



# **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs**

**2019 New Grant  
Submitted Proposals  
RFP 2019-137**

**January 1, 2020 – December 31, 2020**

## 2019 Mental Health, Chemical Dependency and Therapeutic Court New Grant Submitted Proposals

The Kitsap County Department of Human Services (KCDHS) received 10 new Grant 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 \$6,000,000 will be awarded for projects or program services delivered between January 1, 2020 and December 31, 2020.

### **Agape Unlimited**

**Koinonia Inn Women and Children Transitional Housing** - \$124,129.68 in grant funds requested to support capitol improvement project of the residence to ensure a safe living environment for low income pregnant, parenting, post-partum women and their children while they participate in substance abuse treatment.

### **Agape Unlimited**

**Agape Integrated Mental Health Services (AIMS)** - \$125,535.30 in grant funds requested to provide one full-time Licensed Mental Health Practitioner (LMHP) and one full-time Patient Care Coordinator on site at Agape to provide mental health screening, assessment, mental health outpatient services and substance use disorder outpatient treatment.

### **Kitsap Homes of Compassion**

**108 Rooms of Permanent Supportive Housing** - \$584,800 in grant funds requested to create 108 additional affordable, permanent, supportive, stable housing rooms for those in Kitsap County who are homeless and have mental and behavioral health issues.

### **Kitsap Community Resources**

**Recovery Outreach and Stabilization Team (ROAST)** – \$768,000 in grant funds requested to provide outreach, rental assistance, eviction prevention, rapid rehousing, case management, housing stabilization, crisis intervention, and mental health referrals for individuals and families in Kitsap County who are struggling with substance abuse and mental health issues.

### **Kitsap County Sheriff's Office**

**Crisis Intervention Coordinator** - \$123,263 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 Mental Health Services**

**Pacific Hope and Recovery Center** - \$111,194 in grant funds requested to fund non-reimbursed bed days (at \$224 per day) for persons referred to “Pacific Hope and Recovery Center , a 30-day, 16-bed intensive inpatient treatment facility specializing in treating adults with complex substance use, serious co-occurring mental illnesses, often with medical complexities.

### **Kitsap Mental Health Services**

**Pendleton Place Apartments Permanent Supportive Housing Facility** - \$750,000 in grant funds requested to fund a portion of the predevelopment, architecture and engineering costs necessary to construct Pendleton Place Apartments, a 70-unit permanent supportive housing apartment complex

serving individuals experiencing chronic homelessness and living with chronic mental illness and/or substance use disorders.

**Peninsula Community Health Services**

**Fired Up for Health: Bremerton Ambulatory Team** - \$274,749.81 in grant funds requested to support a partnership between Peninsula Community Health Services and Bremerton Fire Department to provide mental health and substance use treatment to people who are calling 911 to address non-emergent needs. Funds will support staff to meet these callers before they access the emergency room and during or after the call with firefighters/paramedics/EMTs.

**Salish Recovery Coalition/Kitsap Community Foundation**

**Recovery Café Kitsap** - \$325,000 in grant funds requested to provide the first-year operations and startup costs to open Recovery Café Kitsap, a place of healing and loving accountability for those struggling with the challenges of homelessness, substance use and other mental health conditions.

**West Sound Treatment Center**

**Metamorphosis Program** - \$180,425 in grant funds requested to provide transitional recovery housing, including 2FTE housing case managers and administrative support. The program will offer two safe and sober houses (one for men and one for women and their children) and will utilize wrap-around services to provide holistic care.





## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Checklist Form

Name of Program: Koinonia Inn

Organization Submitting: Agape Unlimited

Item or Attachment	Yes	No	N/A	Null
Project funds are 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	x			
Organization had a representative at the Mandatory New Grant Proposer Conference	x			
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by <b>May 31, 2019 at 3:00 p.m.</b>	x			
Organization did not receive funding for this project in 2019	x			
Attachment A – New Grant Proposal Summary Page	x			
Attachment B – New Grant Proposal Checklist Form	x			
Organization checked, initialed and signed New Grant Proposal Checklist	x			
Attachment C – New Grant Proposal Narrative Template	x			
Proposal Narrative is limited to 15 pages	x			
Attachment D – New Grant Proposal Evaluation Worksheet	x			
Attachment E – Total Agency Budget Form	x			
Attachment F – New Grant Proposal Special Project Budget Form	x			
Indirect is limited to 5%	x			
Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form	x			
Organization submitted Attachment G for each Sub-Contractor	x			
Sub-Contractor indirect limited to 5%	x			
Attachment H – New Grant Proposal Project Salary Summary	x			
Attachment I – Letter of Resource Commitment (optional)			x	
Attachment J– Organizational Chart	x			
No other attachments are included			x	
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	x			
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	x			

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

\_\_\_\_\_  
Signature of Individual Preparing Proposal

7/22/19  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Organization's Chief Executive

7/22/19  
\_\_\_\_\_  
Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Narrative Template**

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**All New Grant 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 Koinonia Inn provides pregnant, parenting, post-partum women and their children a safe and stable environment while they participate in substance use treatment and seek permanent housing with the aid of case managers. All participants receive case management services to include five or more contacts per month. The case managers are on site seven days a week and all women have access to the case managers on a daily basis. Each participant completes a housing needs assessment to identify needs, barriers and goals and to actively work on service plans throughout the duration of residency. Licensed childcare is provided on site and all the women participate in a parenting assessment that identifies parenting goals and needs. Each participant's treatment is monitored through compliance reports, emergent and non-emergent treatment reports and direct communication with the clinical team.

The Koinonia Inn provides a total of fourteen (14) transitional housing beds for six (6) pregnant/parenting women and up to eight (8) of their children. The program provides intensive case management and referral services that focus on the needs of the whole person through collaboration with community partners. Long term abstinence has been proven to be best achieved with a stable living environment and participation in substance use treatment. Traditionally, those who attend substance use treatment only and have a toxic environment relapse or return to use.

All Koinonia Inn participants receive services including Intensive Outpatient (IOP level 2.1) and Outpatient (OP level 1) Substance Abuse Treatment, assessment of needs, placement/referral services, monthly face-to-face contact, goal planning, problem solving, job readiness education, education referral, living skills facilitation, parenting skills training, and referral to permanent housing resources. Treatment services are tailored to the individual and their needs. Agape provides 24 treatment groups per week which includes specific evidenced based curriculum to include but not limited to: The Matrix model (IOP and relapse prevention), Moral Reconciliation Therapy (MRT), Seeking Safety, The Change Company, drug and alcohol basic education, process groups and family education.

All case management services are completed at the Port Orchard site and substance abuse treatment services are located at our Bremerton facility.

Services offered at the Koinonia Inn combined with the appropriate level of substance use disorder treatment will meet the program goals to eliminate substance use, prevent homelessness, address immediate pregnant/parenting women's needs, promote stability as a family unit, provide assistance in accessing employment and/or increasing income, decrease criminal activity, achieve family re-unification, increase level of functioning in physical and mental health, obtain a self-directed program of recovery and will support prevention of future drug effected births.

**B. Evidence-based, Promising, Best or Innovative Practices**

The Koinonia Inn Transitional Housing Program targets the population of pregnant, parenting, post-partum women and their children, who are low to very low income and meets criteria for a substance use disorder. Our program does not discriminate against age, sex or race/ethnicity. The services are open to anyone in Kitsap County who is eligible.

Many of our participants that have a diagnosed substance use disorder also suffer from mental illness which, if left untreated, places them at great risk of serious negative consequences. Our partnership with Peninsula Community Health Services (PCHS) will offer a Licensed Mental Health Practitioner (LMHP) on site effective 1/1/2020. This partnership will allow Agape to quickly provide participants with a mental health assessment and enrollment into co-occurring services. Co-occurring treatment will have a positive impact for our participants and the community by addressing immediate safety concerns and facilitating engagement in appropriate services.

Agape is committed to continuous improvement of its services through use of measurable outcomes, participant satisfaction and utilization of evidenced based practices and promising best, and innovative practices. Agape provides a large range of programs, support and services focusing on the whole person and individuals unique needs. Agape follows American Society of Addiction Medicine (ASAM) guidelines and best practices for our substance use disorder treatment services.

Agape provides an appropriate staff to patient ratio that meets or exceeds clinical standards. Agape has the ability to provide personalized attention and monitoring from our clinical team and access to professional, compassionate, personalized care.

2019 year-to-date data indicates the following: 100% of Koinonia Inn participants have recordable abstinence; 56% have completed substance use treatment; 44% are enrolled in a substance use disorder treatment center and 100% of exiting participants have obtained permanent, stable housing.

2018 Outcomes: 100% (14 women) were enrolled in substance use treatment and 86% had recordable abstinence.

2017 Outcomes: 100% (17 women) of our participants were enrolled in a substance abuse treatment program. 82% of participants achieved recordable abstinence.

The program utilizes the following Evidence-based Practices to help our participants achieve success.

Motivational interviewing to help participants resolve ambivalent feelings and uncertainties to help guide them to find their internal motivation to change their behavior.

[https://ucedd.georgetown.edu/DDA/documents/mi\\_rationale\\_techniques](https://ucedd.georgetown.edu/DDA/documents/mi_rationale_techniques)

Cognitive Behavioral Therapy is utilized to help participants begin making behavior changes and thought processes that promote pro-social living skills.

<https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>

Rational Emotive Behavior Therapy focuses on resolving current problems and allows the women to empower themselves through problem solving and behavior changes. <https://albertellis.org/rebt-cbt-therapy/>

Moral Reconciliation Therapy (MRT), a cognitive-behavioral program developed by Correctional Counseling, Inc. (CCI). MRT changes ways of thinking to promote pro-social behavior, works on moral reasoning, decision making and consequences. MRT focuses on confrontation of beliefs, attitudes, behaviors, current relationships, reinforcement of positive behavior and habits, positive identity formation, enhancement of self-concept, decrease in hedonism, development of frustration tolerance and development of higher stages of moral reasoning. Evaluating the effectiveness of Moral Reconciliation Therapy - Iowa State

Service plans are created with participants to identify goals, resolve barriers and refer participants to other resources and supportive services. This helps our participants achieve a self-directed program of recovery and accomplish other identified goals.

Client satisfaction surveys are used during the participants' stay as well as at exit from the program to help track outcomes, achievements of goals and program effectiveness.

These practices have improved program outcomes. When participants make behavior changes, they are more likely to work a self-directed program of recovery and achieve long term abstinence.

Outcome measures show the Koinonia Inn program promotes behavior modifications resulting in positive outcomes such as abstinence from substances, obtain employment, higher enrollment in education, income stability and family re-unification.

C. Outreach

Community and agency outreach occurs through presentations at community meetings and forums, brochures distributed to community partners and word of mouth. We are listed in the 2-1-1 service network, Kitsap County Resource Guide for People with Special Needs, Department of Social and Health Services (DSHS) Directory, Salvation Army Newsletter, Therapeutic Court brochures, advertising materials located at most social service and behavioral health agencies and we can be found through internet media and on our web page at [agapekitsap.org](http://agapekitsap.org). Outreach efforts also target Behavioral Health and Criminal Justice facilities for patients to access aftercare services. Agape works diligently to keep all program information up-to-date and easily available to all community partners.

Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure eligible participants have quick access to services. Many staff members are crossed trained to screen for eligibility as well as for disseminating information in appropriate forums to our target population.

Our facilities are accessible to persons with disabilities. We have bilingual staff and interpreter services available when working with non-English speaking participants. The program has a long history of working with minority populations. Agape Unlimited provides cultural competency training upon hire and yearly thereafter, to ensure our staff can meet the social and cultural needs of participants. We have instituted annual and ongoing training to understand and effectively work with a population that has a history of early childhood trauma and resulting in high adverse childhood experiences (ACE's) scores.

D. Evaluation

Outputs and outcomes are documented in clinical and housing files to ensure all participants receive appropriate services. The following outcomes are evaluated through treatment reports indicating compliance with substance abuse treatment, housing files monitor a housing and needs assessment, housing stability plan and the case management notes reflect detailed progress, referral services, needs and gaps in services and follow-up. The clinical team and Koinonia In case managers are in close communication to address immediate concerns and to celebrate participants' progress.

By documenting and monitoring the participants' progress, the following outcomes have been established: Increased duration of abstinence from substance use; compliance with substance use treatment; housing retention/stabilization; increased income and self-sufficiency through employment or public benefits; increased ability to navigate community resources and build support networks. This equates to an improved overall quality of life, increased self-efficacy and the ability to work a self-directed program of recovery.

With the completion of capital improvements, we anticipate the program will continue for an additional 30 years which would ultimately impact over 700 women and children in Kitsap County. Improvements will be maintained by our program maintenance staff, by continued funding for operations and maintenance and with program generated revenue.

## **2. Community Needs and Benefit (25 Points)**

### **A. Policy Goal**

Kitsap County has experienced a significant increase in substance use creating a higher population of homeless women and children in need of treatment and supportive services.

The 2017 Behavioral Health Strategic Plan lists substance use disorders as the leading priority along with a focus on recovery support services, to include housing. Substance use disorder is a key factor of adverse outcomes across Kitsap County and places a strain on all public systems. The Koinonia Inn addresses both recommendations by providing substance use disorder treatment, supportive housing and supportive services to include, but not limited to childcare, transportation and employment assistance.

By providing these services, we anticipate reaching the goal that 100% of the women at the Koinonia Inn will be enrolled in substance use disorder treatment or will have completed a program with in the last year and achieved reduction in substance use. Agape participants will also reach significant increases of family re-unification, participants' ability to increase and or maintain stable income, enrollment into higher education, obtain employment, resolutions of criminal cases, create positive rental histories, increase credit scores, learn positive parenting skills, actively engage in primary medical care and mental health services and increase overall level of functioning.

The Koinonia Inn addresses Gap #6 in the 2017 Behavioral Health Strategic Plan "Recovery Support Services" by providing childcare services, temporary transportation services and recovery support services to include, but not limited to: Outpatient substance abuse treatment, assessment of needs, placement/referral services, monthly face-to-face contact, goal planning, problem solving, job readiness education, education referral, living skills facilitation, parenting skills training, and permanent housing referral.

Our goals for the Koinonia Inn are for each participant to obtain and maintain permanent housing, prevent future episodes of homelessness, achieve long term abstinence from substances and to assist the women in becoming productive members of society. Case managers work closely with participants in applying for all appropriate low income housing, re-building of credit and rental histories, to monitor abstinence, assist in job readiness, support applicants applying for permanent benefits, improve home maintenance skills, provide community referrals and to teach soft skills.

**B. Needs Assessment and Target Population**

The January 2019 Point in Time Count indicated 487 persons were currently homeless in Kitsap County with 28% suffering from substance abuse and 13% reporting their substance abuse was a cause of their homelessness. Data collected in 2018 from Housing Solutions Center Coordinated Point of Entry report identified 3,968 households needed housing assistance and data indicated that 21% self-reported a substance use disorder, 42% reported they had a mental illness and 12% identified having a co-occurring disorder.

The Koinonia Inn helps support the unmet needs of the community by providing substance use disorder treatment, childcare services, housing and case management services. This program provides 14 beds to pregnant and parenting women and their children who are homeless or at imminent risk of being homeless, who are low to very low income and suffer from a substance use disorder. The program will serve up to 21 individuals and screen up to 35 for eligibility in the year 2020.

**C. Community Collaboration, Integration and Collective Impact**

Agape unlimited has partnered with the following agencies to provide collaborative, consistent, evidenced based care: Kitsap Recovery Center (KRC), Kitsap Mental Health Services (KMHS), Peninsula Community Health Services (PCHS), Housing Solutions Center (HSC), Kitsap Community Resources (KCR) West Sound Treatment Center (WSTC), Kitsap County Juvenile Department, Department of Social and Health Services (DSHS), Department of Children, Youth and Family Services (DCYFS), Family Drug Court, Adult and Youth Drug Courts, Native American Wellness Centers, Health Care Authority (HCA), Salish Behavioral Health Organization (SBHO), Kitsap Parent Child Assistance Program (PCAP), Women Infant Child Program (WIC), Goodwill, Local Food Banks, Housing and Urban Development (HUD), St. Vincent de Paul, Kitsap Transit, Salvation Army, Catholic Community Services-Housing Essential Needs (HEN), Work Source, and Olympic College among others.

Partner activities include but are not limited to: Financial support, medical and mental health care, housing, transportation, peer support, case management, food and nutrition, clothing, employment and education assistance.

We recently partnered with the Kitsap Law Enforcement Behavioral Health Outreach Program, Law Enforcement Assisted Diversion (LEAD). This partnership will help bridge the gap for those suffering from mental health and substance use crises on the streets. This program will immediately connect participants to services in lieu of arrest, lower the impact of recidivism and/or high utilization of other social services. Agape will provide substance use treatment, mental health services, case management, peer support and or referrals. This unique program provides a true soft hand off of individuals suffering from substance use disorders and mental health illness to the appropriate services they need at a much lower risk of losing them to other systems.

Agape serves a population strongly effected by co-occurring mental health and substance use disorders which has encouraged us to partner with Peninsula Community Health Services (PCHS) to hire a full-time Licensed Mental Health Practitioner (LMHP) to provide services on-site at Agape. This partnership will provide the much needed mental health services in conjunction with Substance Use Disorder treatment creating a positive collective impact on our participants and the community.

Agape has made a substantial commitment to increasing staff knowledge and skills in providing trauma informed treatment and programs for all clients. Five Agape and PCAP staff were selected to participate in the yearlong Collaborative Learning Academy sponsored by Kitsap Strong; additionally, PCAP Clinical Director was awarded a scholarship to attend the June 2019 Saint A community trauma training. The expertise gained by these experiences are being shared with staff through regular monthly brown bag and All Staff training.

Agape had the opportunity to participate in the Dual Diagnosis Capability in Addiction Treatment (DDCAT) with the University of Wisconsin Madison Center for Health Enhancement Systems Studies which began in April 2016. This is an implementation research study designed to evaluate a defined strategy, Network for Improvement of Addiction Treatment (NIATx), for its effectiveness in installing and sustaining evidence-based integrated services for persons with co-occurring substance use and mental health disorders.

Agape Unlimited is the host agency for the Parent Child Assistance Program (PCAP). The program helps substance abusing pregnant and parenting mothers in obtaining alcohol and drug treatment, staying in recovery and resolving myriad complex problems related to their substance abuse. The PCAP advocates ensure that children are in safe, stable home environments and receiving appropriate healthcare. PCAP is a three year home visitation model and the participants have an advocate that will walk alongside them during their journey.



The advocate's aim is to link the mothers to community resources that will help them build and maintain healthy, independent family lives. The Kitsap site has been operating for over 10 years and has experienced great success, high retention rates, prevention the future births of alcohol and drug affected births and reduction in substance use.

The Koinonia Inn is conveniently located in downtown Port Orchard which has easy and quick access to Therapeutic Court Programs, Kitsap Transit bus lines, Port Orchard foot ferry and other programs utilized by Koinonia Inn residents.

All of Agape's partnerships ensure that our participants receive wrap around integrated services to assist them in reaching their goals and living a productive life. Our goal is to provide the best quality services for our participants through our own activities and integrated services with other agencies.

### **3. Organizational Capacity (25 Points)**

#### **A. Organizational Governance**

Agape Unlimited is a 501c3 non-profit agency governed by a nine member Board of Directors. The Agape Unlimited Board meets monthly on the second Monday of each month, as needed, convening a minimum of four times per year (quarterly) per the Agape Unlimited Board of Directors By Laws. Officers of the Board are the President, Vice President, Secretary, and Treasurer with the remaining seats as chair persons. Our Board members have a vast amount of experience in the community and all members provides a unique skill set that is utilized within the organization where needed.

Agape staff management structure consists of an Executive Director, Clinical Director and Executive Assistant. The agency is organized by departments with leadership staff as follows: Business Director, Clinical Director, Treatment Director of the Parent Child Assistance Program (PCAP), Childcare Director, and Housing Coordinator.

#### **B. Organizational Finances**

The Business Director has over twenty-one (21) years of experience and is responsible for the financial oversight of the organization as a whole. Her qualifications include extensive experience in business management, full-cycle accounting, executive level finance in non-profit organizations, agency budgeting, fiscal audits, contract management/reporting, and financial quality assurance.

The Agape Unlimited Senior Accountant assists the Business Director with the daily financial functions of the Agency including accounts payable, accounts receivable, payroll processing, contract billing, and patient billing.

The Agape Unlimited Board Treasurer and Finance Committee provide quarterly review and verification of reconciliations, accounts receivable/payable records, and revenue/expenditures to ensure compliance with Agency budget and contract requirements. A report is presented by the Finance Committee to the Board of Directors on a quarterly basis.

Clarke Whitney, P.S. Accounting Firm performs annual audits and the Board of Directors is responsible to review and approve the annual fiscal audit. The December 31, 2017 Fiscal Audit revealed no findings, no disallowed costs, questionable costs and/or administrative findings. Clarke Whitney, CPA, Inc. summary reports, "In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Agape Unlimited as of December 31, 2017, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America."

### C. Staffing Qualifications

Our programs consist of highly respected clinicians and other experienced staff members that have a passion for the work and wide range of diverse skills. Our professionals are dedicated to serve our participants by using evidenced based practices, most effective techniques and latest knowledge to meet the needs, barriers and challenges of the population we serve.

Case Manager, part time (.7FTE) – Has 7 years' experience in case management, extensive knowledge of community resources and the ability to assess client needs to provide referral to supportive service agencies. Case Managers are Agency Affiliated Counselors with the Department of Health and are responsible for implementing program rules and guiding participants in reaching their goals.

Case Manager, part time (.7FTE) – Has 9 years' experience in case management, 5 years' experience working directly with families and holds a Bachelor's Degree. Case Managers hold are Agency Affiliated Counselors with the Department of Health and are responsible for implementing program rules to guide participants in reaching their goals.

Childcare Director, part time (.2 FTE) – Has 22 years of experience and training in early childhood education. She implements the program in accordance with Department of Early Learning policy and procedures, coordinates between children, parents and the program, and has the ability to delegate authority, organize, supervise and coordinate the activities of other program staff. All childcare staff must be up to date with the State Training and Registry System (STARS) requirements.

Lead Teacher, (.5 FTE) – Has 9 years of experience and training in early childhood education; she holds a Master's Degree in Social Science and has experience as a Childcare Program Director.

The Lead Teacher's role is to provide a safe, nurturing environment in which the children can thrive. All childcare staff must be up to date with the State Training and Registry System (STARS) requirements.

Maintenance Staff, part time (.25 FTE) – The Maintenance Staff has 15 years' experience in minor electrical, plumbing, construction, and is responsible for all regular upkeep, repairs and maintenance of the Koinonia Inn.

The Executive Director, full time (1FTE) has 15 years of experience providing substance use disorder treatment and program administration, case management, HR and contract management. The Executive Director is responsible for implementing the program in accordance with policy and procedures, ensures that the program adheres to contract requirements and is the direct supervisor for the Case Manager, Childcare Director and Maintenance staff of the Koinonia Inn. The Executive Director holds a Chemical Dependency Professional license.

The Executive Assistant, full time (1FTE) has a Bachelor's in Organizational Management with has past administrative experience in substance use disorder treatment and housing programs. The Executive Assistant assists the Executive Director with the daily operations to ensure agency compliance with all pertinent laws, regulations, and contracts.

Agape has the ability to bill private insurances and Medicaid for eligible services and will bill insurances as payer of first resort if allowable costs.

#### D. Organizational Licenses and Certifications

Agape Unlimited maintains relevant and up to date licenses for behavioral health services and can demonstrate that we follow the latest standards, laws, protocols and policies pertaining to safety, SUD treatment and housing. Agape Unlimited holds a current DOH Behavioral Health Agency license, meets or exceeds Department of Early Learning licensing requirements and holds business licenses with the City of Port Orchard and Bremerton.

Agape Unlimited is licensed by the state to provide substance use disorder treatments: Level 2.1 intensive outpatient treatment comprised of nine or more hours of face to face treatment per week; Level 1.0 outpatient treatment, comprised of up to nine hours treatment per week; involuntary or court ordered DUI assessment for substance use disorder, and Alcohol Drug Information School (ADIS).

#### E. History of Project Management

Agape Unlimited has a 34-year history of successfully managing multiple social service programs that include multiple renewed contracts with Kitsap County and Washington State agencies. Agape manages an annual budget over \$2 million dollars with expected revenues estimated at \$2.2 million.

Each Agape program is managed for budget adherence, funding requirements and deliverables within the timeline of project performance. The finance department submits an accounting of services monthly for processing and payment to each contract holder. Current project managed programs include: Salish Behavioral Health Organization (SBHO), Coordinated Care, Criminal Justice Treatment Act (CJTA), The Parent-Child Assistance Program (PCAP), Child Administration Service (CA), Housing and Urban Development (HUD), Kitsap County Homeless Housing and Affordable Housing (AHGP & HHGP), Pregnant Parenting Women (PPW) and childcare services funded by the Substance Abuse Block Grant (SABG).

Agape' Unlimited has a well-documented history of providing excellent services on a limited budget. Staff have been able to successfully forecast program costs, access needed resources, navigate emergent budgetary changes and succeed within ongoing economic constraints. Financial and Program Management audits consistently reveal adherence to the highest program standards.

#### **4. Project Financial Feasibility (10 Points)**

##### **A. Budget Narrative**

Our funding request for fiscal year 2020 (01/01/2020 to 12/31/2020) totaled \$124,129.68. All operating expenses will be covered through Substance Abuse Block Grant (SABG), Kitsap Coordinated Grants (AHGP & HHGP), donations and program generated revenue.

Agape Unlimited will continue to seek other funding streams and apply for grants to sustain the program. The funds requested from the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs grant will be utilized after all other funding resources are exhausted and for only the described costs in this grant proposal. The funds requested are exclusively for the Koinonia Inn Transitional Housing that provides clean and sober housing in connection with substance abuse treatment. Requested funds will complete the capital improvements needed to continue this valuable and unique program for a population of Kitsap County's most vulnerable women and their children. The funds requested will not support any program costs other than the following improvements listed in our budget below.

We are requesting funding for;

1. Building costs of removal and replacement of dilapidated siding and gutters for a total cost of \$65,711.74. These costs include the remediation of rotten siding, trim, framing and includes disposal. This project must be completed by a licensed/bonded contractor who can provide services in the city of Port Orchard, WA.

2. Window replacement for the safety of the women and children which will also provide energy efficiency to keep utility costs at a minimum. The new windows will meet code, the specifics for safety and impact rating for the second and third floor. The cost of the window replacements are \$4,863.
3. Most of the flooring at the Koinonia Inn is over 16 years old and has had over 384 residents since reopening in 2004. The excessive costs (\$13,189.00 for asbestos removal) for flooring budget are the result of asbestos tiles that are currently installed at the Koinonia Inn and must be removed prior to new flooring installation. It is imperative that we have durable, long lasting, easy to maintain flooring that will support another 16 years to allow Agape to continue providing supportive services, housing and substance abuse treatment to our target population. The cost for durable, long lasting flooring throughout the entire building to include all three floors is \$47,644.00.
4. Indirect costs for the program total are \$5910.94. We are asking for indirect cost to cover any fluctuation in the rehab due to quotes secured for the purpose of the grant budget may change at time of project start date. Most contracting bids are good for 30 to 90 days and we anticipate inflation costs when new bids and contracts are procured.

#### B. Additional Resources and Sustainability

Agape Unlimited has been successful at leveraging federal, state, private and local funds. Agape Unlimited secured a Medicaid contract with the Salish Behavioral Health Organization (SBHO) April 1, 2016 to December 31, 2019. Agape Unlimited has secured Medicaid contracts with all four of the Managed Care Organizations (MCO) to begin coverage from January 1, 2020 forward. Agape applies annually for Kitsap Coordinated grant funding for operations and maintenance of the Koinonia Inn. The childcare and case management programs are funded through the Substance Abuse Block Grant (SABG) and all other program costs are supported by program generated revenue and donations. The Koinonia Inn has successfully managed its budget, despite constraints, allowing it to remain open for over 15 consecutive years.

