants also involve the need for substance abuse treatment.

Our court works closely with Kitsap Recovery Center by referring criminal defendants with substance abuse issues to the agency. Access to such services can be challenging.

Kitsap Recovery Center's proposed Silverdale drop in center would enhance treatment options for individuals living in central and north portions of the county. Kitsap County District Court enthusiastically supports Kitsap Recovery Center's grant proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey J. Jahns".

JEFFREY J. JAHNS
PRESIDING JUDGE
KITSAP COUNTY DISTRICT COURT



Kitsap County Prosecuting Attorney's Office

Tina R. Robinson
Prosecuting Attorney
Office ID #91103

Carol I. Maves
Office Administrator

Ione S. George
Chief General
Counsel

Justin B. Zaug
District/Municipal
Division Chief

Chad M. Enright
Felony and Juvenile
Division Chief

**Jacquelyn M.
Aufderheide**
Civil Division Chief

Holly G. Banks
Family Support
Division Chief

<https://spf.kitsapgov.com/pros>

August 1, 2018

Please reply to: Adult Criminal & Administrative Divisions

Bergan Starke
Kitsap Recovery Center's Trauma Services
1026 Sidney Ave
Port Orchard, WA 98366

Re: 2018 Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Proposal

Greetings—

The Kitsap County Prosecutor's Office in conjunction with the Kitsap County District Court currently operate a therapeutic court designed specifically for victims of human trafficking that are in the criminal justice system. The program is open to victims that are charged with human trafficking offenses and offenses that are related to the participant's exploitation. The program generally has between 8-12 participants and has been continually expanding. The diversion program is in need of additional resources to continue to assist victims of human trafficking to get out of the life of prostitution. One of the most difficult needs to meet of Human Trafficking victims is safe housing and long-term treatment with qualified staff.

If the County authorizes the grant application for Kitsap Recovery Center's Trauma Services to open a shelter for victims of human trafficking, new diversion participants would be placed in the housing while they receive specialized treatment. All participants in the program would continue to work with the case manager to determine on going and future needs related to treatment, housing, and other assistance required.

The participants would be required to attend classes and groups that are necessary to the participant's recovery that are eventually created by the case manager and staff of the new facility.

In addition, law enforcement would be able to refer victims of human trafficking to the case manager and housing facility that are identified during proactive operations. The case manager would be available to assist victims even before they enter the criminal justice system. This would be a substantial benefit to victims.

Sincerely yours,

TINA R. ROBINSON
Prosecuting Attorney

COREEN E. SCHNEPP
Senior Deputy Prosecuting Attorney

Adult Criminal & Administrative Divisions • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7174 • FAX (360) 337-4949
Juvenile Criminal Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-5500 • FAX (360) 337-4949
Special Assault Unit • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7148 • FAX (360) 337-4949

Bainbridge Island Municipal Court Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366 • (360) 337-7174 • FAX (360) 337-4949
Port Orchard Municipal Court Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7174 • FAX (360) 337-4949

Civil Division • 614 Division Street, MS-35A • Port Orchard, Washington 98366-4681 • (360) 337-4992 • FAX (360) 337-7083
Family Support Division • 614 Division Street, MS-35B • Port Orchard, Washington 98366-4681 • (360) 337-7020 • FAX (360) 337-5733



Human Services Director
Doug Washburn

KITSAP RECOVERY CENTER
Clinical Manager
Bergen Starke

Office Support Coordinator

Office Support Assistant
Julie Sanko

Office Support Assistant
Rhonda Carbone

Food Service Worker 1
Barbara Garcia

Food Service Worker 1
(PT) Carmen Carig

Medical Services
Dr. Print Varol

CDP1 Inpatient
Kenneth Hoover

CDP1 Inpatient
Nadia Halia

CDP1 Inpatient
Douglas Lawrence

CDP1 Assessment Counselor
Kilee Hull-Gingrev

CDP Supervisor
Wayne Swanson

CDP 1 Drug Court
Scott Dalgleish

CDP/MH Drug Court
Jackie Jones

CDP 1 Drug Court
Amy Sampson

CDP 1 Drug Court
Ashley Sonju

CDP 1 Vet/Drug Court
Vacant

CDP 1 Outpatient
Carol Brigham

Treatment Assistant 1
Carla Carlsen

Treatment Assistant Supervisor
Amber Jackson

Treatment Assistant 1
David Gulce

Treatment Assistant 1
Heather Hickey

Treatment Assistant 1
Henni Joslyn

Treatment Assistant 1
Lisa Smith

Treatment Assistant 1
Brian Boyer

Treatment Assistant 1
Annette Johnson

Treatment Assistant 1
Tyler Carlson

Treatment Assistant 1
Simmi Aujula

Treatment Aide
Bridgette Crites

Treatment Assistant 1
Vacant

2019 GRANT SUMMARY PAGE

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

Organization Name: Kitsap Strong: Innovation Network

Proposal Title: Trauma-Informed Community

Please Check One New Grant Proposal

Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

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

Number of Individuals Screened: _____ Number of Individuals Served: 1400

Proposal Summary: The Innovation/Trauma-Informed Care (TIC) Network, a network of the collective-impact project Kitsap Strong, seeks to transform the culture of care in Kitsap County by bringing SaintA, a national leader in the field of trauma-informed care, to conduct a train-the-trainer session with leaders from up to 10 local organizations. Additionally, three Kitsap Strong staff members would take part in the training and become certified MASTER trainers, enabling them to continue this work in our community with a wider collection of agencies and organizations. This will build the capacity of Kitsap Strong and the Innovation Network to create a trauma-informed community, providing a certification process, on-going consultation, coaching, and support as agencies across sectors in our community implement a shared trauma-informed care framework. Ultimately, resulting in a trauma-informed and resiliency-building experience for each individual experiencing behavioral health and/or criminal justice issues in our community and receiving support from one of our more than 70 partner organizations.

Requested Funds Amount: \$134,032

Matching/In-kind Funds Amount: \$139,558

Street Address: #220, 9657 Levin Rd NW

City: Silverdale

State: WA Zip: 98383

Primary Contact: Kody Russell Phone: 206-949-7018

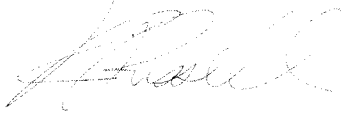
E-Mail: kody.russell@kitsapstrong.org

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

Federal Tax ID Number: 94-3205217 (Kitsap Community Foundation)

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

Signature

A handwritten signature in cursive script, appearing to read "Kitsap Strong".

Title

Kitsap Strong, Executive Director

Date

July 25, 2018

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP
KITSAP COUNTY HUMAN SERVICES DEPARTMENT**Trauma-Informed Community Proposal****1. Project Description (40 Points)****A. Project Design**

Kitsap Strong is a collective impact initiative that grew from a community process, consisting of over 70 partner organizations participating in one or more of our 5 different networks, working towards a shared goal: *Improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience*. Bringing together agencies across diverse sectors to work collaboratively on shared goals is complex work. It requires dedicated staff/resources – a backbone – to advance shared community goals and do all the work between meetings. Successful community led collective impact efforts require a process that includes: **leadership expansion** (inviting new members/organizations into the initiative), **focus** conversations on things that matter (gather/analyze community level health data), facilitate **learning** (support innovation, learn from changing social conditions and experiences) and **results-based decisions** (careful attention to outcomes to guide decision making); (Hall, Porter, Longhi, Becker-Green, & Dreyfus, 2012). To support this process in our community, the Kitsap Strong backbone team has expanded to four staff members, providing consultation, education, coaching, and facilitating innovative partnerships and solutions to improve outcomes for both employees and clients of our partner organizations involved in our 5 networks.

Kitsap Strong grew out of the 2014 Kitsap Community Health Improvement Process (KCHIP), a community health needs assessment, led by Kitsap Public Health District, that identifies community-driven health priorities. The top community concerns were the prevention of Adverse Childhood Experiences (ACEs) and reduction of toxic stress. Our community leaders understand the profound connection between ACEs and behavioral health (78% of IV drug use, 69% of mental health issues, 67% of suicide attempts, and 65% of alcoholism associated with ACEs) and criminal justice (61% of adult & approximately 80% of youth incarceration associated with ACEs). Research indicates that a trauma-informed care approach can significantly improve intervention services (decreased treatment time, improved outcomes at discharge, reduced recidivism,

increased hope & resiliency, etc.) by focusing on safety and connection for all clients receiving care services.

The proposed project seeks to make Kitsap County a community where our residents are aware of what ACEs and toxic stress are, aware of the impact of these experiences, and empowered to create a community that is able to respond in a trauma-informed manner at the individual, agency, and neighborhood level. While there has been extensive training by Kitsap Strong (over 150 presentations to more than 6,000 individuals) and other community leaders on ACEs during the last 3 years, many community members and agencies remain unaware of the science information. Our public education efforts will continue and expand with the introduction of **Resiliency Month** in October 2018, but for those agencies that have been well informed on the science, they know need the “next step”... trauma-informed care certification.

The Innovation (Trauma-Informed Care) Network, a network of the collective-impact project Kitsap Strong, seeks to transform the culture of care in Kitsap County by bringing SaintA, a national leader in the field of trauma-informed care (TIC), to conduct a training session with leaders from up to 10 local nonprofits, schools, and/or government agencies. As part of the four-day training, three Kitsap Strong staff members would become MASTER Trainers, enabling them to continue this work in our community with a wider collection of agencies and organizations. This project will strengthen Kitsap Strong’s capacity to support organizations throughout many different sectors in our community (such as mental health service providers, chemical dependency service providers, law-enforcement, emergency room and health care providers, first-responders, and others) with the complex organizational change process required for organizations to become “trauma-informed”.

This project will unroll in three phases, beginning with a training conducted by SaintA, a nationally-recognized, Wisconsin-based nonprofit organization that specializes in trauma-informed care training. SaintA is one of a handful of agencies nationwide that is certified through the Houston-based ChildTrauma Academy in the neurosequential model of therapeutics developed by Dr. Bruce Perry. The four-day training curriculum that they offer includes tools and training materials grounded in neuroscience and provides a common philosophy, framework, and language to create a person-centered TIC approach. SaintA has developed a unique framework, the *Seven Essential Ingredients*, that is flexible enough to be effective in numerous different sectors (validated with law enforcement, courts, child welfare, mental health, chemical dependency, medical care, behavioral health providers, schools, and others) and yet provides concrete steps and powerful tools/strategies for each of these sectors. SaintA has created extensive materials/content specific for the education sector, still utilizing the same Seven Essential Ingredients Framework, but branding it as Trauma-Sensitive Schools (TSS). We believe by deploying this shared framework across all the sectors/agencies serving youth, individuals, and families experiencing crisis in Kitsap

County, we can create a community that is not only trauma-informed, but trauma-responsive... capable of disrupting the intergenerational transmission of poverty and trauma through building hope and resiliency.

Over 17 organizations involved in the Innovation (Trauma-Informed Care) Network participated in an extensive review of the available Trauma-informed Care curricula/frameworks before selecting the SaintA model as the best evidence-based program for our community. (Please see the Evidence-based, Promising, Best or Innovative Practices section for a detailed description of the SaintA model.)

The SaintA model is a long-term organizational change model. Research shows that creating culture change takes time and while there will be “quick wins” on certain strategies, it will take a long-term commitment from an agency to complete the process. While each organization will have different needs depending on the results of their readiness assessment, the average timeline for completing the process is two and half years:

- Agency Self-Assessment Trauma-informed Care Certification 1.0: 3-6 months
- Implementation Phase: 12 months
- Trauma-informed Care Certification 2.0: 12 months

Over the course of a four-day training with SaintA leaders, participants will gain the necessary tools and understanding to work with their organization’s leadership to implement trauma-informed practices (TIPS). Agencies will be chosen based on their readiness and their leadership’s commitment to implement the framework.

Phase I: Local organizations and agencies that work in the mental health, chemical dependency, and health care fields will be invited to take part in the trauma-informed care training. As part of building local capacity, each organization that takes part can send one person to be trained and certified through SaintA’s four-day train-the-trainer (TTT) training on their Seven Essential Ingredients TIC framework and tools. Leaders from up to 10 organizations (nonprofits, government agencies, and/or schools) will become certified trainers in the SaintA Framework and able to work within their own organization to train staff. In addition to the agency trainers, 3 members of Kitsap Strong, will become MASTER trainers: Cristina Roark, the Innovation (Trauma-Informed Care) Network Manager; Kody Russell, Kitsap Strong Executive Director; and Alyson Rotter, Graduate Strong Network Manager. Once certified, the MASTER trainers are able to work with any organization in Kitsap County to train agency leaders in the SaintA Framework.

In the course of the TTT event, each participant will become a certified SaintA Trainer, well versed in:

- The *Seven Essential Ingredients* Framework
- NEAR sciences (neuroscience, epigenetics, ACEs, and resilience)

- The latest research showing the prevalence of childhood trauma, Adverse Childhood Experiences (ACEs), and community/historical trauma
- Best practices in trauma exposure screening or assessment
- Documentation of results
- Development of action plans
- Follow-up for children and families to support building resiliency & hope

Phase II: Each new certified Trainer will return to their respective nonprofit/agency to share what they've learned and begin to implement the theory of change. The certified Trainer will lead their organization in conducting an agency self-assessment that will inform the development of an agency action plan. Kitsap Strong's Innovation (Trauma-Informed Care) Network Manager, Cristina Roark, will provide follow-up consultations, on-going coaching, and periodic assessments with each organization. Cristina will also act as the liaison with SaintA and its team of trainers, gathering any helpful follow-up information, documentation, or advice.

Kitsap Strong will convene and facilitate a Community of Practice (COP) with this group of newly-certified trainers. Through regular gatherings, the COP can share experiences as they work to implement an agency action plan, sharing successes, challenges, ideas, and lessons learned.

SaintA has over ten years of experience working with diverse sectors (mental health, chemical dependency, primary care, child welfare, law enforcement, education, housing, domestic violence, etc.) to implement their Seven Essential Ingredients Framework to astounding success. However, we must acknowledge that changing the culture of an organization is difficult work that requires time and stable/consistent leadership to implement the necessary changes outlined in their agency action plan. Creating a Community of Practice (COP) for the certified Trainers to support one another and learn together, will help to support this work throughout our community. It's our expectation that 60% of the organizations that take part will reach the final step (an agency audit by a Kitsap Strong MASTER trainer, utilizing SaintA's Certification 2.0 evaluation form) and become certified. This goal is based upon projections from SaintA's ten years plus of experience working with organizations.

Phase III: As MASTER Trainers, Kitsap Strong staff will engage with other organizations/schools in our community with a desire to become trauma-informed. Kitsap Strong MASTER trainers will utilize SaintA's evaluation tools to assess agency readiness to engage in the TIC training/transformation process and support qualifying organizations by inviting them to have an agency leader become a certified Trainer in SaintA's Seven Essential Ingredients and/or Trauma-Sensitive Schools curriculum. Kitsap Strong will conduct train-the-trainer (TTT) events (for up to 10 organizations per TTT event), expanding the number of agencies trained in the SaintA framework in year one up to 20. After each TTT event, the newly-certified leaders will become part of the

larger group of trained community leaders and participate in the COP with the other trainers. Graduate Strong Network Manager, Alyson Rotter, will support schools with becoming trained in the Trauma-Sensitive Schools curriculum.

The licensing agreement with SaintA will allow Kitsap Strong MASTER trainers to conduct TTT events throughout the community/state for three years. Our intention is to move to a more self-sustaining funding model following year one of this project, charging new organizations/agencies competitive rates for trauma-informed care training, coaching, and consultation services. By providing funding for the initial SaintA TTT event, MASTER training for Kitsap Strong staff, and purchasing the license – this project seeks to build energy/excitement about trauma-informed care in our community, reducing agency burden (by providing funding for the initial 10 agencies to participate in the TTT event) and also the on-going capacity for Kitsap Strong to provide trauma-informed care training throughout our community for a minimum of 3 years.

The ultimate goal of the project is for each individual on the receiving end of direct services—whether it's a family experiencing homelessness, a youth struggling with depression, or an adult battling with chemical dependency and criminal justice issues — to be treated with dignity, respect, and through a trauma-informed lens. The practice of establishing safety, focusing on strengths and connection, building resiliency, and addressing trauma through healing and connection is our greatest hope for helping people in our community flourish.

Bringing a TIC approach to local agencies can have benefits beyond improving the service and care given to the most vulnerable in our community – the population experiencing homelessness, behavioral health, chronic health issues, poverty, etc. – it also benefits the staff working in these organizations. Organizations that adopt a trauma-informed approach see improved employee outcomes that include improved job satisfaction and performance, decreased medical/sick leave, decreased healthcare costs, and improved employee morale. Using a TIC approach benefits each staff/client, as individuals on both sides develop increased empathy and understanding for their own lived experiences, the impact of trauma, and pathways for building resiliency. Both staff and clients can then extend this empathy and understanding to others in their lives. Additionally, coming together to study this science and discuss ways to implement agency-wide change allows groups to break out of their service silos and learn from one another.

Kitsap Strong believes this training process will provide a safe and supportive environment for local leaders to come together and learn from and with each other. Relationships between and among the various agencies providing services to people experiencing behavioral health and/or criminal justice issues are crucial for true collaboration and collective impact to be successful. Research shows that learning together, sharing stories, and practicing connection are powerful ways to build

relationships, and these are the core components of both the SaintA training and the on-going Community of Practice that Kitsap Strong will facilitate.

As a community, it is critical that we realize we will never be able to address complex social challenges like the opioid crisis, mental health issues, homelessness, and/or preventing child abuse, by expanding current services, or just “doing more” and “working harder”. To get better outcomes (for clients and staff) and to support all members of our community to flourish... we must change how we provide care, services, and support – we need all agencies in Kitsap to become trauma-informed.

B. Evidence-based, Promising, Best or Innovative Practices

SaintA’s model is based on the *Seven Essential Ingredients* for the implementation of Trauma-informed Care:

1. **Prevalence** — Exposure to and difficulty adjusting to adverse experiences is significantly more common than we previously had known. A keen appreciation for the scope of adverse events, especially on children, is a key element to understanding the needs of people who have been exposed to events such as domestic violence and substance abuse, separation/divorce, mental illness, physical and sexual abuse, emotional and physical neglect, and acts of violence.
2. **Impact** — Trauma occurs when a person’s ability to cope with an adverse event is overwhelmed and contributes to difficulties in functioning. The impact of this process is profound, especially when the adverse event occurs during key developmental timeframes. The seminal ACE (adverse childhood experiences) study shows how early trauma also can have a serious effect on a person’s physical health in later life and ultimately impact life expectancy.
3. **Perspective Shift** — A shift in perspective can bring a new reality. Helping those charged with caring for people struggling with trauma by simply changing the question from “What is wrong with you?” to “What has happened to you and how can I support you?” can bring enormous understanding.
4. **Regulation** — Knowledge of the basic architecture of the brain provides both an understanding of the impact of trauma and a key toward effective treatment. Many of the interventions that have been offered to people struggling with trauma have focused on the cognitive or “thinking” parts of the brain. Trauma-informed interventions often prioritize enhancing emotional and behavioral regulation. This could include the use of sensory and regulating strategies such as drumming, singing, dancing, yoga, etc., which have been shown to be effective in addressing the impact of trauma.
5. **Relationship** — Relationships are key to reaching a traumatized child and to mitigating trauma. Strong relationships help create resilience and shield a child from the effects of trauma.

6. Reason to Be — Reason to be creates a sense of purpose or direction for individuals by ensuring they're connected to family, community and culture. It is bolstered by resiliency – a combination of the individual's internal attributes and the external resources that support them.
7. Caregiver Capacity — To effectively work with traumatized individuals, caregivers must take care of themselves and find a work/life balance. Critical is identifying our limits, knowing sometimes we will be pushed beyond them, and what we will do to find balance.

SaintA's tools can be broken into 3 main categories: training curricula, operational strategies at the agency level, and an audit process that provides feedback on operational fidelity (are individuals and systems "walking the talk"?). In addition to the community-building and individual trainings offered by SaintA, the curriculum includes specific methods for changing practices throughout an organization or agency. SaintA provides agency-specific curricula for health care providers (particularly primary care; including training in embedding results in Electronic Health Record Systems), law enforcement, behavioral health, education, youth serving organizations, and social service organizations.

The SaintA model is a long-term organizational change model. Research shows that creating culture change takes time and while there will be "quick wins" on certain strategies, it will take a long-term commitment from an agency to complete the process. While each organization will have different needs depending on the results of their readiness assessment, the average timeline for completing the process is two and half years:

- Agency Self-Assessment Trauma-informed Care Certification 1.0: 3-6 months
- Implementation Phase: 12 months
- Trauma-informed Care Certification 2.0: 12 months

The aim of this project is to fundamentally shift not only the systems and processes of local service agencies—promoting cross-sector collaboration—but also to shift the mindsets of the individuals who interact with people experiencing criminal justice, mental health, and/or chemical dependency issues. This requires a shared understanding that trauma lies at the heart of most behavioral and health challenges. The ACEs research has shown that ACEs (toxic stress) is associated with the vast majority of all our most troubling and costly social challenges; accounting for 78% of IV drug use, 69% of mental health issues, 67% of suicide attempts, 65% of alcoholism, 61% of adult incarceration, and huge rates of chronic disease. We must recognize that trauma-informed care isn't a best practice for some small minority of people who have experienced trauma, but rather it is a fundamental and necessary best practice approach to serve the majority of clients receiving behavioral health services and/or working with our criminal justice system.

To appropriately respond to these complex social challenges, we must have systems/agencies that understand this science. Becoming trauma-informed requires developing the ability to identify signs and symptoms of trauma and then the skills to respond effectively. At an organizational level, this cultural shift requires changes to policies and procedures. At a community level, we need to establish strong partnerships and connections between all the agencies working with people experiencing behavioral health and/or criminal justice issues. This project seeks to affect change at every level: personal/individual, interpersonal/organizational, & community/interorganizational.

C. Outreach

To make the best use of the project funds, we would like to fill the SaintA training session to the maximum capacity. Fortunately, several local organizations have already come forward, requesting this type of training. (Please see the attached letters of support.) We feel confident that we will be able to fill 10 training spaces with leaders from local organizations, and also reserve 3 additional spots for Kitsap Strong staff to become MASTER Trainers.

Should any open slots remain, Kitsap Strong staff will reach out to their over 70 partner organizations and focus recruitment efforts on leaders and staff from organizations that provide services to individuals experiencing behavioral health and/or criminal justice issues.

We are excited about additional impact potential offered through the SaintA train-the-trainer (TTT) event. The SaintA TTT structure focuses on building capacity of trainers through a practice, model, and coaching process. To facilitate learning and confidence, one day of the TTT event includes a training that will be open to the community, where TTT participants will be able to practice presenting the materials alongside the MASTER trainers from SaintA. Kitsap Strong staff will work to promote this opportunity to nonprofits, agencies, and community leaders so the maximum number of people can take advantage of this learning experience.

Once certified as MASTER trainers, Kitsap Strong staff will be able to reach out to other organizations that are curious about this topic or are interested in pursuing TIC training. In keeping with the Kitsap Strong values, we will make every effort to share this content throughout our community/region.

D. Evaluation

The ultimate goal of this project is to develop a trauma-informed community. A community where every person with criminal justice, mental health, and/or chemical dependency issues experiences safety and connection, and is able to learn new skills and build resilience as a result of the trauma-informed care they receive from our local

nonprofits and government agencies. This project represents a massive collective step, in a long community journey towards becoming trauma-informed/responsive.

Kitsap Strong partners with consultants from Kitsap Public Health District (KPHD) Epidemiology and Assessment Department and Participatory Research Partners, LLC, to support evaluation of all our networks and strategies. If awarded, we would work with these consultants to develop detailed goals, a logic model, and any additional evaluation/assessment tools (beyond those provided by SaintA) necessary for evaluation of our proposed project to expand trauma-informed care in the community.

As mentioned in **Section A: Project Design**, trauma-informed care has significant benefits for both the clients receiving services and the employees providing the care. For this reason, evaluation for our proposed project will need to explore impacts on both employees and clients.

At the conclusion of Phase I, each agency/nonprofit taking part in the SaintA TTT event will undertake a self-assessment to audit their current services from the Seven Essential Ingredients framework perspective and develop an “action plan”. Kitsap Strong staff, led by Executive Director Kody Russell and Innovation (Trauma-Informed Care) Network Manager Cristina Roark, will visit each agency and provide on-going coaching and consultation, supporting lead trainers at each agency to confirm that all benchmarks are being met and support next steps with their action plan. SaintA, as part of its curriculum package, includes the “TIC Certification 1.0” tool that is used as a self-study and affords programs and agencies the opportunity to examine their strengths and weaknesses across multiple domains to develop their action plan.

As part of the process, each participating agency will be encouraged/supported to review their own evaluation metrics and evaluation process to see if they are measuring trauma-informed metrics such as level of hope, sense of support, connectedness, collaboration, and safety. Without measuring some of these critical indicators (and/or involving clients in the evaluation process), agencies may struggle to understand/measure the impact of the trauma-informed care changes that they implement. To understand how effective an agency’s services are at developing a sense of safety, trust, collaboration, resiliency and/or hope, these core trauma-informed care concepts must be measured. Unfortunately, most agencies do not gather any client data on these metrics. Thankfully, SaintA has a suite of tools and Kitsap Strong is already working on developing additional tools/surveys to measure these core trauma-informed care metrics. Agencies will be encouraged to add trauma-informed metrics to both surveys of their own staff regarding their professional quality of life and surveys of their clients.

We would expect that positive outcomes would appear first in the professional quality of life surveys of employees/staff at each organization working to implement their action

plan, as employees begin to experience an increased sense of support, collaboration, voice, choice, and safety (through administrative changes). These positive changes for staff would be followed by increased feelings of hope, safety, and connectedness in the clients receiving services. From an evaluation perspective, the work of this project is similar to the process of providing teacher training. After teacher training, the teacher immediately gains some new knowledge/skills, but it may take some time before these new skills translate into improved student outcomes. The work done with the teachers—or, in this case, the agency staff—is an investment in the future.

After an organization has completed their action plan and believe their organizational culture has become trauma-informed, Kitsap Strong staff will return to conduct a rigorous audit using SaintA's "Trauma-informed Care Certification 2.0" evaluation tool. A successful completion of this audit will result in the organization being certified as trauma-informed. Kitsap Strong will message this achievement for organizations across our network partners and the community at large, and will seek to capture stories, examples of changes made, and communicate this with our community to build awareness and energy around this work.

Utilizing the evidence-based SaintA framework and NEAR (neuroscience, epigenetics, Adverse Childhood Experiences – ACEs, & resilience) Science trainings, some potential outcomes for participating organizations may include:

- Increased number/percentage of staff with a shared knowledge, language, and framework for providing trauma-informed care
- Increase number/percentage of organizations in Kitsap with trauma-informed policies, procedures, & practices – improving outcomes for both employees & clients
- Increase the number/percentage of agencies implementing/developing "Resiliency Building Programs" to support staff/client wellness
- Increase the number/percentage of Kitsap organizations that are certified as trauma-informed.

2. Community Needs and Benefit (25 Points)

A. Policy Goal

This project addresses the following Policy Goals from the 2014 Kitsap County Behavioral Health Strategic Plan:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.

- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Improve the health status and wellbeing of Kitsap County residents.

The project addresses these goals by focusing on behavioral health prevention, early intervention, and training. Primarily, by training agency and organizational staff in trauma-informed care practices and approaches, we can build resilience, empower people toward positive behavioral outcomes, and reduce negative outcomes.

There is a growing body of research showing that patients or clients served in trauma-informed systems have greater symptom reduction, reduced time in treatment prior to discharge, improved rates of discharge to a lower level of care, lower recidivism, and improved mental health and substance abuse outcomes. A TIC approach has been shown to improve outcomes in behavioral health, chronic disease management, pediatrics & primary care, criminal/juvenile justice, and education. Additionally, research indicates that a trauma-informed approach results in significantly improved outcomes for staff/employees of organizations that become truly trauma-informed, resulting in improved employee morale and work performance, and decreased injury/illness and staff turn-over.

Despite this research, most nonprofits and government agencies that intersect with people experiencing behavioral health and/or criminal justice issues in Kitsap County do not employ trauma-informed policies and practices in their work, and none are grounded in a common framework used across the community. Many agencies are still unaware of the science behind ACEs, its link with behavioral health, physical health, and criminal justice issues. For those who are aware of the connection, the primary request of Kitsap Strong is for additional tools or a “framework” to implement desired changes. According to a 2018 survey of Kitsap Strong network partners, conducted by our Monitoring & Evaluation team, over half of the respondents (58%) are *extremely interested* in tracking their organization’s trauma-informed work for improvement or expansion.

A shared framework, used across the systems in our community, would mean that both clients and case managers supporting them would know what to expect, how to advocate for their needs, and receive a consistent quality of care from each Kitsap Strong/SaintA certified organization.

As a part of the SaintA certification process, each participating organization will receive coaching and support from Kitsap Strong MASTER Trainers to review their policies and procedures from a trauma-informed care perspective and implement any necessary changes. SaintA evaluation tools support policy level assessment of organizations, as this is a critical component for sustaining trauma-informed organizational changes. Each

participating organization will have access, through Kitsap Strong , to SaintA's sector-specific resources and tools. Shifting the culture of care in organizations is complex and takes time; we would expect an agency to spend a minimum of 24 months undergoing this transformation.

B. Needs Assessment and Target Population

Kitsap County is a federally designated Mental Health Professional Shortage Area (<https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>). According to residents who responded to the 2014 Kitsap Community Themes and Strengths Survey, 23% reported not getting needed emotional support, 31% of low income residents reported mental distress, and 30% of youth reported being depressed. The significant community need and this shortage of mental health professionals puts considerable pressure on the few helping professionals in our community providing these services. Research indicates this situation increases the probability of behavioral health agencies struggling with high levels of employee turnover, secondary trauma, compassion fatigue, increased sick leave and health care costs, and decreased employee morale and work performance. Thankfully, research shows that a trauma-informed approach is the solution and can protect agencies from these issues through focusing on safety and connection for both staff and clients.

We know that 60% of our community has experienced at least one Adverse Childhood Experience (ACE) and over 37% of Kitsap County residents have experienced 3 or more ACEs (data from WA State BRFSS, 2009-2011). As of July 2017, the population of Kitsap County was 266,414 (U.S. Census Bureau.) This means that over 159,000 people have at least one ACE and 98,500 people have 3 or more ACEs. We also know that 69% of mental health issues and 78% of IV drug use is associated with ACEs. This data helps us understand the profound need for trauma-informed practices (TIPs) for the organizations and agencies serving all individuals experiencing behavioral health and/or criminal justice issues in our community. The prevention of ACEs and mitigation of the health/social impacts of ACEs emerged as the top health priority in the Kitsap County 2014 Community Needs Assessment.

We believe that mental health issues and chemical dependency are public health crises that requires a collaborative, systemic, whole-community response. Adverse Childhood Experiences (ACEs) are a set of traumatic experiences that can be “toxic” to our brains and bodies – leading to increased social, emotional, mental, physical, and behavioral health challenges, relationship disruption, difficulty managing finances, and struggles with work and/or school. The way the community responds in support of people who are at risk or suffering from behavioral health and/or criminal justice issues is an opportunity for altering a person's path with trauma-informed practices that instill hope and resilience.

Our target population includes any Kitsap County resident who has contact with one of the organizations/agencies that go through the SaintA trauma-informed care training—as well as the agency staff. No matter what their ACEs score is, every person can benefit from a TIC approach and exposure to NEAR sciences information. Although we believe that a TIC approach will eventually improve outcomes for clients and their experience receiving care/support in our community, we anticipate that most of the initial impact from the SaintA training and the on-going consultation, coaching, and support from Kitsap Strong MASTER trainers will be at the organizational level. Many of the staff exposed to agency training may begin to implement immediate changes to their work and how they deliver services and/or some organizations might transform physical spaces to increase client's sense of safety, so some clients will immediately benefit from the training, but we would not anticipate the client experience to change significantly until the organization is well on the journey to becoming trauma-informed (1 to 2 years after SaintA training implementation).

Since we have not worked with SaintA and our community to identify the first cohort of 10 organizations to participate in the train-the-trainer event, it is difficult to estimate impact size. Our Letters of Support are evidence of the community desire for this training, and not necessarily representative of all the organizations that will be considered for this opportunity. However, we would plan to outreach to a mixture of organizations, focusing our priority on agencies serving clients experiencing behavioral health and/or criminal justice issues. Approximately, 40% of the organizations will be small (less than 50 employees), 30% will be medium (50-150 employees), and 30% will be large (more than 150 employees). We conservatively estimate the initial number of employees impacted by the SaintA TTT event and subsequent trainings at each organization at over 1,200 in the first year. Our intention is for Kitsap Strong MASTER trainers to conduct an additional TTT event during project year one for up to 10 additional agencies (of various sizes), estimated at a minimum of an additional 200 employees.

C. Community Collaboration, Integration and Collective Impact

The Innovation (Trauma-Informed Care) Network is a network within Kitsap Strong, a collective impact project made up of over 70 organizations actively participating in one or more of the five different networks. The Innovation Network consists of over 17 agencies actively participating and exploring how to apply NEAR sciences and trauma-informed care in their work. Through regular convenings, this group has reached a set of shared goals: 1) Increase the number of agencies receiving education on NEAR sciences and trauma-informed care, 2) Increase the percentage of agencies with trauma-informed policies and services, 3) Increase the number/percentage of agencies implementing programs/services that build resiliency and hope, 4) Improve the level of

collaboration between agencies or among departments, services, and programs. This project proposal grew directly from these four goals.

Additionally, the Innovation (Trauma-informed Care) Network has been offering the Collaborative Learning Academy (CLA) since 2015 as a key strategy to increase knowledge/awareness of ACEs/trauma and build a collective impact movement in Kitsap to address social challenges. To date, over 90 key participants from 26 local nonprofit agencies have attended CLA sessions, offering feedback after each session that is incorporated into the next. One important adaptation to the program design was the addition of learning-focused grants that allow nonprofits to send employees to the trainings. Since 2015, Kitsap Strong has invested over \$146,000 in learning-focused grants in the community. Our community leaders have indicated overwhelming support for the type of learning-focused funding and relationship building that the CLA inspires/provides. We believe the CLA provides a process/opportunity for organizational leaders to build the capacity and desire to begin the implementation of trauma-informed practices/services, and SaintA's Seven Essential Ingredients Framework and training opportunity is the next step for our community.

Kitsap Strong is passionate about creating an environment in Kitsap County where agencies are supported and rewarded for using a collective impact approach. Research on community change and collective impact indicates that the key to effective initiatives is the development of a process for shared learning (Porter, et al, 2015). Shared learning requires a structured environment where community members across disciplines/sectors can come together, learn & discuss new information (NEAR sciences, trauma-informed care, etc.), develop & expand leadership of the initiative, and use local data to drive decision-making. The CLA has been crafted specifically with these goals/intentions in mind. Data from the first CLA cohort shows that we have been effective at creating this environment for local non-profits.

Kitsap Strong is in the process of recruiting agencies to participate in another CLA scheduled to kick off in August, 2018, focused on crisis services in our community. We believe the CLA will continue to complement our efforts to create a trauma-informed community and serve as a tool to equip leaders within agencies with the necessary base knowledge, language, and community relationships to successfully and rapidly implement SaintA's trauma-informed care framework.

3. Organizational Capacity (25 Points)

A. Organizational Governance

Kitsap Strong is a network of leaders working together to *improve the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience.* Kitsap Strong is made up

of five networks: Graduate Strong, HEAL (Healthy Eating Active Living), Innovation (Trauma-Informed Care), NEAR Education, and Thriving Neighborhoods.

To support key tasks like strategic planning, advocacy, fundraising, and grantmaking, Kitsap Strong has several committees (Leadership, Funders, & Advocacy Committees) that meet regularly to provide this critical support. The Leadership Committee has diverse, multi-sector representation from over 20 organizations and meets monthly to provide strategic thinking and planning. The Funders Committee is comprised of the United Way of Kitsap County, the Suquamish Tribe, Kitsap Community Foundation, Kitsap Public Health District, and CHI Franciscan Health Foundation. Their financial contributions support the Kitsap Strong Backbone team and our grantmaking efforts in the community. The Advocacy Committee is an ad-hoc committee that meets as necessary to advance our collective policy goals.

In keeping with the collective impact model, the Kitsap Strong Backbone team offers support and provides follow through with key activities and strategies developed by the Leadership Committee and each Network team. The Backbone is accountable to the community, responsible for doing “the work between meetings” and moving the initiative forward as guided by the community.

Kitsap Strong Backbone team consists of Executive Director, Kody Russell, two Network Managers – supporting the Innovation (Trauma-informed Care) Network and Graduate Strong Network - and one Networks Coordinator, providing support to each network. Kody Russell, as Executive Director provides oversight and support to all five networks and supports the Network Managers to ensure the different network efforts are complimentary and align with the overall collective impact values/goals. Cristina Roark, acts as the Innovation (Trauma-informed Care) Network Manager, and she will be the primary person supporting this proposed project.

B. Organizational Finances

The members of the Funders Committee (United Way of Kitsap County, the Suquamish Tribe, Kitsap Community Foundation, Kitsap Public Health District, and CHI Franciscan Health) submit annual contributions into a fund held at the Kitsap Community Foundation that was established for the purpose of funding the collective impact initiative, Kitsap Strong. Kitsap Strong also receives funding from Bill & Melinda Gates Foundation and Olympic College to focus on educational equity, but these organizations are not active members of the Funders Committee at this time.

The Kitsap Community Foundation provides accounting and bookkeeping services. An independent CPA firm provides payroll processing. Kitsap Strong financials are audited through the Kitsap Community Foundation annual audit process.

C. Staffing Qualifications

Kody Russell

Executive Director

Project Role: Leadership, planning, oversight, networking, communications, SaintA certified MASTER Trainer in Seven Essential Ingredients Framework

Kody Russell has is one of 25 Washington State certified ACEInterface MASTER trainers in the NEAR sciences (neuroscience, epigenetics, Adverse Childhood Experiences - ACEs, & resiliency) curriculum that challenges our understanding of human behavior and many of the social and health challenges we see in our community. Kody has over ten years of experience working with children and families in the child welfare system who have experienced significant trauma and struggled with associated social and health problems; including mental health issues, substance use disorders, aggression, child abuse & neglect, anger, hostility, sexual behavior issues, homelessness, poverty, etc. Before being hired as the Kitsap Strong Executive Director, Kody worked for the Department of Children & Family Services (DCFS) for over seven years as a Child Protective Services (CPS) Investigator, Department of Licensed Resources - Foster Home Licensor, and as a Family Team Decision Meeting Facilitator/Supervisor. Prior to working for DCFS, Kody was a supervisor at Ryther Child Center in Seattle, a behavioral rehabilitation center for "Sexually Aggressive Youth".

Annual performance reviews for each backbone staff member are conducted at the Leadership Committee and Network level, seeking community input on work performance. All staff have received exceptional marks/reviews from diverse community partners indicating that work is conducted in a professional, transparent, and inclusive manner. The entire backbone team operates to support one another, working closely to ensure our community partners receive what is needed to keep moving the work forward.

Cristina Roark

Innovation/Trauma-Informed Care Network Manager

Project Role: Planning, lead for Innovation/TIC role, communications, SaintA certified MASTER Trainer in Seven Essential Ingredients Framework

Cristina Roark has extensive knowledge and experience providing training, coaching, and consultation to organizations and supporting organizational change. As a Senior Consultant for CGI, Cristina designed training course curriculum and developed business process and technology, training deliverables for 300 learners in various roles across different departments. Cristina was part of a team of 5 instructors who conducted 171 sessions and over 6,200 hours of classroom instruction and technology workshops. She is a talented facilitator trained in Conflict Resolution and Effective Facilitation. As a Business Analyst at Bill & Melinda Gates Foundation for over 10 years, Cristina elicited business requirements for operations and program teams. She was one of the primary Instructional Designers for the foundation's initial SharePoint Program. Primary content contributor to organizational change management strategic plans, developing

required training and communication plans. Cristina has also completed elicitation/analysis training in Mind Mapping and Active Listening.

Alyson Rotter

Graduate Strong Network Manager

Project Role: Planning, lead for Graduate Strong role, communications, SaintA certified MASTER Trainer for schools in SaintA's Trauma Sensitive Schools Framework (i.e. the name for the Seven Essential Ingredients curriculum used in schools).

Alyson has a Bachelors Degree (B.S) in Psychology and a Master's Degree (MPA) in Public Affairs. She has over 19 years of work experience within the education sector, including outreach and training on various topics/curriculum ranging from college access to behavioral health topics. Alyson is a certified Youth Mental Health First Aid trainer and an ACEInterface NEAR Sciences (neuroscience, epigenetics, ACEs, & resiliency) certified trainer. Alyson is a talented and engaging trainer and excellent at helping audiences understand and connect with the science content.

Marlaina Simmons

NEAR Training/Education Network Manager

Project Role: Primary lead for logistics, preparation, planning

Shaine Schramling

Funds and Grants Administrator, Kitsap Community Foundation

Project Role: Accounting and bookkeeping

SaintA Trainers

Tim Grove, MSSW, (senior trainer) is the chief clinical officer and serves as the senior leader responsible for the trauma-informed care initiative across all agency programs. Tim has more than 20 years of professional experience in a variety of direct care and administrative positions, including in-home services, foster care, treatment foster care, residential treatment, child welfare, community-based services, quality improvement and staff development.

Sara Daniel, MSW, LCSW, (senior trainer) is the director of Clinical Services and Staff Development. Here is an example of her collaboration with the Wisconsin Department of Public Instruction to create the Trauma-Sensitive Schools (TSS) learning modules.

D. Organizational Licenses and Certifications

Kitsap Strong is highly respected within the nonprofit community. However, no licenses or certifications are required to conduct our collaborative work.

History of Project Management

The Innovation (Trauma-informed Care) Network has been facilitating and convening

the Collaborative Learning Academy since 2015. To date, over 90 key participants from 26 local nonprofit agencies have attended CLA sessions.

4. Project Financial Feasibility (10 Points)

A. Budget Narrative

Innovation (Trauma-informed Care) Network Manager's benefits, office space, technology, communication, presentation, and training supplies associated with this proposed project are covered through the combined funding/support of Kitsap Community Foundation, The Suquamish Tribe, United Way of Kitsap County, the Bill & Melinda Gates Foundation, and the Kitsap Public Health District; an approximate in-kind value of \$49,682. Kitsap Strong Funders Committee will also cover 40% of the Innovation Network Manager position to ensure continued facilitation and support of the Innovation Network and Collaborative Learning Academy, which we believe are critical components to building a trauma-informed community in Kitsap; an approximate in-kind value of \$25,354. Additionally, we estimate that 20% of Graduate Strong Network Manager's, Alyson Rotter, time will be dedicated to providing training to schools and facilitating SaintA TTT events, an approximate in-kind value of \$14,000.

We are requesting \$38,031 towards Innovation (Trauma-informed Care) Network Manager's salary (60%) to cover time associated with facilitating, convening, and networking with all the community partners/agencies involved in the proposed project. The Innovation Network Manager position is currently a part-time position. Funding this position at part-time has exhausted our current funds from our group of funders; the funding from this grant will allow us to increase her position to full-time and create a larger impact in our community. The proposed activities described in our project proposal warrant a full-time position.

Innovation Network Manager will act as the primary Kitsap Strong staff providing coaching and consultation support to organizations implementing their action plan and training their staff in SaintA's Seven Essential Ingredients Framework. Innovation Network Manager will be responsible for facilitating the Community of Practice (COP) for all the SaintA Trainers, coordinating with SaintA for additional support, as necessary. Innovation Network Manager will also be the primary certified SaintA MASTER Trainer coordinating and training new organizations in the Framework.

Other expenses in the project budget include:

\$2,500 for convening supplies—food and transportation/parking fees for the participants, venue rental, and materials & supplies.

\$2,500 to support professional development for Innovation Network Manager and attendance at SaintA Trauma-informed Care National Conference.

\$20,000 to Kitsap Public Health District for Monitoring and Evaluation services.

\$25,000 to cover the cost of bringing two SaintA Master Trainers to Kitsap County for the four-day training session. This reflects the cost of providing training to each of the agency leaders to become certified in the Seven Essential Ingredients Framework (\$2,000/organization) and \$5,000 for travel and lodging accommodations for two SaintA MASTER trainers.

\$36,000 for a 3-year license with SaintA. This reflects the cost of having 3 Kitsap Strong Staff attend the TTT event to become MASTER trainers (\$2,000/person) and allows Kitsap Strong MASTER trainers 3 years of access to SaintA materials, on-going consultation/support, and the ability to provide additional train-the-trainer (TTT) events throughout Kitsap County during the licensing period. Our hope is to conduct 1 to 3 TTT events annually, based upon capacity and community interest, expanding the number of agencies trained in the SaintA Framework from 10 in 2019 to 30 or more by 2021.

\$10,000 for ongoing, as-needed, consulting with SaintA's MASTER Trainers. Consultation services can include supporting an individual agency with their action plan development and implementation (beyond the scope/capability of Kitsap Strong MASTER Trainers) to facilitating a special training session for a group of agencies from a specific sector, i.e. criminal justice, mental health, child welfare, etc.

B. Additional Resources and Sustainability

The Innovation (Trauma-Informed Care) Network is funded through its parent organization, Kitsap Strong. Kitsap Strong is currently funded by the Suquamish Tribe, Kitsap Community Foundation, the United Way of Kitsap County, Kitsap Public Health District, CHI Franciscan Health, and Olympic College. Additional funding comes through grants by the Bill and Melinda Gates Foundation, Medina Foundation, and Group Health Foundation. The Innovation Network Manager's position will continue to be funded at 40% by these funders.

After the course of this grant, the intention is for the Innovation Network Manager position to generate the remaining 60% of recommended salary through earned income, by offering trauma-informed care trainings throughout the county and in neighboring counties in SaintA's Seven Essential Ingredients Framework. With the MASTER Trainer certification achieved, she will be qualified to conduct trainings, provide follow-up meetings, and conduct organizational audits. The Innovation Network will charge a reasonable fee to nonprofits taking part in the program.

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 a 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: Trauma-Informed Community (Innovation/TIC Network)

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Increase the knowledge of, and leadership capacity on NEAR sciences, Resiliency, and Trauma-Informed Care.	Innovation/TIC Network will bring SaintA to Kitsap County to lead a four-day training session in trauma-informed care and will invite agencies and nonprofits to join the training. As a result, up to 10 new trainers and 3 MASTER trainers will be certified.	10 agencies/nonprofits commit by end of March 2019 to participate in the four-day training 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 type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: January 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: _Once	July 2018: Zero Kitsap County organizations have access to SaintA training.	Organizations will submit commitment letters in advance of the training.
		10 agencies/nonprofits follow through on their commitment to participate in all four days of the training. Each agency representative becomes a certified trainer by end of June 2019.	<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 type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: March 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: _Once	July 2018: Zero Kitsap County individuals are certified as SaintA trauma-informed trainers.	Data to be collected at the SaintA training.
		3 Kitsap Strong staff members become MASTER trainers by end of June 2019, increasing their capacity to teach this science and the Seven Essential Ingredients Framework.	<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 type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: March 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: _Once	July 2018: Zero individuals in WA State are certified as SaintA MASTER trainers	Data provided and collected by SaintA.