This program anticipates continued funding through these resources. However, current funding streams do not provide additional funds for the much needed improvements at the Koinonia Inn. Agape prides itself on the ability to seek and apply for diverse funding to meet the demanding needs of the Koinonia Inn. Agape will continue to seek out funding streams to keep this viable program open to serve those who suffer from substance use and mental health disorders.

**Matching resources: Agape Unlimited managers and staff time (clinicians, clerical, administrative, maintenance staff and finance), clinical space for treatment services, travel costs as appropriate and support group space. Agape Unlimited is providing substance abuse treatment, office space, group rooms, experienced counselors, support staff, administrative support, and drug use monitoring through urinalysis. The women will receive counseling, groups, family support, collaborative reporting, case management, parenting needs assessment, childcare services, referrals to inpatient treatment, medical and mental health services and appropriate social services.**

**Agape Unlimited actively seeks to utilize Kitsap Coordinated Grants to sustain operations and maintenance of the building to include allowable costs for minor` repairs that do not fall under capitalization. Once the project is completed, the operations and maintenance funds can be utilized to bring longevity to the improvements. Agape has a .25 FTE maintenance staff who works on site to ensure continued preservation of the site is achieved.**

## 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 Grant Proposals must include a completed Evaluation Worksheet.

### DEFINITIONS:

<b>Goal:</b>	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.
<b>Activity:</b>	Actions taken or work performed to produce specific outputs and outcomes.
<b>Objective:</b>	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
<b>Output:</b>	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
<b>Outcome:</b>	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.
<b>Timeline:</b>	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)?
<b>Baseline:</b>	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.
<b>Source:</b>	How and from where will data be collected?

EVALUATION WORKSHEET

PROJECT NAME: Koinonia Inn Agape Unlimited

<p>Enroll participants into a Substance Use Treatment Program with the goal of participants learning to work a self-directed program of recovery and achieve long term abstinence.</p>	<p>100% of participants in program will complete a substance abuse assessment to determine the need for substance abuse treatment. Program compliance will be monitored monthly or within 3 days if considered emergent reporting.</p> <p>100% of participants in the Koinonia Inn program will be enrolled in a substance abuse treatment program or have completed a program within the last year.</p>	<p>100% of participants will have a substance abuse assessment completed on or before program enrollment.</p> <p>100% of participants will be enrolled in substance abuse services at program entry or enrollment.</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 checked="" type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/2020</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: At entry _____</p>	<p>New-baseline</p>	<p>Participants housing file. Participant treatment file. Compliance and abstinence will be monitored by the housing case managers.</p>
<p>Improve and Maintain the condition of the program facility.</p>	<p>Complete capital improvement repairs to maintain program facility and the services it offers.</p>	<p>To have capital improvements completed in the year 2020 to allow 21 Kitsap County residents the opportunity to enroll into the program and receive substance use treatment along with supportive housing.</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>1/1/2020</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: Upon completion of capital improvements and ongoing weekly maintenance.</p>	<p>New-baseline</p>	<p>Work Journal, Inspection Logs, County permitting and Kiksap Building Department.</p>



## Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Agape Unlimited

Koinonia Inn



Accrual



Cash

AGENCY REVENUE						
Federal Revenue	\$ 1,375,138.34	69.96%	\$ 1,672,672.00	74%	\$ 1,839,939.00	68%
WA State Revenue	\$ 378,600.44	19.26%	\$ 392,914.00	17%	\$ 654,365.98	24%
Local Revenue - Coordinated Grants	\$ 100,136.00	5.09%	\$ 108,126.00	5%	\$ 151,728.00	6%
Private Funding Revenue	\$ -	0.00%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 108,552.00	5.52%	\$ 59,978.00	3%	\$ 75,000.00	3%
Miscellaneous Revenue	\$ 3,272.00	0.17%	\$ 18,522.00	1%	\$ 4,000.00	0%
<b>AGENCY EXPENSES</b>						
Managers	\$ 457,600.00	25.86%	\$ 524,500.00	24%	\$ 554,286.50	20%
Staff	\$ 653,875.71	36.96%	\$ 918,404.96	41%	\$ 1,141,890.78	42%
Total Benefits	\$ 129,075.08	7.30%	\$ 167,528.74	8%	\$ 196,877.79	7%
<b>Subtotal</b>	<b>\$ 1,240,550.79</b>	<b>70.12%</b>	<b>\$ 1,610,433.70</b>	<b>72.19%</b>	<b>\$ 1,893,055.07</b>	<b>69.73%</b>
Equipment	\$ 2,609.38	0.15%	\$ 8,064.00	0%	\$ 11,182.76	0%
Office Supplies	\$ 16,256.56	0.92%	\$ 19,797.00	1%	\$ 24,771.03	1%
Other (Describe) misc	\$ 8,286.40	0.47%	\$ 11,400.00	1%	\$ 13,688.42	1%
<b>Subtotal</b>	<b>\$ 27,152.34</b>	<b>1.53%</b>	<b>\$ 39,261.00</b>	<b>1.76%</b>	<b>\$ 49,642.21</b>	<b>1.83%</b>
Advertising/Marketing	\$ 3,349.72	0%	\$ 7,500.00	0%	\$ 8,500.00	0%
Audit/Accounting	\$ 14,496.00	1%	\$ 13,788.00	1%	\$ 14,201.64	1%
Communication	\$ 15,344.30	1%	\$ 15,258.00	1%	\$ 16,865.74	1%
Insurance/Bonds	\$ 15,669.38	1%	\$ 19,589.16	1%	\$ 20,176.84	1%
Postage/Printing	\$ 5,860.99	0%	\$ 5,526.00	0%	\$ 5,691.78	0%
Training/Travel/Transportation	\$ 12,571.90	1%	\$ 31,657.00	1%	\$ 31,715.00	1%
% Indirect	-	0%	-	0%	\$ 11,888.81	0%
Other (Describe) Misc	\$ 88,170.68	5%	\$ 75,547.00	3%	\$ 77,813.41	3%
<b>Subtotal</b>	<b>\$ 155,462.97</b>	<b>8.79%</b>	<b>\$ 168,865.16</b>	<b>7.57%</b>	<b>\$ 186,853.22</b>	<b>6.88%</b>
Janitorial Service	\$ 7,224.97	0%	\$ 14,099.00	1%	\$ 14,521.97	1%
Maintenance Contracts	\$ 34,028.56	2%	\$ 49,296.56	2%	\$ 51,975.46	2%
Maintenance of Existing Landscaping	\$ 1,830.00	0%	-	0%	-	0%
Repair of Equipment and Property	\$ 13,650.74	1%	\$ 15,540.00	1%	\$ 16,006.20	1%
Utilities	\$ 54,832.29	3%	\$ 60,268.75	3%	\$ 62,076.81	2%
Other (Describe) Mortgage interest/taxes/rent	\$ 220,362.75	12%	\$ 260,871.76	12%	\$ 257,343.52	9%
Other (Describe) Gutters, windowsn, flooring	\$ -	0%	-	0%	\$ 118,218.74	4%
Other (Describe)	-	0%	-	0%	-	0%
<b>Subtotal</b>	<b>\$ 331,929.31</b>	<b>18.76%</b>	<b>\$ 400,076.07</b>	<b>17.93%</b>	<b>\$ 520,142.70</b>	<b>19.16%</b>
Sub Contract - Peninsula Community Health Svcs	\$ -	0%	-	0%	\$ 52,684.80	2%
Other (Describe) misc treat exp	\$ 14,119.30	1%	\$ 12,250.00	1%	\$ 12,490.00	0%
<b>Subtotal</b>	<b>\$ 14,119.30</b>	<b>0.80%</b>	<b>\$ 12,250.00</b>	<b>0.55%</b>	<b>\$ 65,174.80</b>	<b>2.40%</b>
<b>Total Direct Expenses</b>	<b>\$ 1,724,214.71</b>		<b>\$ 2,230,815.93</b>		<b>\$ 2,714,883.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Agency Name: Agape Unlimited

Project: Koinonia Inn

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ 5,910.94	5%	\$ 5,910.94	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 5,910.94</b>	<b>4.76%</b>	<b>\$ 5,910.94</b>	<b>5%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization: General Contractor/gutters and	\$ 65,711.74	53%	\$ 65,711.74	53%	\$ -	0%
Organization: General Contractor/windows	\$ 4,863.00	4%	\$ 4,863.00	4%	\$ -	0%
Organization: General Contractor/flooring	\$ 47,644.00	38%	\$ 47,644.00	38%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 118,218.74</b>	<b>95.24%</b>	<b>\$ 118,218.74</b>	<b>95%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ 1.00	100%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 1.00</b>	<b>100%</b>
<b>Total Project Budget</b>	<b>\$ 124,129.68</b>		<b>\$ 124,129.68</b>		<b>\$ 1.00</b>	

NOTE: Indirect is limited to 5%

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: General Contractor

Project: Koinonia Inn

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ 5,910.94	5%	\$ 5,910.94	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 5,910.94</b>	<b>4.76%</b>	<b>\$ 5,910.94</b>	<b>5%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supporting Operations &amp; Maintenance</b>						
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%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Sub Contractor	\$ 118,218.74	95%	\$ 118,218.74	95%	\$ 1.00	100%
<b>SUBTOTAL</b>	<b>\$ 118,218.74</b>	<b>95.24%</b>	<b>\$ 118,218.74</b>	<b>95%</b>	<b>\$ 1.00</b>	<b>100%</b>
<b>Total Project Budget</b>	<b>\$ 124,129.68</b>		<b>\$ 124,129.68</b>		<b>\$ 1.00</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

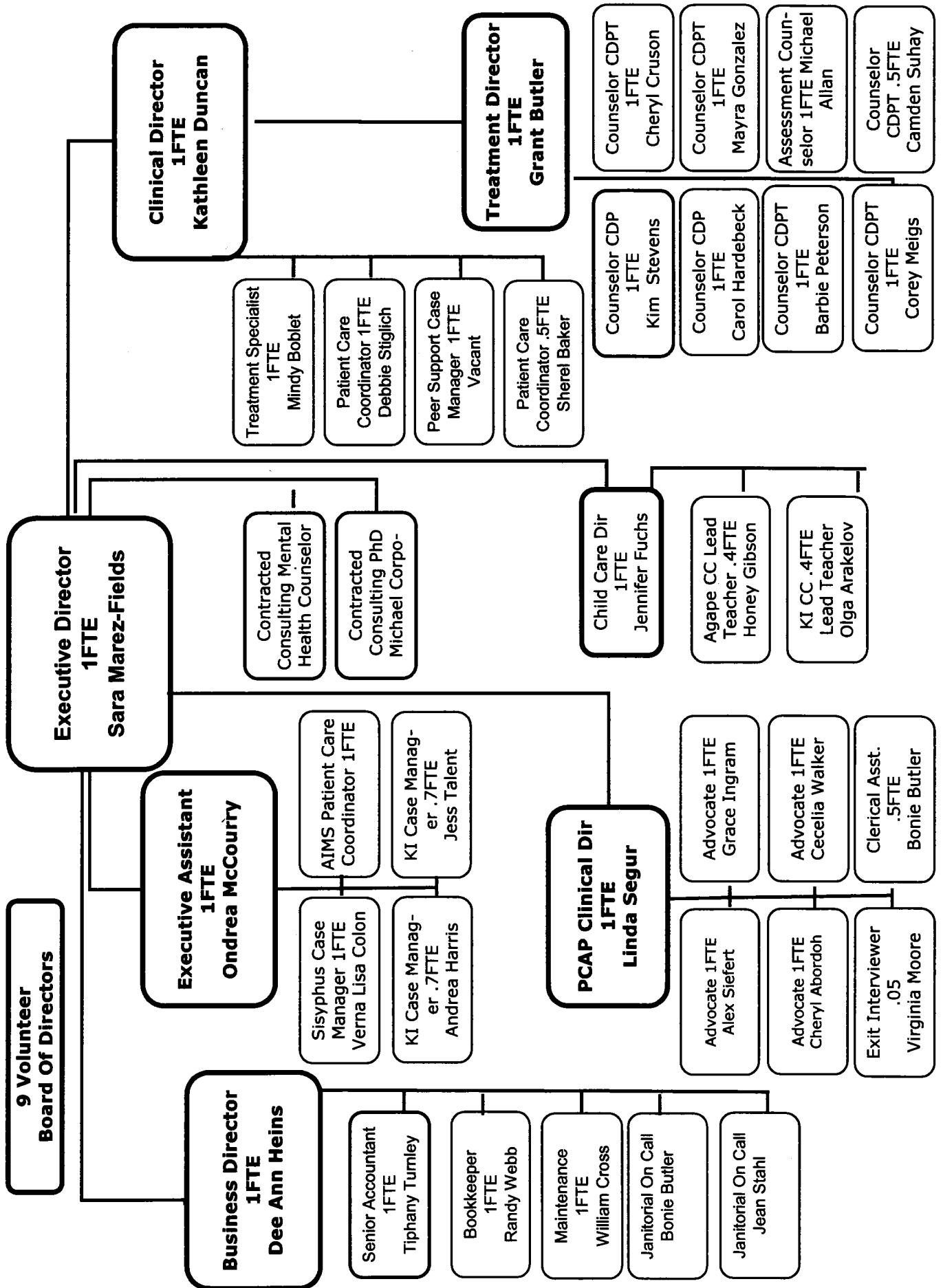
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**Agency Name: Agape Unlimited**  
**NO SALARIES ARE REQUESTED FROM THIS GRANT**  
**Project: Koinonia Inn**

<b>Description</b>	
Number of Professional FTEs	0.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>0.00</b>

<b>Salary Information</b>	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ -</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ -</b>

# Agape Unlimited Organization Chart 7/12/2019



**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Summary Page**

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2019) using the Treatment Sales Tax. New Grant Proposals will only be accepted from organizations who attended the **MANDATORY** New Grant Proposer Conference and submitted a **MANDATORY** New Grant Proposal Letter of Intent.

**ORGANIZATION INFORMATION**

Organization Name: Agape Unlimited

Primary Contact: Sara Marez-Fields SMarez-Fields@agapekitsap.org (360) 373-1529  
 Name Email Phone

Organization Address: 4841 Auto Center Way, Suite 101 Bremerton WA 98312  
 Street City State Zip

Federal Tax ID Number: 91-1385373 Legal Status of Organization: 501c3

Individual Authorized to Sign Contracts: Sara Marez-Fields Executive Director  
 Name Title

**NEW GRANT PROPOSAL INFORMATION**

Proposal Title: Agape Integrated Mental Health Services (AIMS)

Number of Individuals Screened: 15 per month (180 annually) Number of Individuals Served: 15-25 per month

Requested Amount of Funding: \$125,535.30 Matching Funds: \$61,230.63

**Please check which area(s) of the Continuum this project addresses:**

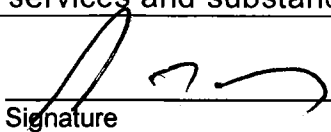
<input type="checkbox"/> Prevention	<input type="checkbox"/> Medical and Sub-Acute Detoxification
<input checked="" type="checkbox"/> Early Intervention	<input type="checkbox"/> Acute Inpatient Care
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Recovery Support Services
<input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

**Please check which area(s) of the County this project is focused:**

<input type="checkbox"/> South Kitsap	<input type="checkbox"/> City of Bremerton
<input type="checkbox"/> Central Kitsap	<input type="checkbox"/> Other City: _____
<input type="checkbox"/> North Kitsap	<input checked="" type="checkbox"/> County-Wide

**Proposal Summary**

The AIMS (Agape Integrated Mental Health Services) program is a partnership between Agape and Peninsula Community Health Services that will provide co-occurring services (substance use disorder treatment and mental health services) to participants in one location thus resolving barriers that prevents engagement into services or program failure. The funds requested will support staff and program operations for this program for one year. The program will staff one full time Licensed Mental Health Practitioner (LMHP) provided by Peninsula Community Health Services and one full time Patient Care Coordinator (provided by Agape) on site to provide mental health screening, assessment, mental health outpatient services and substance use disorder outpatient treatment.

  
Signature

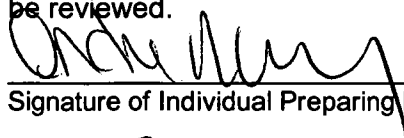
Executive Director 7/22/19  
Title Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Checklist Form**

Name of Program: Agape Integrated Mental Health Services (AIMS) Organization Submitting: Agape Unlimited

Item or Attachment	Yes	No	N/A	Initial
Project funds are 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	x			
Organization had a representative at the Mandatory New Grant Proposer Conference	x			
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by May 31, 2019 at 3:00 p.m.	x			
Organization did not receive funding for this project in 2019	x			
Attachment A – New Grant Proposal Summary Page	x			
Attachment B – New Grant Proposal Checklist Form	x			
Organization checked, initialed and signed New Grant Proposal Checklist	x			
Attachment C – New Grant Proposal Narrative Template	x			
Proposal Narrative is limited to 15 pages	x			
Attachment D – New Grant Proposal Evaluation Worksheet	x			
Attachment E – Total Agency Budget Form	x			
Attachment F – New Grant Proposal Special Project Budget Form	x			
Indirect is limited to 5%	x			
Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form	x			
Organization submitted Attachment G for each Sub-Contractor	x			
Sub-Contractor indirect limited to 5%	x			
Attachment H – New Grant Proposal Project Salary Summary	x			
Attachment I – Letter of Resource Commitment (optional)	x			
Attachment J– Organizational Chart	x			
No other attachments are included			x	
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	x			
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	x			

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

  
Signature of Individual Preparing Proposal

7/22/19  
Date

  
Signature of Organization's Chief Executive

7/22/19  
Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Narrative Template**

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**All New Grant 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**

Over the past five years Agape Unlimited began tracking the number of co-occurring (substance use disorders and mental health disorders) individuals who engage into services to allow for forecasting the need for new programs and services. Agape has learned that a large population of our clients self-reported having co-occurring disorders that impeded their ability to be successful in the community. Agape also learned that the largest barriers to our population were transportation and multiple providers throughout the county. Agape has been looking for the opportunity to design a program to meet the needs of our co-occurring clients while making services easy and accessible. Agape believes by having co-occurring services at one location will significantly impact the success and longevity of client's achievements.

Agape's partnered with Peninsula Community Health Services (PCHS) to design a program that will provide a collaboration of services. This program will staff a Licensed Mental Health Practitioner (LMHP) and full time Patient Care Coordinator on site at Agape in Bremerton effective 1/1/2020. This partnership will allow the AIMS (Agape Integrated Mental Health Services) program to quickly get participants who are suitable screened for possible co-occurring disorders (approximately 15 or more per month), assessed and enrolled (15 to 25 participants per month) into co-occurring services at one location. The AIMS program also has the unique ability to get participants enrolled into primary care and dental health with the assistance of the Patient Care Coordinator thus helping Agape fulfill its mission of treating the whole person. This will have a positive impact for our participants and the community by addressing immediate safety concerns and engagement in all appropriate services.

Integrating treatment for clients with mental health disorders and substance use disorders is critical to a client's success. There is great need for correlation between the treatment models for mental health services and substance abuse treatment in an outpatient setting.

Integrated treatment is best executed when there is a positive working relationship between service providers.



Agape has already established an abundant relationship with Peninsula Community of Health in our coordination with mutual clients at this time.

With this partnership the AIMS program will have a full time LMHP and Patient Care Coordinator who can manage this unique population with individual, group and case management services. The AIMS team will screen all participants by utilizing the Patient Health Questionnaire (PHQ2, PHQ9), Generalized Anxiety Disorder Screening (GAD), Post-Traumatic Stress Disorder Checklist (PCL) and Mood Disorder Questionnaire (MDQ) and other screening tools to determine the participant's level of functioning and need for assessment. These screening tools will help the AIMS team determine if an assessment is warranted and proceed forward with the assessment if appropriate. The assessment will determine the diagnosis and level of care needed. The assessment is the platform that will enable the AIMS team to develop care plans and or facilitate referrals to other service providers.

Participants will also receive substance use disorder treatment services and depending on the assessment outcome other services such as: Intensive Outpatient (IOP level 2.1), Outpatient (OP level 1), assessment of needs, placement/referral services, monthly face-to-face contact, goal planning and problem solving, job readiness training, education referral, living skills facilitation, parenting skills training, and permanent housing referrals. Treatment services are tailored to the individual and their needs. Agape provides 24 groups per week which includes specific evidenced based curriculum to include but not limited to: The Matrix model (relapse prevention), Moral Reconciliation Therapy (MRT), Seeking Safety, The Change Company, drug and alcohol basic education, process groups and family education.

The co-occurring services offered at Agape will meet the program goals to eliminate substance use, prepare participants with the skills needed to manage their mental health disorders, increase level of functioning in physical and mental health, and obtain a self-directed program of recovery to live a productive life in the community.

#### B. Evidence-based, Promising, Best or Innovative Practices

Our target population is clients who have co-occurring disorders (substance use and mental health disorders) and are in need of integrated services. Our program does not discriminate against age, race/ethnicity, gender or sexual orientation. Agape's services are open to anyone in Kitsap County. Agape serves any participants ranging from age 13 and older.

Agape has learned many of our participants that have a diagnosed substance use disorder also suffer from mental illness and if left untreated they are at great risk of serious negative consequences. The AIMS program will quickly get participants assessed and enrolled into co-occurring services.

This will have a positive impact for our participants and the community by addressing immediate safety concerns and engagement in all appropriate services.

Agape is committed to advancing its services through measurable outcomes, participant satisfaction and utilization of evidenced based practices and promising best innovative practices. Agape provides a large range of programs, support and services that focus on the whole person and individuals unique needs. Agape follows American Society of Addiction Medicine (ASAM) guidelines, Diagnostic Statistical Manual of Mental Disorders (DSM-5) for diagnosis and best practices for substance use disorder treatment and mental health services.

Agape provides appropriate staff to patient ratio that meets or exceeds clinical standards. Agape has the ability to provide personalized attention, monitoring from our clinical team and access to professional, compassionate, personalized care.

Motivational interviewing to help participants resolve ambivalent feelings and uncertainties to help guide them to find their internal motivation to change their behavior.

[https://ucedd.georgetown.edu/DDA/documents/mi\\_rationale\\_techniques](https://ucedd.georgetown.edu/DDA/documents/mi_rationale_techniques)

Cognitive Behavioral Therapy is utilized to help participants begin making behavior changes and thought processes that promote pro-social living skills.

<https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>

Rational Emotive Behavior Therapy focuses on resolving current problems and allows them to empower themselves through problem solving and behavior changes. <https://albertellis.org/rebt-cbt-therapy/>

Moral Reconciliation Therapy (MRT), a cognitive-behavioral program developed by Correctional Counseling, Inc. (CCI). MRT changes ways of thinking to promote pro-social behavior, works on moral reasoning, decision making and consequences. MRT focuses on confrontation of beliefs, attitudes, behaviors, current relationships, reinforcement of positive behavior and habits, positive identity formation, enhancement of self-concept, decrease in hedonism, development of frustration tolerance and development of higher stages of moral reasoning.

Evaluating the effectiveness of Moral Reconciliation Therapy - Iowa State

Dialectical behavioral therapy (DBT) is a type of cognitive behavioral therapy. Cognitive behavioral therapy tries to identify and change negative thinking patterns and pushes for positive behavioral changes. DBT may be used to treat suicidal and other self-destructive behaviors.

<https://www.psychologytoday.com/us/therapy-types/dialectical-behavior-therapy>

Trauma- Focused Cognitive Behavioral Therapy (TF-CBT) As its name implies is a form of cognitive behavioral therapy that addresses the specific emotional and mental health needs of children, adolescents, adult survivors, and families who are struggling to overcome the destructive effects of early trauma. Trauma-focused cognitive behavioral therapy (TF-CBT) is especially sensitive to the unique problems of youth with post-traumatic stress and mood disorders resulting from abuse, violence, or grief. Because the client is usually a child, TF-CBT often brings non-offending parents or other caregivers into treatment and incorporates principles of family therapy.

<https://www.psychologytoday.com/us/therapy-types/trauma-focused-cognitive-behavior-therapy>

Problem Solving Treatment (PST), also known as Primary Care (PST-PC), teaches and empowers patients to solve the here-and-now problems contributing to their depression and helps increase self-efficacy. <https://aims.uw.edu/collaborative-care/behavioral-interventions/problem-solving-treatment-pst>

Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness.

<https://www.centerforebp.case.edu/practices/act>

Service plans are used to achieve participant's goals, resolve barriers and refer participants to other resources and supportive services. This helps our participants achieve a self-directed program of recovery and accomplish other identified goals.

Client satisfaction surveys are used during participants stay, as well as, exiting the program to help us track outcomes, achievements of goals and program effectiveness.

These practices have benefited and will continue to improve our program outcomes. When participants make behavior changes, they are more likely to work a self-directed program of recovery and achieve long term abstinence. This program promotes behavior modifications that result in positive outcomes such as abstinence from substances, reduction in recidivism, gaining employment, higher education, income stability, ability to live independently, meet physical and mental health needs, and achieve family re-unification.

### C. Outreach

Outreach occurs through presentations at community meetings and forums, brochures distributed to community partners and word of mouth. We are listed in the 2-1-1 service network, Kitsap County Resource Guide for People with Special

Needs, Department of Social and Health Services (DSHS) Directory, Salvation Army Newsletter, Therapeutic Court brochures, advertising materials located at most social services and behavioral health agencies and we can be found through internet media and on our web page at [agapekitsap.org](http://agapekitsap.org). Outreach is also extended to Behavioral Health and Criminal Justice facilities for patients to access aftercare services. Agape works diligently to keep all program information up to date and available to all community partners.

Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure that eligible participants have quick access to services. We have many staff members who are cross trained to screen for eligibility as well as for disseminating information in appropriate forums to our target population.

Our facilities are accessible to persons with disabilities. We have bilingual staff and interpreter services available when working with non-English speaking participants. The program has a long history of working with minority populations. Agape Unlimited provides cultural competency training upon hire and yearly thereafter to ensure our staff can meet the social and cultural needs of participants.

#### D. Evaluation

Agape's research found that from January 2014 to June 2019, out of 1,464 diagnosed substance use disorder clients that were counted only 148 reported not having mental health problems. This reveals 1,316 SUD clients reported they had a diagnosis or were suffering from mental health problems. This reflects a staggering number of individuals who may have been in need of co-occurring services and potentially may have cycled through services multiple times. Having appropriate services at one site could potentially have created a more successful environment for our participants and prevented a drain of social service resources.

The AIMS program goal is to provide co-occurring services (mental health and substance use disorder treatment) at one location to reduce the barriers to accessing services. The AIMS program provides a platform to engage participants immediately into services without the risk of losing the participant due to a referral to another agency or long wait periods to access services. Participants will most likely stabilize quicker as the result of immediate engagement into services and reduce recycling through systems. Participants will have a greater chance in achieving a self-directed program of recovery, stabilizing mental health disorders, achieving self-sufficiency and maintain good overall physical, mental, emotional and spiritual health.

Outputs and outcomes will be documented in Agape and Peninsula Community Health's electronic health record to ensure all participants receive appropriate services and quality data can be tracked.

The following outcomes will be tracked monthly, quarterly and annually: number of participants screened, number of participants assessed, number of participants enrolled into the AIMS program, and number of referrals to ancillary services. These outcomes/outputs will also help the program track compliance with substance abuse treatment, mental health services, service plans, and follow-up. The clinical team has strong communication lines with the case managers, peer support team and external supports to address immediate concerns and celebrate participant's progress.

Agape will be diligent in meeting projected outcomes of screening 15 or more participants per month, those who meet criteria will complete a mental health assessment and enroll into co-occurring services if appropriate. AIMS team will serve 15 to 25 participants per month of those who met a mental health diagnosis. Agape will also provide surveys to track outcomes based on participants experience, program accessibility and likelihood of engagement into services if services were located at multiple sites. Documenting and monitoring the participant's progress will also reveal additional outcomes of: Increased duration of abstinence from substance use, ability to cope with mental health disorder, compliance with substance use treatment, housing retention/stabilization, increased income and self-sufficiency through employment or public benefits, increased ability to navigate community resources and build support networks. This equates to an improved overall quality of life and the ability to work a self-directed program of recovery.

## **2. Community Needs and Benefit (25 Points)**

### **A. Policy Goal**

The 2017 Behavioral Health Strategic Plan list Outpatient Treatment – Psychiatry, Medical and Medication Management, Counseling. This recommendation encompasses group, individual or family counseling services provided in a non-residential chemical dependency or mental health treatment facility. Services associated with case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. This goal is listed as a leading recommendation that is needed in Kitsap County for participants suffering from behavioral health issues. Kitsap County has experienced a significant increase in substance use which has created a higher population of people suffering from mental disorders, high utilization of social services, impact on the judicial systems and disrupted family systems.

By providing these services, we anticipate reaching the goal of screening any participant requesting or referred to the AIMS program.

Screened participants who are appropriate for services will receive an assessment and then be enrolled into the AIMS program, receive services with the mobile van, or be referred to services convenient to the participant. The AIMS team will have a case load of 15 to 25 active participants per month.

Agape's participants will also reach significant outcomes of reduction in criminal activity, engagement in routine physical and mental health services, family reunification, participants' ability to increase and or maintain stable income, enroll into higher education, obtain employment, find resolutions of criminal cases, learn positive parenting skills, and increase overall level of functioning.

Agape addresses Gap #1 "Behavioral Health Prevention, Early Intervention and Training Recommendations" in the 2017 Behavioral Health Strategic Plan. Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training. Agape is partnered with Peninsula Community Health Services to provide co-occurring services (substance use and mental health disorders). This strong collaboration will touch many lives for those who would not normally access services. This collaboration allows participants to receive both services at one location as well as receiving medical care through the neighborhood mobile van. Outpatient substance abuse and mental health treatment will provide participants with assessment of needs, placement/referral services, monthly face-to-face contact, goal planning, problem solving, job readiness education, education referral, living skills facilitation, parenting skills training, and permanent housing referral.

Our goals for the Agape Integrated Mental Health Services (AIMS) are for each participant to stabilize their mental health and substance use disorders to allow them to clean the wreckage of their past, obtain and maintain permanent housing, prevent future episodes of homelessness, achieve long term abstinence from substances, develop coping skills for mental health issues, and assist the participants in becoming productive members of society.

## B. Needs Assessment and Target Population

According to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2013). Mental health plays an important role in our overall well-being. An estimated 19.6 percent of Americans ages 18 and older—about one in five adults—will experience a mental health problem this year. According to the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Programs annual report "between 2014 and 2018 over 8,500 individuals received behavioral health services" indicating a high need for substance abuse and mental health treatment. Our target population is individuals suffering from a co-occurring disorder (substance use and mental health).

Agape anticipates making an impact by screening any participant who requests services (approximately 15 or more participants per month), is referred to the AIMS program by clinical staff, Peninsula Community Health Services staff and any referring agency. The LMHP will have an active case load of 15 to 25 participants monthly. As clients complete services more participants will be served.

**C. Community Collaboration, Integration and Collective Impact**

Agape unlimited has partnered with the following agencies to provide collaborative, consistent, evidenced based care: Kitsap Recovery Center (KRC), Kitsap Mental Health Services (KMHS), Peninsula Community Health Services (PCHS), Housing Solutions Center (HSC), Kitsap Community Resources (KCR) West Sound Treatment Center (WSTC), Kitsap County Juvenile Department, Department of Social and Health Services (DSHS), Department of Children, Youth and Family Services (DCYFS), Family Drug Court, Adult and Youth Drug Courts, Native American Wellness Centers, Health Care Authority (HCA), Salish Behavioral Health Organization (SBHO), Kitsap Parent Child Assistance Program (PCAP), Women Infant Child Program (WIC), Goodwill, Local Food Banks, Housing and Urban Development (HUD), St. Vincent de Paul, Kitsap Transit, Salvation Army, Catholic Community Services-Housing Essential Needs (HEN), Work Source, and Olympic College to name a few.

Some activities our partners provide are but not limited to: Financial support, medical and mental health care, housing, transportation, peer support, case management, food and nutrition, clothing, employment and education assistance.

Agape has found that our population of participants has co-occurring disorders which has encouraged us to partner with Peninsula Community Health Services (PCHS) to hire a full-time Licensed Mental Health Practitioner (LMHP) and a Patient Care Coordinator to be on-site at Agape. PCHS offers depression counseling, anxiety counseling, medical assisted treatment for addiction, behavioral health medications and consultation with psychiatric providers, healthy lifestyle counseling, care coordination with primary care providers to collaborate and develop treatment plans, monitor patients progress, and flexibly provide care to meet patients changing needs.

This partnership will provide the much needed mental health services in conjunction with Substance Use Disorder Treatment which will have a collective impact on our participants and the community. Participants also will have an opportunity to engage in routine care for physical health through the neighborhood mobile van.

We recently have partnered with the Kitsap Law Enforcement Behavioral Health Outreach Program, Law Enforcement Assisted Diversion (LEAD).

This partnership will help bridge the gap for those suffering from mental health and substance use crisis on the streets. This program will immediately connect participants to services in lieu of arrest, lower the impact of recidivism and/or high utilization of other social services. Agape will provide substance use treatment, mental health services, case management, peer support and or referrals. This unique program encompasses a true soft hand off of individuals suffering from substance use disorders and mental health illness to the appropriate services they need at a much lower risk of losing them to other systems such as jails, institutions or even death.

Agape has made a substantial commitment to increasing staff knowledge and skills in providing trauma informed treatment and programs for all clients. Five Agape and PCAP staff were selected to participate in the yearlong Collaborative Learning Academy sponsored by Kitsap Strong; additionally, PCAP Clinical Director was awarded a scholarship to attend the June 2019 Saint A community trauma training. The expertise gained by these experiences are being shared with staff through regular monthly brown bag and All Staff training.

All of Agape's partnerships ensure that our participants receive wrap around integrated services to assist them in reaching their goals and living a productive life. Our goal is to provide the best quality services for our participants through our own activities and integrated services with other agencies.

### **3. Organizational Capacity (25 Points)**

#### **A. Organizational Governance**

Agape Unlimited is a non-profit agency governed by a nine member Board of Directors. The Agape Unlimited Board meets monthly on the second Monday of each month, as needed, convening a minimum of four times per year (quarterly) per the Agape Unlimited Board of Directors By Laws. Officers of the Board are the President, Vice President, Secretary, and Treasurer with the remaining seats as chair persons. Our Board members have a vast amount of experience and all members provides a unique skill set that is utilized within the organization where needed.

Agape staff management structure consists of an Executive Director, Clinical Director and Executive Assistant. The agency is organized by departments with leadership staff as follows: Business Director, Clinical Director, Treatment Director of the Parent Child Assistance Program (PCAP), Childcare Director, and Housing Coordinator.

#### **B. Organizational Finances**

The Business Director has over twenty-one (21) years of experience and is responsible for the financial oversight of the organization.



Her qualifications include extensive experience in business management, full-cycle accounting, executive level finance in non-profit organizations, agency budgeting, fiscal audits, contract management/reporting, and financial quality assurance.

The Agape Unlimited Senior Accountant assists the Business Director with the daily financial functions of the Agency including accounts payable, accounts receivable, payroll processing, contract billing, and patient billing.

The Agape Unlimited Board Treasurer and Finance Committee provide quarterly review and verification of reconciliations, accounts receivable/payable records, and revenue/expenditures to ensure compliance with Agency budget and contract requirements. A report is presented by the Finance Committee to the Board of Directors on a quarterly basis.

Clarke Whitney, P.S. Accounting Firm performs annual audits and the Board of Directors is responsible to review and approve the annual fiscal audit. The December 31, 2017 Fiscal Audit revealed no findings, no disallowed costs or questionable costs and/or administrative findings. Clarke Whitney, CPA, Inc. summary reports, "In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Agape Unlimited as of December 31, 2017, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America."

### C. Staffing Qualifications

Our programs consist of highly respected clinicians and other experienced staff members that have a passion and wide range of skills and diversity. Our professionals are dedicated to serve our participants by using evidenced based practices, most effective techniques and latest knowledge to meet the needs, barriers and challenges of the population we serve.

The Executive Director, full time (1FTE) has 15 years of experience providing substance use disorder treatment and program administration, case management, HR and contract management. The Executive Director is responsible for implementing the program in accordance with policy and procedures, ensures that the program adheres to contract requirements and is the direct supervisor for the Case Manager, Childcare Director and Maintenance staff of the Koinonia Inn. The Executive Director holds a Chemical Dependency Professional License.

The Executive Assistant, full time (1FTE) has a Bachelor's in Organizational Management and has past administrative experience in substance use disorder treatment and housing programs. The Executive Assistant assists the Executive Director with the daily operations to ensure agency compliance with all pertinent laws, regulations, and contracts.

The Licensed Mental Health Practitioner (LMHP) will be licensed with the Department of Health, must have a master's or doctoral degree in mental health counseling or a behavioral science master's or doctoral degree in a field relating to mental health counseling. Will have at least 100 hours documented immediate supervision with an approved licensed mental health counselor or equally qualified licensed mental health practitioner and have 1,200 hours of direct counseling with individuals, couples, groups or families.

Approved supervisor, must hold a license as defined in WAC 246-809-210. The supervisor must be licensed without restrictions and have been in good standing for the previous two years. The approved supervisor must not be a blood or legal relative or cohabitant of the licensure candidate, licensure candidate's peer, or someone who has provided psychological services to the licensure candidate within the past two years. Approved supervisor must meet the full definition in WAC 246-809-210.

The Patient Care Coordinator, full time (1FTE) must have a high school diploma or equivalent. One year of college or equivalent experience in office procedures. Coordinator needs to have knowledge of substance use disorders and its effects on individuals, families and communities.

Agape has the ability to bill private insurances and Medicaid for eligible services and will bill insurances as payer of first resort if allowable costs.

#### D. Organizational Licenses and Certifications

Agape Unlimited maintains relevant and up to date licenses for behavioral health services and can demonstrate that we follow the latest standards, laws, protocols and policies pertaining to safety, SUD treatment and housing. Agape Unlimited holds a current Department of Health Behavioral Health Agency license, meets or exceeds Department of Early Learning licensing requirements and holds business licenses with the City of Port Orchard and Bremerton.

Agape Unlimited is licensed by the Department of Health to provide substance use disorder treatments: Level 2.1 intensive outpatient treatment comprised of nine or more hours of face to face treatment per week; Level 1.0 outpatient treatment, comprised of up to nine hours treatment per week; involuntary or court ordered DUI assessment for substance use disorder, and Alcohol Drug Information School (ADIS).

Peninsula Community Health Services is licensed by the Department of Health to provide level 1 substance use disorder treatment and holds a Department of Health Behavioral Health Agency license.

## E. History of Project Management

Agape Unlimited has a 34-year history of successfully managing multiple social service programs that include multiple renewed contracts with Kitsap County and Washington State agencies. Agape manages an annual budget over \$2 million dollars with expected revenues estimated at \$2.2 million. Each Agape program is managed for budget adherence, funding requirements and deliverables within the timeline of project performance. The finance department submits an accounting of services monthly for processing and payment to each contract holder. Current project managed programs include: Salish Behavioral Health Organization (SBHO), Coordinated Care, Criminal Justice Treatment Act (CJTA), The Parent-Child Assistance Program (PCAP), Child Administration Service (CA), Housing and Urban Development (HUD), Kitsap County Homeless Housing and Affordable Housing (AHGP & HHGP), Pregnant Parenting Women (PPW) and childcare services funded by the Substance Abuse Block Grant (SABG).

Agape' Unlimited has a well-documented history of providing excellent services on a limited budget. Staff has been able to successfully forecast program costs, access needed resources, navigate emergent budgetary changes and succeed within ongoing economic constraints. Financial and Program Management audits consistently reveal adherence to the highest program standards.

## 4. Project Financial Feasibility (10 Points)

### A. Budget Narrative

Agape is requesting funds to provide one full time Patient Care Coordinator located at our Bremerton Campus, a computer, office supplies and in-direct costs. The Patient Care Coordinator will work directly with the Licensed Mental Health Practitioner to provide co-occurring services. Agape is requesting funds for:

Salary and fringe benefits of a full time Patient Care Coordinator \$52,942.

2.5% salary for staff managing and overseeing the program \$9,080.63

Supplies (paper, ink, storage, desk, chair, copier, postage, etc) and equipment \$2,500.

Communication and phone (1 year of phone service and purchase of phone) \$1,150.

Computer/IT/onboarding/encryption compliance \$1200.

Sub-contractor costs \$52,684.80

5% indirect cost \$5,977.87

Agape Unlimited will continue to seek other funding streams and apply for grants to sustain the program. The funds requested from the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs grant will be utilized after all other funding resources are exhausted and for only the described costs in this grant proposal.

## B. Additional Resources and Sustainability

Agape Unlimited has been successful at leveraging federal, state, private and local funds. Agape Unlimited secured a Medicaid contract with the Salish Behavioral Health Organization (SBHO) April 1, 2016 to December 31, 2019. Agape Unlimited has secured Medicaid contracts with all four of the Managed Care Organizations (MCO) to begin coverage from January 1, 2020 forward. Agape receives grant funding from Housing and Urban Development (HUD) to provide rental subsidies for our housing programs. Agape applies for Kitsap Coordinated grant funding annually for operations and maintenance and services for our housing programs. Our childcare programs, peer program and case management are funded through the Substance Abuse Block Grant (SABG) and all other program costs are supported by program generated revenue and donations.

This program anticipates continued funding through these resources however we have evaluated the importance of integrated services and need co-occurring services for our unique population. Agape prides itself on the ability to seek and apply for diverse funding to meet the demanding needs of our programs. Agape will continue to seek out funding streams to keep this viable program open to serve those who suffer from substance use and mental health disorders.

Matching resources: \$61,230.63 is being matched between Agape and Peninsula Community Health Services. Both agencies are offering a portion of managers and other staff's salaries. Agape will provide office space, janitorial and maintenance supplies and group rooms for treatment services. Agape Unlimited is providing substance abuse treatment, clinical office space, experienced counselors, support staff, administrative support, and drug use monitoring through urinalysis. The participants will receive referrals to inpatient treatment, medical and mental health services, counseling, groups, family support, collaborative reporting, case management, parenting needs assessment, childcare services, and appropriate social services. Agape will continue to work with Peninsula Community Health Services to explore funding opportunities, contracts and or licensures to allow us to sustain this much needed 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 Grant Proposals must include a completed Evaluation Worksheet.

### DEFINITIONS:

<b>Goal:</b>	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.
<b>Activity:</b>	Actions taken or work performed to produce specific outputs and outcomes.
<b>Objective:</b>	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
<b>Output:</b>	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
<b>Outcome:</b>	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.
<b>Timeline:</b>	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)?
<b>Baseline:</b>	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.
<b>Source:</b>	How and from where will data be collected?

EVALUATION WORKSHEET

PROJECT NAME: Agape Integrated Mental Health Services (AIMS )

<p>To provide integrated services (co-occurring health and substance use disorder treatment) at one location.</p>	<p>Any participant who requests or are referred to the AIMS program will be screened (15 or more participants per month), and participants who qualify based on screening will receive an assessment and enroll into AIMS services or be referred to appropriate level of care. The AIMS program will have 15 to 25 participants enrolled in co-occurring services per month.</p>	<p>15 or more participants per (180 per year) month will complete a screening. 10 or more participants per month will receive an assessment. 15 to 25 participants will be engaged in the AIMS program 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                      If applicable:  <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short  <input checked="" type="checkbox"/> Medium  <input type="checkbox"/> Long                      Start date:                      1/1/2020                      Frequency:  <input checked="" type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>	<p>New baseline</p>	<p>Data collected from electronic health records from Agape and PCHS on numbers screened, assessed and engaged in services.</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  <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: Agape Unlimited

Agape Integrated Mental Health Services (AIMS)

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 1,375,138.34	69.96%	\$ 1,672,672.00	74%	\$ 1,839,939.00	68%
WA State Revenue	\$ 378,600.44	19.26%	\$ 392,914.00	17%	\$ 654,365.98	24%
Local Revenue - Coordinated Grants	\$ 100,136.00	5.09%	\$ 108,126.00	5%	\$ 151,728.00	6%
Private Funding Revenue	\$ -	0.00%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 108,552.00	5.52%	\$ 59,978.00	3%	\$ 75,000.00	3%
Miscellaneous Revenue	\$ 3,272.00	0.17%	\$ 18,522.00	1%	\$ 4,000.00	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 1,965,698.78</b>		<b>\$ 2,252,212.00</b>		<b>\$ 2,725,032.98</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 457,600.00	25.86%	\$ 524,500.00	24%	\$ 554,286.50	20%
Staff	\$ 653,875.71	36.96%	\$ 918,404.96	41%	\$ 1,141,890.78	42%
Total Benefits	\$ 129,075.08	7.30%	\$ 167,528.74	8%	\$ 196,877.79	7%
<b>Subtotal</b>	<b>\$ 1,240,550.79</b>	<b>70.12%</b>	<b>\$ 1,610,433.70</b>	<b>72.19%</b>	<b>\$ 1,893,055.07</b>	<b>69.73%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 2,609.38	0.15%	\$ 8,064.00	0%	\$ 11,182.76	0%
Office Supplies	\$ 16,256.56	0.92%	\$ 19,797.00	1%	\$ 24,771.03	1%
Other (Describe) misc	\$ 8,286.40	0.47%	\$ 11,400.00	1%	\$ 13,688.42	1%
<b>Subtotal</b>	<b>\$ 27,152.34</b>	<b>1.53%</b>	<b>\$ 39,261.00</b>	<b>1.76%</b>	<b>\$ 49,642.21</b>	<b>1.83%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 3,349.72	0%	\$ 7,500.00	0%	\$ 8,500.00	0%
Audit/Accounting	\$ 14,496.00	1%	\$ 13,788.00	1%	\$ 14,201.64	1%
Communication	\$ 15,344.30	1%	\$ 15,258.00	1%	\$ 16,865.74	1%
Insurance/Bonds	\$ 15,669.38	1%	\$ 19,589.16	1%	\$ 20,176.84	1%
Postage/Printing	\$ 5,860.99	0%	\$ 5,526.00	0%	\$ 5,691.78	0%
Training/Travel/Transportation	\$ 12,571.90	1%	\$ 31,657.00	1%	\$ 31,715.00	1%
% Indirect		0%	\$ -	0%	\$ 11,888.81	0%
Other (Describe) Misc	\$ 88,170.68	5%	\$ 75,547.00	3%	\$ 77,813.41	3%
<b>Subtotal</b>	<b>\$ 155,462.97</b>	<b>8.79%</b>	<b>\$ 168,865.16</b>	<b>7.57%</b>	<b>\$ 186,853.22</b>	<b>6.88%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 7,224.97	0%	\$ 14,099.00	1%	\$ 14,521.97	1%
Maintenance Contracts	\$ 34,028.56	2%	\$ 49,296.56	2%	\$ 51,975.46	2%
Maintenance of Existing Landscaping	\$ 1,830.00	0%		0%	\$ -	0%
Repair of Equipment and Property	\$ 13,650.74	1%	\$ 15,540.00	1%	\$ 16,006.20	1%
Utilities	\$ 54,832.29	3%	\$ 60,268.75	3%	\$ 62,076.81	2%
Other (Describe) Mortgage interest/taxes/rent	\$ 220,362.75	12%	\$ 260,871.76	12%	\$ 257,343.52	9%
Other (Describe) Gutters, windowsn, flooring	\$ -	0%	\$ -	0%	\$ 118,218.74	4%
Other (Describe)		0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 331,929.31</b>	<b>18.76%</b>	<b>\$ 400,076.07</b>	<b>17.93%</b>	<b>\$ 520,142.70</b>	<b>19.16%</b>
<b>Other Costs</b>						
Sub Contract - Peninsula Community Health Svcs	\$ -	0%	\$ -	0%	\$ 52,684.80	2%
Other (Describe) misc treat exp	\$ 14,119.30	1%	\$ 12,250.00	1%	\$ 12,490.00	0%
<b>Subtotal</b>	<b>\$ 14,119.30</b>	<b>0.80%</b>	<b>\$ 12,250.00</b>	<b>0.55%</b>	<b>\$ 65,174.80</b>	<b>2.40%</b>
<b>Total Direct Expenses</b>	<b>\$ 1,769,214.71</b>		<b>\$ 2,230,885.93</b>		<b>\$ 2,714,868.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Agency Name: Agape Unlimited

Project: Agape Integrated Mental Health Services (AIMS)

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Estimating Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 18,161.26	10%	\$ 9,080.63	7%	\$ 9,080.63	15%
Staff	\$ 52,942.00	28%	\$ 52,942.00	42%		0%
Total Benefits	\$ -	0%	\$ -	0%		0%
<b>SUBTOTAL</b>	<b>\$ 71,103.26</b>	<b>37.46%</b>	<b>\$ 62,022.63</b>	<b>49%</b>	<b>\$ 9,080.63</b>	<b>15%</b>
<b>Equipment</b>						
Equipment	\$ 1,500.00	1%	\$ 1,500.00	1%	\$ -	0%
Office Supplies	\$ 1,000.00	1%	\$ 1,000.00	1%	\$ -	0%
Other (Describe): Office Space	\$ 4,800.00	3%	\$ -	0%	\$ 4,800.00	8%
<b>SUBTOTAL</b>	<b>\$ 7,300.00</b>	<b>3.85%</b>	<b>\$ 2,500.00</b>	<b>2%</b>	<b>\$ 4,800.00</b>	<b>8%</b>
<b>Administrative</b>						
Advertising/Marketing	\$ 250.00	0%	\$ -	0%	\$ 250.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 1,150.00	1%	\$ 1,150.00	1%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 120.00	0%	\$ -	0%	\$ 120.00	0%
Training/Travel/Transportation	\$ 600.00	0%	\$ -	0%	\$ 600.00	1%
% Indirect (Limited to 5%)	\$ 9,039.40	5%	\$ 5,977.87	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 11,159.40</b>	<b>5.88%</b>	<b>\$ 7,127.87</b>	<b>6%</b>	<b>\$ 970.00</b>	<b>2%</b>
<b>Operating Expenses &amp; Maintenance</b>						
Janitorial Service	\$ 480.00	0%	\$ -	0%	\$ 480.00	1%
Maintenance Contracts/IT/onboarding/encrypti	\$ 1,200.00	1%	\$ 1,200.00	1%	\$ -	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%
<b>SUBTOTAL</b>	<b>\$ 1,680.00</b>	<b>0.89%</b>	<b>\$ 1,200.00</b>	<b>1%</b>	<b>\$ 480.00</b>	<b>1%</b>
<b>Sub-Contracts</b>						
Organization: Peninsula Community Health Ser	\$ 98,584.80	52%	\$ 52,684.80	42%	\$ 45,900.00	75%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 98,584.80</b>	<b>52%</b>	<b>\$ 52,684.80</b>	<b>42%</b>	<b>\$ 45,900.00</b>	<b>75%</b>
<b>Other</b>						
Debt Service	\$ -	0%		0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 189,827.46</b>		<b>\$ 125,535.30</b>		<b>\$ 61,230.63</b>	

NOTE: Indirect is limited to 5%



## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Peninsula community health services

Project: Agape Integrated Mental Health Services (AIMS)

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Dollar	Percent	Dollar	Percent	Dollar	Percent
<b>Personnel</b>						
Managers	\$ 4,250.00	4%	\$ -	0%	\$ 4,250.00	8%
Behavioral Health Staff	\$ 65,790.00	63%	\$ 32,895.00	62%	\$ 32,895.00	65%
Total Benefits	\$ 17,510.00	17%	\$ 8,755.00	17%	\$ 8,755.00	17%
<b>SUBTOTAL</b>	<b>\$ 87,550.00</b>	<b>83.4%</b>	<b>\$ 41,650.00</b>	<b>79.06%</b>	<b>\$ 45,900.00</b>	<b>90.96%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies/computer	\$ 1,950.00	2%	\$ 1,950.00	4%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 1,950.00</b>	<b>1.9%</b>	<b>\$ 1,950.00</b>	<b>3.70%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 1,320.00	1%	\$ 1,320.00	3%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 434.36	0%	\$ 434.36	1%	\$ -	0%
% Indirect (Limited to 5%)	\$ 4,562.72	4%	\$ 2,767.72	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 6,317.08</b>	<b>6.0%</b>	<b>\$ 4,522.08</b>	<b>8.58%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): PCHS federal de-minimus rat	\$ 9,125.44	4%	\$ 4,562.72	9%	\$ 4,562.72	9%
<b>SUBTOTAL</b>	<b>\$ 9,125.44</b>	<b>8.7%</b>	<b>\$ 4,562.72</b>	<b>8.66%</b>	<b>\$ 4,562.72</b>	<b>9.04%</b>
<b>Total Project Budget</b>	<b>\$ 104,942.52</b>		<b>\$ 52,634.50</b>		<b>\$ 50,462.72</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

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**Agency Name: Agape Unlimited**

**Project: Agape Integrated Mental Health Services (AIMS)**

**Description**

Number of Professional FTEs-Support Staff	5.00
Number of Clerical FTEs-PCC	1.00
Number of All Other FTEs-LMHP	1.00
<b>Total Number of FTEs</b>	<b>7.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ 2,152.50
Salaries of Professional Staff	\$ 5,411.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: PT Care Coordinator	\$ 37,440.00
Description: Licensed Mental Health Coun	\$ 41,650.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 86,653.50</b>
Total Payroll Taxes	\$ 4,012.13
Total Cost of Benefits	\$ 13,007.00
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 103,672.63</b>



## Peninsula Community Health Services

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

July 15, 2019

Kitsap County Citizen 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 AGAPE's proposal to pursue funding for a Community Health Worker and also allow office space for a Licensed Mental Health Counselor to assist with low to moderate patients who have been diagnosed with or are struggling with mental illness.

AGAPE has been a community partner to Peninsula Community Health Services (PCHS) for many years and has been meeting the needs of primarily substance use disorder patients since 1985. They have continued to expand and improve the quality of their treatment as the needs of the patients have grown in our community. AGAPE is committed to innovative practices to meet those in need as is demonstrated by the services they provide to their clients, such as housing, case management, peer services, and childcare.

PCHS understands how important it is to provide integrated care to patients who face multiple barriers.