EVALUATION WORKSHEET

<p>Increase the number of agencies with policy changes, adaptations, and/or new policy/ies focused on Trauma-Informed Care.</p>	<p>Each newly certified trainer will return to their home organization and complete the agency self-assessment "Certification 1.0" SaintA evaluation tool to develop an initial action plan.</p>	<p>80% of participating agencies/nonprofits conduct a self-evaluation within six months of the SaintA training (by December 2019).</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input 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 checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: July 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Once</p>	<p>July 2018: Zero Kitsap organizations have taken this first step toward TIC certification.</p>	<p>Kitsap Strong will follow up with each organization.</p>
<p>Innovation/TIC Network supports organizations as they move through the TIC culture change process, liaising with SaintA as needed.</p>	<p>Cristina Roark will speak with the newly certified trainers, on a monthly basis and, if needed, will follow up with organization leadership to problem solve and offer coaching and support.</p>	<p>60% of participating agencies/organizations return initial surveys from at least 80% of their staff that work directly with clients. The results of these initial surveys will form the benchmark by December 2019.</p>	<p><input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input 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</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: July 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Monthly</p>	<p>July 2018: Zero Kitsap organizations have completed SaintA's "Certification 1.0", self-evaluation.</p>	<p>Kitsap Strong will collect data during monthly meetings and/or individual coaching sessions with agency trainers.</p>
<p>Collect data regarding agency staff members' professional quality of life using trauma-informed care (TIC) metrics including: sense of safety, connectedness, hope, and support.</p>	<p>60% of participating agencies/organizations return initial surveys from at least 80% of their staff that work directly with clients. The results of these initial surveys will form the benchmark by December 2019.</p>	<p>60% of participating agencies/organizations return initial surveys from at least 80% of their staff that work directly with clients. The results of these initial surveys will form the benchmark by December 2019.</p>	<p><input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: July 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Once</p>	<p>July 2018: To our knowledge, TIC metrics are not currently measured for employees at participating agencies.</p>	<p>Surveys distributed and collected by the participating agencies.</p>

EVALUATION WORKSHEET

	<p>80% of the agencies/organizations that initially returned staff professional quality of life surveys (above) return follow-up surveys by March 2020</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: July 2020 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>July 2018: To our knowledge, TIC metrics are not currently measured for employees at participating agencies.</p>	<p>Surveys distributed and collected by the participating agencies.</p>
<p>Review of client metrics currently collected by agencies and organizations. If agencies are willing, incorporate questions to their current system of data collection about trauma-informed metrics including: sense of safety, connectedness, hope, and support.</p>	<p>60% of participating organizations expand their current data-collection practices to include trauma-informed metrics. These data will become the benchmark.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Jan 2020 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Once</p>	<p>July 2018: To our knowledge, TIC metrics are not currently measured for clients at participating agencies.</p>	<p>Surveys distributed and collected by the participating agencies.</p>
<p>Agencies collect client data on trauma-informed metrics.</p>	<p>100% of the agencies (above) that expand their client data metrics to include TIC measures, continue to collect data.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: Jan 2021 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>July 2018: To our knowledge, TIC metrics are not currently measured for clients at participating agencies.</p>	<p>Surveys distributed and collected by the participating agencies.</p>
	<p>Of agencies that complete SaintA's "Certification 2.0" process and become certified TIC organizations, continue to collect client data on trauma-</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long</p>	<p>July 2018: To our knowledge, TIC metrics are not</p>	<p>Surveys distributed and collected by the participating</p>

EVALUATION WORKSHEET

	<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 checked="" type="checkbox"/> Fidelity measure</p>	<p>informed metrics annually.</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</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p>Start date: Jan 2021</p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>currently measured for clients at participating agencies.</p>	<p>agencies.</p>
<p>Increase the number of Kitsap organizations that are certified as trauma-informed.</p>	<p>Innovation/TIC will support organizations as they move through the culture of change process, liaising with SaintA as needed.</p>	<p>60% organizations undergo SaintA's "Certification 2.0" evaluation, an audit process conducted by certified Kitsap Strong MASTER Trainers, to become TIC certified by December 2020.</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long</p> <p>Start date: January 2020</p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Once</p>	<p>July 2018: Zero Kitsap organizations are certified in SaintA's Seven Essential Ingredients Framework.</p>	<p>Data will be collected through evaluation/audit sessions with Kitsap Strong MASTER trainers.</p>	

EVALUATION WORKSHEET

<p>Expand the community-of-practice group by certifying more trainers.</p>	<p>Kitsap Strong MASTER Trainers will train additional agency trainers, building capacity in our community and conducting intentional outreach to behavioral health and criminal justice sector.</p>	<p>3 Kitsap Strong Master Trainers conduct local trainings to train an additional 10 organizations over the course of 2019.</p>	<p><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 type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: July 2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>July 2018: Currently there is no SaintA certified MASTER trainer in WA State, who can conduct these sessions.</p>	<p>Data will be collected through evaluations at training sessions.</p>
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Total Agency or Departmental Budget Form

Agency Name: Kitsap Strong

Project: Trauma-Informed Community

Accrual Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ 302,866.00	99%	\$ 371,666.00	99%	\$ 316,666.00	99%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue - Earned & Investment Inc	\$ 2,983.00	1%	\$ 3,180.00	1%	\$ 3,100.00	1%
Total Agency Revenue (A)	\$ 305,849.00		\$ 374,846.00		\$ 319,766.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 116,308.00	70%	\$ 207,846.00	41%	\$ 212,563.00	49%
Staff	\$ -	0%	\$ 37,500.00	7%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 116,308.00	70%	\$ 245,346.00	48%	\$ 212,563.00	49%
Supplies/Equipment						
Equipment	\$ 452.00	0%	\$ 6,000.00	1%	\$ 4,000.00	1%
Office Supplies	\$ 169.00	0%	\$ 800.00	0%	\$ 800.00	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 621.00	0%	\$ 6,800.00	1%	\$ 4,800.00	1%
Administration						
Advertising/Marketing	\$ 536.00	0%	\$ 3,300.00	1%	\$ 3,000.00	1%
Audit/Accounting	\$ -	0%	\$ 620.00	0%	\$ 1,000.00	0%
Communication	\$ 1,308.00	1%	\$ 3,500.00	1%	\$ 2,300.00	1%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 3,268.00	2%	\$ 5,000.00	1%	\$ 5,000.00	1%
Training/Travel/Transportation	\$ 2,405.00	1%	\$ 5,000.00	1%	\$ 5,000.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Conferences/Trainings	\$ 9,848.00	6%	\$ 20,346.00	4%	\$ 20,346.00	5%
Other (Describe) Grantwriter	\$ -	0%	\$ 30,000.00	6%	\$ 20,000.00	5%
Other (Describe) Collective Impact Evaluation, HEAL, Garnett, Neighborhoods	\$ 30,984.00	19%	\$ 122,050.00	24%	\$ 106,409.00	25%
Subtotal	\$ 48,349.00	29%	\$ 189,816.00	37%	\$ 163,055.00	38%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Grants to Nonprofits	\$ -	0%	\$ 65,000.00	13%	\$ 50,000.00	12%
Subtotal	\$ -	0%	\$ 65,000.00	13%	\$ 50,000.00	12%
Total Direct Expenses	\$ 165,278.00		\$ 506,962.00		\$ 430,418.00	

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

Total Agency Budget Form - DETAIL

Agency Name: Kitsap Strong

Project: Trauma-Informed Community

Cash

AGENCY REVENUE AND EXPENSES	2018	
	Budget	Percent
AGENCY REVENUE		
Federal Revenue	\$ -	0%
WA State Revenue	\$ -	0%
Local Revenue	\$ -	0%
Private Funding Revenue	\$ 371,666.00	99%
Agency Revenue	\$ -	0%
Miscellaneous Revenue - Earned & Investment Income	\$ 3,180.00	1%
Total Agency Revenue (A)	\$ 374,846.00	
AGENCY EXPENSES		
Personnel		
Managers	\$ 207,846.00	41%
Staff	\$ 37,500.00	7%
Total Benefits	\$ -	0%
Subtotal	\$ 245,346.00	48%
Supplies/Equipment		
Equipment	\$ 6,000.00	1%
Office Supplies	\$ 800.00	0%
Other (Describe)	\$ -	0%
Subtotal	\$ 6,800.00	1%
Administration		
Advertising/Marketing	\$ 3,300.00	1%
Audit/Accounting	\$ 620.00	0%
Communication	\$ 3,500.00	1%
Insurance/Bonds	\$ -	0%
Postage/Printing	\$ 5,000.00	1%
Training/Travel/Transportation	\$ 5,000.00	1%
% Indirect	\$ -	0%
Other (Describe) Conferences/Trainings	\$ 20,346.00	4%
Other (Describe) Grantwriter	\$ 30,000.00	6%
Other (Describe) Collective Impact Evaluation, HEAL, Garnett, Neighborhoods	\$ 122,050.00	24%
Subtotal	\$ 189,816.00	37%
Ongoing Operations and Maintenance		
Janitorial Service	\$ -	0%
Maintenance Contracts	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%
Repair of Equipment and Property	\$ -	0%
Utilities	\$ -	0%
Other (Describe)	\$ -	0%
Other (Describe)	\$ -	0%
Other (Describe)	\$ -	0%
Subtotal	\$ -	0%
Other Costs		
Debt Service	\$ -	0%
Other (Describe) Grants to Nonprofits	\$ 65,000.00	13%
Subtotal	\$ 65,000.00	13%
Total Direct Expenses	\$ 506,962.00	

Combined funding/support of Kitsap Community Foundation, The Suquamish Tribe, United Way of Kitsap County, the Bill & Melinda Gates Foundation, Kitsap Public Health District, Medina Foundation, CHI Franciscan Health

Executive Director: \$90,846
 Innovation Network Mgr: \$47,000
 Graduate Strong Ntwk Mgr: \$70,000
 1 FTE

HEAL salary expense: \$10,300
 Neighborhoods Network salary expense: \$12,500
 KPHD M&E services \$90,000
 Julia Garnett, contractor: \$3,000
 Advocacy: \$6,250

Stipend funding that allows nonprofits to take part in Collaborative Learning Academies.

Special Project Budget Form

Agency Name: Kitsap Strong -
Innovation/TIC Network

Subcontractor: ___ Yes X No

Project: Trauma-Informed Comr

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers (Cristina Roark)	\$ 63,385.00	23%	\$ 38,031.00	28%	\$ 25,354.00	18%
Managers (Kody Russell)	\$ 22,711.00	8%	\$ -	0%	\$ 22,711.00	16%
Managers (Alyson Rotter)	\$ 14,000.00	5%	\$ -	0%	\$ 14,000.00	10%
Managers (Kol Medina)	\$ 5,000.00	2%	\$ -	0%	\$ 5,000.00	4%
Staff (Marlaina Simmons)	\$ 20,000.00	7%	\$ -	0%	\$ 20,000.00	14%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 125,096.00	46%	\$ 38,031.00	28%	\$ 87,065.00	62%
Supplies & Equipment						
Equipment	\$ 3,000.00	1%	\$ -	0%	\$ 3,000.00	2%
Office Supplies	\$ 400.00	0%	\$ -	0%	\$ 400.00	0%
Other (Describe): Office space	\$ 38,832.00	14%	\$ -	0%	\$ 38,832.00	28%
SUBTOTAL	\$ 42,232.00	15%	\$ -	0%	\$ 42,232.00	30%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 310.00	0%	\$ -	0%	\$ 310.00	0%
Communication	\$ 1,750.00	1%	\$ -	0%	\$ 1,750.00	1%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 2,500.00	1%	\$ -	0%	\$ 2,500.00	2%
Training/Travel/Transportation	\$ 5,000.00	2%	\$ 2,500.00	2%	\$ 2,500.00	2%
Innovation Meeting Support	\$ 3,000.00	1%	\$ -	0%	\$ 3,000.00	2%
Training Supplies	\$ 200.00	0%	\$ -	0%	\$ 200.00	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other: Convening Support (Meals, Materials, Venue)	\$ 2,500.00	1%	\$ 2,500.00	2%	\$ -	0%
Other: Monitoring and Evaluation Services	\$ 20,000.00	7%	\$ 20,000.00	15%	\$ -	0%
Other: SaintA 4-day training	\$ 25,000.00	9%	\$ 25,000.00	19%	\$ -	0%
Other: SaintA 3-year License	\$ 36,000.00	13%	\$ 36,000.00	27%	\$ -	0%
Other: SaintA Consultation Support	\$ 10,000.00	4%	\$ 10,000.00	7%	\$ -	0%
SUBTOTAL	\$ 106,260.00	39%	\$ 96,000.00	72%	\$ 10,260.00	7%
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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	0%
Total Project Budget	\$ 273,590.00		\$ 134,032.00		\$ 139,558.00	

NOTE: Indirect is limited to 10%

Project Salary Summary (2018)

Agency Name: Kitsap Strong

Subcontractor: Yes

No

Project: Trauma-Informed Community

Description

Number of Professional FTEs	0.65
Number of Clerical FTEs	0.50
Number of All Other FTEs	0.00
Total Number of FTEs	1.15

Salary Information

Salary of Executive Director or CEO	\$	90,846.00
Salaries of Professional Staff	\$	48,500.00
Salaries of Clerical Staff	\$	37,500.00
Other Salaries (Describe Below)	\$	-
Description:		
Description:		
Description:		
Total Salaries	\$	176,846.00

Total Payroll Taxes	\$	-
Total Cost of Benefits	\$	-
Total Cost of Retirement	\$	-
Total Payroll Costs	\$	176,846.00



Organizational Chart

Kitsap Strong Funders Committee

KITSAP COMMUNITY FOUNDATION
United Way
KITSAP PUBLIC HEALTH DISTRICT
OLYMPIC COLLEGE
CHI Franciscan Health

Kitsap Strong Leadership Committee
21 organizations

Kitsap Strong

Kody Russell
Executive Director

- Graduate Strong**
Alyson Rotter
Network Manager
- Innovation/
Trauma-Informed Care**
Cristina Roark
Network Manager
- Healthy Eating
Active Living**
Yolanda Fong
Network Manager
- NEAR Training/
Education**
Marlaina Simmons
Networks Manager

July 25, 2018

Kitsap County Mental Health, Chemical Dependency
& Therapeutic Court Program
Attn: Colby Wattling
614 Division St., MS-7
Port Orchard, WA 98366

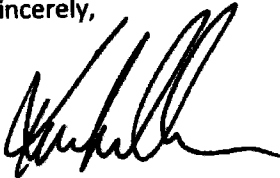
Re: Funding Support for Kitsap Strong's Innovation/TIC Network

Dear Citizen's Advisory Board:

Beginning with the Kitsap Community Health Priorities (KCHP) Summit in 2011, Kitsap Public Health District has been committed to preventing Adverse Childhood Experiences (ACEs) and growing resilience in our community. The collective impact projects of Kitsap Strong are a critical part of that effort.

The Kitsap Public Health District is pleased to provide office and meeting space at no cost to Kitsap Strong and the Innovation/Trauma-Informed Care Network. We have been an active member of the Kitsap Strong Funders Committee, providing leadership, guidance, partnership, and in-kind support since 2013. The value of in-kind support provided in 2018 is \$7,341.

Sincerely,



Keith Grellner
Administrator

Estimate of 2018 in-kind office space cost is calculated by taking the actual square footage of the utilized space compared to the total KPHD office space. That percentage is applied to the total cost estimate for the KPHD space for 2018.

	Sq Ft
1 each of 13'x13' workspace	169
1 each of 9'x13' workspace	117
Total Workspace Square Footage	<u>286</u>
Total KPHD Square Footage	24,349
Percentage of Allocated Workspace:	1.17%
	Sq Ft
Conference Room	329
Total Workspace Square Footage	<u>329</u>
Total KPHD Square Footage	24,349
Percentage of Allocated Workspace:	1.35%
Hours Used Per Year	240.00
Total Hours Per Year	2,000.00
Discounted Percentage of Allocated Workspace	0.16%
Budgeted Facility Expenses:	
2018 Government Center Operations & Maintenance	\$ 326,113
2018 Government Center Debt Service - Interest	141,300
Less Local Gov Debt Service Contributions	(61,260)
Janitorial Staff	128,131
Facility Supplies/Expenses	15,000
Total Budgeted Facility Expense	<u>\$ 549,284</u>
Annual Allocation of Budgeted Facility Expense	\$ 7,341
Additional Expenses:	
n/a	\$ -
Total In-Kind Contribution	<u><u>\$ 7,341</u></u>



Special Assault Investigations and Victim's Services

July 31, 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:

On behalf of Kitsap S.A.I.V.S. (Special Assault Investigations and Victim Services), I am writing to provide a letter of support for Kitsap Strong's "Trauma-Informed Community" proposal. We recognize the need and value for all the organizations and agencies providing care to people experiencing behavioral health challenges and/or involved in our court system to have a shared language, understanding, and framework for trauma-informed care. Becoming trauma-informed is a journey, not a destination, and the old adage is true, "If you want to go fast, go alone. If you want to go far, go together." For this work to be successful and for our whole community to develop trauma-informed practices, we believe there is immense value in going together on this journey with other organizations, and receiving on-going coaching, consultation, and support from Kitsap Strong staff.

We believe that SaintA's "7 Essential Ingredients" Framework is the next step to support our agency and other organizations in Kitsap to develop a shared language, understanding, and framework for implementing trauma-informed care in our community.

In support of Kitsap Strong's "Trauma-Informed Community" proposal:

1. If selected for the cohort, we will send a member of our staff team to participate in the SaintA train-the-trainer (TTT) event and become a **Certified SaintA Trainer**
2. Our **Certified SaintA Trainer** will be supported to complete the SaintA self-assessment form for our organization and work on the development of a detailed action plan
3. Our **Certified SaintA Trainer** will actively participate in the community of practice (facilitated and supported by Kitsap Strong staff) with fellow **Certified SaintA Trainers** from other agencies in Kitsap



Kitsap SAIVS | 614 Division St. MS-35 Port Orchard, WA 98366

Kitsap SAIVS is a part of the National Children's Alliance.

4. Kitsap Strong **Certified SaintA MASTER Trainers** will provide on-going consultation and support us with implementing our action plan

We believe that receiving training in the SaintA Framework along with on-going coaching and support from Kitsap Strong staff will significantly improve the quality/availability of trauma-informed behavioral health and criminal justice services in our community. Please feel free to contact me with any questions or for further information.

Sincerely,



Cami G. Lewis
Kitsap SAIVS Board Chair

SAIVS



Kitsap SAIVS | 614 Division St. MS-35 Port Orchard, WA 98366

Kitsap SAIVS is a part of the National Children's Alliance.



SUPERIOR COURT OF KITSAP COUNTY
JUVENILE AND FAMILY COURT SERVICES

1338 SW Old Clifton Rd
Port Orchard, WA 98367-9113
Phone: (360) 337-5401 | Fax: (360) 337-5402

July 23, 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:

On behalf of Kitsap County Juvenile and Family Court Services, I am writing to provide a letter of support for Kitsap Strong's "Trauma-Informed Community" proposal. We recognize the need and value for all the organizations and agencies providing care to people experiencing behavioral health challenges and/or involved in our court system to have a shared language, understanding, and framework for trauma-informed care. Becoming trauma-informed is a journey, not a destination, and the old adage is true, "If you want to go fast, go alone. If you want to go far, go together." For this work to be successful and for our whole community to develop trauma-informed practices, we believe there is immense value in going together on this journey with other organizations, and receiving on-going coaching, consultation, and support from Kitsap Strong staff.

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4. Kitsap Strong Certified SaintA MASTER Trainers will provide on-going consultation and support us with implementing our action plan

We believe that receiving training in the SaintA Framework along with on-going coaching and support from Kitsap Strong staff will significantly improve the quality/availability of trauma-informed behavioral health and criminal justice services in our community. Please feel free to contact me with any questions or for further information.



SUPERIOR COURT OF KITSAP COUNTY
JUVENILE AND FAMILY COURT SERVICES

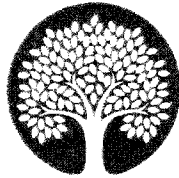
1338 SW Old Clifton Rd
Port Orchard, WA 98367-9113
Phone: (360) 337-5401 | Fax: (360) 337-5402

Sincerely,

A handwritten signature in black ink, appearing to read "Michael S. Merringer".

Michael S. Merringer, Director

Kitsap County Juvenile and Family Court Services



**KITSAP
COMMUNITY
FOUNDATION**

July 25, 2018

Kitsap County Mental Health, Chemical Dependency
& Therapeutic Court Program
Attn: Colby Watling
614 Division St., MS-7
Port Orchard, WA 98366

Re: Funding Support for Kitsap Strong's Innovation/TIC Network

Dear Citizen's Advisory Committee:

Kitsap Strong is attempting to solve the major root cause of most of the poor life outcomes suffered by people in our community. This is a prevention project that is supported by every major social service agency in our community because they want to solve the problem rather than continuing to just treat the symptoms and maintain the safety net. We are proud to support this.

The Kitsap Community Foundation provides or facilitates the funding for the following portions of Kitsap Strong and the Innovation/Trauma-Informed Care Network's **Trauma Informed Community** project:

- Salary – Kody Russell, Executive Director
- In-kind salary portion – Cristina Roark, Innovation/TIC Network Manager
- Equipment and office supplies
- Audit and accounting services (KCF staff time)
- Communications costs
- Training and transportation
- Innovation/TIC Network meeting support and supplies

The Foundation is committed to providing ongoing support to Kitsap Strong and all five of its networks. We are proud to have been funding this work since 2013.

The Innovation/TIC network has been operating as a collective impact project for several years. With the recent addition of Cristina Roark as Network Manager, the project has flourished. Several local nonprofits—and members of the collective impact project—have requested the sort of trauma-informed care training that SaintA can provide, and we support all efforts to make that happen.

Sincerely,

Kol Medina, President & CEO

Board of Directors

- Alice Tawresey
Chair
- Rick Darrow
Vice Chair
- Dave Schureman
Treasurer
- Ruth Bernstein
Secretary
- John Arthur
- Bill Benson
- Harriette Bryant
- Joan Davis
- David De Bruyn
- Walt Draper
- Margee Duncan
- Frank Leach
- Daphne Lee-Larson
- Mayor Patty Lent
- Cynthia Martin
- Tammie Zech

President & CEO

Kol Medina, J.D.

FOR GOOD,
FOR EVER,
FOR KITSAP

Contact Kitsap
Community
Foundation and learn
how you can use
your estate plan to
leave a charitable
legacy that will help
our community



July 25, 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:

On behalf of The Coffee Oasis, I am writing to provide a letter of support for Kitsap Strong's "Trauma-Informed Community" proposal. We recognize the need and value for all the organizations and agencies providing care to people experiencing behavioral health challenges and/or involved in our court system to have a shared language, understanding, and framework for trauma-informed care. Becoming trauma-informed is a journey, not a destination, and the old adage is true, "If you want to go fast, go alone. If you want to go far, go together." For this work to be successful and for our whole community to develop trauma-informed practices, we believe there is immense value in going together on this journey with other organizations, and receiving on-going coaching, consultation, and support from Kitsap Strong staff.

We believe that SaintA's "7 Essential Ingredients" Framework is the next step to support our agency and other organizations in Kitsap to develop a shared language, understanding, and framework for implementing trauma-informed care in our community.

In support of Kitsap Strong's "Trauma-Informed Community" proposal:

1. If selected for the cohort, we will send a member of our staff team to participate in the SaintA train-the-trainer (TTT) event and become a **Certified SaintA Trainer**
2. Our **Certified SaintA Trainer** will be supported to complete the SaintA self-assessment form for our organization and work on the development of a detailed action plan
3. Our **Certified SaintA Trainer** will actively participate in the community of practice (facilitated and supported by Kitsap Strong staff) with fellow **Certified SaintA Trainers** from other agencies in Kitsap
4. Kitsap Strong **Certified SaintA MASTER Trainers** will provide on-going consultation and support us with implementing our action plan

We believe that receiving training in the SaintA Framework along with on-going coaching and support from Kitsap Strong staff will significantly improve the quality/availability of trauma-informed behavioral health and criminal justice services in our community. Please feel free to contact me with any questions or for further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa Henderson', is written over the word 'Sincerely,'.

Lisa Henderson, Manager of Street Hope for The Coffee Oasis

July 24th 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:

On behalf of YMCA of Pierce and Kitsap Counties, I am writing to provide a letter of support for Kitsap Strong's "Trauma-Informed Community" proposal. We recognize the need and value for all the organizations and agencies providing care to people experiencing behavioral health challenges and/or involved in our court system to have a shared language, understanding, and framework for trauma-informed care. Becoming trauma-informed is a journey, not a destination, and the old adage is true, "If you want to go fast, go alone. If you want to go far, go together." For this work to be successful and for our whole community to develop trauma-informed practices, we believe there is immense value in going together on this journey with other organizations, and receiving on-going coaching, consultation, and support from Kitsap Strong staff.

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We believe that receiving training in the SaintA Framework along with on-going coaching and support from Kitsap Strong staff will significantly improve the quality/availability of trauma-informed behavioral health and criminal justice services in our community. Please feel free to contact me with any questions or for further information.

Sincerely,

Elizabeth Leyen
Child Care Senior Program Director
YMCA of Pierce and Kitsap Counties

July 26, 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:

On behalf of One Heart Wild Therapeutic Sanctuary, I am writing to provide a letter of support for Kitsap Strong's "Trauma-Informed Community" proposal. We recognize the need and value for all the organizations and agencies providing care to people experiencing behavioral health challenges and/or involved in our court system to have a shared language, understanding, and framework for trauma-informed care. Becoming trauma-informed is a journey, not a destination, and the old adage is true, "If you want to go fast, go alone. If you want to go far, go together." For this work to be successful and for our whole community to develop trauma-informed practices, we believe there is immense value in going together on this journey with other organizations, and receiving on-going coaching, consultation, and support from Kitsap Strong staff.

As an active member organization of the Innovation (Trauma-Informed Care) Network of Kitsap Strong, we participated in the process and ultimate selection of SaintA's "7 Essential Ingredients" Framework as the best resource to help us along this journey. We believe this is the next step to support our agency and other organizations in Kitsap to develop a shared language, understanding, and framework for implementing trauma-informed care in our community.

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Sincerely,

Drea Bowen
Executive Director
One Heart Wild Therapeutic Sanctuary
www.OneHeartWild.org



Peninsula Community Health Services

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

July 26, 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:

On behalf of Peninsula Community Health Services, I am writing to provide a letter of support for Kitsap Strong's "Trauma-Informed Community" proposal. We recognize the need and value for all the organizations and agencies providing care to people experiencing behavioral health challenges and/or involved in our court system to have a shared language, understanding, and framework for trauma-informed care. Becoming trauma-informed is a journey, not a destination, and the old adage is true, "If you want to go fast, go alone. If you want to go far, go together." For this work to be successful and for our whole community to develop trauma-informed practices, we believe there is immense value in going together on this journey with other organizations, and receiving on-going coaching, consultation, and support from Kitsap Strong staff.

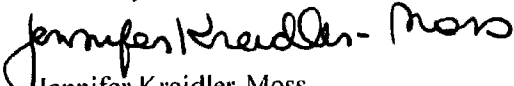
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Sincerely,


Jennifer Kreidler-Moss
CEO

2019 GRANT SUMMARY PAGE

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

Organization name: Peninsula Community Health Services

Proposal Title: Wellness On Wheels (W.O.W.)

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

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

Proposal Summary: Peninsula Community Health Services (PCHS) seeks to provide optimal access to our high quality, integrated behavioral health care services by mobilizing our care team into the community to serve the needs of people who, complicated by their mental health and/or substance abuse issues, struggle to access care in traditional ways. We will work with adults and youth to help them to reduce the incidence and severity of chemical dependency and/or mental health disorders by bringing providers and services to where they are, whether that is visiting a faith-based organization, shelter, or other community organization. We will provide medication assisted therapies, low to moderate level mental health counseling services along with care coordination and supportive substance use disorder treatment and recovery counseling along with health education and warm connections to identified partner services like housing, employment, food, and shelters as needs are identified.

Requested Funds Amount: \$ 199,628.96

Matching/In-kind Funds Amount: \$ 42,300.00

Street Address: 400 Warren Ave. Suite 200

City: Bremerton State: WA Zip: 98337

Primary Contact: Jennifer Kreidler-Moss Phone: 360-475-6707 E-Mail: jkreibler@pchsweb.org

Non-Profit Status: 501C3 of the Internal Revenue Code? 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.

Jennifer Kreidler-Moss
Signature

CEO
Title

7-27-18
Date

ATTACHMENT B

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

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

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

1. Project Description (40 Points)

A. Project Design

PCHS provides high quality, integrated, affordable care to everyone who walks through our doors. Mobilizing our integrated behavioral health care services into the community and partnering with faith-based organizations, shelters, schools, senior centers and others brings the same high quality care to people who might be isolated or vulnerable and cannot as easily walk through our doors for a variety of reasons. This project allows PCHS to reach and help people not otherwise engaged in care, who may utilize emergency medical services, emergency rooms and urgent care centers only after they reach a state of crisis. Often patients cannot attend traditional appointments due to struggles with transportation, childcare, erratic work schedules, or because no one could stand in to care for their elderly parent, family member or neighbor while they seek care for themselves. In all of these scenarios, the PCHS mobile behavioral health care team will be able to bring the care directly to the patient.

Our mobile behavioral health unit will provide a secure, private space designed to be as therapeutically pleasing as any standard brick and mortar site for behavioral healthcare. It will have the supplies and connectivity necessary to provide the exact same mental health counselling services, substance use treatment services, care coordination, health education and information as we provide in our facilities.

Services will be provided at a variety of locations including, but not limited to: local congregations, homeless shelters, schools, senior centers, needle exchange sites, and Tiny House Villages as they become a local reality. We plan to initially provide services during our normal business operations in order to be able to support the mobile care team with clinical and administrative back-up as needs arise. Services will be provided throughout the community with the opportunity to grow significantly as targeted needs are identified and the project proves to be financially sustainable.

We are already pursuing our clinical mobile care unit and have hired the mobile care team to address physical healthcare. Members of that care team, along with key members of the PCHS Senior Leadership, are attending the National Mobile Healthcare forum this fall that includes a special training for starting up mobile healthcare. With this grant, we plan to compliment that clinical care team mobile unit with a behavioral health care team mobile unit, and to coordinate care between these

by utilizing a community health worker. Upon grant notification, we will hire a 0.5FTE Licensed Mental Health Counselor (LMHC), a 0.5FTE Chemical Dependency Professional (CDP) and 1.0 FTE of a Community Health Worker. Ideally, we desire to recruit and hire a dually certified LMHC/CDP, but we know that is harder to find. We expect to have staff hired within 3 months. Concurrently, we plan to secure the purchase of a mobile clinic in the first quarter of 2019. Our Clinical Operations Director will ensure the procurement and operational readiness of the mobile unit.

For the safety of our employees, two people will always be present when traveling and providing services in the community. Our LMHC, CDP, and CHW will comprise the behavioral health (BH) care team who will refer patients for physical care to the Advanced Practice provider and Medical Assistant (MA) who will represent the physical health care team. Four days a week the BH care team will locate, contact, and engage with patients providing counseling services, substance abuse treatment counseling along with care coordination. This team will identify any patients who have primary and preventative care needs and refer them to the physical care team to address those needs. Other PCHS staff members from the larger patient centered medical home care team may be leveraged at times for their expertise, such as our dietitian, clinical pharmacists and certified Navigators, who may help with Medicaid or Medicare eligibility. Traditionally, CHWs are lay-level, current or former consumers of the target population, who have a unique perspective and understanding that allows them to be more successful at patient engagement. The CHW serves as the coordinator and patient engagement specialist, therefore the hiring of this special team member to steer the success of this project is vital.

Within the second quarter, we intend to start providing mobile services. We fully anticipate and expect we will learn a tremendous amount in the first several months of actual service provision. While we learn and grow, we will also use this time to ensure our various community partners know about this project, and begin working on how best to collaborate with our partners to refer patients to us. By the third quarter of this project timeline, we should be in a growth phase of service provision, honing in on how to most efficiently and effectively provide both the best services to the most people possible while significantly reducing inappropriate utilization of high-cost community resources. Our goal will be to achieve full potential operational capacity by the start of the fourth quarter and sustain that to the end of the project period.

PCHS has already updated its scope of services with HRSA, as well as worked with our Finance Department to determine the coding and billing of services to make this endeavor financially sustainable beyond the first year of this project. We realize productivity in a mobile unit will be significantly lower than the patient volume we see at our existing facilities. However, the return on investment to the community by reducing the utilization of inappropriate high-cost services will ensure the endeavor is worthwhile. Long-term, we plan to sustain enough productivity from this mobile unit to break even with the cost of staffing the unit. By 2020, healthcare payment reform will be a reality, meaning that PCHS, as well as managed care organizations, will be held financially responsible for healthcare outcomes. Over time, fee for service care

delivery will diminish, allowing for alternate care models, like this one, to flourish because of the improved health outcomes of the people served.

The mobile clinic includes 2.0 FTE of new staff positions detailed below:

Community Health Worker (CHW) (1.0 FTE) coordinates care across the care team while also engaging with the target population and the community at large. The CHW will serve as the program bridge between the care team and patient, assisting with the tracking and care management of the participants. This position will also monitor and report program successes, capture project challenges to be resolved, and communicate with the care team and other PCHS employees. The CHW will serve as the primary contact and community liaison for the program. They will be the first point of contact for community partners to refer a patient or get in touch with the mobile unit program. The CHW will also become a certified Navigator in order to help enroll and/or re-enroll uninsured patients while working in and around the community.

Licensed Mental Health Counselor (LMHC) (0.5 FTE) - In addition to general mental health counseling of the patients, this position will initially review and assess patient information and/or referrals to the mobile unit for appropriateness. In partnership with the patient, the counselor will refer the patient to appropriate access points to address gaps in primary care management. The LMHC will work in tandem with the CDP and CHW as well as collaborate with the clinical care team and any appropriate community partners to address social determinant of health needs.

Chemical Dependency Professional (CDP) (0.5 FTE) – Complementary with the mental health counselor will be a CDP who will address substance abuse issues with patients in order to set them up with appropriate levels of treatment including outpatient, intensive outpatient, detoxification, or inpatient according to patient need. When lower level outpatient treatment is identified as appropriate, patients may get medication assisted treatment from the mobile clinical care team along with ongoing recovery counseling with the mobile CDP. In partnership with the patient, the CDP will refer the patient to appropriate access points to address gaps in primary care management. Similarly to the mental health counselor, the CDP can coordinate with other community resources to address social determinant of health needs.

B. Evidence-based, Promising, Best or Innovative Practices

Practice's Target Population Demographics:

Age: Currently 72% of our patient base is over 18 years old. Only 7.5% of that population is 65 years and older. At this time, we anticipate the majority of the program need being in the age range from 18 to 64 years of age; matching the vast majority of our patient population. However, we intend to serve whoever presents in need, which includes youth.

Sex: Our gender mix is 46% male and 54% female.

Race/Ethnicity: Approximately 25% of our patient population identifies as a race other than Caucasian and 11% identify as being of Hispanic/Latino ethnicity.

Disorder Type: In 2017, we served 29,030 patients with a grand total of 106,231 office visits. Of our 71,242 medical office visits, 10% addressed a mental health and/or substance abuse diagnosis, correlating with 44.4% of the patient population being seen for a mental health and/or substance abuse related issue.

Practice's Demonstrated, Measurable Outcomes:

By the end of 2019, PCHS plans to:

- Hire and onboard 0.5 FTE of a Licensed Mental Health Counselor, a 0.5 FTE of a Chemical Dependency Professional (or 1.0 FTE dually certified), and a 1.0 FTE of a Community Health Worker (CHW)
- Purchase and prepare a mobile clinic unit
- Provide 500 behavioral health visits out in the community
- Provide at least 3 mental health counseling visits to 40% of program participants
- CDP to complete at least 50 visits for substance use disorders
- Provide access to medication assisted treatment program to 40% of clinically appropriate patients within 72 hours of when patients decide they are ready to address their Opioid Use Disorder.
- Decrease program patient high-cost service utilization by 25%
- Connect with 25% of our currently "unreachable" patients after utilization of emergency services
- Refer at least 60% of program participants to primary care to ensure completion of a primary care preventative wellness visit and/or address their chronic health condition(s) if any.

Research Support for the Practice:

Mobile healthcare solutions are not new. Many other Federally Qualified Healthcare Centers (FQHCs) provide a wide variety of community-based mobile healthcare units with similar services. Each community's program is tailored to meet their patients' and regional needs. PCHS is seeking the opportunity to move into community healthcare work and to tailor it to meet Kitsap County needs in collaboration with our strong community partners. In addition to the listed resources, in our actual practices with respect to patient care, we work very hard to provide the best evidenced-based patient care. This rings true in many of our practices such as counseling, prescribing protocols, opioid use disorder treatment, diagnostic imaging, and standardized screenings. We already track, report, and improve 22 different clinical quality metrics as part of our usual course of business.

Mobile Integrated Healthcare Practice (MIHP) Home Page:

<http://www.mobileintegratedhealthcare.com/>

The Viability of Shelter-Based Opioid Treatment for Homeless Parents:

<https://howhousingmatters.org/articles/viability-shelter-based-opioid-treatment-homeless-parents/>

Mobile Integrated Pilot Program of San Antonio:
<https://www.sanantonio.gov/SAFD/About/Divisions/Emergency-Medical-Services/MobileHealthcare>

Patient-centered community health worker intervention to improve post hospital outcomes: a randomized clinical trial: <https://sirenetwork.ucsf.edu/tools-resources/resources/patient-centered-community-health-worker-intervention-improve-posthospital>

Mobile Integrated Healthcare Practice (MIHP) Resource Center:
<http://mihpresources.com/#home>

Reducing Preventable Emergency Department Utilization and Costs by Using Community Health Workers as Patient Navigators:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4142498/>

Effectiveness of Case Management Strategies in Reducing Emergency Department Visits in Frequent User Patient Populations: A Systematic Review:
<http://www.sciencedirect.com/science/article/pii/S0736467912011201>

C. Outreach

Using EDIE/PreManage data as a baseline to identify high ED utilizers, we will begin to conduct outreach to patients in a different manner. This will be spearheaded by our CHW and LMHC. Their first challenge will be to locate patients and engage them to connect with the care team in a non-traditional setting like a shelter, housing office, faith-based center, or community based organization. We maintain strong community linkages and plan to work with our partners to ensure active referrals. This includes: Kitsap Mental Health Services (KMHS), Kitsap Public Health District (KPHD), Kitsap Strong, CHI Franciscan Harrison, Bremerton Housing Authority (BHA), Salvation Army, Kitsap Rescue Mission, Kitsap Community Resources (KCR), Calvary Chapel of Silverdale, Bremerton Fire Department, Bremerton Chief of Police, and therapeutic courts. We are forming new partnerships with faith-based organizations in the community like Calvary Chapel Silverdale and Emanuel Apostolic Church. We also have robust collaborative relationships with our managed care organizations that can provide us with registries of our patients who fit our target criteria, as there is an inherent alignment with the reduction of high cost utilization with providing timely whole-person care. The target population is typically difficult to reach and engage, which is why it requires more intensive outreach than we have attempted to use for patient engagement to date.

D. Evaluation

PCHS changed its electronic health record (EHR) in 2016 and among the benefits of this transition is the ability to capture and report data, as well as access patient records from any internet connection since it is cloud-based software. Coupled with these powerful resources, we have a bi-directional interface from our EHR with EDIE/PreManage that reveals our patient population's emergency room and hospital

activities. We routinely collect, analyze, and report on data to meet our existing program and grant requirements. Careful planning will go into establishing a solid infrastructure to measure and track the goals listed below under the "Practice's Demonstrated, Measurable Outcomes" with further details provided in attachment D.

2. Community Needs and Benefit (25 Points)

A. Policy Goal

This project achieves the following policy goals as identified in the grant request for proposal with details of our program goals under each policy goal:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
 - ✓ Decrease program patient high-cost service utilization by 25%
 - ✓ Connect with 25% of our currently "unreachable" patients after utilization of emergency services
- Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.
 - ✓ Provide access to our medication assisted treatment team to 40% of clinically appropriate patients within 72 hours of when patients decide they are ready to address their Opioid Use Disorder.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
 - ✓ Provide 500 behavioral health visits out in the community to all ages
 - ✓ Provide at least 3 counselling visits to 40% of program participants
 - ✓ CDP to complete at least 50 visits for substance use disorder
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
 - ✓ Provide 500 behavioral health visits out in the community to all ages
 - ✓ Provide at least 3 counselling visits to 40% of program participants
 - ✓ CDP to complete at least 50 visits for substance use disorder
- Improve the health status and wellbeing of Kitsap County residents.
 - ✓ Refer at least 60% of program participants to primary care to ensure completion of a primary care preventative wellness visit and/or address their chronic health condition(s) if any.

This project seeks to address the following identified gaps listed in the grant request for proposal anticipated scope of work:

Prevention, Early Intervention and Training:

- Support a shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health through joint projects, blended funding, information sharing, and cross-training.
- Train all systems on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate the community on Healthy Option Services and Medicaid Expansion.

- Educate local behavioral health treatment providers on Veterans' issues and available resources.
- Provide behavioral health education and training to providers working with the aging population.
- Provide consistent behavioral health consultation to providers working with the aging population.
- Expand evidence-based mental health and substance abuse early prevention and intervention parent programs.
- Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.

Outpatient Treatment Psychiatry, Medical & Medication Management, Counseling:

- Increase substance abuse treatment funding for youth and adults who are not eligible for Medicaid, including individuals on Medicare, Veterans and those who do not have private insurance.
- Increase access and options for medication-assisted treatment.
- Evaluate geriatric population needs.
- Develop shelter-based behavioral health prevention, outreach, assessment, intervention, referral and treatment.
- Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing with/without supportive services, and mental health & substance abuse treatment.

Recovery Support Services:

- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, and North and South Kitsap.
- Identify transportation barriers to getting to treatment and increase transportation options.
- Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.
- Assess and identify the mental health service needs of an aging population.

B. Needs Assessment and Target Population

According to our 2017 Uniform Data System (UDS) submission to HRSA, 80% of PCHS patients are at or below 200% of FPL. Kitsap County has the second highest Emergency Room utilization in WA State. In just the first six months of this calendar year there have been 1,367 EMS responses in Station #1 with 156 (11.41%) of these responses taking place at three addresses along 6th St. in downtown Bremerton. According to the Bremerton Fire department very few of these calls have been life-threatening illnesses transported from these addresses. The facilities use EMS primarily to fulfill risk aversion and transportation needs.

In a deeper dive of data, we looked at one month of our EDIE/PreManage data, which includes the PCHS patient population utilization of emergency department (ED) and hospital admissions, we had 1,488 unique unduplicated patients access care in a hospital setting. We learned from this snapshot of data, that 51% of our existing patients have 3 or more ED visits within the past 6 months, and 5.2% of our patients have 3 or more hospital admissions within the past 6 months. Within the high ED utilization grouping of patients (with ≥ 3 ED visits over the past 6 months), 17.3% had at least one mental health and/or substance abuse diagnosis totaling 88 unique individuals. Out of the high hospital admission utilization group of patients (with ≥ 3 admissions over the past 6 months), 23.8% of those admitted had at least one mental health and/or substance abuse diagnoses. If you conservatively apply this information from one month across the annual PCHS population, a low estimate is that there are 2,000 PCHS patients with mental health and/or substance abuse diagnoses using emergency services 3 or more times within six months. Within that there are approximately 1,500 patients who are not keeping any follow up appointments after being in the Emergency Department or after their hospital admission. PCHS serves about 42% of Kitsap County's Medicaid population. Using the above estimates applied to the Kitsap County Medicaid population at large, we estimate there are about 3,000 patients using these high cost resources frequently who have mental health and/or substance abuse issues in Kitsap County.

We receive notifications from the hospital daily regarding our patients who visited the ED or were admitted and we maintain 7 FTE with a key duty in their job description to contact patients to return for follow up care. We compared this EDIE/PreManage data to our kept appointments for the same timeframe to learn that out of the higher utilizing ED group, a staggering 78% did not keep a follow up appointment at PCHS. Likewise, of the hospitalized higher utilizing group of patients, 77% did not keep any follow-up appointment at PCHS. The volume of patients using emergency services exceeds the capacity of this team, forcing us to prioritize our hospital and ER follow-up outreach to a short list of the highest risk conditions.

Often this team conducting hospital follow-up outreach sees the same patients repeatedly using the ED, and they work on welcoming them to services at PCHS, but for a certain group of people, this effort is not getting them to address their care needs. Many of the most resistant patients suffer from either mental health problems and/or substance abuse problems. In order to turn the tide on this situation, a multifaceted approach needs to be implemented. To date, PCHS has provided its plethora of services only within the confines of our facilities. If these patients who need care will not come to us, then we need to go to them. This target population faces numerous barriers and challenges such as transportation barriers; language barriers; social barriers like isolation, fear, anxiety, and/or stigma; or not having anywhere to secure their possessions. They also face very common, yet equally powerful barriers to care in a traditional setting, like having young children at home without another adult to watch them or having an elderly parent, friend or neighbor to keep an eye on during routine business hours.

For this project, we plan to focus on providing behavioral healthcare to those who suffer from mental health and/or substance abuse diagnoses for our patients who are assigned to us through their payer, with high ED and hospital utilization rates, but do not come in to be seen in our clinics. We recognize that these patients will be challenging and require different techniques for outreach than what PCHS has previously attempted. Some patients we might reach once, while others might need more frequent interactions. As this is completely new work for us, we do not know what our experience will be at the individual patient level. Our best estimate is that we will target completion of at least 500 mobile visits during the project period. We do not know yet how many individuals this mobile care will reach, but we will track individual patient count and total patient visits carefully. The future sustainability of this project hinges on being able to take care of enough patients to make the entire endeavor financially sustainable long term. It will take a little time to build capacity and infrastructure in an efficient care delivery process, but the care team will be highly motivated to reach as many patients as possible.

Mobile integrated healthcare and the use of CHWs is not a new concept and is backed by evidenced-based data. This method of care delivery is newer to PCHS, and to our knowledge there are no other mobile programs regionally or locally providing integrated behavioral healthcare. Another model of care, from which this idea was a direct outgrowth, is the concept seen in community paramedicine. While we do not plan to provide emergency services, our care team composition mirrors that of the community paramedicine model. While we will not be available via 911, we could be available to visit a patient in need on the same day.

Patients with mental health and/or substance abuse diagnoses often have poor physical health and much higher mortality rates. Bringing services to them has the potential to prevent future crisis episodes, remove access barriers, improve overall health and wellbeing, and reduce the utilization of community resources. The services we plan to bring to people are all evidenced-based behavioral health care practices that we already provide in our facilities. Our behavioral health team utilizes evidenced-based motivational interviewing (MI) with cognitive behavior therapy (CBT) and dialectical behavioral therapy (DBT).

C. Community Collaboration, Integration and Collective Impact

The Medicaid Waiver Demonstration project collaboration has highlighted the community's collective desire for there to be some type of mobile integrated healthcare solution. Thirty agencies from across the tri-county region signed on to support a community paramedicine application nearly two years ago. However, the project budget would be huge and funding is limited. What we are proposing is not a 24/7 type of solution, but a small start very closely aligned with our usual work in getting Kitsap County headed in this direction. One primary barrier to actually reducing utilization is the existing fee for service models of care that reward the traditional in-office utilization of services. PCHS is uniquely poised to tackle this issue, because we are already well down the path of value based payment in our current fee structure which requires us to improve health outcomes in order to get the maximum reimbursement for services as an FQHC. We have already been in contact with

several of our existing community partners regarding this project proposal including: Kitsap Mental Health Services (KMHS), Kitsap Public Health District (KPHD), Kitsap Strong, CHI Franciscan Harrison, Bremerton Housing Authority (BHA), Salvation Army, Kitsap Rescue Mission, Benedict House, Kitsap Community Resources (KCR), Bremerton Fire Department, Bremerton Chief of Police, therapeutic courts, and Calvary Chapel Silverdale. The collective impact this program will have in our community will be exciting to be part of as we hope to improve behavioral health care access, reduce high cost service utilization, reduce avoidable hospitalizations, reduce overdoses, and improve access to all levels of care. The social impacts of decreasing recycling in the justice system and reducing adverse childhood incidences for families and children will impact this generation and the next.

New and existing endeavors on our horizon will also further expand our model and collective impact in the healthcare community. PCHS is co-located and integrated with KMHS on their Almira campus providing both medical and dental services to our shared patients. This collaboration started over two years ago and it is one that still both parties are extremely enthusiastic to provide. Once PCHS gets this mobile care started, we anticipate referrals from the community to include shared KMHS-PCHS patients, who despite being able to now access primary care services on either of our campuses might still not be making it through any of our established doors. Additionally, PCHS has joined CHI Franciscan Harrison Medical Center and Benedict House in providing three adult male medical respite beds. This partnership strengthens the care access in this community and we would welcome their referrals as well as explore the possibility of providing mobile care at Benedict House. Partners like KCR, BHA, Kitsap Connect, and KPHD are invaluable as we will strongly rely on one another to meet the complete needs of our mutual target populations. There is no denying homelessness and housing instability affect a person's mental health, physical health, and ability to remain substance free. As our community partnering agencies identify people in need of our mobile services, we likewise will identify people in need of their resources. Fortunately, we enjoy relationships with these organizations already and this project simply enhances what we already have developed. Last, but not least, we look to our relationship with Kitsap Strong to help us build a program sensitive to the target population's needs with a Neuroscience, Epigenetics, ACEs and Resilience (NEAR), trauma informed care lens. We plan to work with them on specialized training in this arena.

3. Organizational Capacity (25 Points)

A. Organizational Governance

PCHS was founded in 1987 by a county-wide health care access taskforce. Today, it is a comprehensive community health center system with the mission "to provide accessible, affordable, quality health and wellness services for our communities." Our mission is sustaining and shapes our growth and development. We have grown to provide ambulatory integrated behavioral health with primary care services at 7 sites with 5 of those sites having pharmacies, dental services at 4 sites and a separate administrative site. Later in 2018, we will be expanding and opening our first school-

based health center at the North Mason School District and opening our 5th dental site in Poulso in the new Fishline building. As an FQHC, PCHS is governed by a community based board of directors. The board must number between 9-21 members and be comprised of at least 51% patient users of services, with other seats filled by local community members. It is this local board that sets the mission/vision and establishes priorities through a strategic planning process.

PCHS is directed by a strong Senior Leadership team, including a balance of long term veterans and newly appointed employees—CEO, CFO, CIO, Medical Director, Administrative Services Director, Pharmacy Director, Clinical Operations Director, and Quality Director. Medical care is delivered using a comprehensive integrated care team with clinical support, behavioral health support, referral support services, health education 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.

B. Organizational Finances

As required, our Board of Directors contracts with CliftonLarsonAllen for our A-133 external audit, Non-Discrimination/Affirmative Action Audit, and a Cybersecurity Assessment. Our 2017 annual financial audit had no findings for financial management, internal controls or grants management, nor were there any disallowed costs, questioned costs or federal findings. PCHS complied, in all material respects, with applicable compliance requirements that have a direct and material effect on the clinic’s federal programs for the year.

C. Staffing Qualifications

At PCHS, all staff has firsthand experience working with the underserved, who are 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	Years	Role for Grant
Dr. Bonnevie Rogers	Medical Director	19	Clinical Project Director
Jennifer Kreidler-Moss	CEO	15	Principal Contractor
Joel Emery	CFO	2	Chief Financial Officer
Lynette Bird	Clinical Operations Director	3	Program Coordinator

Dr. Bonnevie Rogers will serve as the Project Director alongside Lynette Bird, the Clinical Operations Director. Dr. Bonnevie Rogers currently leads the charge for our existing successful behavioral health programs. With this grant, we plan to add 0.5FTE LMHC, 0.5FTE CDP, and 1.0FTE CHW. Dr. Bonnevie Rogers will be responsible for the hiring, training and supervision of the LMHC and CDP. Lynette Bird will be responsible for the CHW and will operationalize the mobile unit.