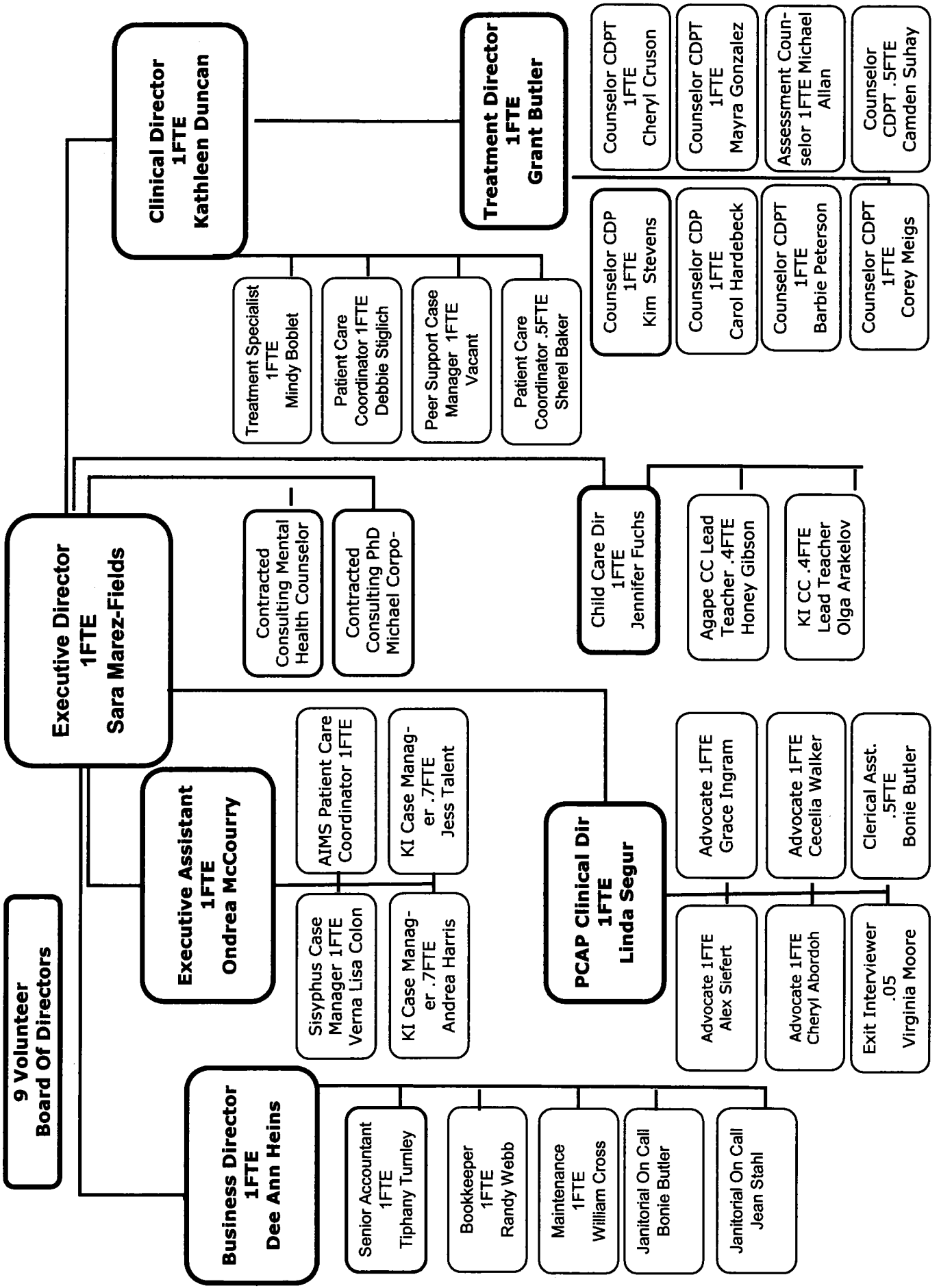
PCHS is excited to co-locate at AGAPE to provide mental health services on their campus as a way to improve access. This proposed service would be fundamental in providing increased access opportunities for patients. PCHS commits to coordinating care of AGAPE patients directly with AGAPE staff which will strengthen both AGAPE and PCHS in serving this population. We will commit a staffing match, as well as overhead costs, noted in the attached budget.

Thank you for giving AGAPE's proposal your consideration.

Sincerely,

Jennifer Kreidler-Moss  
Chief Executive Officer

# Agape Unlimited Organization Chart 7/12/2019



**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Summary Page**

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2019) using the Treatment Sales Tax. New Grant Proposals will only be accepted from organizations who attended the **MANDATORY** New Grant Proposer Conference and submitted a **MANDATORY** New Grant Proposal Letter of Intent.

**Organizational Information**

Organization Name: Kitsap Homes of Compassion  
 Primary Contact: Joel Adamson Joel.Adamson@KitsapHOC.org 360-621-0768  
Name Email Phone

Organization Address: 7721 Beacon Pl NE #101, Bremerton, WA 98311  
Street City State Zip

Federal Tax ID Number: 82-1223987 Legal Status of Organization: 501c3 charity

Individual Authorized to Sign Contracts: Joel Adamson, General Director  
Name Title

**New Grant Proposal Information**

Proposal Title: 108 Rooms of Permanent Supportive Housing using shared housing

Number of Individuals Screened: 120 Number of Individuals Served: 108

Requested Amount of Funding: \$584,800 Matching Funds: \$497,600

**Please check which area(s) of the Continuum this project addresses:**

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

**Please check which area(s) of the County this project is focused:**

<input type="checkbox"/> South Kitsap	<input type="checkbox"/> City of Bremerton
<input type="checkbox"/> Central Kitsap	<input type="checkbox"/> Other City: _____
<input type="checkbox"/> North Kitsap	<input checked="" type="checkbox"/> County-Wide

**Proposal Summary**

The purpose of the project is to create 108 additional affordable, permanent, supportive, stable housing rooms for those in Kitsap County who are homeless and have mental and behavioral health issues – which is a key component of a coordinated chemical dependency or mental health treatment program conducted by Kitsap Mental Health Services (KMHS) along with other service providers. This would be accomplished through KHOC leasing single family homes while providing supportive services.

Joel Adamson GENERAL DIRECTOR 6/25/19  
Signature Title Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Checklist Form**

Name of Program: 108 Rooms of Supportive Housing Organization Submitting: Kitsap Homes of Compassion

Item or Attachment	Yes	No	N/A	Initial
Project funds are 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	X			JA
Organization had a representative at the Mandatory New Grant Proposer Conference	X			JA
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by May 31, 2019 at 3:00 p.m.	X			JA
Organization did not receive funding for this project in 2019	X			JA
Attachment A – New Grant Proposal Summary Page	X			JA
Attachment B – New Grant Proposal Checklist Form	X			JA
Organization checked, initialed and signed New Grant Proposal Checklist	X			JA
Attachment C – New Grant Proposal Narrative Template	X			JA
Proposal Narrative is limited to 15 pages	X			JA
Attachment D – New Grant Proposal Evaluation Worksheet	X			JA
Attachment E – Total Agency Budget Form	X			JA
Attachment F – New Grant Proposal Special Project Budget Form	X			JA
Indirect is limited to 5%	X			JA
Attachment G – New Grant Proposal Sub-Contractor Special Project Budget Form			X	JA
Organization submitted Attachment G for each Sub-Contractor			X	JA
Sub-Contractor indirect limited to 5%			X	JA
Attachment H – New Grant Proposal Project Salary Summary	X			JA
Attachment I – Letter of Resource Commitment (optional)	X			JA
Attachment J – Organizational Chart	X			JA
No other attachments are included	X			JA
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	X			JA
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	X			JA

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

Joel Ahmanson  
Signature of Individual Preparing Proposal

6/25/19  
Date

Joel Ahmanson  
Signature of Organization's Chief Executive

6/25/19  
Date

## 1. PROJECT DESCRIPTION

### A. Project Design:

The purpose of the project is for KHOC to create 108 additional affordable, permanent, supportive, stable housing rooms for those in Kitsap County who are homeless and have mental and behavioral health issues – which is a key component of a coordinated chemical dependency or mental health treatment program conducted by Kitsap Mental Health Services (KMHS) along with other service providers. The project also includes hiring 3 FTEs for licensed case managers, and rent subsidy for 54 people. This would be accomplished through Kitsap Homes of Compassion (KHOC) leasing 4 to 8 bedroom, single family homes from the rental market, and then subletting the bedrooms to our target population, while providing supportive services and a case managers who leads weekly (or twice a month) group meetings with the residents at the house, as well as individual meetings with those that need additional support. The common areas of the home (kitchen, living room, etc.) would be shared by the program participants. The bedrooms will be single occupancy with a keyed locking bedroom door for privacy. The residents will obtain treatment services through KMHS as well as through the newly hired 3 FTE case managers who will be licensed in mental health and/or chemical dependency treatment. (While this program does not include 24/7 live-in support staff, as may be used in other “Supportive Housing,” this is a more affordable alternative that uses the main principals of “Permanent Supportive Housing”).

**Target Population Served:** Those who are currently clients of Kitsap Mental Health Services, or those coming out of substance abuse – AND are either homeless or in danger of imminently becoming homeless. KHOC will create two types of homes: both “sober” homes and “lower barrier homes” for those who are not able to completely stop drinking alcohol. Regarding illegal drug use: the homes will not be available to those with ongoing illegal drug use, but may include those who have a history of illegal drug use. The operation of these homes/rooms does not meet the strict definition of “supportive housing” or fully “housing first” because we will not accept active illegal drug users. Our program design was influenced by both of these concepts, and have adopted most of their principles, but we did not go as far as accepting active/on-going heroin/methamphetamine users because (1) the percentage of the Kitsap homeless population that are in that category is relatively small compared to homeless with mental health or alcohol issues, and (2) it would require on-site staff 24/7 which would be prohibitively expensive; and (3) living in a shared housing situation while actively using those drugs would pose a greater risk to the other participants and possibly to the neighboring public. A program accepting active illegal drug users would probably be best suited for housing that has individual units rather than a shared home. KHOC does (and will continue to) partner with “Kitsap Connect” and provides housing for their clients as well. KHOC’s clients are allowed to use and smoke marijuana and regular cigarettes; and use alcohol. Currently roughly 75% of KHOC’s clients are also KMH clients.

For better social interactions and safety among the residents/participants, the houses will be divided into the following groupings: older single men homes (ages 45+), older single

women homes (ages 45+), homeless mothers with 1 or 2 small children, younger single men (ages 18 to 44), and younger single women (ages 18 to 44).

**Services to be Provided:** List of services provided under this program:

**1. Subsidized, supportive housing.** KHOC will create affordable private bedrooms with key locking bedroom doors, with shared common areas of the house for the target population described above. New construction costs are prohibitively expensive, over \$250,000 per small apartment unit to build new housing, but using our innovative model (which is now being used in most major cities across the U.S.), we can lease existing single family homes and sublet bedrooms at a cost around \$500 per month per bedroom (this is the basic room cost without additional services and utilities).

**2. Provide case managers licensed in mental health or substance use disorder services** who will be providing behavioral health treatment services and will facilitate weekly house meetings to help the residents with conflict resolution as it relates to the functioning of the house. The case managers will (a) provide some group counseling services to participants; (b) link residents to additional needed resources, and (c) arrange for additional needed supportive services; (d) Coordinate with KMH staff when necessary; and (e) visually inspect the common areas of the house to ensure they are being maintained per the rental or program agreement. Another important service of the KHOC case managers is being available during the week and during off-hours, to the residents by phone or text messaging, to help them cope with issues that arise, and keep issues from escalating, thus reducing the use of unnecessary county emergency services. The case managers will be licensed and meet the requirement of chapter 388-877 WAC, and certified to provide these services.

**3. Provide property management services** to ensure the residents are paying their portion of the monthly program fee or rent; and accounting services to ensure that all the utilities are paid. KHOC will pay all utilities, and provide cable TV, internet, and land line telephone to each house. All these costs will be included in the monthly fee charged the residents. The collection of monthly fee or rent from the residents helps to (1) make the program more financially sustainable and self-sufficient, and (2) makes the residents have more "ownership" in their new "home". The majority of the funding for this program comes out of the pockets of the participants/residents – which results in better stewardship of the property, and pride/self-worth of providing for themselves. Residents can pay by cash using the PayNearMe.com program that allows them to pay their portion of the monthly rent or program fee at any 7-11 convenience store or CVS Pharmacy.

**4. Rent subsidy program:** to financially assist those in our target population whose income is less than \$1,000/mo, we propose a rent subsidy between \$100/mo to \$300/mo for a period of 12 month to help make the program more affordable for them. The subsidy amount would either be \$100/mo, \$150/mo, \$200/mo, \$250/mo, or \$300/mo, determined by their income level.

**When would these services be provided?** This program would begin January 1, 2020, and would continue through December 31, 2020. We would have homeowners and



landlords lined up in advance so we could start on Jan. 1<sup>st</sup>. KHOC has a list of perspective owners/landlords.

**Where would these services be provided?** These supportive homes would be leased throughout Kitsap County. We would require that all homes be located close to a bus stop, since 75% of our target population do not own their own vehicle. We will open homes in Poulsbo, Silverdale, Central Kitsap, East and West Bremerton, Port Orchard, as well as other locations in Kitsap County.

**Rate at which this new supportive housing would become available?** The processing of new clients, leasing of new homes from homeowners and management companies, and preparing the homes for KHOC clients, limit the speed at which “new shared homes” can be created. It is estimated, with the requested budget for staffing, that 2 new homes can be opened every month, with an average bedroom count of 4.5 bedrooms per home, or 9 bedrooms per month, starting the first week of January, 2020. Over a 12 month period, that would be a total of 24 homes with a total number of “new” bedrooms of 108 bedrooms for the 2020 calendar year.

In summary, providing permanent, supportive, stable housing for homeless with mental and behavioral health issues is the first and most essential recovery support service because housing is the foundation that is needed for all other forms of recovery to be successful. That is why the “Housing First” model is the best practice of our day.

And second, it is simply inhumane for any civilized society to not provide affordable housing to those who are unsheltered due to their mental disability. Leaving this population on the streets to suffer in their tents, vehicles, or temporary homeless shelters is not an option – we must take action. This is a crisis situation and Kitsap Homes of Compassion is taking immediate action.

### **B. Evidence-Based, Promising, Best or Innovative Practices:**

**Selected Practice #1: Modified version of “Housing First”:** The “Housing First” model is a mental health and chemical dependency industry standard that has been accepted as a “best practice” in the field, and KHOC is using a slightly modified version of Housing First, as described above.

**Selected Practice #2: Using shared housing or group homes:** Using shared housing to create affordable, permanent, supportive, stable housing for those who are homeless and have mental and behavioral health issues is also considered a “Best Practice” by HUD (the United States Department of Housing and Urban Development) and other agencies as well as behavioral health practitioners. HUD’s research department has done extensive research on the healthful advantages of using shared housing, and much of their results can be found at this website: <https://www.huduser.gov/portal/casestudies/study-09282016-1.html>

KHOC already uses (and will use for this project) best practices for housing homeless for this target population, such as “**Rapid Re-Housing Progressive Engagement**” which refers to a strategy of providing a small amount of assistance to everyone entering the

homelessness system. KHOC does this through its partnership with KCR which pays the first month rent and security deposit for the homeless individual in our target population. For most homeless individuals, a small amount of assistance is enough to stabilize, but for those who need more, more assistance is provided. By having an active house case manager, each person's situation in the house is monitored, and the house case manager directs more assistance to those that need that assistance. This flexible, individualized approach maximizes resources by only providing the most assistance to the individuals who truly need it.

#### **Evidence of Outcomes:**

Other research institutions have done studies on how shared housing has beneficial results with homeless, and those with mental health issues or behavioral health issues. One example of an academic article published by U.S. National Institutes of Health's National Library of Medicine (NIH/NLM), entitled "Is Shared Housing a Way to Reduce Homelessness? The Effect of Household Arrangements on Formerly Homeless People" <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862009/> Shows the positive results of using shared housing for creating supportive housing for our target population.

#### **Robust Evaluation Process:**

The National Alliance on Mental Illness (NAMI) has also researched the importance of stable housing on the outcome of mental health issues, <https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Securing-Stable-Housing> and they list shared and supportive housing as one of the positive options.

**Fidelity Measures:** KHOC's program of providing supportive housing to the target homeless population is part of a larger program and network of services to provide comprehensive support to the clients. For example, in addition to KHOC case manager's interaction with the participants, 75% of KHOC residents are being provided services by KMHS, not to mention other qualified services. KHOC works in concert with the services and service providers with whom the clients are already connected. Measures of implementation fidelity of KHOC's services are explained in detail under section "D. Evaluation." Among the industry, there is no question that providing housing first is key to next steps in the recovery process. And it has been shown in the literature and practice that using shared housing helps the clients, who have often been in extreme isolation during their homeless phase, gain practical experience in social skills by living in a community environment such as a shared house where they must share the kitchen, living room, and other common areas of the house. Especially for the elderly, loneliness and isolation are one of the barriers they face – and shared housing give the opportunity to create needed friendships and "family" where previously there had been a vacuum in those areas.

Since "Housing First" (or similar) and "shared housing" are not new concepts or innovative practices, but rather a "Best Practice", they do not require the same justification in this proposal as a completely new idea would require.

And while using shared housing for this target population in Kitsap County may be considered by some in the county as “innovative,” it has been in practice for decades in major cities around the U.S., and is already considered a validated practice.

### **C. Outreach Plan:**

**Outreach/Marketing Plan:** Since the start of KHOC homeless housing program in 2018, KHOC has been a partner agency with the Housing Solution Center (HSC) operated by KCR (Kitsap Community Resources), and signed the HSC’s partnership agreement each year. The HSC uses the **coordinated entry model** to improve the experience of individuals in crisis seeking assistance. The HSC is well known among the homeless in Kitsap County, and they handle all KHOC’s initial screening. The HSC navigator’s do the initial intake, and assist the individual’s complete the KHOC questionnaire and application, which they scan and email to KHOC for further processing.

The outreach has been so effective, and KCR provides so many referrals, that KHOC has continued to operate with a waiting list, despite its remarkable exponential growth and continual addition of new houses. The existing plan has worked so effectively that KHOC plans on continuing its existing outreach and marketing plan – networking with KCR, Kitsap Mental Health Services (KMHS), and other agencies.

**Full County Outreach:** KHOC has even advertised its services on Craigslist to ensure all homeless are aware of its services. Additionally, printed flyers have been distributed to most of the homeless shelters. Speakers from KHOC have made presentations and partnership agreements with other agencies: Bremerton Housing Authority, Harrison Hospital, KMHS, DSHS, just to name a few, to ensure all county agencies are aware of its program. KHOC plans to continue these outreaches and marketing efforts with the expansion that this grant will allow.

#### **In summary, the Outreach Plan is:**

1. Continue to use KCR and the Housing Solutions Center to refer clients to KHOC housing program that meet the qualifications.
2. KHOC fliers about the availability of housing, to be placed at the housing shelters and transitional housing facilities in Kitsap County.
3. Advertise on the internet using Craig’s List, so that clients or client’s families can learn about KHOC’s housing program.
4. KHOC representatives will speak at other agencies that serve the target population, to ensure all eligible persons have access to the program.
5. KHOC will keep its own website and its Facebook page up-to-date about the services it provides.

With this plan, it is anticipated that KHOC will continue to have more clients than it will be able to serve.

### **D. Evaluation:**

**Appendix D** outlines the project goals, activities, and smart objectives. The main plan is not complex – to permanently house, in supportive housing, 108 currently homeless from the target population (as defined in the Project Design section above) and provide rent subsidy to those that qualify. The evaluation plan is likewise straight forward –

**Activity (#1):** Over the 12 months of 2020, lease 24 homes (a minimum of 108 bedrooms total to be added) to be used as group homes for target population clients. **PLAN:** That will require KHOC to lease, prepare, and fill 2 new homes every month for 12 months. KHOC has extensive experience at doing this activity from 2018 and 2019. The plan is to review available houses for lease on real estate web sites, contacts the homeowners or management companies for appropriate homes located near bus stops. Meet with the homeowner and explain KHOC's program. Come to an agreement and sign a lease agreement. KHOC signs a 1 year home lease with the option to renew the lease at the end of the term. It is explained to the homeowner that this is for long-term housing, and we anticipate leasing the home for many years. Then it works with KCR as its main outreach and pre-screening arm, to get applications. KHOC staff further screens and talks with and meets with applicants. The homeless applicants are approved and moved into the homes. Coordination is conducted with the participant's KMHS outpatient coordinator, if they have one, and the KHOC house manager, to ensure a smooth transition from homeless life to permanent housed life. The **data collection** is for this activity (housing 108 homeless) is conducted quarterly, to track the number of homeless that are in houses, and to ensure we are on schedule and on budget.

**Activity #2, hire licensed case managers** to manage the new group homes that are created, and to manager some existing KHOC houses where KHOC does not have enough volunteers. This will also be tracked quarterly to ensure the proper ratio of house managers to homes is maintained. It is estimated that 1 house manager will be able to manage 8 houses. That is based on a 40 hour work week for the house case manager, and that comes to 5 hours per house per week. Facilitating the weekly house meeting for each house is about 2.5 hr/wk (including transportation time), and the remaining 2.5hr/wk is to handle phone calls and texting with residents during the week to maintain their smooth functioning of the house. These work times are known from KHOC's experience in 2018 and 2019 starting 10 homes with 45 bedrooms. The **data collection** for this activity will also be quarterly. The KHOC general director will **manage and analyze** the human resource needs of the organization including the house case managers, to ensure the goals and objectives are being met.

**Activity #3,** is to hire the required staff for KHOC to allow it to function and grow and meet the goal which means hiring a book keeper and assistant director for processing new applicants and managing properties, and conducting evaluations (using funds from the rent collected, not grant funds). The current volunteer staff insufficient to expand further services, and hired staff is critical for the continuation and expansion of this program, and the adding of 108 more bedrooms, per activity #1.

**Activity #4.** Provide homeless having less than \$1,000/mo income, a \$100/ \$150/ \$200 /250/ or 300/mo rent subsidy for 12 months to help them qualify financially for the program. Many homeless of the target population have insufficient funds to afford even a rented room. The minimum social security payment of \$749/mo would mean that a \$650/mo room would require 85% of the individual's income. The individual may receive up to \$100/mo in Supplemental Nutrition Assistance Program (SNAP) for purchase of food, but the housing cost it is still far higher than the target 30% of income. Thus, for those with less than \$1,000/mo income, they would be provided some rent subsidy for their KHOC room rent. The amount, between \$100/mo and \$300/mo, would be based on a sliding scale based on their income. The **data collection** for this activity will also be quarterly with the total funds used to date, number of people served, average subsidy, reported quarterly. At the end of the year **data analysis** would be performed to estimate how the program could be perfected for the following year.

**Activity #5.** Supportive systems (i.e. Regular meetings with group & house case manager, client meeting with participant's counselor/mentors, etc.) will result in long-term stability. The goal is that the chronically homeless will enjoy living in a home as opposed to being homeless, and will not voluntarily choose to go back to being homeless again. Data will be collected as to the percentage of homeless staying in their home for a 3 month, 6 month, or 12 month period. What percentage leave the home? What are the reasons they leave the program, if they do leave? The goal is that at least 75% of those who are initially housed, are still housed 12 months later. Data will be collected as to the extra services the residents are participating in, and any correlation between residents leaving the program early and other variables. This will require initial input data upon entry into the program to form a baseline of data to be compared with after the individual has been in the home for 6 months and 12 months. Various data will be reported quarterly, with a more detailed report after 12 months. There will be on-going data reporting after 12 months, since most of the residents will not have lived in the homes 12 months (as KHOC will be adding 2 new homes every month). But the data will be collected for future data analysis in year 2 of this program, and analysis of data that was collected before the beginning of Jan. 1<sup>st</sup>, 2020.

## **2. COMMUNITY NEEDS AND BENEFIT**

### **A. Policy Goal:**

**Policy Goals** from the 2014 Kitsap County Behavioral Health Strategic Plan that this project addresses: "**Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.**" The proposed project will create 108 supportive housing rental rooms with the supportive services. This is precisely one of the six goals of the policy.

In addition to creating this new supportive housing in 2020, it will allow the housing to continue into the future with a minimal amount of funding.

By housing those who are currently chronically homeless and who are mentally ill or chemically dependent, it will, as a secondary effect, reduce the number of people who use costly interventions including hospitals, emergency rooms, and crisis services (Policy Goal

#2). As a secondary effect, it will reduce the number of people who recycle through the criminal justice system (Policy Goal #3).

**Service Gaps it will address:** Under the “Recovery, Support Services” category, it will directly meet the gaps:

- (1) Provide appropriate, tailored, subsidized housing and support services for homeless individuals or person at risk of homelessness with Behavioral Health issues.
- (2) Establish flexible rental assistance funds for individuals with Behavioral Health needs.

### **B. Needs Assessment and Target Population:**

According to the 2018 Kitsap County Homeless Crisis Response and Housing Plan – (KCHCRH Plan, approved May 2018), it states, “the 2017 HSC (Housing Solution Center) data indicates that 1,756 unduplicated individuals were literally homeless over the course of the year.” Of these 1,700 unsheltered homeless, By estimates done by KHOC, the percentage of outside homeless that are chemically dependent or mentally ill is estimated to be 75% of the total. (KCHCRH Plan states people self-report 40% with mental illness and 24% substance abuse, but KHOC reports an additional 10% have Anosognosia [deficit of self-awareness of their mental illness]). That would mean our target population is 1,700 x 75%, or 1,275 individuals who need stable housing and are mentally ill or chemically dependent.

Of this population, it is estimated that 120 of the target population will be screened and 108 will be permanently housed in the new housing we create. This is calculated from KHOC experience that we must screen 10% more than the number of open rooms. This is the “final” screening of applications KHOC receives from KCR, as KCR does initial screening of homeless and non-homeless. It is impossible to estimate the number of people KCR screens – they screen and assist thousands.

There is such a crisis need for affordable, long-term, supportive housing in Kitsap County, and from our experience creating this housing, we are certain that all the housing for this population segment we create will immediately be used, and we will probably continue to have a waiting list for our services.

This program will create 108 additional new housing rooms (that is in addition to the 50 rooms KHOC has already created to date, and in addition to the estimated 30 more rooms it plans on creating over the June to Dec. 2019 period).

### **C. Community Collaboration, Integration and Collective Impact:**

KHOC has always operated in collaboration with the other housing agencies and with the other service providers to this population segment.

KHOC has a partnership agreement with “**Kitsap Connect**,” a branch of the **Kitsap Public Health District**. Through partnering with their staff, KHOC provides the housing for some of their most needy clients with mental health and chemical dependency issues.

KHOC also has a partnership with **Kitsap Mental Health Services**. When new clients are placed into KHOC facilities, the clients are asked if they would sign KMHS release forms so that KHOC house managers can coordinate care with the clients outpatient coordinators. KHOC meets regularly with KMHS to coordinate efforts and provide the best services possible, and will continue this practice.

**Kitsap Community Resources (KCR)** conducts all KHOC initial intake and initial screening of clients through their Housing Solution Center and KCR will continue to provide this service.

KHOC is in partnership with **The Salvation Army** and the **Kitsap Rescue Mission**, networking with those agencies case managers as they try to find permanent housing for their clients. KHOC has networks with the **CHI/Harrison Hospitals** and their staff, and will seek to find housing for their homeless who they have difficulty moving out of the hospital. KHOC has networked with the **City of Poulsbo**, and the city/mayor has provided significant networking assistance to KHOC as it has expanded its homes into the City of Poulsbo. This will continue for this project.

KHOC has networked and assisted case workers from the **Washington State Department of Social and Health Services' (DSHS)** "Home and Community Services" division, helping them find permanent housing for which no other options were available. And this will continue for this program

KHOC networks, speaks at, raises funds from, and recruits volunteers from, **private and in-kind resources** such as **service organizations** (i.e. Rotary Club) and **churches** of all denominations and types. KHOC is not a religious organization but is registered as a charity organization. But it accept donations from religious organizations which have donated funds to start new homes, and in-kind donations such as used furniture to furnish the homes. This will continue.

In summary, there may not be a non-profit organization in Kitsap County creating supportive housing for the homeless that collaborates more, or is more integrated than KHOC.

### **3. ORGANIZATIONAL CAPACITY**

#### **A. Organizational Governance:**

See Attachment J, Organization Chart, for an overview of KHOC's organizational structure. KHOC's leadership is comprised of highly qualified board members, including a MD, Psychiatrist, and director with 20 years' experience at KMHS. The General Director, Joel Adamson, oversees the 5 major categories of work – House Mangers, Resident Advocates, Facilities Maintenance, Public Communications, and Accounting. Mr. Adamson, as a former executive with ExxonMobil, has extensive project management experience, on the management team managing projects with budgets over \$7 Billion (\$7,000,000,000). Mr. Adamson also has over 20 years experience in property management.

KHOC has been told that over the last 12 months, KHOC has created more affordable housing, housing more chronic homeless single men and single women of this program's target population (permanently housing over 50 homeless), than any other organization – either private or public – in all of Kitsap County. Thus, KHOC staff and leadership has some of the most practical experience and track record of any organization to complete the task of creating an additional 108 supportive housing rooms.

### **B. Organizational Finances:**

The four elements of KHOC's financial management and auditing structure are: (1) Board of Director's oversight, (2) internal financial controls, (3) financial organization, and (4) internal/external reporting requirements.

(1) Board of Director's Oversight: Quarterly Board meetings are held, with up-to-date Balance Sheets, and Profit & Loss Statements prepared and distributed to all members. The Board must approve the budget, and all expenditures must be within the budget. (2) Internal financial controls: KHOC uses the financial software "QuickBooks for Nonprofits" to track all funds in and out of the KHOC business checking account. Each month a bank reconciliation is conducted to ensure the electronic financial records correctly reflects the checkbook statements. KHOC does not accept cash payment, but uses PayNearMe.com for residents who need to pay their housing fee in cash, and are able to pay at any 7-11 convenience store or CVS Pharmacy in cash, and those funds are automatically deposited into KHOC's bank account and credited to the resident's account. For third party financial verification, KHOC has a CPA (Nancy Conrad) that regularly reviews KHOC QuickBooks accounts and bank statements, to ensure all the accounting is being done according to acceptable practice norms. (3) Financial Organization: Cash flow analysis is conducted for each home to ensure there is sufficient income from the rent or monthly program fee to cover all the costs associated with each new house started. The room rate for each house is unique, and based on the actual cost of operating that house. Through monthly review of the QuickBooks financial reports, the General Director and Treasurer are assured that there is and will be a positive cash flow. (4) Internal/External Reporting: Formal annual audits will begin this year, 2019, and annual tax forms are completed. Our 2018 financial review in Dec. 2018 was completed after we transferred our accounting from Excel to Quickbooks, and the CPA helped KHOC setup our QuickBooks electronic files. Financial transparency is critical, and monthly financial statements with income & expenses broken down by each house, is emailed to the board and top staff quarterly.

### **C. Staffing Qualifications:**

See attachment H, "2020 New Grant Proposal Project Salary Summary."

**Joel Adamson, PE – KHOC General Director** – Full-time volunteer dedicated to this project. Mr. Adamson is the founder of KHOC in 2017. He has a M.S. in Engineering from Caltech, and over 30 years project management experience. He worked as Project Manager for ExxonMobil overseas for 6 years before retiring from Exxon in 2004.



In January 2020, KHOC will hire a book keeper, who is experienced in QuickBooks, and an Assistant Director. The funds for these two positions will not come from the grant but from the rent collected. No licensure is required for these two positions.

The project will fund hiring licensed case managers (as outlined in Activity #2 of Attachment D – Evaluation Worksheet). These will be individuals with experience in social work, mental health services and/or substance use disorder services.

KHOC currently does not use paid case managers, but rather uses volunteer house managers which do not provide treatment services but only coordination and house meeting facilitation. (No licensure is required for the current “House Manager” position.) To increase the effectiveness of program for 2020, this proposal will use professional licensed case managers to handle the expansion of 108 new bedrooms in 2020, so the hiring of case managers is essential to expansion.

Key current staff that will assist in the training of the new staff are: **Denise Hughes, MSN, RN, GMHS**. Ms. Hughes has over 20 years experience working in the field of Geriatric nursing and management at KMHS. She has extensive experience working with those with mental illness and chemical dependency. She has served as a KHOC House Manager since KHOC’s first house opened in September 2018. She will continue in her volunteer part-time staff position with KHOC.

A second key staff is **Dr. Rich Buckham, PhD Psychology**: Dr. Buckham has been the House Manager for KHOC’s first men’s home, since November 2018. Dr. Buckham has over 30 years experience in his counseling private practice. He will continue in his voluntary part-time position with KHOC.

Additionally, on the KHOC board, **Dr. Rex Adamson, MD Psychiatrist**: Dr. Adamson has been in practice over 20 years and is the head psychiatrist at an inpatient facility in Modesto, CA. He also has many years experience servicing the homeless. As a board member, Dr. Adamson provides advice to KHOC staff regarding psychiatric questions. He will continue in his voluntary position on KHOC’s board.

The success of KHOC over the last 12 months is evidence of its staff’s qualifications and experience, and with the addition of 3 FTE licensed case managers, it will only increase its qualifications.

#### **D. Organizational Licenses and Certificates:**

For the tasks being undertaken for this project, **no organizational** licenses are required. KHOC will hire licensed mental health professionals to serve as case managers for the 3 FPE case managers hired under this grant program. The newly hired case managers will be licensed and meet the requirement of chapter 388-877 WAC, and will be licensed and/or certified to provide these services. Specifically, the newly hired case managers will be licensed through the WA State Dept of Health as either (1) advanced social worker, (2) a licensed independent clinical social worker, or (3) a licensed mental health counselor.

Despite no organizational license being required, KHOC currently has a house manager that has a PhD in Psychology and another with MSN, RN, GMHS, as well as a board member who is a MD, Psychiatrist. Its current staff, despite currently being made-up of all volunteers, is extremely highly qualified. And the addition of licensed mental health professionals for the new case manager positions will even further add to KHOC's capabilities.

### **E. History of Project Management:**

The program director, Joel Adamson, is a WA State Licensed Professional Engineer, with over 30 year experience in project management in the private and public sector. When he was an employee for ExxonMobil, he was on the executive management team managing a construction project with a budget exceeding \$7 Billion (\$7,000,000,000). He is the founder of KHOC, and has built the organization from nothing to managing 10 supportive houses as of June 1<sup>st</sup>, 2019, keeping the program on budget.

Board member and House Manger, Denise Hughes, has experience managing grants from her 20 years experience working at KMH.

The fact that the KHOC management team has been able create a self-sustaining program of supportive housing, operating homes since September 2018, growing to a monthly budget of over \$25,000/month in less than a 12 months, is clear evidence of their ability to implement and manage this project.

The staff of KHOC have the project management experience necessary to manage federally and locally funded projects in a timely manner, staying within budget, and consistent with funding requirements.

## **4. PROJECT FINANCIAL FEASIBILITY**

### **A. Budget Narrative:**

**Activity (#1): Over the 12 months of 2020, lease 24 homes (a minimum of 108 bedrooms total to be added) to be used as group homes for target population clients.**

Assumptions: \$2,800/mo rent for 5 or 6 BR house (or 4BR house that can be modified to become 5BR)

Security Deposit Required: refundable \$3,000

Background check fees/non-refundable fees: one-time \$500

\$2million liability insurance cost per month per house = \$50

Cost of holding rooms vacant during the 1st month of filling up house: one-time cost \$1,400

To start up each house: 2,800 (rent)+3,000 (sec.dep.)+500+1,400 +50+50= \$7,800

Portion of initial cost reimbursed by participants security deposit: \$3000.

Net cost to start 1 home = \$7,800 - \$3,000 = \$4,800

All other operational costs and monthly rent paid to homeowners are covered by the rent collected, paid by the participants (That is a "matching fund" paid by the homeless

themselves of \$500/mo [from their SSDI payments] x 24 homes x 6 mo. x 5 people/home = \$360,000 in year 2020)

**One-time cost to start 24 group homes x \$4,800/home = \$115,200**

**Activity #2, Hire KHOC case managers: (3 FTEs)**

2 full-time licensed case managers hired Jan. 1, 2020 – 12 months x 2 = 24 mo.

1 more full full-time case manager hired after 8 houses added (after 4 mo, May 1<sup>st</sup>, 2020). May-Dec, 2020 = 8 mo.

1 more full-time case manager hired after 16 homes are added (after 8 mo, Sep. 1<sup>st</sup>, 2020). Sep-Dec 2020 = 4 mo.

Total case manager (staff) months = 24 + 8 + 4 = 36 months.

Base pay for case manager = \$23/hr

% for benefits/taxes/etc.: 45%

Total cost = \$33.35/hr; = \$5,780/mo x 36 months = **\$208,000**.

Case managers base salary (staff) = \$143,500.

Case managers benefits (staff) = \$64,500.

**Activity #3, Hire full-time book keeper and full-time assistant director: (2 FTEs) [Paid by KHOC, not the grant]**

% for benefits/taxes/etc.: 45%

Book keeper base pay: \$20/hr; Total Cost: \$29/hr; Annual = \$60,300

Assistant director base pay: \$18/hr; Total Cost \$26.10/hr Annual = \$54,300

Total Cost for Activity #3 = **\$114,600**

Book keeper base salary (staff) = \$41,600

Assistant director base salary (staff) = \$37,400

Book keeper & assistant director base salary (staff) = \$79,000.

Book keeper & assistant director base salary benefits (staff) = \$35,600.

**Activity #4. Provide homeless with rent subsidy.**

Average subsidy = \$225/mo.

Percentage of homeless needing the subsidy = 80% (based on KHOC experience, those with less than \$1,000/mo income).

Avg number of people-month served = 108 bedrooms/2 = 54 bedrooms/year

(Going from zero to 108 bedrooms the last month, avg is 54 bedrooms/month)

54 people \* 0.80 = 43.2 people/month x 12 month = 518.4 people-months during the year will need the average subsidy.

518.4 people-months \* \$225/mo = **\$116,600 Subsidy fund**

**Activity #5. Data collection/analysis/review/evaluation**

This activity will be conducted by the existing volunteer staff along with the staff hired in Activity #2 and #3, and will not require additional funding, other than for the independent financial audit.

Independent Financial Audit of KHOC at end of 2020 = **\$10,000.**

**Other Budget Items:** The grant also will fund the utility costs of the added 108 rooms (24 houses), and will fund 15% of the leasing cost of the added 24 homes. (The remaining 85% of the leasing costs are paid from the fee/rent paid by the participants themselves.)

**Budget Narrative Summary:** In summary, KHOC has developed an innovative, financially sustainable model for housing the homeless of the target population, growing from zero homes in August 2018, to 10 homes of 50 bedrooms by June 1<sup>st</sup>, 2019 – in less than 12 months. And so far, this has been accomplished with zero paid staff, and an annual budget of over \$300,000/year, almost solely paid for by the homeless participants' own social security income. The proposed project to add 108 additional bedrooms **does not supplant current funding**, because KHOC currently does not receive any federal, state, or local funding other than a few relatively small donations from individual donors, churches, and service clubs. Currently, over 90% of the program's budget is funded directly from the fees and rent charged the homeless to live in the supportive housing it has created. It is almost fully self-funding. Many officials have said that the accomplishments of KHOC, in such a short time, and with no government subsidy funding, has been beyond remarkable.

Looking at the budget, notice that almost 50% of the total budget is "other matching funds," and those funds come from the monthly rent or program fee that the homeless pay themselves, out of their own social security income. Also notice that the remainder of the highly qualified KHOC staff and general director continue to work for KHOC as volunteers. Also note that the 2020 KHOC agency budget is about \$300,000 higher than the total funds of this project – that is due to the ongoing income & expenses of the existing (projected) 75 supportive rooms that KHOC will be operating on Jan. 1<sup>st</sup>, 2020. This program will expand those 75 rooms by an added 108 rooms, increasing to a total number of 183 rooms by the end of 2020.

**For KHOC to expand services further, it cannot continue to rely on volunteer labor for new house case managers. The volunteer pool has been exhausted. It requires funding from this grant to capitalize on its existing management system, procedures and network with service providers, to create additional supportive housing for a larger number of the target homeless population in Kitsap County, so these individuals can be successful in their recovery programs.**

**There are no paid/financial subcontractors. But, extensive in-kind services have been agreed to be provided by other agencies (i.e. KCR, KMHS, Kitsap Connect, etc. See below section.)**

### **B. Additional Resources and Sustainability:**

Indirectly, **federal, state, and local resources** have been leveraged for this program to an amazing extent through KHOC's networking with federal, state and local agencies. It would

have been impossible for KHOC to reach its current size and success if it was not for the extensive networking with public and private providers of support for the target homeless population. KHOC has partnership agreements with “**Kitsap Connect,**” and **Kitsap Mental Health Services.**

**Kitsap Community Resources (KCR)** conducts all KHOC initial intake and initial screening of clients through their Housing Solution Center, and then for their Rapid Rehousing Program, with KCR’s case managers.

KHOC works in partnership with **The Salvation Army, Kitsap Rescue Mission, CHI/Harrison Hospitals** and their staff. KHOC has also networked with the **City of Poulsbo.** KHOC has networked and assisted case workers from the **Washington State Department of Social and Health Services’ (DSHS).**

KHOC networks, speaks at, raises funds from, and recruits volunteers from **private and in-kind resources** such as **service organizations** (i.e. Rotary Club) and **churches** of all denominations and types. KHOC is not a religious organization but is registered as a charity organization.

### **Sustainability Plan**

**Self-sustainability** has been the key to KHOC’s success. Everything KHOC does is specifically engineered and designed to be (1) scalable, and (2) financially sustainable. The housing itself (without the “supportive” aspect) is designed to be fully financially self-supporting. That way, in the event that outside financing was ever cut for any reason, the clients would be able to continue to pay for their housing using their own social security.

It is the added “supportive” aspect of the house case managers that needs outside/additional funding sources. The funding is needed to add the additional house managers for the additional 108 rooms to be added in this program, and to provide house managers to some of the existing the homes where the volunteers need to take a break.

In the initial design/engineering of this program, financial sustainability was the driving criteria – and the reason that new construction was not used to construct the housing. ALL possible forms of housing were evaluated, and it was determined that leasing existing homes provided the greatest flexibility and least cost, thus more sustainable.

**At the conclusion of the grant period,** it is KHOC’s plan to find additional funding sources to continue pay the added case managers. But the total paid staff of the entire program is less than 25% of the total human resource requirement – 75% of all staff is provided by volunteers, which are more financially sustainable. And again, since the rents collected pays for most of the house leasing cost, it is inherently financially sustainable. It has been anticipated that when landlords raise the rent on the houses over the years in the future, part of the added cost will be passed on to the clients through higher fees/room rent charged, and if it become unaffordable, then the number of residents per home can be increased (that is how similar programs throughout the US, and in high rent communities like San Francisco, have dealt with this issue in similar shared housing programs.)

EVALUATION WORKSHEET

PROJECT NAME: 108 Rooms of Permanent Supportive Housing using shared housing

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <i>Data and time</i>	G. SOURCE
Create long-term supportive housing and house Kitsap County's homeless with mental or behavioral health issues.	1. Over 12 months, lease 24 homes (a minimum of 108 bedrooms total to be added) to be used as group homes for target population clients.	Lease 2 homes every month (with a total bedroom count of 9 bedrooms per month), screen candidates, and house them in the houses.	<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>Jan. 1, 2020</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Jan. 1, 2020 zero homes/rooms paid for from this grant.	Data to be collected from KHOC office.
Create long-term supportive housing and house Kitsap County's homeless with mental or behavioral health issues.	2. Hire case managers to manage/serve the new group homes that are created, and case managers to manage existing KHOC houses where KHOC does not have enough volunteers.	Initially hire 2 full-time house case managers, 1 for covering existing houses without a permanent case manager and 1 for the managing the next 8 houses. Then, after 8 new houses are added, hire a 3 <sup>rd</sup> case manager.	<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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>Jan. 1, 2020</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	As of Jan. 1, 2020, KHOC has no paid house managers, only volunteers.	Data to be collected from KHOC office.
Create long-term supportive housing and house Kitsap County's homeless with mental or behavioral health issues.	3. Hire required staff for KHOC to allow it to function and grow and meet the goal. A full-time book keeper and full-time assistant director for processing new applicants and managing properties. (Funding for this activity not from grant, but rent).	Hire the book keeper and assistant director.	<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 checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan. 1, 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	As of Jan. 1, 2020, KHOC has no paid support staff.	Data to be collected from KHOC office.

D-1

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>Establish rental assistance funds for homeless individuals with Mental or Behavioral Health needs so they can qualify financially for KHOC's supportive housing program.</p>	<p>4. Provide homeless with less than \$1,000/mo income, a rent subsidy (between \$100/mo to \$300/mo) for 12 months to help them qualify financially for the program.</p>	<p>Assuming 80% of target population will need funding, and avg. ammt is \$225/mo, and 9 homeless people are housed per month, then a total of \$1,620/mo will be distributed per the sliding scale on their income. (\$1,620 the 1<sup>st</sup> month, \$3,240 for 2<sup>nd</sup> month, etc.- total for 12 month = \$116,600).</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                      Start date: <u>Jan. 1, 2020</u>                      Frequency:  <input checked="" type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>	<p>As of Jan. 1, 2020 there was no KHOC assistance funding of its own for target population.</p>	<p>Data to be collected from KHOC office.</p>
<p>Create long-term supportive housing and house Kitsap County's homeless with mental or behavioral health issues.</p>	<p>5. Supportive systems (i.e. Regular meetings with group &amp; house case manager, client meeting with case manager &amp; his/her counselor/mentors, etc.) will result in long-term stability.</p>	<p>At least 75% of all residents will still be living in their long-term home after 12 months. (i.e. Not violated a rule causing them to be expelled, or going back to street living on their own).</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 type="checkbox"/> Medium  <input checked="" type="checkbox"/> Long                      Start date: <u>move in date.</u>                      Frequency:  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>	<p>The base line is the date they move into a house.</p>	<p>Data from KHOC office.</p>
<p>Significant cost savings to County by housing the homeless instead of the status que</p>	<p>The ROI for the grant funds used will be estimated/calculated, showing that the relatively small cost of KHOC's supportive housing of the 108 people in comparison to the large cost to County services (jail/hospital/etc.) if not providing this service.</p>	<p>The project will result in an annual ROI of at least 50%.</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 checked="" 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: Click here to enter text.                      Frequency:  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input checked="" type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>	<p>Costs as of Dec. 31, 2020; with and without KHOC service.</p>	<p>Data to be collected from various sources.</p>

D-2

# Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: **Kitsap Homes of Compassion**

Project: **108 Rooms of Supportive Housing**

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2018 0 to 15 rooms		2019 15 to 75 rooms		2020 75 to 183 rooms	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%		0%		0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue (Subject Grant)	\$ -	0%	\$ -	0%	\$ 514,000.00	34%
Private Funding Revenue (Donations)	\$ 1,805.00	15%	\$ 45,000.00	14%	\$ 55,000.00	4%
Agency Revenue (rental income/program fee)	\$ 9,950.00	85%	\$ 282,000.00	86%	\$ 929,000.00	62%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 11,755.00</b>		<b>\$ 327,000.00</b>		<b>\$ 1,498,000.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers		0%		0%		0%
Staff	\$ -	0%	\$ -	0%	\$ 222,500.00	15%
Total Benefits	\$ -	0%	\$ -	0%	\$ 100,100.00	7%
<b>Subtotal</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 322,600.00</b>	<b>22%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ -	0%	\$ 1,500.00	1%	\$ 6,500.00	0%
Office Supplies	\$ -	0%	\$ 300.00	0%	\$ 600.00	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 1,800.00</b>	<b>1%</b>	<b>\$ 7,100.00</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ 5,000.00	2%	\$ 10,000.00	1%
Communication	\$ 96.00	1%	\$ 350.00	0%	\$ 1,200.00	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ 12,960.00	1%
Postage/Printing	\$ 44.00	0%	\$ 275.00	0%	\$ 450.00	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ 4,800.00	0%
% Indirect	\$ -	0%	\$ 4,000.00	1%	\$ 25,000.00	2%
Other (Describe) Organization registration fees	\$ 80.00	1%	\$ 150.00	0%	\$ 300.00	0%
<b>Subtotal</b>	<b>\$ 220.00</b>	<b>1%</b>	<b>\$ 9,775.00</b>	<b>3%</b>	<b>\$ 54,710.00</b>	<b>4%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ 2,000.00	1%	\$ 4,000.00	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 1,125.00	7%	\$ 6,500.00	2%	\$ 14,000.00	1%
Utilities	\$ 1,354.00	9%	\$ 40,800.00	14%	\$ 131,500.00	9%
Other (Describe) House leases	\$ 10,683.00	88%	\$ 216,000.00	75%	\$ 808,000.00	54%
Other (Describe) Mngmt Co Fees & Hs Insurance	\$ 1,686.00	11%	\$ 7,050.00	2%	\$ 23,376.00	2%
Other (Describe) Background check fees	\$ 642.00	4%	\$ 2,300.00	1%	\$ 3,000.00	0%
<b>Subtotal</b>	<b>\$ 15,490.00</b>	<b>99%</b>	<b>\$ 274,650.00</b>	<b>96%</b>	<b>\$ 983,876.00</b>	<b>66%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Housing subsidy program	\$ -	0%	\$ -	0%	\$ 116,600.00	8%
<b>Subtotal</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 116,600.00</b>	<b>8%</b>
<b>Total Direct Expenses</b>	<b>\$ 15,710.00</b>		<b>\$ 286,225.00</b>		<b>\$ 1,484,886.00</b>	



## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Agency Name: Kitsap Homes of Compassion

Project: 108 Rooms of Supportive Housing

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 222,500.00	21%	\$ 143,500.00	25%	\$ 79,000.00	16%
Total Benefits	\$ 100,100.00	9%	\$ 64,500.00	11%	\$ 35,600.00	7%
<b>SUBTOTAL</b>	<b>\$ 322,600.00</b>	<b>30%</b>	<b>\$ 208,000.00</b>	<b>36%</b>	<b>\$ 114,600.00</b>	<b>23%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 4,800.00	0%	\$ -	0%	\$ 4,800.00	1%
Office Supplies	\$ 800.00	0%	\$ -	0%	\$ 800.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 5,600.00</b>	<b>1%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 5,600.00</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 10,000.00	1%	\$ 10,000.00	2%	\$ -	0%
Communication	\$ 1,000.00	0%	\$ -	0%	\$ 1,000.00	0%
Insurance/Bonds	\$ 9,600.00	1%	\$ -	0%	\$ 9,600.00	2%
Postage/Printing	\$ 300.00	0%	\$ -	0%	\$ 300.00	0%
Training/Travel/Transportation	\$ 4,800.00	0%	\$ -	0%	\$ 4,800.00	1%
% Indirect (Limited to 5%)	\$ 20,000.00	2%	\$ 20,000.00	3%	\$ -	0%
Other (Describe): book keeping & PropAdmin.	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 45,700.00</b>	<b>4%</b>	<b>\$ 30,000.00</b>	<b>5%</b>	<b>\$ 15,700.00</b>	<b>3%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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	1%	\$ -	0%	\$ 12,000.00	2%
Utilities	\$ 55,000.00	5%	\$ 55,000.00	9%	\$ -	0%
Other (Describe): startup of 24 group homes	\$ 115,200.00	11%	\$ 115,200.00	20%	\$ -	0%
Other (Describe): Housing subsidy program	\$ 116,600.00	11%	\$ 116,600.00	20%	\$ -	0%
Other (Describe): Leasing 24 homes & Insurance	\$ 409,700.00	38%	\$ 60,000.00	10%	\$ 349,700.00	70%
<b>SUBTOTAL</b>	<b>\$ 708,500.00</b>	<b>65%</b>	<b>\$ 346,800.00</b>	<b>59%</b>	<b>\$ 361,700.00</b>	<b>73%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service		0%		0%		0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 1,082,400.00</b>		<b>\$ 584,800.00</b>		<b>\$ 497,600.00</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

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**Agency Name: Kitsap Homes of Compassion**

**Project: 108 Rooms of Supportive Housing**

**Description**

Number of Professional FTEs		3.00
Number of Clerical FTEs	(Volunteers)	0.00
Number of All Other FTEs	(Volunteers)	0.00
<b>Total Number of FTEs</b>	<b>(FOR GRANT FUNDED POSITIONS ONLY)</b>	<b>3.00</b>

**Salary Information**

Salary of Executive Director or CEO	(Volunteer)	\$ -
Salaries of Professional Staff		\$ -
Salaries of Clerical Staff		\$ -
Other Salaries (Describe Below)		\$ -
Description: 3 Case Managers (each managing 8 homes)		\$ 143,500.00
Description:		\$ -
Description:		\$ -
Description:		\$ -
Description:		\$ -
<b>Total Salaries</b>		<b>\$ 143,500.00</b>
 Total Payroll Taxes		 \$ 20,377.00
Total Cost of Benefits		\$ 44,123.00
Total Cost of Retirement		\$ -
<b>Total Payroll Costs</b>		<b>\$ 208,000.00</b>

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal**

**Name of Program:**108 Rooms of Supportive Housing **Organization Submitting:** Kitsap Homes of Compassion

# **ATTACHMENT I**

## **Letter of Resource Commitment #1**

### **KCR's work with KHOC in 2020**



KITSAP COMMUNITY  
*Resources*

*A Community Action Partnership helping people, changing lives*

May 4, 2019

Joel Adamson  
Kitsap Homes of Compassion  
7721 Beacon PI NE, Suite 101  
Bremerton, WA 98311

Dear Mr. Joel Adamson,

I understand you are preparing for writing your grants and we would affirm that Kitsap Community Resources considers Kitsap Homes of Compassion to be a valued asset to our clients.

As a community action agency, our many programs are focused on providing resources and services for the low-income residents of Kitsap County. Access to permanent shared housing is critical to helping individuals with low-income especially those on SSI achieve stability and self-sufficiency. And, over the course of the year, our Housing Solutions Center program has reached more than 3,900 individuals, referring many of them to Kitsap Homes of Compassion as a housing option. Since working with Kitsap Homes of Compassion in May of 2018, Housing Solutions has referred 30 individuals to reside there.

We are pleased to provide this letter of support and look forward to continuing our collaborative relationship as we work together to meet the needs of the community we serve.

Regards,

Bridget Callahan

HSC Manager

Kitsap Community Resources

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal**

**Name of Program:**108 Rooms of Supportive Housing **Organization Submitting:** Kitsap Homes of Compassion

**ATTACHMENT I**

**Letter of Resource Commitment #2**

**Kitsap Mental Health Service's work  
with KHOC in 2020**

**Mental Health, Chemical Dependency, and Court Program  
2020 New Grant Proposal**

**Letter of Resource Commitment**

**Name of Program:** 108 Rooms of Supportive Housing  
**Organization Submitting:** Kitsap Homes of Compassion

June 20, 2019

Joel Adamson  
General Director  
Kitsap Homes of Compassion  
7721 Beacon PI NE, Suite 101  
Bremerton, WA 98311

Dear Mr. Adamson,

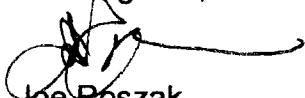
We are aware Kitsap Homes of Compassion is preparing a grant proposal to the Mental Health, Chemical Dependency and Therapeutic Court Program – 2020, and that KHOC plans to open an additional 108 private bedrooms of supportive housing during 2020.

Kitsap Mental Health Services (KMHS) has had recent discussions with Kitsap Homes of Compassion (KHOC) regarding this valuable new resource in our community. During 2019 we have been pleased to place a number of individuals who are clients of KMHS into several KHOC residences, and have been able to help support their housing transition through our HARPS Peer Support Specialist. In the future, we anticipate providing some housing tenancy supports to select individuals who meet housing tenancy support criteria for service and can be successful in a scattered site housing environment within KHOC residences.

To that end, we are pleased to provide this letter of support and resource commitment for 2020.

We look forward to continuing our collaborative relationship as we work together to meet the needs of our community.

Best regards,

  
Joe Roszak  
Chief Executive Officer

**KITSAP  
MENTAL  
HEALTH  
SERVICES**

**BOARD OF DIRECTORS**

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President  
Maureen Gaffney, RN  
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Britt Feldman  
Immediate Past President

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Jean Mackimmie, RN  
Magda Pratt  
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](http://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 program and activities.

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal**

**Name of Program:**108 Rooms of Supportive Housing **Organization Submitting:** Kitsap Homes of Compassion

# **ATTACHMENT I**

## **Letter of Resource Commitment #3**

### **Kitsap Connect's work with KHOC in 2020**

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal**

**Letter of Resource Commitment – Kitsap Connect’s work with KHOC in 2020**

**Name of Program:**108 Rooms of Supportive Housing Organization **Submitting:** Kitsap Homes of Compassion

June 12, 2019

Joel Adamson  
General Director  
Kitsap Homes of Compassion  
7721 Beacon PI NE, Suite 101  
Bremerton, WA 98311

Dear Mr. Joel Adamson,


I understand KHOC is preparing a grant proposal to the Mental Health, Chemical Dependency and Therapeutic Court Program – 2020, and KHOC plans to open an additional 108 private bedrooms of supportive housing for those with mental illness and chemical dependency issues in the year 2020.

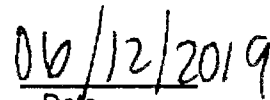
Kitsap Connect considers Kitsap Homes of Compassion (KHOC) to be a valued asset to our clients and we will continue to provide human resources to provide Kitsap Connect clients that are housed in KHOC homes the supportive services that we are currently providing our clients living in KHOC homes.

We are pleased to provide this letter of support and resource commitment for 2020.

We look forward to continuing our collaborative relationship as we work together to meet the needs of our community.