Providing community-based mobile integrated mental health and substance abuse programs will serve to fill a gap in care access within Kitsap County, where we currently have a significant lack of access to these therapies that help initiate and sustain recovery long term. The LMHC will provide therapeutic mental health care and counseling visits in partnership with the CHW who will be available during visits to engage with others who are present at that location. The CDP will be coordinating care as well as providing therapeutic recovery services to patients who are engaged with PCHS's medication assisted treatment program. Referrals to the CDP initially are likely to come from PCHS primary care providers, the LMHC in the mobile program, and from self-referral. However, as the program grows and becomes more well-known we hope to see increasing referrals from our community partners.

While care with the LMHC or CDP are in session, the CHW will have the ability to help enroll others present into Medicaid and/or navigate them into an eligible health plan. When patients do not qualify for Medicaid, our CHW will help the patients establish a sliding fee scale for services. The CHW will work with the patients to provide care coordination with social service agencies and other community partners to ensure an entire network of support. Through active engagement and frequent "touches", this care team will be striving for vulnerable and isolated patients to get optimal integrated behavioral healthcare. The team will also work with patients' mental health and social issues to problem solve and improve their stability in the community. This community-based care will target patients who, despite the number of invitations for care at PCHS, rarely or never come in to be seen and instead utilize 911 or the emergency department for care delivery. The team will collaborate at the individual patient level to set a care plan around who needs to meet with the patient, how often and what strategies should be employed for the goal of moving the patient back into mainstream care as appropriate.

D. Organizational Licenses and Certifications

PCHS is a Patient Centered Medical Home (PCMH) accredited with the Accreditation Association for Ambulatory Health Care (AAAHC). On June 25, 2018, PCHS applied for licensure with the Department of Behavioral Health and Recovery (DBHR) for its behavioral health program. The Medical Director and Quality Director have been in contact with DBHR to set up our site visit and the Senior Leadership is fully engaged in meeting the licensure requirements with the expectation we will successfully obtain our licensure on or before the January 1, 2019 contract start date. We currently employ 6 LMHCs, 3 Psychiatric ARNPs, and 2 Psychiatrists that run our existing behavioral health program. As an office-based opioid treatment program (OBOT) we have over 20 providers with their DATA waiver to prescribe buprenorphine and 3 CDPs who support that program with care coordination.

E. History of Project Management

We have been funded as a FQHC since 1993 with comprehensive program, financial, and clinical program requirements, which we have met without exception. We have ongoing initiatives to enhance patient experience, expand needed programs, engage patients in living healthy lives, and partner with patients in their primary care/chronic

disease management needs (anticoagulation support, diabetes education, hypertension management, and nutritional services). In 2017, we opened a new clinic in Belfair, a small medical clinic in Kingston, and expanded services on the Kitsap Mental Health Services–Almira campus to include dental services with a particular focus for those suffering from serious mental illnesses. Coming up in 2018, we are starting our first-ever school-based health center with North Mason School District, as well as opening a fifth dental service location in Poulsbo. Late 2018 to early 2019, we will be starting up our mobile physical health care team.

We maintain an integrated behavioral health program tied to our primary care practice, which is an evidenced-based best practice being modeled and spread throughout the country as more patients are now being treated for lower level mental health and substance abuse at the primary care level than within specialty agencies. PCHS participates with the University of Washington AIMS Center, a known field expert, in the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) model for behavioral health intervention. The screening component for both IMPACT and Screening, Brief Intervention, Referral to Treatment (SBIRT) are similar and both are part of our everyday practice. Our Adult Chemical Dependency Program Coordinator was previously funded by the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Program grant cycle in 2014. We set out to integrate the SBIRT model into our routine primary care practice, and build an infrastructure to provide a warm hand off to a substance abuse treatment coordinator, as we identified adults needing substance abuse treatment. We successfully screened over 11,000 adults in one year and referred 228 patients to our Chemical Dependency Program Coordinator who successfully coordinated treatment for 138 of our adult patients. From this initial start, we blossomed significantly since 2014. We continue to screen all adult patients for substance abuse using SBIRT and maintain a very high rate of screening, currently at 65%. Since then, we have hired our own CDPs to coordinate care, have over 20 providers licensed to prescribe Suboxone (buprenorphine and naloxone) along with other forms of medication assisted therapy (MAT), such as Antabuse (disulfiram), naltrexone orally, and Vivitrol injection. As a team, our providers have grown significantly with their comfort and gestalt when it comes to providing MAT. This evolution into actually providing integrated substance abuse treatment in primary care was made possible via a competitive three year funding grant from HRSA, but we credit our original 1/10th grant as the catalyst that launched all of our success.

We finished two temporary grants over a year ago that offset the direct costs of our integrated Behavioral Health program and have been in complete compliance (Programmatic and Financial) with both Foundations throughout the project period. Even though our grant funding for integrated mental health counseling ended, we are able with insurance reimbursement to retain this program and services as part of what we consider routine care delivery. Further, as payment reform continues to recognize the need for fully integrated managed care payment models and value based care payment systems, the needs for an integration of mental health, substance abuse and physical health will become the safest and most convenient care delivery model.

4. Project Financial Feasibility (10 Points)

A. Budget Narrative

PCHS undertakes an extensive budgeting process which is viewed as the financial plan of the organization and serves as a forecast of income and expenses. It is also a tool for decision making and a means to monitor organizational performance. In order to preserve our financial viability, we maintain programs most needed by our communities in an efficient, cost effective manner. 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 expenses. Following Finance Committee and Board approval, the CFO is responsible for implementing financial monitoring, including preparing and analyzing budgeted versus actual income, preparing expense reports for management and board use, and overseeing any corrective action needed.

The costs for which we are requesting financial support will fund direct staffing costs to operate this program, related indirect costs and the capital costs to purchase a mobile behavioral health clinic. Costs for the project consist of wages, payroll taxes, and employee benefits for only the staff responsible for implementation and oversight (See Attachment F). PCHS does an annual salary survey to assure proper wages are offered for all positions and the salaries included in this project are standard PCHS salaries for the positions identified. All PCHS employees that work a minimum of 20 hours per week are entitled to participate in the company benefit package. The employee may choose from options including health insurance, dental insurance, dependent care reimbursement, non-reimbursed medical expenses, supplemental life insurance, disability insurance, defined contribution retirement plan, and other available benefits. Group Life Insurance is available to all eligible employees. To avoid any supplanting issues, all staff related to the project will perform time-and-effort tracking for their time/costs (no matter what the revenue source of their wages). PCHS uses indirect costs for common or joint objectives which cannot be readily identified with an individual project or program but are necessary to the operations of the organization. Peninsula Community Health Services has never received a negotiated indirect rate and, although its indirect rate is far greater, is electing to charge the de minimis rate of 10% of modified total direct costs (MTDC) as outlined in the uniform guidance. Using projected program income, PCHS will provide matching contribution (\$37,500) or 23.42% of the program's \$160,141.88 salary expense. Additionally, PCHS will provide a 5.87% match (\$4,800) of the remaining program costs (\$81,777).

B. Additional Resources and Sustainability

The mobile integrated healthcare program, in time, is expected to become financially sustainable once the capital outlay and initial salary expenses are covered. Common Procedure and Terminology (CPT) and Healthcare Common Procedure Codes (HCPCS) are in place that will allow PCHS to bill for providing mobile healthcare to new and established patients. However, it will take time and a learning curve for this program to ramp up to full potential and to become sustainable financially. The staff

eligible for reimbursable services will not function at full productivity until the program is more established with a cohort of patients to treat. Even once we obtain full productivity in the mobile program, the number of people who can be seen will remain lower than typical productivity inside our facilities. We are hopeful to not need supportive funding in our second year, but can foresee that possibility, we when compare this endeavor to our traditional locations given the additional overhead costs for gas and insurance. By the end of its second year, we fully anticipate program costs will break even with the amount we are able to receive for reimbursement. Our finance team will work closely with the mobile care team regarding optimal coding and billing to maximize this program's potential for reimbursable sustainability, while our Clinical Operations Director will be mindful of scheduling to minimize non-production time lost to travel and traffic. Coincidentally, we are transitioning along with much of the healthcare system to a payment model of value based care. By 2020 in our state, a new system of fully integrated payment for Medicaid is statutorily required to be in place under managed care organizations where clinical outcomes and performance will be reimbursed more and fee for service is less valued, so this change alone might prove to be the leveling factor to this new method of care delivery and help support the sustainability of this program. As the majority of our patients at PCHS are both Medicaid eligible and carry diagnoses related to either mental health, substance abuse or both, the timeliness of this care delivery transformation for some of the highest utilizers of services might prove to be the harbinger of what the optimal delivery model might need to be to finally meet the Triple Aim, that we have heard so much about for the last several years, in this hard to treat population. Mobile integrated behavioral health care may be the key to lowering the rising costs of health care, delivering quality care in a non-traditional setting and meeting patients where they are to provide service they value.

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 a 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: Wellness On Wheels (W.O.W.)

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Recruit, hire, and orient 0.5 FTE of a Licensed Mental Health Counselor and 0.5 FTE of a Chemical Dependency Professional (or 1.0 FTE dually certified) with a 1.0 FTE of a Community Health Worker (CHW).</p>	<ul style="list-style-type: none"> The Medical Director and Clinical Operations Director, in conjunction with the Administrative Services Director will advertise, recruit, interview, and hire the positions they supervise. Provide PCHS's standard orientation training for each role with additional specialized training in: <ul style="list-style-type: none"> Trauma Informed Care (TIC) for all care team members. Motivational interviewing for all care team members. Community Health Worker training for the CHW role. 	<p>Establish the mobile behavioral health care team by the end of the first quarter of 2019.</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>1/1/2019</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: Once</p>	<p>New service; no baseline.</p>	<p>Human Resources</p>
<p>Purchase and prepare a mobile clinic unit.</p>	<ul style="list-style-type: none"> The Facilities Manager and Clinical Operations Director will search for and purchase a 	<p>Secure and prepare the mobile unit for patient use by the end of the first quarter in 2019.</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 checked="" type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/2019</u></p>	<p>N/A</p>	<p>N/A</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	suitable mobile clinic unit. <ul style="list-style-type: none"> Upon receipt, the Facilities Manager, Clinical Operations Director, and Chief Information Officer will collaborate on mobile technology infrastructure, stocking, and equipment necessary to make the mobile unit ready for patient care. 		<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	Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Once		
Provide behavioral health visits out in the community.	<ul style="list-style-type: none"> Using clinical informatics, along with PCHS provider referrals, begin identifying patients who may benefit from mobile behavioral health services. Later expand referrals into the program to include community referrals. Conduct outreach to potential patients and partner agencies. Market services to the community, key 	Successfully provide 500 mobile behavioral health care visits in the community by the end of the grant cycle.	<input checked="" 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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" 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: 4/1/2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Ongoing	N/A	PCHS EHR

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Reduce the severity of mental health disorders in adults and youth by providing mental health counseling services to ensure behavioral health needs are being met.</p>	<p>agencies, and patients.</p> <ul style="list-style-type: none"> Identify program participants without established active counseling services and offer to provide services. Build relationships that foster a counseling relationship. Support patient's efforts to access and/or maintain counseling services wherever they are comfortable receiving care. 	<p>Provide at least 3 mental health counseling visits to 40% of program participants by the end of the grant cycle.</p>	<p><input checked="" type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>4/1/2019</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Ongoing</p>	<p>New, no baseline.</p>	<p>PCHS EHR</p>
<p>Reduce the number of chemically dependent youth and adults from initial or further criminal justice system involvement.</p>	<ul style="list-style-type: none"> Utilize internal referrals and referrals from our regional community partners to identify potential patients at risk of criminal justice system involvement. Market services to the community, key 	<p>Ensure at least 50 visits for substance use disorder are completed by mobile Chemical Dependency Professional by the end of the grant cycle.</p>	<p><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 checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>4/1/2019</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual</p>	<p>New, no baseline.</p>	<p>PCHS EHR</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Reduce the incidence and severity of chemical dependency disorders in adults and youth.	agencies, and patients. • Recruit, hire, and orient 0.5 FTE of a Chemical Dependency Professional to provide care coordination and substance use counseling. • LMHC to screen patients using SBIRT. • For those who desire to engage in treatment, assess for readiness and outpatient appropriateness. • Arrange appropriate medication assisted treatment team warm connection within 72 hours of identified readiness. • Provide ongoing counseling via the mobile LMHC or CDP, or by connecting patients to the appropriate	Provide access to medication assisted treatment program to 40% of clinically appropriate patients within 72 hours of when patients decide they are ready to address their Opioid Use Disorder.	If applicable: <input type="checkbox"/> Fidelity measure <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Ongoing <input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: 4/1/2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: Ongoing	New, no baseline.	PCHS EHR

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Decrease program patient high-cost service utilization by 25%.	<ul style="list-style-type: none"> Meet and collaborate with local and regional agencies who provide a variety of community services in order to identify potential patients as well as determine how to work together to improve outcomes and reduce over-utilization. Determine potential mobile care access points within the community based on community partnering and needs identification. 	Capture baseline utilization information and through collective impact work to reduce utilization by 25% by the end of the grant cycle.	<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 checked="" 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>3/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	51% of patients seen in the ED had 3 or more ED visits in the previous six months. Within this grouping, 17.3% of patients had at least one mental health and/or substance abuse diagnosis.	EDIE & PCHS 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
<p>Connect with our currently "unreachable" patients after utilization of emergent services.</p>	<ul style="list-style-type: none"> Establish a roster of the currently "unreachable" high ER utilization patients with at least one mental health and/or substance abuse diagnosis. Investigate, learn, and train on more intensive outreach options. Try higher intensity outreach and evaluate which avenues are most successful. Implement outreach based on learned experiences. Keep track of successful ability to engage patients from baseline. 	<p>Connect with 25% of our currently "unreachable" patients after utilization of emergent services by the end of the grant period.</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</p> <p>if applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <hr/> <p>Start date: <u>4/1/2019</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: Ongoing</p>	<p>Baseline to be established</p>	<p>EDIE & PCHS Data</p>
<p>Improve the health status and wellbeing of Kitsap County residents.</p>	<ul style="list-style-type: none"> Mental Health Counselor will work to administer behavioral health related screenings like PHQ-9, SBIRT, and tobacco use. 	<ul style="list-style-type: none"> Refer at least 60% of program participants to primary care to ensure completion of a primary care preventative wellness visit and/or address their chronic health condition(s) if any. 	<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"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <hr/> <p>Start date: <u>4/1/2019</u></p>	<p>New, no baseline.</p>	<p>PCHS EHR</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
	<ul style="list-style-type: none"> ● Cross-train the LMHC and CDP on identification of care gaps and potential primary care needs. ● Work on optimal messaging to share primary care needs with patients while removing and decreasing barriers to care. ● Refer patients to the mobile primary care team or with a primary care provider at a PCHS clinic, as appropriate. ● Work with patients to reschedule no-shows or cancellations with primary care provider. 		<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>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: Ongoing</p>		

Total Agency or Departmental Budget Form

Agency Name: Peninsula Community Health Services

Project: Wellness On Wheels (W.O.W.)

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2017		2018		2019	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Patient Service Revenue	\$ 25,140,888.00	86%	\$ 25,342,502.00	86%	\$ 27,907,237.00	88%
Other Revenue	\$ 7,708.00	0%	\$ 37,800.00	0%	\$ 45,300.00	0%
Grant Revenue	\$ 4,166,203.00	14%	\$ 3,986,180.00	14%	\$ 3,897,350.64	12%
Total Agency Revenue (A)	\$ 29,314,799.00	100%	\$ 29,366,482.00	100%	\$ 31,849,887.64	100%
AGENCY EXPENSES						
Personnel						
Salary and Wages	\$ 14,670,483.00	50%	\$ 16,957,471.00	58%	\$ 18,169,425.00	57%
Benefits	\$ 2,215,583.00	8%	\$ 2,558,762.00	9%	\$ 2,780,269.00	9%
Subtotal	\$ 16,886,066.00	58%	\$ 19,516,233.00	67%	\$ 20,949,694.00	66%
Supplies/Equipment						
Equipment	\$ 1,499,678.00	5%	\$ 1,247,390.00	4%	\$ 1,100,174.30	3%
Supplies: Office, Medical, Dental	\$ 810,553.00	3%	\$ 621,228.00	2%	\$ 774,251.00	2%
Other (Describe) Pharmaceuticals	\$ 808,613.00	3%	\$ 1,228,511.00	4%	\$ 1,528,511.85	5%
Subtotal	\$ 3,118,844.00	11%	\$ 3,097,129.00	11%	\$ 3,402,937.15	11%
Administration						
Advertising/Marketing	\$ 81,215.00	0%	\$ 90,000.00	0%	\$ 123,430.80	0%
Audit/Accounting	\$ 200,000.00	1%	\$ 200,000.00	1%	\$ 200,000.00	1%
Communication	\$ 287,540.00	1%	\$ 294,219.00	1%	\$ 294,751.20	1%
Insurance/Bonds	\$ 63,474.00	0%	\$ 75,153.60	0%	\$ 95,153.60	0%
Postage/Printing	\$ 22,000.00	0%	\$ 63,115.00	0%	\$ 74,512.00	0%
Training/Travel/Transportation	\$ 407,513.00	1%	\$ 378,160.00	1%	\$ 419,703.60	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Professional Services	\$ 737,082.00	3%	\$ 910,698.00	3%	\$ 990,698.00	3%
Subtotal	\$ 1,798,824.00	6%	\$ 2,011,345.60	7%	\$ 2,198,249.20	7%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 1,929,259.00	7%	\$ 532,268.00	2%	\$ 532,268.00	2%
Utilities	\$ 692,471.00	2%	\$ 774,039.00	3%	\$ 774,039.00	2%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Rent	\$ 828,202.00	3%	\$ 1,044,637.00	4%	\$ 1,602,934.35	5%
Subtotal	\$ 3,449,932.00	12%	\$ 2,350,944.00	8%	\$ 2,909,241.35	9%
Other Costs						
Debt Service	\$ 471,158.00	2%	\$ 471,158.00	2%	\$ 471,158.00	1%
Other (Describe) Depreciation	\$ 757,543.00	3%	\$ 904,357.30	3%	\$ 904,357.30	3%
Other (Describe) Cost settlement	\$ 2,728,924.00	9%	\$ 955,000.00	3%	\$ 955,000.00	3%
Subtotal	\$ 3,957,625.00	14%	\$ 2,330,515.30	8%	\$ 2,330,515.30	7%
Total Direct Expenses	\$ 29,211,291.00		\$ 29,306,166.90		\$ 31,790,637.00	

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

Attachment E Line Items Exceeding 10% of Total Budget - 2017

Program Description	2017 Salary & Wages 50%										
	Medical 6th Street	Medical Poublo	Medical Port Orchard	Medical Wheaton Way	Medical KHHS-Almira	Medical BelAir	Pharmacy 6th Street	Pharmacy Poublo	Pharmacy Port Orchard	Pharmacy Wheaton Way	Pharmacy BelAir
6000											
6005	\$1,296,450.37	\$819,238.60	\$1,431,840.06	\$1,350,965.72	\$89,429.55	\$578,159.61	\$910,297.58	\$312,627.82	\$153,206.41	\$85,376.52	\$38,084.70
6710	\$8,650.84	\$5,466.54	\$9,554.26	\$9,014.61	\$596.74	\$3,857.89	\$6,074.15	\$2,086.08	\$1,022.30	\$569.69	\$254.13
6715	\$658,090	\$39,699.84	\$69,379.16	\$65,460.43	\$4,333.27	\$28,014.46	\$44,108.06	\$15,746.24	\$7,433.55	\$4,136.88	\$1,845.38
6720	\$16,234.16	\$10,258.51	\$17,929.51	\$16,916.80	\$1,119.84	\$7,239.72	\$11,398.75	\$3,914.73	\$1,918.45	\$1,066.09	\$476.90
6730	\$74,174	\$4,474.13	\$7,819.75	\$7,378.07	\$488.40	\$3,157.52	\$4,971.44	\$1,707.36	\$836.71	\$466.27	\$207.99
	\$95,931	\$5,786.51	\$10,113.48	\$9,542.24	\$531.67	\$4,083.70	\$6,429.68	\$2,208.18	\$1,082.14	\$603.04	\$269.00
	\$14,670,483.00										

Attachment E Line Items Exceeding 10% of Total Budget - 2018

Program Description	2018 Salary & Wages 58%										
	Medical 6th Street	Medical Poublo	Medical Port Orchard	Medical Wheaton Way	Medical KHHS-Almira	Medical BelAir	Pharmacy 6th Street	Pharmacy Poublo	Pharmacy Port Orchard	Pharmacy Wheaton Way	Pharmacy BelAir
6000											
6005	\$1,498,554.58	\$946,950.06	\$1,655,050.24	\$1,561,568.36	\$103,370.76	\$668,289.16	\$1,052,204.27	\$361,363.51	\$177,089.82	\$98,685.90	\$44,021.74
6710	\$9,999.42	\$6,318.73	\$11,043.67	\$10,419.90	\$689.76	\$4,459.30	\$7,021.06	\$2,411.27	\$1,181.67	\$658.50	\$293.74
6715	\$72,611.78	\$45,884.04	\$80,194.71	\$75,665.09	\$5,098.78	\$32,381.65	\$50,984.08	\$17,509.71	\$8,580.81	\$4,781.78	\$2,133.05
6720	\$18,764.91	\$11,857.72	\$20,724.55	\$19,533.97	\$1,294.41	\$8,368.32	\$13,175.71	\$4,525.00	\$2,217.52	\$1,235.75	\$551.24
6730	\$8,184.10	\$5,171.61	\$9,038.78	\$8,528.24	\$564.54	\$3,649.75	\$5,746.44	\$1,973.53	\$967.15	\$538.96	\$240.42
	\$10,584.70	\$6,688.57	\$11,690.08	\$11,029.79	\$730.14	\$4,720.31	\$7,432.01	\$2,552.41	\$1,250.83	\$697.05	\$310.94
	\$16,957,471.00										

Attachment E Line Items Exceeding 10% of Total Budget - 2019

Program Description	2019 Salary & Wages 57%										
	Medical 6th Street	Medical Poublo	Medical Port Orchard	Medical Wheaton Way	Medical KHHS-Almira	Medical BelAir	Pharmacy 6th Street	Pharmacy Poublo	Pharmacy Port Orchard	Pharmacy Wheaton Way	Pharmacy BelAir
6000											
6005	\$1,605,656.59	\$1,014,628.78	\$1,773,357.02	\$1,673,173.88	\$110,758.69	\$716,051.93	\$1,127,405.53	\$387,190.23	\$189,746.47	\$105,739.00	\$47,467.98
6710	\$10,714.08	\$6,770.33	\$11,832.97	\$11,164.61	\$739.06	\$4,778.01	\$7,522.85	\$2,583.61	\$1,266.12	\$705.57	\$314.74
6715	\$77,801.36	\$49,163.38	\$85,926.24	\$81,072.89	\$5,366.76	\$34,695.97	\$54,627.93	\$18,761.13	\$9,194.08	\$5,123.54	\$2,285.50
6720	\$20,106.04	\$12,705.19	\$22,205.74	\$20,951.50	\$1,386.92	\$8,966.41	\$14,117.38	\$4,948.40	\$2,376.01	\$1,324.06	\$590.64
6730	\$8,769.02	\$5,541.22	\$9,684.78	\$9,137.76	\$604.89	\$3,910.60	\$6,157.13	\$2,114.57	\$1,036.27	\$577.48	\$257.60
	\$11,341.19	\$7,166.60	\$12,525.57	\$11,818.09	\$782.32	\$5,057.67	\$7,963.18	\$2,734.83	\$1,340.23	\$746.86	\$333.16
	\$18,169,425.00										

Dental 6th Street	Dental Port Orchard	Dental Dental Port Orchard	Dental Dental Port Orchard	Dental KMHS-Altira	Dental Belfair	Behavioral Health 6th Street	Behavioral Health Poulsbo	Behavioral Health Port Orchard	Behavioral Health Wheaton Way	Behavioral Health Belfair	Patient Services Admin	Patient Services Wheaton Way	Executive Admin	Human Resources Admin	Quality Department Admin	Finance 6th Street	Finance Poulsbo	Finance Admin
\$ 1,335,559.51	\$ 34,812.56	\$ 719,987.49	\$ 418,587.84	\$ 481,541.85	\$ 184,763.24	\$ 65,847.81	\$ 389,809.90	\$ 53,409.67	\$ 48,220.27	\$ 140,860.62	\$ 336,042.77	\$ 392,513.36	\$ 211,045.13	\$ 201,817.79	\$ 131,959.23	\$ 43,058.23	\$ 534,961.46	
\$ 8,911.80	\$ 232.29	\$ 4,804.27	\$ 2,793.12	\$ 3,213.19	\$ 1,232.87	\$ 439.38	\$ 2,601.09	\$ 356.39	\$ 321.76	\$ 939.92	\$ 2,242.32	\$ 2,619.13	\$ 1,408.24	\$ 1,946.67	\$ 880.53	\$ 287.32	\$ 3,569.64	
\$ 64,713.93	\$ 1,686.83	\$ 34,886.67	\$ 20,282.48	\$ 23,332.89	\$ 8,952.62	\$ 3,190.63	\$ 18,888.06	\$ 2,587.94	\$ 2,332.49	\$ 6,825.34	\$ 16,782.80	\$ 19,019.06	\$ 10,226.10	\$ 9,778.99	\$ 6,394.02	\$ 2,086.37	\$ 25,921.32	
\$ 16,723.89	\$ 435.92	\$ 9,015.69	\$ 5,241.56	\$ 6,029.87	\$ 2,313.61	\$ 824.55	\$ 4,881.20	\$ 668.80	\$ 603.81	\$ 1,763.86	\$ 4,207.93	\$ 4,915.06	\$ 2,642.71	\$ 2,527.16	\$ 1,654.39	\$ 539.18	\$ 6,698.79	
\$ 7,293.93	\$ 180.12	\$ 3,932.09	\$ 2,286.05	\$ 2,629.86	\$ 1,009.05	\$ 359.62	\$ 2,128.88	\$ 291.69	\$ 263.35	\$ 769.29	\$ 1,835.24	\$ 2,143.65	\$ 1,452.59	\$ 1,102.19	\$ 720.67	\$ 235.16	\$ 2,921.60	
\$ 9,433.42	\$ 245.89	\$ 5,085.47	\$ 2,956.60	\$ 3,401.26	\$ 1,305.03	\$ 465.10	\$ 2,753.33	\$ 377.25	\$ 340.59	\$ 994.94	\$ 2,373.56	\$ 2,772.43	\$ 1,490.67	\$ 1,425.49	\$ 932.06	\$ 304.13	\$ 3,778.58	

Dental 6th Street	Dental Port Orchard	Dental Dental Port Orchard	Dental KMHS-Altira	Dental Belfair	Behavioral Health 6th Street	Behavioral Health Poulsbo	Behavioral Health Port Orchard	Behavioral Health Wheaton Way	Behavioral Health Belfair	Patient Services Admin	Patient Services Wheaton Way	Executive Admin	Human Resources Admin	Quality Department Admin	Finance 6th Street	Finance Poulsbo	Finance Admin	
\$ 1,543,760.47	\$ 40,239.51	\$ 832,226.66	\$ 483,841.68	\$ 556,609.62	\$ 213,566.06	\$ 76,112.85	\$ 450,577.53	\$ 61,735.72	\$ 55,737.35	\$ 162,819.44	\$ 388,428.63	\$ 453,702.43	\$ 243,945.05	\$ 233,279.25	\$ 152,530.41	\$ 49,770.60	\$ 618,356.84	
\$ 10,301.07	\$ 268.51	\$ 5,553.21	\$ 3,228.54	\$ 3,714.10	\$ 1,425.06	\$ 507.88	\$ 3,006.57	\$ 411.94	\$ 371.92	\$ 1,086.45	\$ 2,591.87	\$ 3,027.43	\$ 1,627.78	\$ 1,556.61	\$ 1,017.79	\$ 332.10	\$ 4,126.12	
\$ 74,802.22	\$ 1,949.79	\$ 40,325.17	\$ 23,444.33	\$ 26,970.27	\$ 10,348.25	\$ 3,688.01	\$ 21,832.53	\$ 2,991.38	\$ 2,700.73	\$ 7,889.34	\$ 18,821.13	\$ 21,983.95	\$ 11,820.25	\$ 11,303.44	\$ 7,390.79	\$ 2,411.61	\$ 29,962.20	
\$ 19,330.98	\$ 503.88	\$ 10,421.15	\$ 6,058.67	\$ 6,969.87	\$ 2,674.28	\$ 953.09	\$ 5,642.14	\$ 773.06	\$ 697.94	\$ 2,038.83	\$ 4,863.91	\$ 5,681.27	\$ 3,094.68	\$ 2,921.12	\$ 1,909.99	\$ 623.23	\$ 7,743.07	
\$ 8,430.99	\$ 219.76	\$ 4,545.06	\$ 2,642.42	\$ 3,039.83	\$ 1,166.35	\$ 415.68	\$ 2,460.75	\$ 337.16	\$ 304.40	\$ 889.21	\$ 2,121.34	\$ 2,477.82	\$ 1,332.26	\$ 1,274.02	\$ 833.02	\$ 271.81	\$ 3,377.05	
\$ 10,904.01	\$ 284.22	\$ 5,878.25	\$ 3,417.51	\$ 3,931.49	\$ 1,508.48	\$ 537.61	\$ 3,182.55	\$ 436.06	\$ 393.69	\$ 1,150.04	\$ 2,743.58	\$ 3,204.63	\$ 1,723.05	\$ 1,647.72	\$ 1,077.36	\$ 351.54	\$ 4,367.62	

Dental 6th Street	Dental Port Orchard	Dental Dental Port Orchard	Dental KMHS-Altira	Dental Belfair	Behavioral Health 6th Street	Behavioral Health Poulsbo	Behavioral Health Port Orchard	Behavioral Health Wheaton Way	Behavioral Health Belfair	Patient Services Admin	Patient Services Wheaton Way	Executive Admin	Human Resources Admin	Quality Department Admin	Finance 6th Street	Finance Poulsbo	Finance Admin	
\$ 1,654,093.35	\$ 43,115.43	\$ 891,706.07	\$ 518,421.94	\$ 596,390.62	\$ 228,829.68	\$ 81,552.65	\$ 482,780.40	\$ 66,147.99	\$ 59,720.91	\$ 174,456.18	\$ 416,189.70	\$ 486,128.64	\$ 261,379.85	\$ 249,951.77	\$ 163,431.79	\$ 53,327.71	\$ 662,550.93	
\$ 11,037.29	\$ 287.70	\$ 5,950.10	\$ 3,459.28	\$ 3,979.54	\$ 1,526.91	\$ 544.18	\$ 3,221.45	\$ 441.39	\$ 398.50	\$ 1,164.10	\$ 2,777.11	\$ 3,243.80	\$ 1,744.11	\$ 1,667.86	\$ 1,090.53	\$ 355.84	\$ 4,421.01	
\$ 80,148.35	\$ 2,089.14	\$ 43,207.21	\$ 25,119.90	\$ 28,897.84	\$ 11,087.84	\$ 3,951.60	\$ 23,392.91	\$ 3,205.17	\$ 2,893.75	\$ 6,453.20	\$ 20,166.28	\$ 23,555.14	\$ 12,665.04	\$ 12,111.30	\$ 7,919.01	\$ 2,583.97	\$ 32,103.61	
\$ 20,712.57	\$ 539.89	\$ 1,165.95	\$ 6,491.68	\$ 7,468.01	\$ 2,865.41	\$ 1,021.20	\$ 6,045.38	\$ 828.31	\$ 747.83	\$ 2,184.54	\$ 5,211.53	\$ 6,087.31	\$ 3,273.00	\$ 3,129.90	\$ 2,046.49	\$ 667.77	\$ 8,296.47	
\$ 9,033.55	\$ 235.47	\$ 4,869.90	\$ 2,831.27	\$ 3,257.09	\$ 1,249.71	\$ 445.39	\$ 2,636.62	\$ 361.26	\$ 326.16	\$ 952.76	\$ 2,272.95	\$ 2,654.91	\$ 1,427.48	\$ 1,365.07	\$ 892.56	\$ 291.24	\$ 3,618.41	
\$ 11,683.32	\$ 304.54	\$ 6,298.37	\$ 3,661.76	\$ 4,212.47	\$ 1,616.29	\$ 576.03	\$ 3,410.01	\$ 467.22	\$ 421.83	\$ 1,232.23	\$ 2,939.66	\$ 3,433.66	\$ 1,846.20	\$ 1,765.48	\$ 1,154.36	\$ 376.67	\$ 4,679.78	

Finance Port Orchard	Finance Wheaton Way	Information Systems		Operations		Operations	
		Admin	6th Street	Admin	Port Orchard	Wheaton Way	

\$ 45,611.98	\$ 50,162.56	\$ 445,627.08	\$ 89,221.31	\$ 64,593.07	\$ 54,989.20	\$ 40,914.66
\$ 304.36	\$ 334.72	\$ 2,973.54	\$ 595.35	\$ 431.01	\$ 366.93	\$ 273.01
\$ 2,210.11	\$ 2,430.60	\$ 21,592.66	\$ 4,323.18	\$ 3,129.83	\$ 2,664.48	\$ 1,982.50
\$ 571.15	\$ 628.14	\$ 5,580.15	\$ 1,117.23	\$ 808.83	\$ 688.58	\$ 512.33
\$ 249.10	\$ 273.95	\$ 2,433.72	\$ 487.27	\$ 352.76	\$ 300.31	\$ 223.45
\$ 322.17	\$ 354.31	\$ 3,147.59	\$ 630.19	\$ 456.24	\$ 388.40	\$ 288.99

Finance Port Orchard	Finance Wheaton Way	Information Systems		Operations		Operations	
		Admin	6th Street	Admin	Port Orchard	Wheaton Way	

\$ 52,722.45	\$ 57,982.43	\$ 515,096.08	\$ 103,130.06	\$ 74,662.51	\$ 63,561.49	\$ 47,292.87
\$ 351.80	\$ 386.90	\$ 3,437.09	\$ 688.16	\$ 498.20	\$ 424.13	\$ 315.57
\$ 2,554.64	\$ 2,809.51	\$ 24,958.75	\$ 4,997.12	\$ 3,617.74	\$ 3,079.84	\$ 2,291.55
\$ 660.19	\$ 726.06	\$ 6,450.04	\$ 1,291.40	\$ 934.92	\$ 795.92	\$ 592.20
\$ 287.93	\$ 316.66	\$ 2,813.11	\$ 563.23	\$ 407.76	\$ 347.13	\$ 258.28
\$ 372.39	\$ 409.55	\$ 3,638.27	\$ 728.44	\$ 527.36	\$ 448.95	\$ 334.04

Finance Port Orchard	Finance Wheaton Way	Information Systems		Operations		Operations	
		Admin	6th Street	Admin	Port Orchard	Wheaton Way	

\$ 56,490.53	\$ 62,126.44	\$ 551,910.10	\$ 110,500.79	\$ 79,998.65	\$ 68,104.24	\$ 50,672.90
\$ 376.95	\$ 414.55	\$ 3,682.74	\$ 737.34	\$ 533.81	\$ 454.44	\$ 338.13
\$ 2,737.22	\$ 3,010.31	\$ 26,742.55	\$ 5,354.27	\$ 3,876.30	\$ 3,299.96	\$ 2,455.33
\$ 707.37	\$ 777.95	\$ 6,911.02	\$ 1,383.69	\$ 1,001.74	\$ 852.80	\$ 634.53
\$ 308.51	\$ 339.29	\$ 3,014.16	\$ 603.48	\$ 436.90	\$ 371.94	\$ 276.74
\$ 399.01	\$ 438.82	\$ 3,898.29	\$ 780.50	\$ 565.05	\$ 481.04	\$ 357.92

Special Project Budget Form

Agency Name: Peninsula Comm. Hlth. Srv. Subcontractor: Yes No Project: Wellness On Wheels (W.O.W)

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 30,000.00	12%	\$ -	0%	\$ 30,000.00	71%
Staff	\$ 98,113.50	41%	\$ 98,113.50	49%	\$ -	0%
Total Benefits	\$ 32,028.38	13%	\$ 24,528.38	12%	\$ 7,500.00	18%
SUBTOTAL	\$ 160,141.88	66%	\$ 122,641.88	61%	\$ 37,500.00	89%
Supplies & Equipment						
Equipment (Mobile Unit - Van)	\$ 45,419.00	19%	\$45,419.00	23%	\$ -	0%
Office Supplies	\$ 3,900.00	2%	\$ -	0%	\$ 3,900.00	9%
Other (Describe): (Mobile Clinic Supplies)	\$ 900.00	0%	\$ -	0%	\$ 900.00	2%
SUBTOTAL	\$ 50,219.00	21%	\$ 45,419.00	23%	\$ 4,800.00	11%
Administration						
Advertising/Marketing	\$ 800.00	0%	\$ 800.00	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 2,970.00	1%	\$ 2,970.00	1%	\$ -	0%
Insurance/Bonds	\$ 2,300.00	1%	\$ 2,300.00	1%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 1,200.00	0%	\$ 1,200.00	1%	\$ -	0%
% Indirect (Limited to 10%)	\$ 21,993.54	9%	\$ 21,993.54	11%	\$ -	0%
Other (Describe): Fuel	\$ 2,304.55	1%	\$ 2,304.55	1%	\$ -	0%
SUBTOTAL	\$ 31,568.09	13%	\$ 31,568.09	16%	\$ -	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%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 241,928.96		\$ 199,628.96		\$ 42,300.00	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: **Peninsula Community Health Services** Subcontractor: Yes No
 Project: **Wellness on Wheels (W.O.W.)**

Description	
Number of Professional FTEs	2.25
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	2.25

Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 128,113.50
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 128,113.50
Total Payroll Taxes	\$ 19,217.03
Total Cost of Benefits	\$ 12,811.35
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 160,141.88



July 17, 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:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a community integrated behavioral health healthcare mobile clinic for Kitsap County. As a community church, we seek to love people well and this requires us to meet individuals of the community right where they are. While we feel uniquely equipped to meet the spiritual needs of our neighborhoods, we need to partner with organizations like PCHS who are well equipped to meet the needs we are not equipped to meet. Our effort in the end is that the whole person is loved and taken care of.

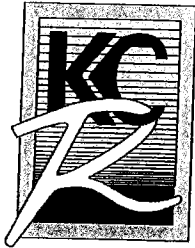
Calvary Chapel of Silverdale (CCS) is active in our county seeking to come alongside the marginalized and poor members of our community. We are in consistent contact with upwards of 100 families outside of our fellowship in our local area, of whom are people from all walks of life.

This collaboration between CCS and PCHS will be new and we are very excited about this opportunity to form a lasting mutually beneficial partnership that helps improve the overall health of the community.

CCS is delighted to help PCHS make this a successful endeavor. We are available to their mobile team as a site to meet with people in the community to provide services at least once a month. Also, we plan to refer people to them who can benefit from this mobile service as well as connect other community partners to become sites for services also. As need arises, we are even willing to accompany the mobile team for introductory visits where connections to certain people might be more challenging. As PCHS steps into this work, we will come alongside them and readily help them be successful. As PCHS succeeds in their mission, we all will benefit from their efforts. As they succeed, we succeed.

Sincerely,

Peter Voorhees
Lead Pastor
Calvary Chapel of Silverdale
e: peter@ccsilverdale.com



KITSAP COMMUNITY

Resources

A Community Action Partnership. Helping people. Changing lives.

July 17, 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:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a community integrated behavioral health healthcare mobile clinic for Kitsap County. As Kitsap County's community action program, Kitsap Community Resources (KCR) provides a broad range of services to low-income families who would benefit greatly from improved access to behavioral services. Because some of our clients struggle with the day to day challenges of poverty, including reduced transportation, housing instability, and unpredictable employment, anything we can do to reduce access barriers to needed services is particularly helpful.

We are enthusiastic to offer KCR as an available site for their mobile team to provider regular behavioral health supports to our clients. We will also connect other community partners to become sites for services as needed. We look forward to deepening our collaboration with PCHS and will help ensure the mobile services reach the community who needs them.

Sincerely,

Irmgard Davis

Interim Executive Director





04/16/18

To Whom It May Concern:

I am writing this letter in support of PCHS to include the Kitsap Rescue Mission as a site for mobile services for children, youth and families. Over the year our day room and overnight shelter services all of these different demographics. Last year we saw an average of 110 people come through our dayroom for services, and 386 unique individuals stayed in our overnight shelter. Every Monday, Wednesday and Friday our clothing bank is filled with families in need of clothes for children. I believe that this service would be a great addition to services that we and PCHS already provide to a vulnerable population.

Mike O'Shaughnessy

Executive Director

Kitsap Rescue Mission

moshaughnessy@kitsaprescue.org

360-373-3428 Office

360-621-5246 Cell



Harrison Medical Center
2520 Cherry Avenue
Bremerton, WA 98310

P 360.377.3911
harrisonmedical.org

July 27, 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:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue funding for a mobile behavioral health team for Kitsap County. PCHS has provided for the primary care needs of the most vulnerable in our community for over 30 years. A proven partner in providing high quality care, while still controlling costs, PCHS remains committed to innovative practices to meet those in need where they choose to engage the system.

CHI Franciscan Harrison Medical Center understands how important it is to expand access to care, especially for certain patients who face multiple barriers. When those patients aren't able to access care in traditional ways, their health problems often go untreated, eventually resulting in higher cost treatments and services than would have been had they sought treatment in the traditional arenas.

CHI Franciscan Harrison and PCHS have a strong, integrated partnership – sharing of best-practices and strategies amongst our care teams, collaborating to reduce inappropriate emergency room utilization and looking for innovative ways to educate patients on where to obtain the right care at the right time. Through partnership and collaboration, a mobile behavioral health unit will complement a mobile primary care unit coming next year, allowing for care of the whole person.

Please support Peninsula Health Services' request for funding a mobile behavioral health team, expanding access to behavioral health services to those most vulnerable in our community.

Sincerely,

A handwritten signature in cursive script that reads "David Schultz".

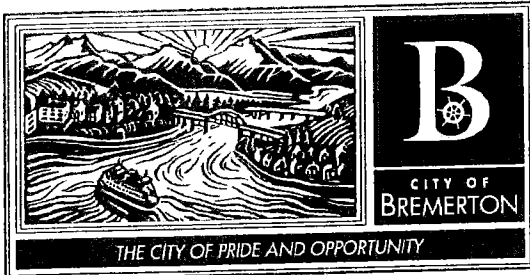
David Schultz
President, Peninsula Region
CHI Franciscan Health
Harrison Medical Center and St. Anthony Hospital

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
Harrison HealthPartners

Foundations:
Franciscan Foundation
Harrison Medical Center Foundation
Highline Medical Center Foundation



BREMERTON POLICE DEPARTMENT
CHIEF / James Burchett
James.Burchett@ci.bremerton.wa.us

July 30, 2018

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites. As an extension of service to their normal patients, PCHS will especially target engaging those assigned to PCHS who are unable to access our clinics, thereby improving access and care for the community.

PCHS has been taking care of the most vulnerable in our community for thirty years now. Their integrated behavioral health program launched eight years ago. Their continued commitment to innovative practices, to meet those in need where they choose to engage the system, makes them a proven partner in providing high quality care, while still controlling costs.

The Bremerton Police Department understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their health needs and eventually end up using costly urgent care and emergency department services.

We have a strong history of partnership with PCHS. A mobile behavioral health care team could provide critical behavioral health and substance abuse services in an alternate setting, such as Bremerton PD since patients often with mental health or substance abuse diagnoses struggle to present in a standard medical setting. The proposed service would be fundamental in providing increased access opportunities for community members who struggle with homelessness, mental illness, and substance use disorders. The Bremerton Police Department commits to coordinating care with the mobile behavioral health care team, which will strengthen both of us in serving a very hard-to-engage population.

Thank you for giving PCHS's proposal your utmost consideration.

Sincerely,

JIM BURCHETT
Chief of Police



Established 1902

Doug Baier
Medical Officer, Bremerton Fire Department

911 Park Ave
Bremerton WA 98337
360.473.5384

15 July 2018

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

Citizens Advisory Committee,

I am writing to express support for Peninsula Community Health Services (PCHS) proposal to develop a mobile behavioral health care team for Kitsap County. The Bremerton Fire Department frequently responds to mental health and substance abuse related calls and has long desired to develop alternative methods of addressing our complex and high social service need patient population.

We've collaborated with PCHS in the past when encountering their patients needing non-urgent prehospital care. Our challenge has been that many of these patients, lacking easily identifiable care alternatives and transportation, will continue to inappropriately call 9-1-1 instead of accessing behavioral health and substance abuse treatment currently available from PCHS at their fixed locations. To date, PCHS has been unable to send their employees into the field to investigate or provide any direct patient care services.

Bremerton Fire Department is excited to help PCHS make this a successful endeavor. We plan to make referrals for patients who can benefit from the full range of mental health and substance abuse treatments from this proposed mobile service platform. As need arises, we would consider accompanying the mobile team for introductory visits where connections to certain patients might be more challenging.

Thank you for your consideration.

Doug Baier, Medical Officer
Phone: 360-434-6404
Email: douglas.baier@ci.bremerton.wa.us



July 16, 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:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites, sometimes due to behavioral health issues and challenging life circumstances. As an extension of service to their normal patients, PCHS will especially target the 6th Street corridor area (Salvation Army, Rescue Mission and 7-Eleven) which is running 11.41% of the EMS calls for Station 1 this year. They will also be working with some local churches. Their hope is to work on engaging those assigned to PCHS have difficulty accessing their clinics, thereby improving all of their penetration metrics and quality of care metrics.

PCHS has been taking care of the primary care needs of the most vulnerable in our community for 30 years now. Their integrated behavioral health program was launched eight years ago, with additional medication assisted therapy services also provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

Kitsap Public Health District (KPHD) understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their health needs and eventually end up using costly urgent care and emergency department services.

We have a strong history of partnership with PCHS. Currently, they are a key partner in a regional chronic disease prevention grant, where their pharmacists work with patients to address hypertension as an expansion of the traditional primary care team. This approach is an example of an innovative way

to expand the care team to improve patient outcomes. Additionally, they work the patients who are screened as pre-hypertensive and proactively support them to prevent and mitigate an oncoming diagnosis. PCHS has also been a key medical partner in a community wide effort to launch the medical respite program that started in June.

PCHS is a backbone partner in the collective impact Kitsap Connect project (overseen by KPHD). As that project has grown in its success, we have seen how critical close coordination with PCHS is to guide patients from healthcare crisis to wellness management as their situations improve. A mobile behavioral health care team would provide critical behavioral health and substance abuse services in an alternate setting, such as a shelter parking lot, since often patients with mental health or substance abuse diagnoses struggle to present in a standard medical setting. The proposed service would be fundamental in providing increased access opportunities for Kitsap Connect clients and the many other community members who struggle with homelessness, mental illness, and substance use disorders. **KPHD commits to coordinating care of Kitsap Connect clients directly with the mobile behavioral health care team, which will strengthen both the Kitsap Connect program and assist PCHS in serving a very hard-to-engage Medicaid population.**

Thank you for giving PCHS's proposal your utmost consideration.

Sincerely,



Keith Grellner
Administrator



600 Park Avenue
Bremerton WA 98337
(p) 360-479-3694
(f) 360-616-2927
www.bremertonhousing.org

July 30, 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:

Bremerton Housing Authority (BHA) is in support of Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites. As an extension of service to their normal patients, PCHS will especially target the 6th Street corridor area (Salvation Army, Rescue Mission and 7-Eleven) which is running 11.41% of the EMS calls for Station 1 this year. In addition to focusing on the very much at-need 6th Street community, they will also be working with some of the local churches. Their hope is to work on engaging those assigned to PCHS who they cannot get to come into the clinics, thereby improving all of their penetration metrics and quality of care metrics.

A long-time supporter of BHA-assisted clients, PCHS has been taking care of the primary care needs of the most vulnerable in our community for 30 years. Their integrated behavioral health program launched eight years ago, with additional medication assisted therapy services provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

The staff of BHA understands how important it is to open up access to services to low-income populations by bringing care to certain patients who face multiple barriers. When those patients aren't able to access care in traditional ways, they often do not address their health needs, let problems go untreated and eventually end up presenting to our emergency rooms or urgent cares where the costs are higher than would have been the case had they sought treatment first in the primary care arena. We also see a disproportionate number of individuals in homelessness because of untreated physical and mental health concerns.

We already directly partner with PCHS in serving many shared clients. As the healthcare and housing systems have grown more complex, care coordination is essential to clients and their families being able to thrive. BHA is a direct neighbor to the PCHS 6th Street location and as such shares some of the most fragile clients in a highly transient area of the county. Their intent to target the 6th Street corridor area will provide crucial access and resources to those patients most in need. BHA and PCHS have been engaged in active care coordination of these most vulnerable families before care coordination even had a name.



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.



July 30, 2018
Page 2 of 2

BHA is pleased to work in partnership with PCHS to make this a successful endeavor through actively identifying and referring those clients who have difficulty seeking care within an office setting often due to housing instability. The majority of these individuals present with mental health and substance abuse diagnoses, and are at risk for deteriorating health conditions that will only further exacerbate their situation. The ability for our staff to leverage a mobile behavioral health care visit to address their needs early and provide ongoing support and treatment will be huge benefit to our clients.

We see clients every day who have difficulty making traditional appointments due to limited transportation, limited childcare options, and erratic work schedules. Adding in a scheduled wellness appointment or a diabetic follow-up exam where being late or taking your other children along is not an option, is very easily seen as impossibility, especially when coupled with those mental health or substance abuse diagnosis. Having a mobile behavioral health care unit to deliver care to patients where they are would be an incredible win for many in our community. Further, for our clients where housing is unstable, the stability of a behavioral health care provider who will see and treat them and their family regardless of their ability to pay for the wide PCHS' fully integrated services is very reassuring.

This is a very exciting step for PCHS to start working out in the community and we intend to help them achieve success in any way we possibly can.