Regards,

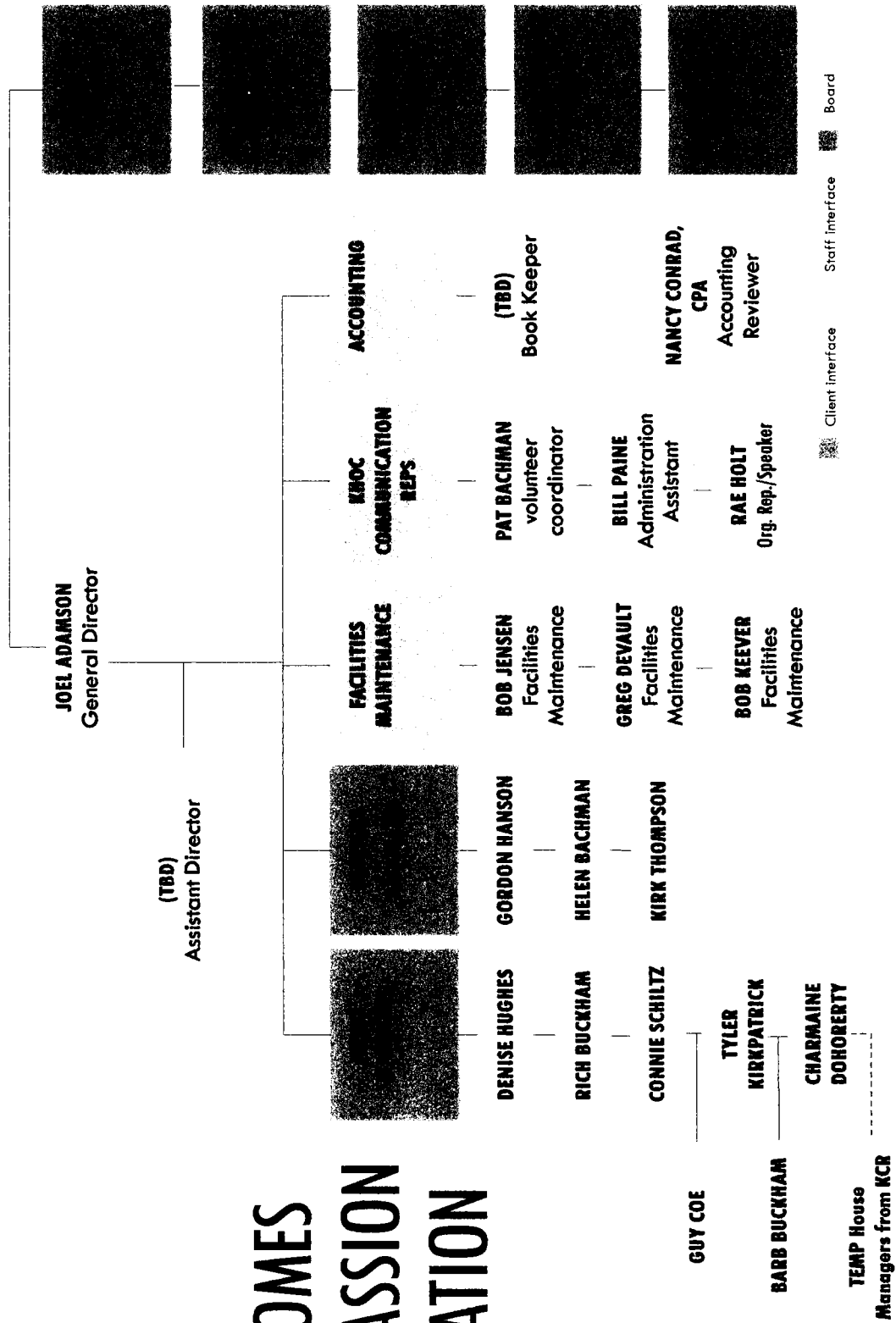
  
\_\_\_\_\_  
Kitsap Connect

  
Date



Attachment J – Organization Chart

# KITSAP HOMES OF COMPASSION ORGANIZATION CHART



J-1

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Summary Page**

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2019) using the Treatment Sales Tax. New Grant Proposals will only be accepted from organizations who attended the **MANDATORY** New Grant Proposer Conference and submitted a **MANDATORY** New Grant Proposal Letter of Intent.

**Organizational Information**

Organization Name: Kitsap Community Resources

Primary Contact: John Koch jkoch@kcr.org (360)473-2150  
Name Email Phone

Organization Address: 845 8<sup>th</sup> Street Bremerton WA 98337  
Street City State Zip

Federal Tax ID Number: 91-0791411 Legal Status of Organization: 501 (c) (03)

Individual Authorized to Sign Contracts: Jeff Alevy Executive Director  
Name Title

**New Grant Proposal Information**

Proposal Title: Recovery Outreach and Stabilization Team (ROAST)

Number of Individuals Screened: 4,450 Number of Individuals Served: 480

Requested Amount of Funding: \$ 768,000.00 Matching Funds: \$120,000.00

**Please check which area(s) of the Continuum this project addresses:**


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

**Please check which area(s) of the County this project is focused:**

<input type="checkbox"/> South Kitsap	<input type="checkbox"/> City of Bremerton
<input type="checkbox"/> Central Kitsap	<input type="checkbox"/> Other City: _____
<input type="checkbox"/> North Kitsap	<input checked="" type="checkbox"/> County-Wide

**Proposal Summary**

Recovery Outreach and Stabilization Team (ROAST) will provide and administer outreach, rental assistance, eviction prevention, rapid rehousing, case management, housing stabilization, crisis intervention, and mental health referrals for individuals and families in Kitsap County who are struggling with substance abuse and mental health issues.

 Director, Housing & Community Support Services 7/24/2019  
Signature Title Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Checklist Form**

Name of Program: Recovery Outreach and Stabilization Team      Organization Submitting: Kitsap Community Resources

Item or Attachment	Yes	No	N/A	Initial
Project funds are 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	X			
Organization had a representative at the Mandatory New Grant Proposer Conference	X			
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by <b>May 31, 2019 at 3:00 p.m.</b>	X			
Organization did not receive funding for this project in 2019	X			
Attachment A – New Grant Proposal Summary Page	X			
Attachment B – New Grant Proposal Checklist Form	X			
Organization checked, initialed and signed New Grant Proposal Checklist	X			
Attachment C – New Grant Proposal Narrative Template	X			
Proposal Narrative is limited to 15 pages	X			
Attachment D – New Grant Proposal Evaluation Worksheet	X			
Attachment E – Total Agency Budget Form	X			
Attachment F – New Grant Proposal Special Project Budget Form	X			
Indirect is limited to 5%	X			
Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form	X			
Organization submitted Attachment G for each Sub-Contractor	X			
Sub-Contractor indirect limited to 5%	X			
Attachment H – New Grant Proposal Project Salary Summary	X			
Attachment I – Letter of Resource Commitment (optional)	X			
Attachment J– Organizational Chart	X			
No other attachments are included	X			
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	X			
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	X			

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

  
\_\_\_\_\_  
Signature of Individual Preparing Proposal

7/24/19

Date

  
\_\_\_\_\_  
Signature of Organization's Chief Executive

7/24/19

Date

## KITSAP COMMUNITY RESOURCES 2020 GRANT PROPOSAL

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

#### RECOVERY OUTREACH AND STABILIZATION TEAM PROGRAM

Recovery Outreach and Stabilization Team (ROAST) through Kitsap Community Resources (KCR) will provide and administer outreach, rental assistance, eviction prevention, rapid rehousing, case management, housing stabilization, crisis intervention, and mental health referrals for individuals and families in Kitsap County who are struggling with substance abuse and mental health issues.

#### 1. Project Description

##### A. Project Design

The Recovery Outreach and Stabilization Team is a joint project between Kitsap Community Resources' Housing Solutions Center team and Kitsap Community Resources' Housing and Homeless Services team. The Housing Solutions Center will administer ROAST's rental assistance program for individuals and families that have had a behavioral health or substance use diagnosis within the last year. KCR's Housing Team will be tasked with running ROAST's supportive housing arm for some of the most vulnerable individuals experiencing homelessness in Kitsap County. Both HSC and Housing team members will work in close collaboration to build KCR's ROAST program into an effective project for households in Kitsap that have a mental health or substance use issues.

ROAST will require five new employees for KCR in order to run the program effectively. The team will be comprised of two Outreach Coordinators, two Housing Stabilization Specialists, and one Behavioral Health Specialist. The Outreach Coordinators will be housed in HSC and focus on administering the rent assistance side of ROAST, along with reaching new clients in the community. The Housing Stabilization Specialists (HSS) will be part of KCR's Housing Team and will offer supportive housing services to clients with significant barriers to housing stability. The Behavioral Health Specialist will be a subcontracted position with a behavioral health provider and will focus on connecting clients to services in conjunction with our Housing Stability Specialists.

The Outreach Coordinator team will work as a pair to conduct outreach to the homeless throughout Kitsap County and administer rent assistance. They will reach the hardest to serve clients experiencing homelessness by meeting them in the community, treatment facilities, jail, hospital, shelter, or encampments where they currently reside. Coordinators will discuss housing choices with clients, coordinate rental assistance, and provide referrals to community

resources. The Outreach Coordinator team will also aid in the administration of allocating \$400,000.00 of rental assistance funds requested to qualified and vulnerable households. Funds from this grant are requested to ease the loss of Kitsap County's Housing and Recovery through Peer Services (HARPS) funding, which was \$356,000.00 per year, administered by HSC, and set aside for households with mental health or substance use diagnoses. Rental assistance may be used as an eviction prevention intervention to keep households from losing housing or as a rapid re-housing model to house homeless households that lack the resources for move in costs. ROAST prioritizes households with a behavioral health or substance use diagnosis for rent assistance by requiring documentation of said diagnosis.

Further, ROAST will centralize all the rent assistance given by the Mental Health, Chemical Dependency, and Therapeutic Courts Treatment Sales Tax (TST) that go to landlords and housing programs throughout Kitsap County with the Housing Solutions Center. Housing Solutions Center (HSC) will act as the main hub and control for any person or housing partners that requests TST rent assistance funds for clients. Consolidating funds with HSC will ensure that Kitsap County has a centralized metric for evaluating housing performance measures across locations, there will be an accurate accounting of rental assistance funds spent per client, an easier reporting burden for smaller housing agencies, and easy access by clients as HSC is already the hub for housing resources due to its position as Kitsap County's Coordinated Entry. From January 1, 2018 to June 30, 2019, KCR has provided rental assistance from our HARPS and Consolidated Housing Grant funded programs to many different types of landlords. Not including private landlords, we have provided funding to Agape in the amount of \$19,840.10 serving 58 households. We provided funding to Kitsap Homes of Compassion in the amount of \$59,933.25 serving 56 households. Oxford Houses were funded in the amount of \$105,605.95 serving 243 households. Eagle's Wings were funded in the amount of \$50,188.50 serving 78 households. West Sound Treatment Center was funded \$4,337.27 serving 15 households. HSC will regulate rental assistance in order to ensure the same treatment and qualifications for every client and housing provider being funded. Further, this centralization would assure that the same beds are not being double paid.

ROAST's Housing Stabilization Specialists will provide case management for clients with severe behavioral health and substance use barriers. These clients face tremendous hurdles to maintaining housing, requiring intensive support for at least one year. KCR's Housing Team will add an additional Housing Stabilization Specialist (HSS) to the existing TST funded team, which currently consists of one HSS and one Behavioral Health Specialist. The second HSS will allow more intensive services and time spent per client. Our existing HSS will continue working with high utilizers of county services by providing case

management to clients housed through Kitsap Connect. Kitsap Connect works with the high utilizers of emergency services and refers them to our program after housing has been located. The new HSS will accept referrals from HSC for clients that have intense behavioral health and substance use issues that affect their housing, but who are not working with Kitsap Connect. Both will have caseloads of less than twenty clients in order to provide a high level of support to each client. The HSSs will provide crucial tenant advocacy services to ensure housing is maintained for the target population as dealing with landlords is often very difficult. HSSs will also prioritize linking individuals to needed support services that foster resiliency and stability. The frequency and intensity of the housing stability supportive services are tailored to the needs of the household using a progressive engagement approach. Our Behavioral Health Specialist will work with clients from both Housing Stabilization Specialists to provide crisis management, mental health referrals, care coordination, and housing stability support. If necessary and desired by the client, the Behavioral Health Specialist will link participants to intensive mental health and substance use services including inpatient and outpatient treatment, crisis services, and relapse-prevention services. Working as a team, ROAST aims to significantly improve the likelihood that individuals with serious mental illness and substance use disorders will live successfully and independently in their housing in the community.

The team is based at KCR facilities in Bremerton, but HSS's will provides in-home services at the residence of the program participants.

## **B. Evidence-based, Promising, Best, or Innovative Practices**

KCR will integrate the following evidence-based best practices into our Recovery Outreach and Stabilization Team proposal, just as we have done with our current suite of housing programs. These practices include Housing First, Trauma Informed Care, Progressive Engagement, and Motivational Interviewing. All our Family Development Specialists (FDSs) are trained in these practices upon hire, receive ongoing training and annual recertification, and participate in learning circles in order to cultivate and hone each practice. These practices are shown so be effective when working with homeless families and individuals struggling with mental health and substance use diagnoses which is our target population for this proposal.

**Housing First** - Housing First is a homeless assistance best practice that prioritizes providing permanent housing to people experiencing homelessness without requiring them to participate in programs, treatment, or classes in order to help them become ready for housing. The guiding belief of this approach is that people experiencing homelessness will better be able to address their various housing barriers, personal goals and improve their quality of life if they are in housing rather than requiring this work be done while they are in a shelter, car, or place not meant for human habitation. People need basic necessities like

food, shelter, water, and warmth before attending to other needs, such as employment, budgeting properly, or attending to substance use issues, regardless of the importance put on those tasks by social workers and community members. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life<sup>1</sup>. Programs, community supports, and stability services are therefore offered, but not mandatory in order to increase long term investment, match resources appropriately, and further restore client dignity. For more information on this best practice see the following fact sheet: <http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf>

**Trauma Informed Care** – Major studies in the past thirty years have uncovered the devastating effects that adverse experiences such as abuse, discrimination, and neglect have on chronic health outcomes and behaviors<sup>2</sup>. Trauma Informed Care is an approach that first seeks to understand clients' past adverse experiences and how those experiences affect clients' physical, psychological and emotional safety in relation to themselves and staff members. Then case managers will help survivors rebuild a sense of control and empowerment. Our overarching goal is to understand how past and current trauma affects clients' interactions with us and our program, so we don't re-traumatize program participants by having them relive their experiences. Based on self-assessments, awareness training, and conversations with individuals, our case managers strive to work with clients in a manner that is truly compassionate, understanding, and empowering. This approach allows our team to build trust with clients, empower clients to be more efficient with their goals, and reduce any re-traumatization by our system. Understanding the impact of trauma is an important first step in becoming a compassionate and effective case manager. For more information on Trauma Informed Care, please refer to the following fact sheet: [https://www.chcs.org/media/ATC-Key-Ingredients-Fact-Sheet\\_081417.pdf](https://www.chcs.org/media/ATC-Key-Ingredients-Fact-Sheet_081417.pdf)

**Progressive Engagement** – Progressive Engagement is the practice of helping households end their homeless crisis as rapidly as possible despite their housing barriers with the most effective and efficient use of resources. KCR no longer offers program participants all our housing resources up front, but rather focuses on the resources that will help clients obtain housing quickly and efficiently. Participants are then matched with other resources, referrals, and programs as requested and as specific needs are identified together between case manager and client. This process aims to improve the efficiency in housing resource allocation by starting with as minimal resources as possible in order to

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<sup>1</sup> Tsemberis, S. & Eisenberg, R. Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. 2000.

<sup>2</sup> V.J. Felitti, R.F. Anda, D. Nordenberg, D.F. Williamson, A.M. Spitz, V. Edwards, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study." American Journal of Preventive Medicine, 14, no. 4 (1998): 245-258

house a household and therefore not burden more intensive interventions with clients that don't need them. This approach is guided by the principle that people experiencing homelessness know what they need to be successful and predicting what resources a household needs to be stably housed before they are housed is very difficult<sup>3</sup>. Further resources and assistance then become an ongoing conversation between the client and case manager and by doing so KCR is able to maximize client participation, resource allocation, and program effectiveness. The intensity, scope, and frequency of supportive services changes based on the needs of the household. These supportive services include financial counseling, mental health referrals, substance use referrals, further housing assistance, landlord advocacy, transportation assistance, household needs, and more. Further information about progressive engagement can be found on the following fact sheet:

[https://safehousingpartnerships.org/sites/default/files/2017-01/2015\\_WhatIsProgressiveEngagement.pdf](https://safehousingpartnerships.org/sites/default/files/2017-01/2015_WhatIsProgressiveEngagement.pdf)

**Motivational Interviewing** – Motivational Interviewing (MI) is one of the most important and effective tools that KCR case managers use in order to help clients with behavioral health and substance use issues move toward housing stability. MI is a well-researched, effective method of behavior change that honors clients' autonomy and inherent strengths in solving their own problems, as opposed to prescribing and mandating solutions or changes for them<sup>4</sup>. The root principle of MI is that motivation for change is a mysterious and complicated phenomena inside people, but lasting change comes from within in a person as opposed to outside. Motivational Interviewing is a client-centered approach which strives to elicit behavior change by helping clients move past and resolve their ambivalence. For instance, if a participant is continually losing employment due to failing drug tests, a case manager would explore the client's ambivalence about using and reasons the client might stop as opposed to telling the client why they should stop using. The key component is that the client would be empowered to find what their internal motivations are instead of being shamed and blamed into changes for reasons that are not important to them. Motivational interviewing has been shown to particularly effective when used in conjunction with other therapeutic methods for people with behavioral and substance use issues<sup>5</sup>.

### C. Outreach

The ROAST team will conduct outreach throughout Kitsap County in order to identify and refer eligible households and individuals for services. Our team's

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<sup>3</sup> Rodriguez, D. (2013) Homelessness Recurrence in Georgia: Descriptive Statistics, Risk Factors, and Contextualized Outcome Measurement. Georgia Department of Community Affairs.

<sup>4</sup> Miller, W.R. & Rose, G.S. (in press, 2009) Toward a Theory of Motivational Interviewing American Psychologist, In press, 2009.

<sup>5</sup> Sciacca, K. (2007) Dual Diagnosis Treatment and Motivational Interviewing for Co-occurring Disorders. National Council Magazine, 2, 22-23



priority is to reach those that can't come in for services, but to also ensure those unaware of KCR's programs are informed as well. Our team will market the ROAST program to potential clients through KCR's Housing Solution Center, visiting key agency partners, and visiting directly wherever they are experiencing homelessness. KCR's Housing Solutions Center serves as coordinated entry for Kitsap County's Homeless Crisis Response system which means all clients seeking housing resources from agencies in Kitsap's Homeless and Housing Coalition must come through KCR. Hence, the Housing Solutions Center typically sees more than four thousand clients a year and is therefore positioned as one of the best distributors of information for clients in need of housing support. HSC will be able to refer clients to the ROAST program just like the many other programs that we refer to daily. Further, ROAST members will go into local substance use treatment centers, mental health facilities, the county jail, and local hospitals in order to connect clients with services before they are leave the institution and return to homelessness. Outreach Coordinators will also travel to locations throughout Kitsap County that have been identified as congregation points for homeless persons, such as encampments, ferry docks, and libraries in order to market our program. Many of the clients our team hopes to reach are not connected to any services and thus are not stable enough to start working on their stability goals. This funding will allow our team to continue to engage homeless individuals in the field until a service can be provided. We hope our engagement efforts will restore some hope and trust in the population we serve.

The ROAST program will meet our community's target population's social, cultural, and linguistic needs through our agency partnerships and training. Case managers are regularly trained on how diversity and inclusion affect our clients, while taking a formal racial equity training course every other year. KCR has a language line for clients that are unable to speak English as their primary language. Case managers have also partnered with Kitsap Immigrant Assistance Center for translation services for our immigrant clients.

#### **D. Evaluation**

ROAST has two primary goals for servicing specifically Kitsap residents that are experiencing homelessness and have behavioral health and/or substance abuse diagnoses who are also identified as high utilizers of emergency services. The first is to expand housing opportunities. The second is to expand supportive housing services and options to better meet the needs of the most vulnerable mentally ill or chemically dependent clients.

To accomplish our first goal, ROAST aims to outreach and connect 440 households that are verified to be experiencing homelessness and have at least once person with a substance use or behavioral health diagnosis with rental

assistance. Successful implementation will be measured by 308 of those households (70%) maintaining housing for at least six months.

To accomplish our second goal, ROAST Housing Stability Specialists will work with 40 individuals identified as having serious mental health or substance use issues in order to keep 28 of those households (70%) housed for at least six months. We will further measure success by tracking referrals to mental health services, substance use services, primary care services, and other housing support services. In conjunction with Kitsap Connect, we will use their data on use of emergency services to ensure they are trending downward for clients referred from Kitsap Connect. Finally, all clients will be able to fill in a survey to measure client satisfaction.

## **2. Community Needs and Benefit**

### **A. Policy Goal**

The ROAST program will address the following policy goals from the 2014 Kitsap County behavioral Health Strategic Plan:

- **Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County**

ROAST will accomplish this goal by providing \$400,000.00 of rental assistance to clients who have diagnosed mental illness or substance use disorders. These funds will go directly to private landlords in the form of eviction prevention assistance or rapid re-housing into permanent housing.

- **Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services**

Our Housing Stabilization Specialist works with Kitsap Connect to provide housing case management to clients that they have housed through their high utilizer program. Kitsap Connect specializes in working with people who consume large volumes of emergency services. KCR provides long term housing support and connection to primary care services for these clients so they can continue to stabilize and reduce inappropriate use of emergency services.

- **Improve the health status and wellbeing of Kitsap County Residents**

Not only does existing medical conditions increase an individual's likeliness to become homeless, being homeless often exacerbates health problems. Without adequate access to sanitary living conditions, wounds often do not heal as well and minor injuries can turn into major health problems. This program will both house homeless clients, giving them a better opportunity to heal from medical conditions and injuries, but will connect them with primary care providers, which can help keep chronic conditions more stable. The effects of exiting

homelessness on a person's health cannot be understated and we fully expect clients we serve to live longer once they are stably housed<sup>6</sup>.

The preceding goals will help address the following gaps of services as identified by the Kitsap County Continuum of Care:

- **Provide appropriate, tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral health issues**

This proposal will fund two Housing Stabilization Specialists to work with clients who have very high barriers to housing and need many hours of supportive services. These clients' housing expenses are and will be funded by various programs throughout the county including KCR's ROAST rent assistance program, KCR Housing Team's Rapid Re-Housing, Bremerton Housing Authority's CoC Program, and other external funding sources. These programs either do not include case management funds or they do not provide enough funds for the in-depth case management necessary for clients who have mental health and substance use issues to be successful. TST funds are being used to fill the gap for high barrier clients who need more supportive housing case management due to complex behavioral and substance use needs. Our current TST Stabilization program has seen the benefits of smaller caseloads and more time per client for this population.

- **Establish flexible rental assistance funds for individuals with Behavioral Health needs**

There is a huge gap in funding for rental assistance from money that is available to the amount needed. Housing Solutions Center sees this gap daily and the problem is only going to get worse with HARPS funding leaving the county. The problem is further exacerbated by the rapid rise in rents in the past five years and the relatively stagnant wages for many of our clients. Many clients cannot afford to rent even if they are working full time as the average rent in Kitsap County has jumped from \$900 per unit in 2013 to \$1300 per unit in 2018<sup>7</sup>.

## **B. Needs Assessment and Target Population**

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<sup>6</sup> Morrison, D.S. (2009). Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *Int J Epidemiol*, 38(3): p. 877-83.

<sup>7</sup> Scooter, Tad. "Average Apartment Rent in Kitsap Holds Steady at \$1300." *Kitsap Sun* 22 Jan 2018. Web. 15 Jul 2019. <https://www.kitsapsun.com/story/news/2018/01/22/average-apartment-rent-kitsap-holds-steady-1-300/1054488001/>

KCR's Housing Solutions Center reported that 2,644 households in Kitsap County needed housing assistance while only 1,320 were enrolled in a housing program in 2018. All these individuals and families come through the HSC when requesting assistance and are recorded in the Homeless Management Information System (HMIS) database for internal and external analysis. We anticipate serving 440 households with the ROAST rent assistance program in order to serve clients who do not currently qualify for other housing programs in order to meet our policy goal of expanding the number of stable housing options for mentally ill and chemically dependent residents of Kitsap County.

The 2019 Kitsap County Point in Time (PIT) Count recorded 487 people without a home, of which 174 were observed as unsheltered homeless individuals. This was a 17% increase from 2018. PIT counts are notorious for undercounting the actual homeless population and the true number of individuals experiencing homelessness in an area can be 2.5 to 10.2 times the number counted<sup>8</sup>. The true number of unsheltered individuals in Kitsap County could be more than 435 individuals. Members of this population tend to be chronically homeless which translates to poorer health outcomes, disproportionate use of emergency services, and higher housing barriers. In conjunction with Kitsap Connect, our two Housing Stability Specialists will target this population by case managing 40 homeless members of the high utilizer community in order to provide a pathway to housing stability. This process also ensures that we will meet our policy goal of reducing the number of people in Kitsap County that use costly interventions such as hospitals, emergency rooms, and crisis services. Further, by housing homeless individuals we will be improving statistical health outcomes for said individuals, thereby meeting our goal of improving the health status and wellbeing of Kitsap residents.

### **C. Community Collaboration, Integration and Collective Impact**

This ROAST project is rooted in a strong history of community collaboration, service integration and creating a collective community impact on behalf of Kitsap Community Resources. By having HSC be a part of the ROAST project, it brings its 22 community partners as well as being the one stop shop for resources in our community.

Our vital ROAST program partners include:

**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

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<sup>8</sup> Stephen Metraux et al., Assessing Homeless Population Size Through the Use of Emergency and Transitional Shelter Services in 1998: Results from the Analysis of Administrative Data from Nine US Jurisdictions, 116 Pub. Health Rep. 344, (2001).

households. Historically this assistance has been reserved for families with children, but KCR recently opened it to individuals referred through Kitsap Connect or HSC. The Supportive Housing Program will be a key program providing the funding for housing subsidies (up to two years) for ROAST clients during which time our Housing Stabilization Specialists can work with individuals to stabilize and prepare them for their next step in their recovery.

**The Kitsap Connect Project** – Kitsap Connect will serve as a major partner in this project given that their 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. Kitsap Connect identifies and begins to case manage clients in Kitsap County who are high utilizers of emergency services. Their team provides housing location, nursing care, and advocacy services. Once Kitsap Connect identifies a housing solution, ROAST Housing Stabilization Specialists step in to secure funding, begin long term case management work, and coordinate further community resources. Kitsap Connect staff stay connected as needed to provide nursing support and care coordination, but with a goal of graduating the client as soon as they are able in order to serve more people through the program. Housing Stabilization Specialists will meet at minimum once a week with the Kitsap Connect team in order to plan and coordinate complex cases.

**Kitsap Mental Health Services** – KMHS has a long-established relationship with KCR to provide services benefitting low-income children and adults in Kitsap County. KMHS was a key partner in the creation of the Housing Solutions Center seven years ago and further collaborated with KCR to help design the Kitsap Connect program in 2016. KMHS and KCR currently partner together to run the Housing and Recovery through Peer Supports (HARPS) program. KMHS has Peer Counselors located onsite at KCR to provide peer support. The Peer Counselors work to divert people from inpatient settings, assist them in their efforts to reintegrate into the community after release from an institutional care setting, and help with housing needs. HARPS Peer Counselors will work with some clients who don't have traditional case management through ROAST and will supplement case management activities for high utilizer clients who are working with a ROAST Housing Stability Specialist and need additional support. Recently, KMHS has added the Crisis Triage Center and Pacific Hope and Recovery, a dual-diagnosis facility where ROAST Outreach Coordinators will regularly be onsite to help coordinate housing resources.