Sincerely,



Kurt Wiest
Executive Director

July 27, 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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites. As an extension of service to their normal patients, PCHS will especially target engaging those assigned to PCHS who they cannot get to come into the clinics, thereby improving access and care for the community.

PCHS has been a community partner with Kitsap Mental Health Services in taking care of the most vulnerable in our community for 30 years now. Their integrated behavioral health program launched eight years ago, with additional medication assisted therapy services also provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

Kitsap Mental Health Services understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their behavioral health needs and eventually end up using costly urgent care and emergency department services.

We have a strong history of partnership with PCHS most notably showcased with our colocation at Almira to provide KMHS medical and dental services on the KMHS Campus. In this mobile endeavor designed to meet persons with low to moderate behavioral health needs, PCHS also expects it will encounter patients beyond the scope of PCHS's services

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*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.*

who are in crisis and/or those with more severe mental illness who need an immediate channel into KMHS. KMHS is committed to partnering with PCHS to ensure a smooth transition of these patients into KMHS services.

This proposed service will be fundamental in strengthening our community's safety net by providing increased access opportunities for community members struggling with behavioral health concerns, including persons experiencing homelessness, mental illness, and substance use disorders. KMHS commits to coordinating care with the mobile behavioral health care team, which will strengthen both of us in serving a very hard-to-engage population.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Roszak', with a long horizontal flourish extending to the right.

Joe Roszak
Chief Executive Officer



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.salvationarmy.org

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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 16, 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:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites. As an extension of service to their normal patients, PCHS will especially target engaging those assigned to PCHS who they cannot get to come into the clinics, thereby improving access and care for the community.

PCHS has been taking care of the most vulnerable in our community for 30 years now. Their integrated behavioral health program launched eight years ago, with additional medication assisted therapy services also provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

The Salvation Army understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their health needs and eventually end up using costly urgent care and emergency department services.

We have a strong history of partnership with PCHS and refer clients to their services almost every day. The Salvation Army provides financial support to clients needing assistance with their services at PCHS and that has been a life-saving program for many people. A mobile behavioral health care team could provide critical behavioral health and substance abuse services in an alternate setting, such as The Salvation Army, since often patients with mental health or substance abuse diagnoses struggle to present in a standard medical setting.

The proposed service would be fundamental in providing increased access opportunities for community members who struggle with homelessness, mental illness, and substance use disorders. The Salvation Army commits to coordinating care with the mobile behavioral health care team, which will strengthen both of us in serving a very hard-to-engage population.

Thank you for giving PCHS's proposal your utmost consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheryl", followed by a long horizontal line extending to the right.

Sheryl Piercy
Social Services Director



Improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience

July 16, 2017

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

Dear Citizens Advisory Committee:

On behalf of Kitsap Strong, I am writing to express our strong support and commitment to the proposal submitted by Peninsula Community Health Services (PCHS). Their proposal to develop a community mobile behavioral health practice for Kitsap County, is the embodiment of trauma-informed healthcare and the type of holistic care that our community desperately needs. When health care services are not easily accessible (due to transportation issues, anxiety, financial struggles, time constraints, work schedules, or the logistics of getting 3 kids on the bus with you to go to an appointment...) our community residents delay treatment, until their medical, mental health, or substance abuse issues reach a crisis level. Once at crisis level, people finally reach out for support and typically use expensive emergency services to address the crisis. Emergency services are critical, however, they are often ineffective and inefficient at addressing the underlying issues.

The PCHS mobile wellness approach would provide an amazing opportunity for individuals and families in our community to receive trauma-informed treatment in the safety of their own home or neighborhood. Most importantly, by providing preventative treatment and behavioral health care services early, we can reduce the number and severity of crisis events in the lives of individuals and families in our community... this is what preventing ACEs, reducing "toxic stress", and building resiliency looks like!

Since 2015, PCHS has been a leader in Kitsap Strong - a collective impact initiative focused on "improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience". PCHS shares the core values of Kitsap Strong, as evidenced by their commitment to, whenever possible, work with patients without regard for their ability to pay. PCHS provides a critical role in serving as a healthcare home to the most vulnerable patients and continues to grow in filling identified needs in the community. PCHS has stepped up to fill a huge need for vulnerable community members struggling with substance abuse and addiction to heroin and opioids by providing medication assisted treatment,

Leadership Committee

Carl Borg
United Way of Kitsap County
Jill Brenner
Kitsap Com Resources
Karen Boysen-Knapp
Kitsap Public Health District
Meilana Charles
WSU Kitsap County-Extension
Heather Denis
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Kitsap Mental Health Services
Katie Eilers
Kitsap Public Health District
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Pastor Larry Robertson
Emmanuel Apostolic Church
Robin Sigo
The Suquamish Tribe
Tiffany Sudela Junker
Attachment & Trauma Network
Marie Vila
Thriving Neighborhoods
Peter Voorhees
Calvary Chapel Silverdale

Backbone Team

Executive Director
Kody Russell
Ntws Coordinator
Marlaina Simmons
Graduate Strong Ntw Mng
Alyson Rotter
Innovation Ntw Mng
Cristina Roark

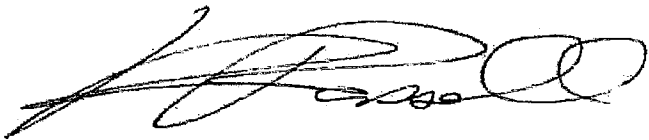
and this is the next step in ensuring our community receives the best trauma-informed care available.

Kitsap Strong believes this project is a priority our community needs. By truly meeting clients "where they are at" and providing services in spaces/places where people feel safe, PCHS is reducing the barriers and stigma that prevents individuals from being able to access the behavioral health services they desperately need. In support of this proposal, Kitsap Strong will assist PCHS in providing enhanced training in the NEAR sciences (Neuroscience, Epigenetics, Adverse Childhood Experiences – ACEs, & Resilience) and trauma-informed care to support the development of optimal trauma informed care (TIC) practices. There is a growing body of research showing that patients or clients served in trauma-informed systems have greater symptom reduction, reduced time in treatment prior to discharge, improved rates of discharge to a lower level of care, and improved mental health and substance abuse outcomes. A TIC approach has been shown to improve outcomes in behavioral health, chronic disease management, pediatrics & primary care, criminal/juvenile justice, and education.

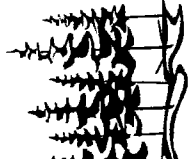
We believe, in partnership with PCHS, our support and commitment to provide on-going NEAR sciences and trauma-informed care training to the mobile behavioral health care team will ensure that PCHS is able to significantly improve the availability of trauma-informed mental health and chemical dependency services in our community. We look forward to working with PCHS on this exciting endeavor.

Please feel free to contact me with any questions or for further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Kody Russell", with a stylized flourish at the end.

Kody Russell, MSW
Executive Director
Kitsap Strong
345 6th ST, Suite 300, Bremerton, WA 98337
kody.russell@kitsapstrong.org

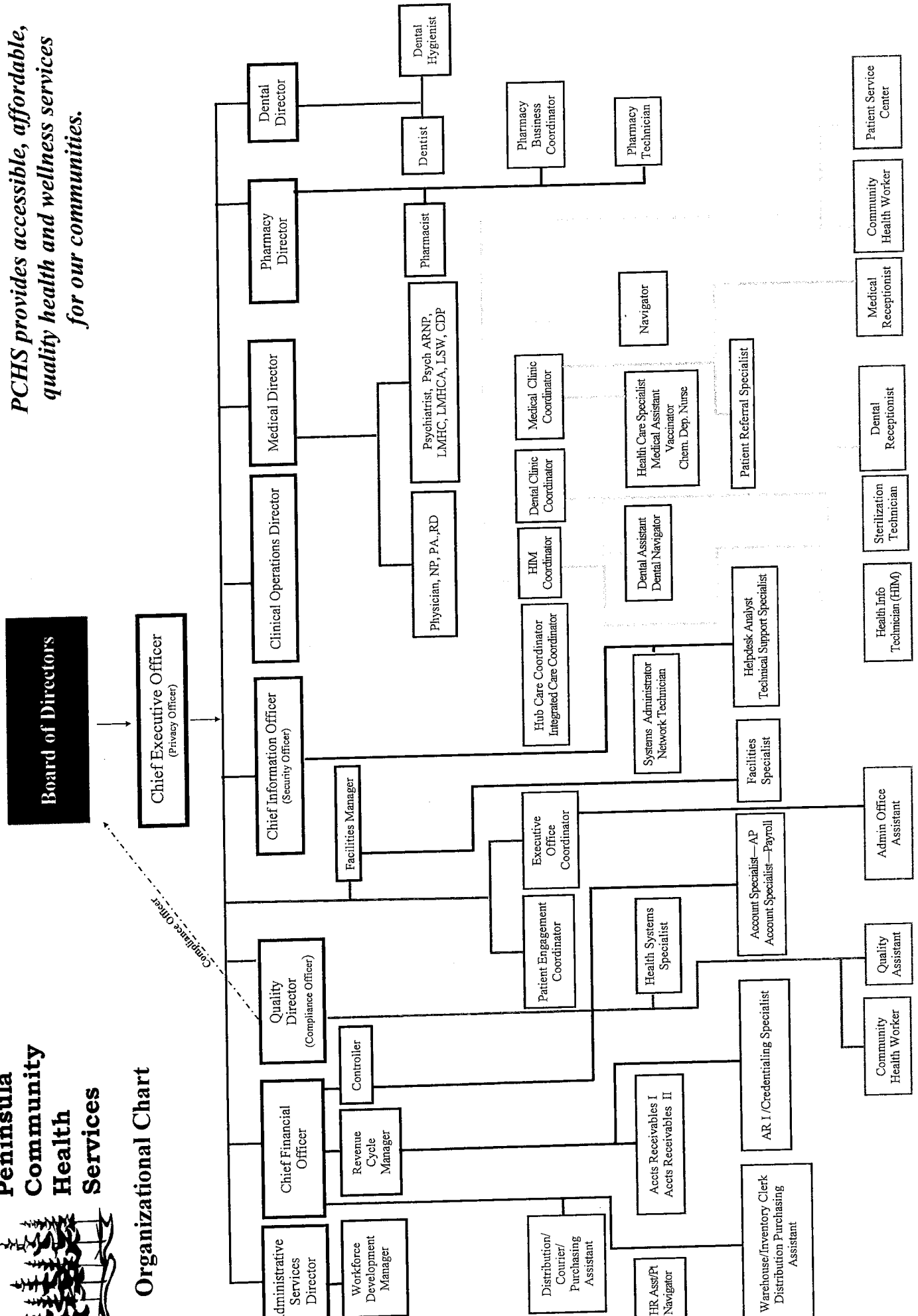


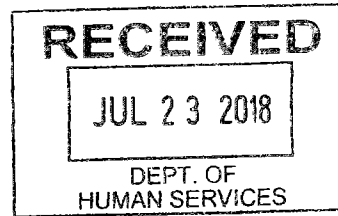
**Peninsula
Community
Health
Services**

Our Mission

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

Organizational Chart





345 6th Street, Suite 300
Bremerton, WA 98337
360-728-2235

July 16, 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:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites, sometimes due to behavioral health issues and challenging life circumstances. As an extension of service to their normal patients, PCHS will especially target the 6th Street corridor area (Salvation Army, Rescue Mission and 7-Eleven) which is running 11.41% of the EMS calls for Station 1 this year. They will also be working with some local churches. Their hope is to work on engaging those assigned to PCHS have difficulty accessing their clinics, thereby improving all of their penetration metrics and quality of care metrics.

PCHS has been taking care of the primary care needs of the most vulnerable in our community for 30 years now. Their integrated behavioral health program was launched eight years ago, with additional medication assisted therapy services also provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

Kitsap Public Health District (KPHD) understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their health needs and eventually end up using costly urgent care and emergency department services.

We have a strong history of partnership with PCHS. Currently, they are a key partner in a regional chronic disease prevention grant, where their pharmacists work with patients to address hypertension as an expansion of the traditional primary care team. This approach is an example of an innovative way

kitsappublichealth.org



Letter of Support for PCHS' mobile behavioral health unit
July 16, 2018
Page 2

to expand the care team to improve patient outcomes. Additionally, they work the patients who are screened as pre-hypertensive and proactively support them to prevent and mitigate an oncoming diagnosis. PCHS has also been a key medical partner in a community wide effort to launch the medical respite program that started in June.

PCHS is a backbone partner in the collective impact Kitsap Connect project (overseen by KPHD). As that project has grown in its success, we have seen how critical close coordination with PCHS is to guide patients from healthcare crisis to wellness management as their situations improve. A mobile behavioral health care team would provide critical behavioral health and substance abuse services in an alternate setting, such as a shelter parking lot, since often patients with mental health or substance abuse diagnoses struggle to present in a standard medical setting. The proposed service would be fundamental in providing increased access opportunities for Kitsap Connect clients and the many other community members who struggle with homelessness, mental illness, and substance use disorders. **KPHD commits to coordinating care of Kitsap Connect clients directly with the mobile behavioral health care team, which will strengthen both the Kitsap Connect program and assist PCHS in serving a very hard-to-engage Medicaid population.**

Thank you for giving PCHS' proposal your utmost consideration.

Sincerely,



Keith Grellner, RS
Administrator



Doug Baier
Medical Officer, Bremerton Fire Department

911 Park Ave
Bremerton WA 98337
360.473.6384

15 July 2018

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

Citizens Advisory Committee,

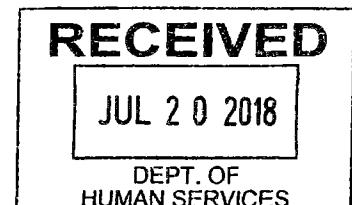
I am writing to express support for Peninsula Community Health Services (PCHS) proposal to develop a mobile behavioral health care team for Kitsap County. The Bremerton Fire Department frequently responds to mental health and substance abuse related calls and has long desired to develop alternative methods of addressing our complex and high social service need patient population.

We've collaborated with PCHS in the past when encountering their patients needing non-urgent prehospital care. Our challenge has been that many of these patients, lacking easily identifiable care alternatives and transportation, will continue to inappropriately call 9-1-1 instead of accessing behavioral health and substance abuse treatment currently available from PCHS at their fixed locations. To date, PCHS has been unable to send their employees into the field to investigate or provide any direct patient care services.

Bremerton Fire Department is excited to help PCHS make this a successful endeavor. We plan to make referrals for patients who can benefit from the full range of mental health and substance abuse treatments from this proposed mobile service platform. As need arises, we would consider accompanying the mobile team for introductory visits where connections to certain patients might be more challenging.

Thank you for your consideration.

Doug Baier, Medical Officer
Phone: 360-434-6404
Email: douglas.baier@ci.bremerton.wa.us



2019 GRANT SUMMARY PAGE

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

Organization Name: SOUND INTEGRATED HEALTH LLC

Proposal Title: Grant to expand substance use disorder/mental health disorder treatment options by opening a MAT(medication- assisted treatment) clinic in Kitsap County.

Please Check One XX New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

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

Number of Individuals Screened: 1000 Number of Individuals Served: 250 - 500

Proposal Summary: *Sound Integrated Health LLC* is requesting funding to serve individuals with substance use disorder (SUD) using a MAT (medication- assisted treatment) program in conjunction with mental health and social services. This will be in collaboration with multiple community agencies to help those with SUD and mental health disorders. By providing MAT to these individuals we will reduce both costs to the health care system and the justice system, reduce crime and improve the health of Kitsap County residents.

Requested Funds Amount: **\$328,766.83**

Matching/In-kind Funds Amount: **\$286,595.83**

Street Address: **4060 Wheaton Way, Suite 2A**

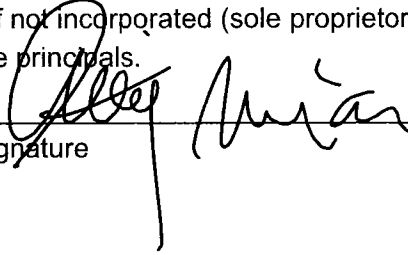
City: **Bremerton** State: **WA** Zip: **98310**

Primary Contact: **Dr. Atif Mian** Phone: **253-651-2498** E-Mail: **Atif@aimspllc.com**

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

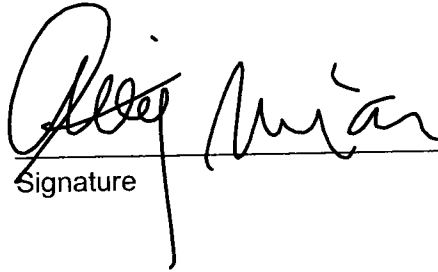
Federal Tax ID Number: 82-2317339

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

 M.D. 7/30/2018

Signature Title Date

The organization *Sound Integrated Health LLC* is a for profit, single person LLC. The Manager/CEO is Dr Atif Mian MD. For tax purposes it is classified as a sole proprietor. Address 3633 Market place W, University Place WA 98466

	M.D.	7/30/2018
Signature	Title	Date

New Grant Proposal From Sound Integrated Health (SIH) LLC

ATTACHMENT B

1. Project Description

A. Project Design/Describe your project: Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

SIH has a new medication- assisted treatment clinic (MAT) in Bremerton (Kitsap County **4060 Wheaton Way, Suite 2A, Bremerton, WA**) which will provide comprehensive treatment for addiction with medications (Buprenorphine, Naltrexone, Buprenorphine/Naloxone) both in-person and with telemedicine (if needed). We will work in close collaboration with local counselling agencies (have several signed letters of agreement stating such), other providers and the Kitsap County court system and the drug court program. We also plan to provide mental health and social services from this location.

We have been providing MAT services in Tacoma for over four years now at a large MAT clinic. In that location we work closely with counseling agencies, social organizations, and the justice system both in Pierce and Kitsap County. Based on our extensive experience in Pierce County we are bringing our expertise to Kitsap County.

We will serve individuals with substance use disorder (SUD). These services will be delivered at our new location, **4060 Wheaton Way, Suite 2A in Bremerton** in close proximity to *Kitsap Mental Health* and *West Sound Treatment Center*. The clinic opened July 26th. We plan on being open 1 day per week to start with the goal to be open 5-6 days per week within a couple of months. At our clinic in Tacoma, we currently serve close to 100 patients from Kitsap County. By opening in Bremerton, we will alleviate the burden these individuals currently have in traveling to Tacoma. We also expect that by opening a clinic in Kitsap County many individuals who have been unable to travel to Tacoma will now be able to get the life-saving treatment they need. At this new location we will provide not only medications but also behavioral health services and social services.

We are currently financially independent and are able to sustain this for the long term as we have been in Tacoma. Our goal is to continue to have a financially sustainable clinic/organization providing MAT and ancillary services now in Kitsap County. We will be utilizing all the resources and revenue available to us on the state and federal level. We currently bill Medicare, Medicaid (Apple) and all other private insurance companies.

This gives us the ability to be self sufficient and continue to provide MAT services in the future once the grant period has been completed.

B. Evidence-Based, Promising, Best, or Innovative Practices: What evidence-based, promising, best or innovative practice(s) will you use to serve your target population?

Medication- assisted treatment (MAT) for SUD has extensive data and research to support it. MAT provides a comprehensive individually tailored program with medication, behavioral therapy and social support services. There are many clinical studies that have proven that MAT reduces the rate of relapse and both the morbidity and mortality in these individuals. There are also national guidelines from *American Society of Addiction Medicine (ASAM)* and *Substance Abuse and Mental Health Services Administration (SAMHSA)* for MAT which we follow and use as guidance to provide treatment to our patients. We will also use telemedicine to extend our reach and better serve the target population. We have used telemedicine and followed these national guidelines for over 4 years in our Tacoma Clinic and have had great success.

We will have a comprehensive behavioral health component which will focus on medications that are needed for co-occurring mental health diagnoses. This component will involve a Licensed Mental Health Professional (1 FTE) and a Licenced Psychiatrist or Licenced Psychiatrist ARNP (0.5 FTE). These will be available through telemedicine if needed. We also will have a Licenced Social Worker (1 FTE) to provide assistance to the varied social needs of our patients. Counseling will be provided through collaboration with several counseling agencies.

Please describe practice's target population and demographics: age, sex, race/ethnicity, and disorder type:

The population of focus for this project is Kitsap Counties' population with substance use disorder (SUD) and/or co-occurring substance use and mental health disorder diagnoses (COD). Our target population are individuals with SUD. Substance use disorder affects the whole population irrespective of age, race, and sex. Although the highest incidence is in the younger population, this disease affects every age group and we serve individuals from teenage years to over 65 with SUD and COD. Latest statistics show over 16,000 individuals in Kitsap County with SUD, and this figure is likely significantly lower than reality.

(<http://kitsappublichealth.org/information/files/Populations%20with%20Functional%20and%20Access%20Needs%20Estimates%202017.pdf>)

Practice's demonstrated, measurable outcomes: Research support for the practice; Links to online documents or web pages that provide details. Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Over the last 4 years in Tacoma we have treated hundreds of individuals with SUD. Starting with the initial clinic visit we will closely follow the patients with a 2 week, 1, 6, and 12 month follow up to track their progress and gather data regarding the number of patients who relapsed or are lost to follow up and identify the reasons this occurred. We have an electronic record keeping system in place which will allow us to monitor the patient's progress and relapses along with other factors. We plan to collect demographic data to better identify high risk populations for the future and screen these individuals for co-occurring medical diseases such as Hepatitis C. We will then refer and recommend further evaluation and therapy. Our goal is to achieve the same as national published results or better and help reduce the cost burden on the healthcare system.

Mortality will be reduced by 50% of patients on MAT vs baseline

<https://www.bmj.com/content/357/bmj.j1550>

<https://onlinelibrary.wiley.com/doi/full/10.1111/add.13193>

Retention in treatment will be monitored and goal is over 50% at 12 weeks

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3947022/>

Two week progress will be closely monitored and measured with goal of 60% retention.

A two week response will be measured and tracked as this is predictive of overall response and success to treatment. Outcome was best predicted by medication response after 2 weeks of treatment. Two weeks of initial abstinence was moderately predictive of treatment success (positive predictive value = 71%), while opioid use in both of the first 2 weeks was strongly predictive of unsuccessful treatment outcome (negative predictive value [NPV] = 84%), especially when successful outcome was defined as total abstinence from opioids in weeks 9–12 (NPV=94%).

<http://www.psychiatrist.com/JCP/article/Pages/2015/v76n02/v76n0209.aspx>

Drop out rate at 30 days to be less than 25%

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3947022/>

Illicit use of opioids will be monitored and the goal is less than 30% of pts using illicit opioids

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3947022/>)

Reduce Overdose deaths by 40%

(https://www.addictionpro.com/article/medications/study-methadone-buprenorphine-after-overdose-improve-survival-rates?utm_campaign=Enews&utm_source=hs_email&utm_medium=email&utm_content=64534166&hsenc=p2ANqtz-90KXTY3NL9ArBiarQJGetQ9zLrX9vDpt0g4dtKnG9XZj9wNqFqA9PTen_EiFNKtaWXfROe68YZwl_JGEVqs-pAgQihQ&hsmi=64534166)

Overall cost to the healthcare system will be significantly reduced. There will be less crimes related to drug use and its sequelae.

Cost is more difficult to measure, but in studies there is a clear reduction in overall healthcare cost. The Suboxone adherent group incurred significantly higher pharmacy charges (adjusted means; \$6,156 vs. \$3,581), but lower outpatient (\$9,288 vs. \$14,570), inpatient (\$10,982 vs. \$26,470), ER (\$1,891 vs. \$4,439), and total healthcare charges (\$28,458 vs. \$49,051; $p < 0.01$) compared to non-adherent members.

Adherence effects were confirmed in general linear models. Though B-MAT adherence requires increased pharmacy utilization, adherent individuals were shown to use fewer expensive health care services, resulting in overall reduced healthcare expenditure compared to non-adherent patients.

([https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(13\)00262-6/abstract](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(13)00262-6/abstract))

As mentioned above in B there is an abundance of clinical data supporting the use of MAT for SUD. It has been shown to reduce relapse rate and reduce morbidity and mortality. It is the **GOLD standard for treating SUD** but unfortunately is significantly underutilized.

(<https://www.samhsa.gov/medication-assisted-treatment>)

(<https://www.nice.org.uk/guidance/TA114/chapter/1-Guidance>)

C. Outreach: Describe your outreach/marketing plan for your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Our goal is to screen and provide MAT to every single individual with SUD. We plan on having a low barrier approach and focusing on harm reduction while following a Hub

and Spoke Model which has been proven to be successful both in Washington State and across the country. We will reach these individuals through collaboration with local counseling and mental health agencies, needle exchange programs, faith based organizations, the legal system, homeless shelters and any other entity working with this at risk population. We will also advertise on social platforms and media.

Our goal is to screen over 1,000 individuals in a year and provide care to as many as deemed appropriate for MAT. We will not create any additional barriers or hurdles for individuals or use MAT as the "last" resort. Individuals will be seen in the clinic within 24 to 48 hours after initial contact. The evaluation and assessment will be done by a medical provider and if found clinically appropriate, therapy with MAT will be started that same day with the initial induction being a home based induction. This process significantly reduces barriers to individuals seeking MAT. Patients will be closely monitored and followed in the clinic on a biweekly to weekly basis until stable and then bimonthly. We have been following this protocol in our Tacoma for over 4 years and it has been proven to be very successful.