**Peninsula Community Health Services - Peninsula Community Health Services (PCHS)** is a community-based, nonprofit community health center that offers medical, dental, pharmacy, and behavioral health services. PCHS has a dedicated mental health professional located in the Salvation Army to work with clients who are in or out of shelter who we can make referrals to on behalf of our clients. PCHS also has a new mobile clinic that is periodically located in front of KCR buildings in order to serve our clients in a convenient location. PCHS has encouraged our case managers to help clients schedule time with the mobile clinic and make referrals, especially high utilizers that ROAST will work with for longer term case management.

**Kitsap Recovery Center, Agape, and West Sound Treatment Center** – These are all substance use disorder treatment centers. Kitsap Recovery Center (KRC) offers detox and inpatient 30-day treatment as well as outpatient services. Agape and West Sound Treatment Center offers treatment and housing. All three agencies work with clients to create comprehensive recovery plans. HSC does a presentation monthly at KRC to connect clients to housing resources and offers phone interviews in addition to the in-person work at the facility. ROAST Outreach Coordinators will be able to visit treatment centers more frequently in order to better serve clients exiting these institutions.

**Kitsap Rescue Mission, Benedict House, St. Vincent de Paul, Georgia's House, Coffee Oasis, and YWCA-** These are all shelter providers that partner with HSC and work to not only provide shelter but also case management. HSC maintains an interest pool for Kitsap Rescue Mission, Benedict House, St. Vincent de Paul, and Georgia's House, prioritizing the most vulnerable clients for entry.

**The Salvation Army** – The Salvation Army offers meals, laundry, and shower services. They also have a social service worker that can work with clients to address barriers they may have due to homelessness. For the past several years they have also served as a winter shelter operating from December 1 to March 31. The Salvation Army also houses the offices for Kitsap Connect and because of ROAST's partnership with Kitsap Connect, we will have a regular presence at the Salvation Army, both for regular outreach and because meetings are often location there.

**Behavioral Health Specialist Subcontract** – KCR is currently searching for a behavioral health services provider to subcontract a full time Behavioral Health Specialist. This position was subcontracted with KMHS, but they found this unique position outside their current capacity. KCR then reached out to PCHS to subcontract this position. Although they are very supportive of our program, they too could not find a fit in their current capacity to fill such a position. We plan to

continue to search for a partner to fill this vital position. This position will specialize in the referral and intake of processes of behavioral health and chemical dependency providers in order to help our case managed ROAST clients obtain mental health services and remove any barriers that are preventing client access to such services. They would also be trained in de-escalation and crisis intervention in order to aid Housing Stability Specialists deal with moments of crisis. If KCR cannot find a subcontractor willing to provide this position, KCR will consider hiring this position internally in order to meet the needs of our clients. If this occurs, KCR would work very hard to ensure this role is still a collaborative position by expecting this position to be an expert in local substance use and behavioral health providers systems and referral process.

Other community partners include Kitsap Homes of Compassion, North Kitsap Fishline, Housing Resources Bainbridge, Kitsap Transit, Helpline House, Scarlet Road, Housing Kitsap, and Kitsap Sexual Assault Center. In addition, we refer clients to many other agencies to help meet their needs as appropriate, such as: Abraham's House, Northwest Justice Project, Harrison Hospital, DSHS, Work Source and KCR's Employment and Training program, Holly Ridge, and Skookum.

### **3. Organizational Capacity**

#### **A. Organizational Governance**

As a Community Action Agency, KCR has a 50-year history of providing low-income residents of Kitsap County services that lead to self-sufficiency and stability. We are governed by a 27-member tripartite board of directors, which is comprised of 1/3 Elected Officials, 1/3 program participants, and 1/3 community representatives. Board members serve a term of two years, and annually elect a slate of officers including President, Vice President and Treasurer. The Board meets monthly, except for July and December, and supports program promotion, fundraising, approves organizational policies, monitors program performance and actively participates in the development of KCR's strategic plan.

The Board of Directors exercises fiduciary responsibility and oversight for the agency through its regular board meetings and committee structure. The Finance Chairperson reviews all payables, payroll registers, and general ledger documentation monthly. The Fiscal Officer reports to the finance committee on a regular basis and is present at the monthly Executive Committee meetings. KCR receives an annual independent audit from a local certified public accounting firm which has consistently reported no findings. During a fiscal audit of one of our funders in 2019, KCR received feedback on how organized both our fiscal department and client files were and easy to understand.

All community action agencies, including KCR, are also required to meet 58 organizational standards addressing community assessment, strategic planning, fiscal policies, and human resources practices. The 2016 review by the

Washington State Department of Commerce found KCR to be 100% in compliance with these standards.

## **B. Organizational Finances**

The Fiscal and Information Systems department is responsible for processing, recording and reporting all financial transactions and fiscal activities, and it is responsible for all computer and information systems. The Fiscal Office handles payroll and benefits administration, accounts receivable and accounts payable, analysis and reporting. It prepares monthly financial reports of all programs and activities for review by the Board of Directors and performs contract administration and risk management. KCR's financial systems are audited routinely by federal and state program monitors and annually by an independent auditor. The most recent KCR annual audit for fiscal year 2018 resulted in no findings.

It is the responsibility of the Board of Directors to monitor financial policies and review the operations and activities of Kitsap Community Resources (KCR) on a periodic basis. The Board delegates oversight of this responsibility to the Finance Committee. The Executive Director (ED) of the organization acts as the primary fiscal agent and is responsible for implementing all financial management policies and procedures on a day-to-day basis. The ED may delegate, to qualified professional staff responsibility for managing various aspects of finances.

## **C. Staffing Qualifications**

For the past 20 years, KCR has provided supportive services within all its housing programs using a strengths-based Family Development model. Our Family Development Specialists (FDSs) are certified through the Washington State Community Action Partnership and are re-certified annually after fulfilling continuing education requirements. Historically, KCR focused its services on families with children who were able to move from the crisis of homelessness to stability and self-sufficiency with the aid of supportive services. In recent years, as community needs evolved, we have placed individuals and families with increasingly higher barriers including substance use and serious mental illness into our housing programs in order to respond to the need of our community.

The four KCR full-time positions that will be funded with this grant will be Family Development Specialist certified and will have additional training in evidence-based best practices including Progressive Engagement, Trauma Informed Care, Housing First, Racial Equity, and Motivational Interviewing.

## **D. Organizational Licenses and Certifications**



Kitsap Community Resources is itself not licensed to directly provide physical or behavioral health services or substance abuse treatment, though we do work closely with licensed professionals primarily through Kitsap Mental Health Services. 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 to which we can refer our clients.

#### **E. History of Project Management**

KCR has been fortunate to attract and retain staff who embrace our mission. The agency is led by a seasoned management team, including the Fiscal Officer who has held this position for over 25 years. The Director of Housing and Community Support Services, though new to this position, has been a part of KCR and its mission for more than 10 years. Both KCR's Housing and Homeless Services Manager and Housing Solutions Center manager hold bachelor's degrees. The HSC manager has more than 10 years of manager experience being with KCR for the past five years.

KCR has administered grants locally for 50 years, with 184 full-time employees, 354 of volunteers, and an operating budget of \$ 14,556,000.00. Over the years we have helped create community food banks, homeless shelters, affordable housing, community health centers, early learning, and legal aid programs in collaboration with our many public and private partners. Currently we administer more than 20 programs, including Head Start and ECEAP preschool, homelessness and housing services, weatherization, employment and training, BE\$T business training, energy assistance and financial education. All these programs address our agency's mission to create hope and opportunity for low-income Kitsap residents with resources that promote self-sufficiency and stability.

KCR currently administers multiple housing programs with supportive services including permanent housing, interim housing (up to two years of rental assistance), emergency housing, eviction prevention assistance and rapid rehousing programs, which provide deposit and short-term rental assistance to move homeless households into stable permanent housing. The Salish Behavioral Health organization also contracts with KCR to administer its Housing and Recovery through Peer Supports Program (HARPS) which provides rental assistance to divert individuals with diagnosed serious mental illness and/or substance use disorders from entering or returning to institutional care. KCR housing programs are monitored for allowable costs, participant eligibility, file completeness and financial records by multiple funding sources including Kitsap County and the Washington State Department of Commerce. We consistently receive strong monitoring reports without major findings.

KCR also owns and operates 36 housing units in Bremerton and Port Orchard, including all property management, maintenance, and landlord responsibilities for the units. KCR has proven experience managing construction projects including the construction of our South Kitsap Family Services Center, which included 10 units of permanent housing in Port Orchard, and the KCR Administration building in Bremerton. We have also completed the new Head Start/ECEAP Larry Eyer Early Learning Center at West Hills Elementary School, in Bremerton. Although there were some unforeseen site issues that delayed the construction of the Larry Eyer Early Learning Center, KCR has consistently managed construction projects on time and within budget.

#### **4. Project Financial Feasibility**

##### **A. Budget Narrative**

The total amount of requested funds is for \$768,000. \$230,000 will be used for salary and benefits of four full-time employees for KCR which include two Housing Stabilization Specialists and two Outreach Coordinators. Benefits include employer FICA, L&I, and Medicare costs as well as healthcare, dental, vision, and short-term and long-term disability. Employees include two for the outreach positions and two for the stabilization position. We will contract out \$85,000 to provide mental health case management services. We are requesting \$400,000 to provide rental assistance. For travel, training and supplies, we are asking for \$16,333.00. Because these are new positions, we will need start up supplies such as laptops and phones, and we will have travel expenses for getting this new team up to speed on relevant trainings they will need to better serve and understand their clientele. The final 5% will be our administrative costs of \$36,667.00.

##### **B. Additional Resources and Sustainability**

KCR's diverse mix of existing programs are leveraged to support the success of the Recovery Outreach and Stabilization Team program, making it possible for the ROAST 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.

Kitsap Community Resources is in the process of being funded through Foundation Community Supports. This could potentially be used for employee wages and salaries to provide housing stabilization case management. Our organization is always looking for new available funding and other resources to provide rental assistance in our community.

## 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 Grant Proposals must include a completed Evaluation Worksheet.

### DEFINITIONS:

<b>Goal:</b>	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.
<b>Activity:</b>	Actions taken or work performed to produce specific outputs and outcomes.
<b>Objective:</b>	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
<b>Output:</b>	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
<b>Outcome:</b>	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.
<b>Timeline:</b>	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)?
<b>Baseline:</b>	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.
<b>Source:</b>	How and from where will data be collected?

EVALUATION WORKSHEET

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

GOAL	ACTIVITY	MEASUREMENT	OUTPUT	PERFORMANCE	PERCENTAGE	SOURCE
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.	2 FTE Housing Stability Specialists (KCR) and 1 FTE Behavioral Health Support Specialist will jointly provide in-home housing stability supportive services to 40 recently housed households who are diagnosed with Serious Mental Illness and Substance Use Disorders.	28 of 40 (70%) will retain housing for at least six months	<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 checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	9 of 15 as of 6/1/19.	KCR Case management records in conjunction with HMIS.
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.	Provide referrals and support engagement with community resources, clinical mental health and/or substance use services, primary care and employment services for the 40 clients in intensive case management	Engage 30% applicable households into Mental Health and co-occurring SUD services.  Engage 30% applicable households into SUD services only.  Engage 30% applicable households into Mental Health services only.  Engage (30%) applicable households into primary care services  Engage (30%) applicable households into employment and training services.  Connect 50% applicable 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.	<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 type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/2020</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	0%	KCR Case Management Records in conjunction with HMIS.

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. VALUE	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 Housing Stability Specialist (KCR) and 1 FTE Behavioral Health Support Specialist will jointly provide in-home housing stability supportive services to 20 recently housed households from Kitsap Connect who are diagnosed with Serious Mental Illness, Substance Use Disorders, and identified as a high utilizer of Kitsap County emergency services.</p>	<p>Individuals originating from Kitsap Connect will:                      - Reduce ED visits 30% from their baseline prior to enrollment in Connect*                      - Maintain or further decrease ED visit count*                      *Both measures will make use of equal comparison periods: value during time enrolled with program and value during same amount time prior to enrollment in program.</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>1/1/2020</u>                      Frequency:  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input checked="" type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>	<p>0%</p>	<p>KCR and Kitsap Connect case management records.</p>
<p>Increase the number of stable housing options for households experiencing homelessness or at risk of homelessness with mental health or substance use issues</p>	<p>2 FTE Outreach Coordinators will outreach and administer rental assistance to 440 households that have a mental health or substance use diagnosis and have a verification of homelessness or imminent homelessness</p>	<p>308 of the 440 (70%) households served with rental assistance maintain housing at least 6 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                      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>1/1/2020</u>                      Frequency:  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input checked="" type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>	<p>0%</p>	<p>HSC HMIS database of clients' housing assistance requests</p>
<p>ROAST program participants feel empowered to continue in their recovery and are stably housed</p>		<p>80% of clients report being moderately or highly satisfied with services provided by KCR</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 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>1/1/2020</u></p>	<p>0%</p>	<p>KCR satisfaction surveys</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASUREMENT	E. TIMELINE	F. BUDGET	G. SOURCE
			<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 checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____		

## Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap Community Resources

Project: Recovery Outreach and Stabilization Team ROAST

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 9,431,371.00	68%	\$ 9,500,000.00	65%	\$ 9,400,000.00	65%
WA State Revenue	\$ 3,671,389.00	26%	\$ 3,700,000.00	25%	\$ 3,700,000.00	26%
Local Revenue	\$ 96,000.00	1%	\$ 600,000.00	4%	\$ 600,000.00	4%
Private Funding Revenue	\$ 75,474.00	1%	\$ 76,000.00	1%	\$ 80,000.00	1%
Agency Revenue	\$ 600,852.00	4%	\$ 610,000.00	4%	\$ 610,000.00	4%
Miscellaneous Revenue	\$ 63,445.00	0%	\$ 70,000.00	0%	\$ 72,000.00	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 13,938,531.00</b>		<b>\$ 14,556,000.00</b>		<b>\$ 14,462,000.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 671,385.00	5%	\$ 691,527.00	5%	\$ 712,273.00	5%
Staff	\$ 2,978,187.00	21%	\$ 3,067,533.00	21%	\$ 3,159,559.00	22%
Total Benefits	\$ 1,862,660.00	13%	\$ 1,918,540.00	13%	\$ 1,976,096.00	14%
<b>Subtotal</b>	<b>\$ 5,512,232.00</b>	<b>40%</b>	<b>\$ 5,677,600.00</b>	<b>39%</b>	<b>\$ 5,847,928.00</b>	<b>40%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 115,859.00	1%	\$ 85,000.00	1%	\$ 87,550.00	1%
Office Supplies	\$ 567,693.00	4%	\$ 575,000.00	4%	\$ 586,500.00	4%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 683,552.00</b>	<b>5%</b>	<b>\$ 660,000.00</b>	<b>5%</b>	<b>\$ 674,050.00</b>	<b>5%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 4,736.00	0%	\$ 7,500.00	0%	\$ 7,725.00	0%
Audit/Accounting	\$ 48,000.00	0%	\$ 48,000.00	0%	\$ 49,440.00	0%
Communication	\$ 74,408.00	1%	\$ 75,000.00	1%	\$ 77,250.00	1%
Insurance/Bonds	\$ 72,397.00	1%	\$ 74,000.00	1%	\$ 76,220.00	1%
Postage/Printing	\$ 24,273.00	0%	\$ 25,000.00	0%	\$ 25,750.00	0%
Training/Travel/Transportation	\$ 105,464.00	1%	\$ 106,000.00	1%	\$ 109,180.00	1%
% Indirect 8.3%	\$ 1,068,895.00	8%	\$ 1,208,148.00	8%	\$ 1,244,393.00	9%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 1,398,173.00</b>	<b>10%</b>	<b>\$ 1,543,648.00</b>	<b>11%</b>	<b>\$ 1,589,958.00</b>	<b>11%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 110,114.00	1%	\$ 112,887.00	1%	\$ 116,274.00	1%
Maintenance Contracts	\$ 79,954.00	1%	\$ 81,953.00	1%	\$ 84,412.00	1%
Maintenance of Existing Landscaping	\$ 272,523.00	2%	\$ 279,336.00	2%	\$ 287,716.00	2%
Repair of Equipment and Property	\$ 135,534.00	1%	\$ 138,922.00	1%	\$ 143,090.00	1%
Utilities	\$ 176,817.00	1%	\$ 181,238.00	1%	\$ 186,675.00	1%
Other (Describe) Food & Meals Early Learning	\$ 366,120.00	3%	\$ 375,273.00	3%	\$ 386,531.00	3%
Other (Describe) Weatherization of Low Income Homes	\$ 758,803.00	5%	\$ 777,773.00	5%	\$ 801,106.00	6%
Other (Describe) Client Direct Services	\$ 4,444,709.00	32%	\$ 4,727,370.00	32%	\$ 4,344,260.00	30%
<b>Subtotal</b>	<b>\$ 6,344,574.00</b>	<b>46%</b>	<b>\$ 6,674,752.00</b>	<b>46%</b>	<b>\$ 6,350,064.00</b>	<b>44%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Direct Expenses</b>	<b>\$ 13,938,531.00</b>		<b>\$ 14,556,000.00</b>		<b>\$ 14,462,000.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Agency Name: Kitsap Community Resources

Project: Recovery Outreach and Stabilization Team

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 22,500.00	3%	\$ 22,500.00	3%	\$ -	0%
Staff	\$ 147,000.00	19%	\$ 147,000.00	19%	\$ -	0%
Total Benefits	\$ 60,500.00	8%	\$ 60,500.00	8%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 230,000.00</b>	<b>30%</b>	<b>\$ 230,000.00</b>	<b>30%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 2,000.00	0%	\$ 2,000.00	0%	\$ -	0%
Other (Describe): Start Up Equipment	\$ 6,000.00	1%	\$ 6,000.00	1%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 8,000.00</b>	<b>1%</b>	<b>\$ 8,000.00</b>	<b>1%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 1,000.00	0%	\$ 1,000.00	0%	\$ -	0%
Insurance/Bonds	\$ 300.00	0%	\$ 300.00	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 7,033.00	1%	\$ 7,033.00	1%	\$ -	0%
% Indirect (Limited to 5%)	\$ 36,667.00	5%	\$ 36,667.00	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 45,000.00</b>	<b>6%</b>	<b>\$ 45,000.00</b>	<b>6%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization: Mental Health	\$ 85,000.00	11%	\$ 85,000.00	11%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 85,000.00</b>	<b>11%</b>	<b>\$ 85,000.00</b>	<b>11%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other: Client Direct Services Rent Assist	\$ 400,000.00	52%	\$ 400,000.00	52%	\$ 120,000.00	100%
<b>SUBTOTAL</b>	<b>\$ 400,000.00</b>	<b>52%</b>	<b>\$ 400,000.00</b>	<b>52%</b>	<b>\$ 120,000.00</b>	<b>100%</b>
<b>Total Project Budget</b>	<b>\$ 768,000.00</b>		<b>\$ 768,000.00</b>		<b>\$ 120,000.00</b>	

NOTE: Indirect is limited to 5%



## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Mental Health

Project: Recover Outreach and Stabilization Team

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Staff	\$ 48,450.00	57%	\$ 48,450.00	57%	\$ -	#DIV/0!
Total Benefits	\$ 36,550.00	43%	\$ 36,550.00	43%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 85,000.00</b>	<b>100%</b>	<b>\$ 85,000.00</b>	<b>100%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 85,000.00</b>		<b>\$ 85,000.00</b>		<b>\$ -</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

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**Agency Name: Kitsap Community Resources**

**Project: Recovery Outreach and Stabilization Team**

**Description**

Number of Professional FTEs	0.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	4.40
<b>Total Number of FTEs</b>	<b>4.40</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Stabilization Specialist X 2	\$ 73,500.00
Description: Outreach Coordinators X 2	\$ 73,500.00
Description: Supervisor X 2	\$ 22,500.00
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 169,500.00</b>
Total Payroll Taxes	\$ 5,900.00
Total Cost of Benefits	\$ 49,000.00
Total Cost of Retirement	\$ 5,600.00
<b>Total Payroll Costs</b>	<b>\$ 230,000.00</b>

# **ATTACHMENT I**

Letters of Support:

Kitsap Connect  
Kitsap Recovery Center  
Agape  
Oxford House

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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 Community Resources' Recovery Outreach and Stabilization Team grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Connect is 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 chronic mental illness and/or substance use disorders, often comorbid with physical illnesses and housing. 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.

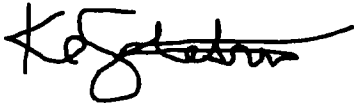
Kitsap Connect currently partners with the Housing Solutions Center for a grant-funded Housing Outreach Coordinator who works with partner agencies to help find housing for 76% (30 individuals/families) of Kitsap Connect clients who are homeless upon intake—a formidable challenge given the barriers Kitsap Connect clients face in maintaining stable lives due to behavioral health issues, chronic disease, and ramification of chronic homelessness and poverty. Once housing has been located for clients, Kitsap Connects refers clients to Kitsap Community Resources' housing Stabilization Specialist for ongoing case management and support. At the time of this letter, 80% (24 individuals/families) of these clients are still housed to this day, in large part due to the support and collaboration between Kitsap Connect and our Kitsap Community Resources' Housing Team.

Kitsap Connect will commit the following resources to the proposal submitted by Kitsap Community Resources:

- Nursing support, health care coordination, and advocacy for mutual clients that are housed and working a Housing Stabilization Specialist as needed
- Housing location services that include mitigating housing barriers for clients before they are referred to a Housing Stabilization Specialist
- Staff participation in bi-weekly High-Utilizer Care Coordination Team meetings to collaborate on mutual clients
- Staff participation in daily morning huddles and bi-weekly Kitsap Connect staffing meetings, as appropriate, to collaborate on mutual clients
- Dedication of the Kitsap Connect's Program Coordinators to collaborate closely with the Kitsap Community Resource's Housing Manager and Housing Solutions Center Manager to maintain a cohesive, collective impact approach
- Data sharing as permissible to obtain needed outcomes for grant reporting

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 RN, MSN, CWCN**

Kitsap Connect Program Coordinator

Kitsap Public Health District

[kelsey.stedman@kitsappublichealth.org](mailto:kelsey.stedman@kitsappublichealth.org)



## Kitsap Recovery Center

661 Taylor Street Port Orchard, WA. 98366-4641  
1026 Sidney Avenue Port Orchard, WA. 98366-4641  
360-337-4625 kitsapgov.org

July 17<sup>th</sup>, 2019

Dear Grant Committee:

### **RE: Letter of Support for Kitsap Community Resources' Grant Application**

On behalf of Kitsap Recovery Center, please accept this letter of support for Kitsap Community Resources' regarding their grant application to provide Outreach Services and Rental Assistance in Kitsap County.

Kitsap Recovery Center is a Medicaid-funded public health agency which provides substance use disorder treatment services to individuals in Kitsap County. Many of the individuals served in each of the modalities at Kitsap Recovery Center – residential, withdrawal management, and outpatient come into our facility homeless and unaware of the resources available to them to gain housing, employment, transportation and other resources that will sustain their recovery efforts.

Kitsap Community Resources (KCR) collaborates with Kitsap Recovery Center to assist in providing access to housing resources to clients. Whether they are planning to move into sober housing, to look for independent housing or are simply looking to understand what resources are available in our county, KCR delivers.

This community depends on the support of Kitsap Community Resources and our agency is no exception. We are happy to support the mission and vision of the agency in any way that we can.

If you require more information about Kitsap Recovery Center, please contact us via the information provided below.

Sincerely,

Keith Winfield  
Clinical Manager  
Kitsap Recovery Center  
(360) 337-5640  
Kwinfield@co.kitsap.wa.us



7/15/2019

To Whom It May Concern,

It is with pleasure I express unreserved support for furthering of Kitsap Community Resources Housing Solutions Center work as a Coordinated Entry Program.

Agape Unlimited has two housing programs for homeless individuals and families in Kitsap County. Kitsap Community Resources Housing Solutions Center works with our participants in providing rental and deposit assistance along with housing placement in our community.

Kitsap Community Resources Housing Solutions Center is a recognized leader among non-profit organizations serving those who are homeless or at risk of homelessness in Kitsap County. Without Kitsap Community Resources Housing Solutions Center work there would be a significant gap in housing services, prevention and available resources for residents in Kitsap County.

It is crucial that Kitsap Community Resources Housing Solutions Center continues to provide coordinated entry services to include rental and deposit payments, housing resources, navigators and connection to other social service agencies.

Sincerely,

Sara Marez-Fields  
Executive 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.

4841 Auto Center Way, Suite #101

Bremerton, WA 98312

(360) 373-1529

Annie Cleveland/Outreach Services –  
Oxford House Inc.  
P.O. Box #2831 Bremerton, WA 98310  
(360)770-1561 andrea.cleveland@oxfordhouse.org



Greetings,

We come to you today on behalf of Kitsap Community Resources. KCR has been instrumental in the success of the residents of Oxford House in Kitsap County. Our residents are members of our self-run, self-supporting recovery homes. New members often have little more than the shirts on their backs when they come in. A little boost is all most need to begin a meaningful and fruitful life in recovery. We are eternally grateful for those they help in the transition from a life of survival to the life intended for them.

Kitsap Community Resources has proven to be an organization that acts with integrity and responsibility when handling funds intended to help others. They handle the complex tasks of allocating and distributing funds to those that really need it like a well-oiled machine. Of the different organizations of this type in our area, theirs is the model others strive to be.

Do to the influx of people wanting to start a new life in recovery in Kitsap County, any and all funding that can be acquired will help rebuild lives and our communities. We appreciate you taking the time reading this and considering Kitsap community Resources in their efforts to help those in need.

Dated this 14<sup>th</sup> day of July 2019 by the Kitsap County Oxford House Outreach team: George Duncan State Services, Andrea Cleveland Outreach Services, Mick Schroeder Outreach Services



**KITSAP COMMUNITY RESOURCES**

**Board President:** Shannon Turner  
**Board Vice Pres.** Rudy Taylor  
**Treasurer:** Kaleb Hoffer

**Board of Directors**

**Executive Director**  
 Jeff Alevy

**Head Start/EHS/ECEAP**  
 Policy Council

\*\* Unless otherwise noted below this reflects FTE's

Homeless/Housing Community Support Services Director John Koch	AmeriCorps Manager Clay Blackwell (1)	Employment & Training Director Vacant(1)	Early Learning & Family Services Director Connie Mueller (1)	Community Relations/ Development Manager Eugenie Jones (1)	Executive Assistant Erin Bernard (1)	Administrative Services Information Technology Fiscal Director Irmgard Davis (1)
<p><b>Energy:</b>                      Energy Manager Julie Barleta (1)                      Fam. Dev. Specialist (4)                      Information Specialist (2)  <b>Hous Solution Center:</b>                      Manager Bridget Callahan (1)                      HMIS Coordinator Vacant (1)                      Receptionist Jeanne Warner (1)                      Navigators (3.5)</p> <p><b>Housing:</b>                      Housing Mgr. Matt Garrett                      Fam. Dev. Specialist (5) **                      Coordinator Brenda Johnson(1)                      Receptionist (1)</p> <p><b>Veterans Assistance:</b>                      Coordinator Gury Hughes(1)</p> <p><b>Weatherization:</b>                      Manager Ian Gould (1)                      Sr Certified Quality Inspector (1)                      Certified WX Auditor (1)                      Support Assistant (1)</p> <p>Fam. Dev. Specialist (5) **                      Wendy Beckmark                      Teryn Nicolet                      Dontay Ingram                      Tiffany Simmons                      Dee Hall</p>	<p>AmeriCorps</p>	<p><b>SK Fam. Ser. Center:</b>  <b>WIOA:</b>                      Site Supervisor (1)                      Fam. Dev. Specialist (1)  <b>Community Jobs:</b>                      Manager Michell Graff                      Fam. Dev. Specialist (2)                      Generalist (2)                      Coordinator (1)                      Coordinator (1)  <b>Financial Ed/Asset Building:</b>                      Coordinator (1)  <b>Community Works Program:</b>                      Coordinator (1)  <b>BEST Program:</b>                      Manager Beth Shea                      Office Support (.5)</p>	<p><b>Head Start/EHS/ECEAP</b>                      Teacher Aide (12)                      Teachers (27)                      Health Specialist (4)                      Fam. Dev. Specialist (11)                      Childcare Provider (4)                      Child Dev. Manger (1)  <b>Child Dev. Sites:</b>                      Supervisors (5)                      Data Coordinator (1)                      Disability/Mental Coord. (1)                      EHS Home Visitors (4)                      Maintenance (5)                      Parent Engagement Coord. (1)                      Fam. Enrollment Coord (2)                      Fam. Serv. Manager (1)                      Receptionist (1)                      Health Manager (1)                      Nutritionist (1)                      Kitchen/Classroom Aide (9)                      Ops/Food Serv. Manager (1)  <b>WIC:</b>                      Nutritionist (1)                      Site Supervisors (2)                      Breastfeeding Counselor (1)                      Certifier (6)                      Clerk (5)  <b>Parenting Place:</b>                      Coordinator (1)  <b>Food Services:</b>                      Cook (2)                      Kitchen Supervisor/Cook (1)                      Dishwasher/Cook Helper (2)</p>	<p>Funds Development                      Community Relations                      Public Relations                      Marketing                      Grants</p>	<p>Financial Acct &amp; Reporting:                      Staff Accountant (1)                      Acct. Payable/Receivable (1)                      Payroll (1)                      Acc. Technician (1)                      Facilities Development                      Budget Analysis                      Contracts                      Risk Management                      Ways &amp; Means                      Investments  <b>Information Technology:</b>                      IT Manager (1)                      IT Coordinator (1)  <b>Human Resources:</b>                      HR Manager (1)</p>	

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Summary Page**

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2019) using the Treatment Sales Tax. New Grant Proposals will only be accepted from organizations who attended the **MANDATORY** New Grant Proposer Conference and submitted a **MANDATORY** New Grant Proposal Letter of Intent.