We will utilize a diverse provider group including 2 MD's and at least 4 nurse practitioners who will tailor their care approach to the needs of the individual. Currently in our office we have providers who besides speaking English also speak Spanish, Mandarin, Urdu, Tagalog, Arabic, Hindi, and Punjabi.

D. Evaluation: Provide a brief summary of the evaluation plan you outlined in Attachment D. What are your primary goals and expected outcomes for those you will serve?

Medication- assisted treatment programs include counseling, identification and treatment of co-occurring mental health conditions, referral for prevention and treatment of health conditions, and connection of individuals to community resources and recovery support systems. The ultimate goal of MAT is full recovery which includes the ability for individuals to live a self directed life. MAT has been shown to reduce mortality, morbidity, reduce overdose deaths, reduce transmission of infectious disease, increase treatment retention, decrease illicit opioid use, improve social functioning, increase ability to obtain and maintain employment, improve birth outcomes in pregnant woman with SUD and reduce criminal activity. We expect to have these same outcomes at our clinic in Bremerton (data will be gathered and the goals are listed above).

2. Community Needs and Benefit

Over the past several years, Kitsap County has experienced a significant reduction in substance abuse treatment options with the closure in March 2016 of *Cascade Recovery* in Silverdale and the June 2017 closure of *Kitsap Adolescent Recovery Services*.

According to the *University of Washington ADAI Crime Lab Data* for police evidence testing indicates a 85% increase in opioid use statewide, with increases in most counties. Publicly funded drug treatment admissions for opioids as the primary drug increased 197% statewide, with increases in 38 of 39 counties. Drug caused deaths involving opioids increased 31% statewide, with increases in most counties. The total number of drug caused deaths involving opioids in 2013 was 608, with 6,668 deaths total from 2002–2013. Across these three data sources a similar pattern emerges with prescription-type opioids peaking between 2008–2010, while heroin continued increasing through 2013.

Kitsap County publicly funded treatment admission involving any opiates from 2002-2004 were 29.6/100,000, from 2011-2013 were 119.7/100,000 with 304.6% increase. Deaths attributed to opiate use from 2002-2004 were 4.6/100,00, from 2011-2013 was 5.6/100,00 with a 21.7% increase and crime lab cases from 2002-2004 were 8.1/100,000 and from 2011-2013 were 17.3/100,00 with a 114.0% increase. Out of a population of 264,300 some 16,508 (6.2%) adults were afflicted with SUD.
<http://kitsappublichealth.org/information/files/Populations%20with%20Functional%20and%20Access%20Needs%20Estimates%202017.pdf>
<http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2015-01.pdf>
http://adai.uw.edu/wastate/opiates/kitsap_opiates_2013.pdf
http://adai.uw.edu/wastate/opiates/kitsap_opiates_2010.pdf

The use of alcohol and drugs negatively affects all aspects of a person's life, impacting their family, friends and community, while placing an enormous burden on society as a whole. Alcohol and drugs are implicated in an estimated 80% of offenses that lead to incarceration in the United States. These include offenses such as domestic violence, driving while intoxicated, property offenses, drug offenses, and public-order offenses. Nearly 50% of jail and prison inmates are clinically addicted and approximately 60% of individuals arrested for most type of crimes test positive for illegal drugs. It is estimated that 1.9 million of 2.4 million juvenile arrests had substance abuse and addiction involvement, while only 68,600 juveniles received substance abuse treatment. For many in the criminal justice system, preventing future crime and re-arrest after discharge is

impossible without treatment for addiction. Approximately 95% of inmates return to alcohol and drug use after release from prison and 60 - 80% of drug abusers commit a new crime (typically a drug-driven crime) after release from prison.

MAT offers the best alternative for interrupting the criminal justice cycle for offenders with drug and alcohol problems. Research has shown that MAT works and saves valuable tax dollars for society. Individuals can and do recover from addiction, maintaining abstinence from alcohol and drugs. One study found that each dollar spent on substance abuse treatment saved \$5.60 in terms of fewer arrests, incarcerations, food stamp use, and less child welfare and medical costs.

(<https://www.ncadd.org/about-addiction/alcohol-drugs-and-crime>)

A. Policy Goal: Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan (page 8) does your project address? What service gaps (pages 10 – 14) will it address?

Our project will address all the following policy goals:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services (individuals affected with SUD are a major driver of emergency room and hospital use)
- Reduce the number of people in Kitsap County who recycle through the criminal justice systems, including jails and prisons (individuals affected with SUD are a large percentage of this group)
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth
- Improve the health status and well-being of Kitsap County residents

The following gaps are identified and will be addressed:

- Increase substance abuse treatment funding for youth and adults who are not eligible for Medicaid, including individuals on Medicare, veterans and those who do not have private insurance
- Increase access and options for medication- assisted treatment
- Increase efforts to attract more providers within Kitsap County to provide pain and

addiction consultations

- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap

B. Needs Assessment and Target Population: Referring to the Policy Goal(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

Kitsap County population estimate for 2017 was 264,300. Approximately 16,508 (approx 6.2%) have SUD. This is likely a significant underestimate of the real incidence and prevalence of SUD in Kitsap County as the use of heroin and other opiates has skyrocketed in the past decade. Many of the patients are otherwise young and healthy which is a significant loss to the community and the society. Kitsap Public Health District's needle exchange, which distributes free syringes for the purpose of preventing disease, grew from about 282,000 needles exchanged in 2008 to more than 1 million in 2015.

(<http://kitsappublichealth.org/information/files/Populations%20with%20Functional%20and%20Access%20Needs%20Estimates%202017.pdf>)

The Opioid related epidemic in Kitsap County has resulted in significant deaths due to overdose (Kitsap 104 deaths rate 7.8/100,000) and caused high rates of morbidity and associated social problems. These statistics are readily available through the various state and county health and government agencies.

(<https://www.kitsapsun.com/story/news/local/communities/mason/2017/11/22/community-hears-toll-opioid-epidemic-north-mason/889323001/>)

Our goal is to screen over 1,000 individuals in a year and provide care to as many as deemed appropriate for MAT. We will not create any additional barriers or hurdles for individuals and use MAT as the "last" resort. Individuals will be seen in the clinic within 24 to 48 hours after initial contact. The evaluation and assessment will be done by a medical provider and if found clinically appropriate, therapy with MAT will be started that same day with the initial induction being a home based induction. This process significantly reduces barriers to patients seeking MAT. Patients will be closely monitored and followed in the clinic on a biweekly to weekly basis until stable and then bimonthly. We have been following this protocol in our Tacoma for over 4 years and it has been proven to be very successful.

We will serve all individuals regardless of their financial resources. We accept Medicaid assignment and most of these individuals will qualify for one of these plans. If needed we will provide them with the resources and assistance to enroll in Medicaid. This will significantly reduce and eliminate this common burden/hurdle for SUD patients.

We also have a telemedicine component to our practice. This allows us to provide services in the evening, on weekends and expand our provider coverage. Being able to offer both evening and weekend hours significantly lowers the barrier to individuals entry into our MAT program.

C. Community Collaboration, Integration and Collective Impact: Describe any other organizations and sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

We have collaborative partnerships with different community agencies including:

Kitsap County Drug Court: A program offering non-traditional and individualized treatment for chemical dependency as an alternative to criminal prosecution

Agape Unlimited Substance Abuse Treatment Program: Provides substance abuse treatment, experienced counselors, support staff and referral to inpatient treatment, medical and behavioral health services

Kitsap Mental Health: Provides eligible participants behavioral services

West Sound Treatment Center : Provides people with individual mental health counselling and critically needed coordinated re-entry services for those exiting the Kitsap County jail

Needle Exchange Program: Provides education on the importance of one time only use of sterile needles/syringes, offering free needles/syringes in exchange for used syringes and offering safe disposal of used needles/syringes. They also offer health services and access to prevention counselling.

Homeless Shelter: Provides emergency shelters, homeless shelters, day shelters, transitional housing, shared housing, residential drug alcohol rehabilitation programs and permanent affordable housing

Faith Based Organization: eg *Celebrate Recovery*

Community Recovery Organization: eg *Recovery Cafe*

These collaborative partnerships with other community agencies ensure that all individuals will receive appropriate care through integrated services and we will reach our goals of increasing law abiding behaviors and long term abstinence from alcohol

and drugs. We will continue to develop relationships in the community that will address and strengthen the collective approach to treating the social problem of substance use among individuals who are involved in the judicial system. By utilizing this collective approach we will improve community systems serving this population. This will include mental health services, child protection and welfare, education, juvenile justice, housing, employment services, primary health care plans and other publicly-funded entities promoting substance abuse services.

3. Organizational Capacity

A. Organizational Governance. Provide an organization chart and a brief description of your internal governance and leadership structure.

SIH is owned by a board certified internal medicine doctor with over 6 years of addiction experience who will become board certified in addiction in October. In addition we currently have 1 other part time MD and 1 nurse practitioners with up to 2 years of experience in addiction medicine. We have a total capacity of over 500 active patients on MAT with SUBOXONE (this will increase significantly in the next 6-12 months). The clinic is managed by a Licensed Practical Nurse with over 4 years of experience in addiction medicine. We follow the national guidelines for providing MAT services published by *American Society of Addiction Medicine (ASAM) and Substance Abuse and Mental Health Administration (SAMHSA)*.

B. Organizational Finances. Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

The organization is structured as a sole member for profit LLC. The clinic/organization is managed/owned by Dr. Atif Mian MD in capacity of CEO. SIH has a certified accountant who does the annual tax returns and a bookkeeping agency that does monthly and quarterly payroll, tax filing etc. The clinical side is managed by a nurse manager. We have not had an audit as there has been no discrepancy in the monthly/quarterly finances.

C. Staffing Qualifications: Referring to Attachment G, provide a complete list of staff positions dedicated to this project, including the role of each and their Full Time Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

We currently have:

MD/Nurse Practitioners/Providers:

2 MDs one (1.0 FTE) one part time (0.25 FTE) providers/prescribers

4 Nurse Practitioners (3 1.0 FTE, 1 0.5 FTE) providers/prescribers

All providers DAT 2000 certified and licensed in State of Washington, credentialed with Medicaid, Medicare and private insurances

1 LPN (1.0 FTE)

Licensed in the State of Washington

Office Manager

Clinical Skills

1 RN (0.5 FTE)

Licensed in the State of Washington

Office Manager

Clinical Skills

3 MAs (3 1.0 FTE)

Licensed in the State of Washington

Clinical Skills

We plan to hire additional staff for the project. The details of such are listed below.

D. Organization Licenses and Certifications: Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization licensed to provide?

We are not licensed to provide behavioral health services through Washington State Department of Social and Health Services, Department of Health or HCA but we have

collaborative signed agreements with *West Sound Treatment Center* and *Agape Unlimited Substance Abuse Treatment Program*, two local agencies that are licensed to provide these services. In addition we plan to hire Licensed Mental Health Counselor and Psychiatrist ARNP to provide additional in-house services.

E. History of Project Management: Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget and consistent with funding requirements.

As a clinic we do not have previous experience managing a publically funded project but we have extensive experience running a successful MAT clinic and managing our current resources. We have been privately owned and operated for over 4 years and have treated hundreds of patients in our clinic. We are experienced with operating a large clinic and keeping the costs down to maintain financial viability while accruing no associated debt. We continually are growing in our current location adding more patients, providers and axillary staff as the need arises all the while staying financially independent.

4. Project Financial Feasibility:

We are fully financially sustainable with current funding for services by accepting assignment and billing Medicaid (Apple), Medicare and other insurance plans. We are fully credentialed and able to bill and receive reimbursement for professional services rendered. We plan to continue to bill for our professional services.

A. Budget Narrative Provide a brief narrative justification for items included in your proposed budget. (Attachment F and G) Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. The standard indirect is between 5% and 10%. Provide justification for indirect above 5%. Indirect can be no more that 10%.

We are asking for funding to hire the following:

1 Licensed Mental Health Professional \$ 30,259 (1.0 FTE), requested FUNDS for 0.75 FTE (\$30,194) IN KIND FUNDS will cover 0.25 FTE (\$20,064)

(The average reimbursement for a LMHP professional mental health counseling service is \$35/encounter. This will equal approximately 2200 total encounters in a year for the annual salary.)

3/4 Psychiatric Nurse Practitioner \$93,000 (0.75 FTE), requested FUNDS for 0.5 FTE (\$62,000) IN KIND FUNDS will cover 0.25 FTE (\$31,000)

(The average reimbursement for a ARNP professional service is \$50/encounter. This will equal approximately 1200 total encounters in a year for the annual salary.)

1 Licensed Social Worker \$73,000 (1.0 FTE), requested FUNDS for 0.75 FTE (\$54,750) IN KIND FUNDS will cover 0.25 FTE (\$18250)

(The average reimbursement for a LMHP professional mental health counseling service is \$35/encounter. This will equal approximately 2200 total encounters in a year for the annual salary.)

3/4 Nurse Practitioner for prescribing/MAT \$93,000 (0.75 FTE), requested FUNDS for 0.5 FTE (\$62,000) IN KIND FUNDS will cover 0.25 FTE (\$31,000)

(The average reimbursement for a ARNP professional service is \$50/encounter. This will equal approximately 1200 total encounters in a year for the annual salary.)

Medical Assistant for \$34,560 (1 FTE), requested FUNDS \$8640 for 0.25 FTE, In Kind FUNDS \$25,920 (0.75 FTE)

Clerical Staff for \$34,560 (1 FTE), requested FUNDS \$8640 for 0.25 FTE, In Kind FUNDS \$25,920 (0.75 FTE)

Office Manager \$18,000(0.25 FTE), requested FUNDS \$9000 for 0.125 FTE, In Kind FUNDS \$9000 (0.125 FTE)

CEO (0.25FTE) \$25000

TOTAL FTE= 5.75 (CEO not included in FTE calculation)

TOTAL BUDGET FOR STAFF \$451,379

REQUESTED FUNDS \$299,229

IN KIND FUNDS \$166,154

Please note these are encounters and NOT actual active patients. Many patients will and do have dual diagnosis and co- occurring mental health issues and need to be seen by multiple providers, eg MAT prescription from ARNP, counseling and other mental health issues from LMHP/LSW and psychiatric medications and management by a Psychiatric Nurse Practitioner. We project that with 250 active patients we can achieve these numbers.

We plan to bill for professional services provided for each of the above, as far as allowed and reimbursable. The time lag before we are fully able to support the above personal is dependant on getting all the credentialing completed and adequate volume to support their services. It can easily take 6-12 months for the clinic/practice to get established and become financially self sufficient. It will be during this initial phase of operations that the grant will be invaluable. During this initial phase the personal will be supported financially from the grant monies and ALSO from the reimbursement received from insurance/CMS. As the volume increases the grant monies will decrease and by end of year one will approach zero.

Total Indirect Budget	\$101,600
REQUESTED FUNDS	\$7350
IN KIND FUNDS	\$94,250

B. Additional Resources and Sustainability: Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

As mentioned above we bill Medicaid (Apple), Medicare and private insurance plans and will continue to do so in the future. Our current clinic has been financially independent and successful for over the last four years and we plan on our clinic in Bremerton to have the same success. We will be financially self sufficient if/when the grant concludes. We also plan to continue to explore other grants in the future from the state and federal level that we would qualify for and would help in dealing with the opioid epidemic.

EVALUATION WORKSHEET

PROJECT NAME:		Project: Grant to expand substance use disorder/mental health disorder treatment options by opening a MAT (medication-assisted treatment) clinic in Kitsap County				
A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Reduce the incidence and prevalence of substance use disorder and associated mental health issues. Secondly reduce incarceration and petty crime related to such.	Measure and track 2 week response to treatment then measure 30 day drop out rate for the duration of the program ie 12 months.	At least 60% of the patients who start SIH MAT program will stay with the program for 2 weeks and then for 30 days.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior XXOutcome: 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"/> XXMedium <input type="checkbox"/> Long Start date: 01/01/2019 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual XXOther: Monthly	01/01/2019	Electronic records
	Measure and track 6, 12 month response to MAT and measure the illicit use of opioids.	At least 55% of the patients will continue MAT at 6 and 12 months and 75% of individuals admitted to SIH MAT program will demonstrate abstinence to illegal opioid use for a continuous period of 30 days.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill XXOutcome: Practice or behavior XXOutcome: 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"/> XXLong Start date: Frequency: <input checked="" type="checkbox"/> XXQuarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	01/01/2019	Urine toxicity screens and electronic records
	Track the number of people incarcerated secondary to opioid abuse for the next 12 months.	Reduce the number of incarcerations by 25% over the 12 month period related to substance use disorder.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill XXOutcome: Practice or behavior XXReturn-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> XXLong Start date: Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> XXSemi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other:	01/01/2019	Baseline county statistics and follow up semi-annually
	Monitor the overall prevalence of active drug abuse in the county for the next 12 months.	Reduce the prevalence of substance use disorder by 25% over the next 12 months.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior XXOutcome: Impact on overall problem XXReturn-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> XXLong Start date: Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> XXAnnual <input type="checkbox"/> Other:	01/01/2019	Baseline county statistics and follow up annually

ATTACHEMENT D

<p>Reduce the overall cost to the healthcare system and reduce emergency room use</p>	<p>Track the number of ER visits and hospital admits related to SUD in the next 12 months.</p>	<p>Reduce the number of ER visits related to substance use disorder by 25% over the next 12 months.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior XXOutcome: Impact on overall problem XXReturn-on-investment or cost-benefit if applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>01/01/2019</p>	<p>Data from the local emergency rooms and hospitals, county and state data at baseline and at 12 months</p>
<p>Reduce the mortality rate associated with substance use disorder</p>	<p>Track the number of people dying of opioid overdose in the next 12 months.</p>	<p>Reduce overdose deaths by 40%.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior XXOutcome: Impact on overall problem XXReturn-on-investment or cost-benefit if applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>01/01/2019</p>	<p>Baseline county statistics and follow up semi-annually</p>
<p>Reduce the barrier to treatment for substance use disorder and increase the number of providers available to treat substance use disorder in Kitsap county</p>	<p>Track the time before a patient is started on MAT after initial contact and track the number of providers prescribing MAT in the county over the next 12 months.</p>	<p>Reduce the time to receive initial treatment to 48 hours after initial contact. Track the active number of providers prescribing MAT over next 12 months.</p>	<p>XXOutput <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior XXOutcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit if applicable: XXFidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>01/01/2019</p>	<p>Baseline county statistics and follow up semi-annually. Survey of local providers and electronic records.</p>
<p>Increase the number of substance use disorder patients undergoing mental health treatment</p>	<p>Track the number of patients undergoing MAT who are also receiving CDP/MHP over the next 12 months.</p>	<p>At least 75% of the patients receiving MAT will also be actively involved in mental health treatment through local counselling agencies AND/OR within the SIH MAT program.</p>	<p>XXOutput <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior XXOutcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit if applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>01/01/2019</p>	<p>Electronic records and data from collaborating agencies.</p>

Total Agency or Departmental Budget Form

Agency Name: **SOUND INTEGRATED HEALTH LLC**

Project: **Grant to expand substance use disorder/mental health disorder treatment options by opening a MAT (medication- assisted treatment) clinic in Kitsap County**

AGENCY REVENUE AND EXPENSES	Accrual		Cash		2019	
	2017		2018		Budget	Percent
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue(Medicare/Medicaid/Private Insurance)	\$ 425,000.00	100%	\$ 480,000.00	100%	\$ 1.00	100%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 425,000.00		\$ 480,000.00		\$ 1.00	
AGENCY EXPENSES						
Personnel					\$ 1.00	20%
Managers	\$ 72,000.00	28%	\$ 72,000.00	21%	\$ -	0%
Staff	\$ 90,000.00	35%	\$ 146,000.00	43%	\$ -	0%
Total Benefits	\$ 39,000.00	15%	\$ 53,000.00	15%	\$ -	0%
Subtotal	\$ 201,000.00	79%	\$ 271,000.00	79%	\$ 1.00	20%
Supplies/Equipment					\$ 1.00	20%
Equipment	\$ 5,000.00	2%	\$ 6,500.00	2%	\$ -	0%
Office Supplies	\$ 6,500.00	3%	\$ 8,500.00	2%	\$ -	0%
Other (Describe) Equipment Leases	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 11,500.00	5%	\$ 15,000.00	4%	\$ 1.00	20%
Administration					\$ 1.00	20%
Advertising/Marketing	\$ 6,000.00	2%	\$ 8,500.00	2%	\$ -	0%
Audit/Accounting	\$ 8,000.00	3%	\$ 9,500.00	3%	\$ -	0%
Communication	\$ 1,800.00	1%	\$ 2,500.00	1%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 850.00	0%	\$ 1,400.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 4,500.00	2%	\$ 6,000.00	2%	\$ -	0%
% Indirect		0%	\$ -	0%	\$ -	0%
Other (Describe) Licen&Fees	\$ 850.00	0%	\$ 1,200.00	0%	\$ 1.00	20%
Subtotal	\$ 22,000.00	9%	\$ 29,100.00	9%	\$ 2.00	40%
Ongoing Operations and Maintenance					\$ 1.00	20%
Janitorial Service	\$ 1,500.00	1%	\$ 2,000.00	1%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ 7,200.00	3%	\$ 8,400.00	2%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Oper Supply+UA Exp	\$ 12,000.00	5%	\$ 16,800.00	5%	\$ -	0%
Subtotal	\$ 20,700.00	8%	\$ 27,200.00	8%	\$ 1.00	20%
Other Costs					\$ 1.00	20%
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Depreciation	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 255,200.00		\$ 342,300.00		\$ 5.00	

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

Special Project Budget Form

Agency Name: Sound Integrated Health LLC

Project: Grant to expand substance use disorder/mental health disorder treatment options by opening a MAT (medication- assisted treatment) clinic in Kitsap County

Enter the Estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers/CEO	\$ 43,000	7%	\$ 34,000	10%	\$ 9,000	3%
Staff	\$408,379	66%	\$ 256,225	78%	\$ 152,154	53%
Total Benefits	\$ 62,383.66	10%	\$ 31,191.83	9%	\$ 31,191.83	11%
Subtotal	\$513,763	83%	\$ 321,417	98%	\$ 192,346	67%
Supplies/Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 6,500.00	1%	\$ 500.00	0%	\$ 6,000.00	2%
Other (Describe) Printers, Computers, Laptops	\$ 15,000.00	2%	\$ -	0%	\$ 15,000.00	5%
Subtotal	\$ 21,500.00	3%	\$ 500.00	0%	\$ 21,000.00	7%
Administration						
Advertising/Marketing	\$ 6,600.00	1%	\$ 600.00	0%	\$ 6,000.00	2%
Audit/Accounting	\$ 10,500.00	2%	\$ 2,500.00	1%	\$ 8,000.00	3%
Communication	\$ 2,040.00	0%	\$ 500.00	0%	\$ 1,540.00	1%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 1,500.00	0%	\$ 250.00	0%	\$ 1,250.00	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect		0%	\$ -	0%	\$ -	0%
Other (Describe) Licen&Fees,Bad Debt,Legal	\$ 5,500.00	1%	\$ 500.00	0%	\$ 5,000.00	2%
Subtotal	\$ 26,140.00	4%	\$ 4,350.00	1%	\$ 21,790.00	8%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 2,000.00	0%	\$ 500.00	0%	\$ 1,500.00	1%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ 2,160.00	0%	\$ 500.00	0%	\$ 1,660.00	1%
Other (Describe) LEASE OFFICE	\$ 33,000.00	5%	\$ -	0%	\$ 33,000.00	12%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Oper Supply+UA Exp	\$ 16,800.00	3%	\$ 1,500.00	0%	\$ 15,300.00	5%
Subtotal	\$ 53,960.00	9%	\$ 2,500.00	1%	\$ 51,460.00	18%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 615,362.66		\$ 328,766.83		\$ 286,595.83	

ATTACHMENT G

Project Salary Summary

Agency Name: Sound Integrated Health LLC

Subcontractor: Yes No X

Project: Grant to expand substance use disorder/mental health disorder treatment options by opening a MAT (medication- assisted treatment) clinic in Kitsap County.

Description

Number of Professionals FTEs	3.50
Number of Clerical FTEs	1
Number of All Other FTEs (Office Manager/MA)	1.25
Total Number of FTEs	5.75

Salary Information

Salary of Executive Director or CEO	\$25,000
Salaries of Professional Staff	\$339,259
Salaries of Clerical Staff	\$34,560
Other Salaries (Describe Below)	
Description: Medical Assistant	\$34,560
Description: Office Manager 0.25 FTE)	\$18,000
Description:	\$ 0
Total Salaries	\$451,379
Total Payroll Taxes	\$62,383.66
Total Cost of Benefits	\$0
Total Cost of Retirement	\$0
Total Payroll Costs	\$62,383.66