**Organizational Information**

Organization Name: Kitsap County Sheriff's Office

Primary Contact: Steve Duckworth sduckwor@co.kitsap.wa.us (360) 337-4441  
Name Email Phone

Organization Address: 614 Division Street MS-37, Port Orchard WA 98366  
Street City State Zip

Federal Tax ID Number: 91-6001348 Legal Status of Organization: County Government

Individual Authorized to Sign Contracts: Gary Simpson, Sheriff  
Name Title

**New Grant Proposal Information**

Proposal Title: Deputy Sheriff – Crisis Intervention Coordinator

Number of Individuals Screened: \_\_\_\_\_ Number of Individuals Served: 269,805

Requested Amount of Funding: 123,263.00 Matching Funds: \_\_\_\_\_

**Please check which area(s) of the Continuum this project addresses:**

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

**Please check which area(s) of the County this project is focused:**

<input type="checkbox"/> South Kitsap	<input type="checkbox"/> City of Bremerton
<input type="checkbox"/> Central Kitsap	<input type="checkbox"/> Other City: _____
<input type="checkbox"/> North Kitsap	<input checked="" type="checkbox"/> County-Wide

**Proposal Summary**

This proposal is to fund a full time Kitsap County Crisis Intervention Coordinator (CIC) Deputy. The role of this position will be to coordinate the Patrol/field response to providing essential services to the community and to address some of the gaps that have been identified in addressing the needs of those members of our community who suffer from mental illness and substance abuse related issues.

  
Signature

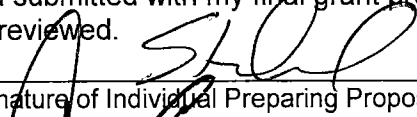
Steve Duckworth, Kitsap County Sheriff's Office Patrol Chief, July 22, 2019  
Title Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Checklist Form**

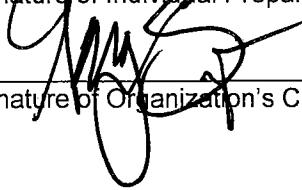
Name of Program: Deputy Sheriff – Crisis Intervention Coordinator Organization Submitting: Kitsap County Sheriff's Office

<b>Item or Attachment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Initial</b>
Project funds are 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	X			SDD
Organization had a representative at the Mandatory New Grant Proposer Conference	X			SDD
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by <b>May 31, 2019 at 3:00 p.m.</b>	X			SDD
Organization did not receive funding for this project in 2019	X			SDD
Attachment A – New Grant Proposal Summary Page	X			SDD
Attachment B – New Grant Proposal Checklist Form	X			SDD
Organization checked, initialed and signed New Grant Proposal Checklist	X			SDD
Attachment C – New Grant Proposal Narrative Template	X			SDD
Proposal Narrative is limited to 15 pages	X			SDD
Attachment D – New Grant Proposal Evaluation Worksheet	X			SDD
Attachment E – Total Agency Budget Form	X			SDD
Attachment F – New Grant Proposal Special Project Budget Form	X			SDD
Indirect is limited to 5%	X			SDD
Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form			X	SDD
Organization submitted Attachment G for each Sub-Contractor			X	SDD
Sub-Contractor indirect limited to 5%			X	SDD
Attachment H – New Grant Proposal Project Salary Summary	X			SDD
Attachment I – Letter of Resource Commitment (optional)			X	SDD
Attachment J– Organizational Chart	X			SDD
No other attachments are included	X			SDD
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	X			SDD
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	X			SDD

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

  
\_\_\_\_\_  
Signature of Individual Preparing Proposal

7/22/19  
Date

  
\_\_\_\_\_  
Signature of Organization's Chief Executive

7-24-19  
Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Narrative Template**

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**1. Project Description (40 Points)**

**A. Project Design**

This proposal is to fund a full time Kitsap County Deputy Sheriff - Crisis Intervention Coordinator (CIC). The role of this position will be to coordinate the Sheriff's Office's patrol response to providing essential services to those members of our community who suffer from behavioral health (mental illness and substance abuse related) issues and to address some of the gaps that have been identified in addressing the needs.

Currently, there is no position within the Kitsap County Sheriff's Office charged with coordinating the Law Enforcement/Patrol response, facilitating connection to social services for those in need or coordinating the various programs and resources available to these members of our community.

The Strategic Policy Goals this would help achieve include:

- 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.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Improve the health status and wellbeing of Kitsap County residents.

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 with the greatest need obtain appropriate services, more specifically in mental health and substance abuse treatment. With this partnership, behavioral health specialists will be able to provide referrals and services as part of a long-term solution to assist those in need, preventing unnecessary incarceration or hospitalization.

One part of the target group which is often overlooked is the homeless population. While there is no accurate way to measure the portion of the homeless population who suffer from mental illness and substance abuse related issues, in January 2019 Kitsap County held a "Point in Time Count<sup>1</sup>" of the homeless population. The findings indicated

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<sup>1</sup> <https://www.kitsapgov.com/hs/Pages/HH-Point-in-Time.aspx>

that between 2018 and 2019 there was an increase of 17% in unsheltered individuals within Kitsap County (149 in 2018 and 174 in 2019)<sup>2</sup>.

Within the group surveyed, 13% attributed their lack of housing to substance abuse, and 34% to health / mental health.

When asked about various personal characteristics, the most common response from survey participants included 48% mental health and 28% chronic substance abuse.

In a 2018 survey in the Kitsap County Jail, of the 127 surveyed (less than 1/3 of the average daily population of the jail), 91% were homeless while 51% answered that one of their challenges upon release from incarceration would be substance abuse and 33% indicated mental health issues. This survey indicates that there will be people released from the jail into the community that will be homeless, and in need of community services.

This position would work closely with the Kitsap County Jail Re-entry Officer and Re-entry Coordinator to ensure that once these subjects are released back into our communities that the outreach continues.

The addition of a CIC Deputy will allow the Kitsap County Sheriff's Office to dedicate a full-time deputy to provide services within the community, which our current staffing levels will not allow.

The current population of Kitsap County is 269,805<sup>3</sup> of which approximately 177,930 live in the unincorporated area of the county; with services provided by 125 fully commissioned deputies, a ratio of 0.70 deputies per 1000 people. For comparison, in 2018 the average number of full time, commissioned law enforcement officers within the 39 Sheriff's Office's in the state of Washington was 0.84 per 1,000 population. Additionally, the Sheriff employs 95 Corrections Officers and 38 support staff.

Spanning from the Southern county community of Olalla to Northern county community of Hansville to include rural, suburban and urban areas, between 6-10 deputies manage calls for services at any point in time.

Annually, the Sheriff's Office handles approximately 85,000 calls for service and KCSO deputies write approximately 14,000 reports. With this amount of calls and low staffing for the large areas we are responsible for we do not have any staff that we can divert from their patrol duties to handle the outreach we want to accomplish with the CIC Deputy.

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<sup>2</sup> <https://www.kitsapgov.com/hs/HOUSINGBLOCK/2019%20Kitsap%20County%20PIT%20Overview%20-%20Preliminary-rev1.pdf>

<sup>3</sup> <https://www.census.gov/quickfacts/kitsapcountywashington>

Unfortunately, our “first responders” have become “last responders”, meaning that people are calling 911 and asking a Deputy Sheriff to help solve the problem when everything else has failed.

### **B. Evidence-based, Promising, Best or Innovative Practices**

The position we are requesting is not an innovative concept. In 2015 the Lakewood (WA) City Council authorized formation of a Behavioral Health Contact Team, making Lakewood the first city in the state to partner one of its officers with a dedicated mental health professional.

This team is a collaborative effort between Lakewood Police and Greater Lakes Mental Health Care. The team responds to calls involving individuals experiencing mental health complications. Often these individuals regularly rely on police interventions.

The team works to get people proper help and assistance instead of taking them to jail or sending them to overcrowded emergency rooms. Their work helps people with mental health issues get streamlined mental health and medical care, along with finding housing and solutions to personal needs.<sup>4</sup>

The City of Lakewood found value in this partnership, because they have a large amount of the target group in their area. The first year the BHCT operated they assisted over 200 people in the community with obtaining the services they needed. More information can be found here: <https://www.glmhc.org/services/#CriminalJustice>

The City of Seattle has a far larger population in the target group compared to Kitsap County; therefore, they have an entire team that is dedicated to this community issue. The service providers are paired with a group of Seattle Police personnel to reach out and provide resources to persons in need. More information can be found here: <https://homelessness.seattle.gov/meet-the-nav-team/>.

Per the National Alliance on Mental Illness, Crisis Intervention Teams (CIT) can also help keep people with mental illness out of jail and *in* treatment, on the road to recovery. That’s because diversion programs like CIT reduce arrests of people with mental illness while simultaneously increasing the likelihood that individuals will receive mental health services. CIT programs also:

- Research shows that CIT is associated with improved officer attitude and knowledge about mental illness. In Memphis, for example, CIT resulted in an 80% reduction of officer injuries during mental health crisis calls.

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<sup>4</sup> [https://cityoflakewood.us/police-homepage/community\\_policing/](https://cityoflakewood.us/police-homepage/community_policing/)

- Some communities have found that CIT has reduced the time officers spend responding to a mental health call. This puts officers back into the community more quickly.
- It's difficult to estimate exactly how much diversion programs can save communities. But incarceration is costly compared to community-based treatment. For example in Detroit an inmate with mental illness in jail costs \$31,000 a year, while community-based mental health treatment costs only \$10,000 a year.<sup>5</sup>

Addressing the target group, including 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 Kitsap County Sheriff's Office realizes that outreach and follow up is an area where all law enforcement agencies need to focus, but because of staffing levels, volume of calls for service and logistics this important service is not being provided. Our areas of responsibility 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.

Over the past several years law enforcement officers in Kitsap County have seen a tremendous increase in contacts with members of our communities suffering from mental health issues and substance abuse problems. Most of these contacts have gone undocumented. However, with the implementation of the "Ride Along App" contacts will be better tracked, and frequent contacts will be referred to the appropriate community partner. This position will assist with coordinating services for the approximately 178,000 residents of unincorporated Kitsap County the sheriff's office currently serves.

The community expectations of law enforcement regarding behavioral health issues have risen as the impacts have become more visible in neighborhoods and business areas and calling 911 seems to be the last and only option available to our citizens. And while not a traditional law enforcement function, assisting people in mental health or addiction related crisis has become a larger part of what patrol officers do every day with few resources available to them.

By having a full-time commissioned Deputy Sheriff partner with a Designated Crisis Responder, a team of Navigators, homeless advocates, the Kitsap County Jail, other local law enforcement agencies and Kitsap County Behavioral Health Courts we will be approaching persons with behavioral health issues from a new angle.

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<sup>5</sup> <https://www.nami.org/Get-Involved/Law-Enforcement-and-Mental-Health>

Taking a “pro-active” instead of the “reactive” approach, that the current available resources permit, will allow the Kitsap County Sheriff’s Office to focus on prevention instead of incarceration, which is often the only remaining resource for responding law enforcement officers.

Prevention focused interventions have been shown to reduce the likelihood that problems evolve into diagnosable mental illness or substance abuse disorders. These interventions can also reduce the impact of existing disorders.<sup>6</sup>

By aligning these people with the proper services, and diverting them from the criminal justice system, we are better serving them, while at the same time improving their quality of life and the quality of life of the people often effected by them (neighbors, friends, family members).

This outreach will be done through:

- Reviewing reports daily to determine if there is a mental health or chemical dependency nexus, and then formulating a plan with our local service providers to follow up with each individual and attempt to divert them from the criminal justice system.

Also, by reviewing the reports submitted by Patrol Deputies this position will be able to coordinate the data being entered in the “Ride along” program. This will assist other first responders who deal with these individuals in the future with effectively deescalating each situation and re-aligning them with their established treatment plans.

- Working with a Kitsap Mental Health Designated Crisis Responder (Mental Health Field Response Team<sup>7</sup>) to:
  1. encourage participation in treatment or to secure treatment if DCR detention takes place
  2. divert people from unnecessary law enforcement/ criminal justice involvement and
  3. reduce unnecessary incarceration

The purpose of this partnership is to establish a mental health field response capability that utilizes a mental health professional (DCR) to professionally, humanely, and safely respond to crises involving persons with behavioral health issues with treatment, diversion, and reduced incarceration time as primary goals.

- Working with Navigators to:
  1. reduce the number of chemically dependent and mentally ill youth and adults from the initial and further criminal justice system involvement

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<sup>6</sup> U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration.

<sup>7</sup> A WASPC grant for Mental Health Field Response funded a DCR position to partner with KCSO



2. Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons
  3. Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services
- Conducting proactive homeless outreach with our community partners to ensure that homeless adults and youth are being guided to available services, provided with mental health and chemical dependency services.
  - Coordinating the efforts of the Kitsap County Sheriff's Office "Crisis Intervention Officer" (CIO) program under the direction of the unit supervisors.

#### **D. Evaluation**

Goal: Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.

Goal: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Goal: Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.

Expected outcome for the above three goals: All three of the above strategic goals have the same core outcome, diverting individuals suffering from mental illness and substance abuse from the costly and already overburdened jails, prisons, hospitals, courts, community supervision and other options that should be considered last resorts.

Most of these interactions are reactive and start with a 911 call and subsequent law enforcement response. Law enforcement officers, with minimal training and inadequate time to attempt to develop a long-term solution are forced to find a solution available to them, at that time (1:00 am on a Tuesday morning for example).

Often jails, emergency rooms and now the Crisis Triage Center are the only options available. Once the law enforcement officer completes the call they write a report and move onto the next call. No follow up is planned, nobody reviews the reports to determine if this temporary solution was the best solution and rarely are these individuals re-contacted and referred to the appropriate services.

The expected outcome of this program would incorporate a proactive approach instead of a reactive approach, filling the voids that currently exist.

If this funding were approved, a CIC Deputy Sheriff would be expected to make fifty (50) proactive contacts per quarter beginning January 2020. The CIC Deputy Sheriff would submit quarterly reports through their chain of command documenting each contact, the

efforts made to refer to the appropriate service and if measurable the impact the contact (and follow up contacts) had on the jails, hospitals and courts.

Additionally, our partner agencies would see additional contacts for proactive outreach including the Navigators Program and Designated Crisis Responders / Mental Health Field Response Team members.

This could be achieved through counting the number of law enforcement contacts prior to CIC contact and the number of law enforcement contacts after CIC contact. Other measurements of success could include a reduction in jail bookings by Kitsap County Deputy Sheriff's, a reduction in voluntary and involuntary mental health transports to local emergency rooms and an increase in enrollment in Kitsap County Behavioral Health courts due to the proactive outreach and diversion from traditional (last resort) options.

If the above three goals are accomplished, the fourth, Improve the health status and wellbeing of Kitsap County residents, will be a natural byproduct of the successes.

## **2. Community Needs and Benefit (25 Points)**

### **A. Policy Goal**

This proposal is to fund a full time Kitsap County Crisis Intervention Coordinator (CIC) Deputy to address four of the six Strategic Policy Goals of the Board of County Commissioners.

The role of this position will be to coordinate the Patrol/field response to providing essential services to the community and to address some of the gaps that have been identified in addressing the needs of those members of our community who suffer from mental illness and substance abuse related issues.

Currently, there is no position within the Kitsap County Sheriff's Office charged with coordinating the Law Enforcement/Patrol response or coordinating the various programs and resources available to these members of our community.

The Strategic Policy Goals this would help achieve include:

- 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.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Improve the health status and wellbeing of Kitsap County residents.

## B. Needs Assessment and Target Population

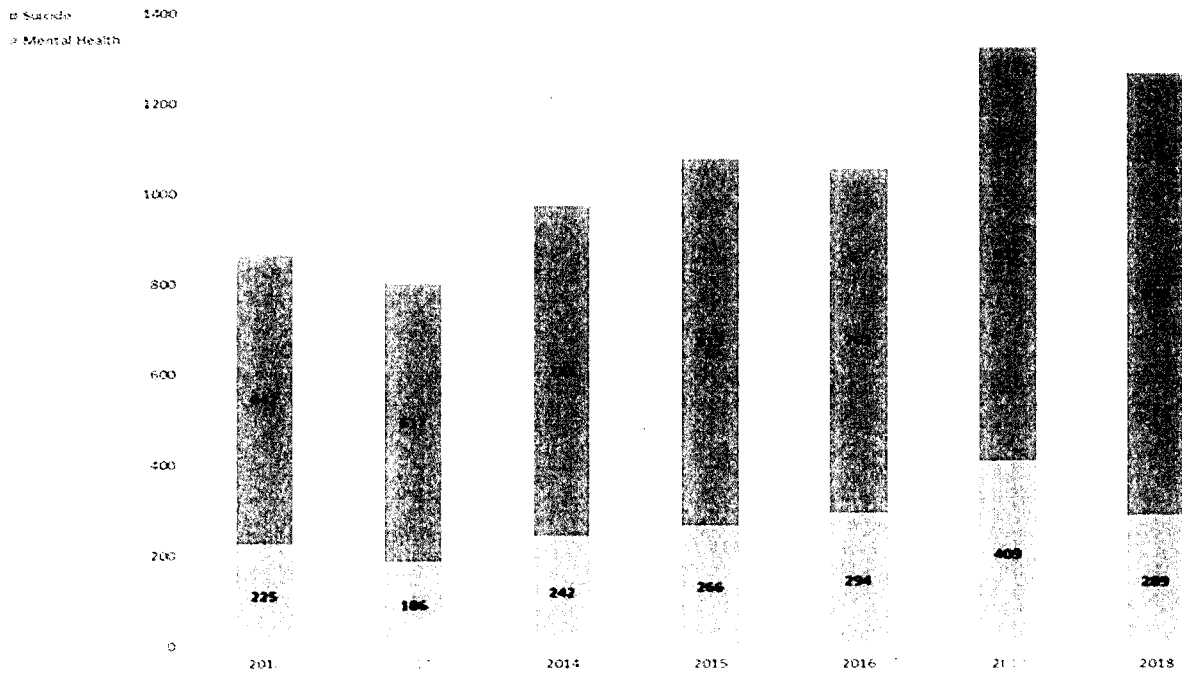
Data collected in 2018 by Kitsap Mental Health Services for the DCR and Mental Health Field Response Team grant through the Washington Association of Sheriffs and Police Chiefs (WASPC) stated: "Reviewing data prepared by Kitsap Public Health Epidemiology staff aggregating calls to the KCSO during a single quarter (April – June 2018), we estimate there are an estimated 1,000 suicide related calls annually made to the KCSO, and nearly 300 mental health related calls (these two numbers are not mutually exclusive, and should not be overinflated); it appears KCSO Crisis Intervention Officers (CIO's) are called upon and encounter nearly 2000 persons annually.

So, while no official study has been completed there is an overwhelming need for not just this position, but an entire team to address these needs throughout our communities. This one position is the next piece in what we envision as a model program to proactively address behavioral health and substance abuse issues in our communities, especially in our hard to reach, at risk communities such as the homeless.

Over the past several years the calls for service within Kitsap County regarding law enforcement responses to mental / behavioral health issues have increased at an alarming rate. These types of calls often take multiple deputies and more time than the average call for service, due to the complexity to safely resolve.

The chart below shows the trend from January 1, 2012 through December 31, 2018. The green represents calls for service where mental health was given as the reason for the 911 call. The blue represents calls for service where suicide or more often a suicidal person is the reason for the 911 call. These statistics only represent calls for the Kitsap County Sheriff's Office from people in unincorporated Kitsap County, not the incorporated cities or tribal jurisdictions.

**MENTAL HEALTH CALLS FOR SERVICE**



Note: From October through December the Kitsap County Sheriff’s Office partnered with Kitsap Mental Health Services in a Co-Responder Grant, and in the same time frame the assigned Designated Crisis Responder made a total of 162 contacts, which could explain the decrease in calls for service in the last quarter of 2018, see below.

**C. Community Collaboration, Integration and Collective Impact**

The CIC Deputy will work closely with Designated Crisis Responders from KMHS and the members of the Poulsbo Navigator Program to provide direct access to services to the target population. 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 cause for law enforcement involvement.

In 2018 the Kitsap County Sheriff’s Office partnered with KMHS to request a Co-Responder Grant through Washington Association of Sheriffs and Police Chiefs (WASPC) to have a Designated Crisis Responder (DCR) dedicated to Kitsap County Sheriff’s on a 40-hour per week basis to answer crisis calls with deputies throughout the county. The biggest challenge at this point has been the availability of patrol deputies to partner with the DCR; however, the DCR has often responded to scenes already secured by deputies.

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 individuals need.

Between October 2018 and May 2019 Kitsap Mental Health Services reported the following contacts by the DCR under the Mental Health Field Response Team grant through WASPC:

	Direct Contacts	Follow Up	Involuntary
October - 18	41	24	2
November - 18	15	19	2
December - 18	11	46	2
January - 19	44	102	0
February -19	18	32	2
March - 19	20	64	4
April - 19	34	39	7
May - 19	24	58	4
Year to Date	207	384	23

On May 31, 2019 Kitsap Mental Health Services (WASPC MHFRT grant funded DCR) provided the following success story regarding the partnership: *“As we end the month of May, I can think of many instances of collaboration resulting in the safety and care of our clients. One case in particular which got the attention of certain schools and the community, involved an adolescent male who had produced videos and posted material on social media, threatening to shoot up schools. These threats were identified as level 2, the highest and most compelling. Deputy Brown and our DCR partnered with Port Orchard Police, CPS, school psychologist, 2 school counselors, school security and the navigator to assess this adolescent’s threat level and then made recommendations which were implemented immediately. This person was expelled with criminal charges likely pending. He has been transferred and enrolled in a school for troubled kids. This case is another example of the fine collaboration between Law Enforcement and DCR’s.”*

Working part time with the Kitsap County Sheriff’s Office, on an “as needed” basis, the MHFRT DCR contacted 614 subjects within the target group. By expanding the resources in this team and proactively targeting the members of this group these numbers can only improve, with the goal of:

- 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.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Improve the health status and wellbeing of Kitsap County residents.

### **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 125 deputies, 95 corrections officers and 38 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 Comprehensive Annual Financial Report (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 Schedule of Expenditures of Federal Awards (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, 2014 through December 31, 2014. 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.

In 2018 the Kitsap County Sheriff's Office was accredited through the Washington Association of Sheriffs and Police Chiefs. The purpose of law enforcement agency accreditation is to professionalize the law enforcement industry by providing a review process for agencies to be certified as operating under industry best practices and standards.

### **C. Staffing Qualifications**

#### **PREFERRED MINIMUM QUALIFICATIONS:**

- Must have successfully completed Deputy Sheriff probationary period per Kitsap County Civil Service Rules.
- Must have at the time of appointment, a minimum of three (3) years of patrol experience
- Must have completed eight (8) hour CJTC Crisis Intervention Officer (CIO) training
  - And subsequent CJTC two (2) hour annual refreshers
- Preferred to have completed forty (40) hour CJTC Advanced Crisis Intervention Officer (CIO) training
- Preferred to have at least twelve (12) months experience as a Crisis Intervention Officer

## D. Organizational Licenses and Certifications

The Kitsap County Sheriff's Office is not licensed nor do we employ licensed mental health or substance abuse professionals. We do however partner with groups in our community who provide licensed mental health and substance abuse professionals.

One example of a strong community partner is Kitsap Mental Health Services. As the county's primary treatment provider of behavioral health services for persons with serious mental illnesses. The agency is fully licensed to treat illnesses related to both mental health and substance use disorders for inpatient and for outpatient services.

In 2015 the Washington State Legislature enacted a new section to Revised Code of Washington (RCW) 43.101.427, known as the Douglas M. Ostling Act, requiring crisis intervention training to all commissioned law enforcement officers in the state of Washington. This training includes 8 hours of classroom instruction and an annual 2-hour on-line refresher class.<sup>8</sup>

The RCW states: "*crisis intervention training means training designed to provide tools and resources to full-time, general authority Washington peace officers in order to respond effectively to individuals who may be experiencing an emotional, mental, physical, behavioral, or chemical dependency crisis, distress, or problem and that are designed to increase the safety of both law enforcement and individuals in crisis.*"<sup>9</sup>

Since this law was enacted the Kitsap County Sheriff's Office has maintained compliance.

We also have several members of the Sheriff's Office Crisis Intervention Team who have attended the 40 hour "Advanced CIO/CIT" training, also funded through this grant.

Additionally, in February 2019 RCW 43.101.455 and Washington Administrative Code (WAC) 139-11 were created as the result of what was originally "Initiative 940". The WAC is titled "Law Enforcement Training and Community Safety Act" and it states: "The intent of the people in enacting this act is to make our communities safer. This is accomplished by requiring law enforcement officers to obtain violence de-escalation and mental health training, so that officers will have greater skills to resolve conflicts without the use of physical or deadly force."

This law includes requirements for new law enforcement officers as well as experienced law enforcement officers.<sup>10</sup>

Beginning December 7, 2019, all new general authority peace officers must complete a minimum of two hundred hours of initial violence de-escalation and mental health training in the basic law enforcement academy (BLEA).

<sup>8</sup> [https://fortress.wa.gov/cjtc/www/index.php?option=com\\_content&view=article&id=428&Itemid=313](https://fortress.wa.gov/cjtc/www/index.php?option=com_content&view=article&id=428&Itemid=313)

<sup>9</sup> <http://lawfilesexternal.wa.gov/biennium/2015-16/Pdf/Bills/Senate%20Passed%20Legislature/5311-S2.PL.pdf>

<sup>10</sup> [https://fortress.wa.gov/cjtc/www/index.php?option=com\\_content&view=article&id=500&Itemid=456](https://fortress.wa.gov/cjtc/www/index.php?option=com_content&view=article&id=500&Itemid=456)



All peace officers certified in Washington before December 7, 2019, and lateral peace officers certified in Washington after December 7, 2019, must complete a minimum of forty hours of continuing de-escalation and mental health training every three years after receiving their initial peace officer certification. Current peace officers must complete their first cycle of continuing de-escalation and mental health training by January 1, 2028.

Despite this level of compliance and eventual training to be completed by 2028, even the most experienced law enforcement professional cannot provide the same level of service as a licensed mental health or substance abuse professional. We can however provide invaluable information regarding past contacts, de-escalation techniques for individuals we frequently contact and a high degree of discretion, when alternatives to jail exist, allowing these citizens to be diverted away from the criminal justice system and hospitals.

### **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.

In 2018 the Kitsap County Sheriff's Office partnered with Kitsap Mental Health Services to apply for a Mental Health Field Response Team grant to fund a full time Designated Crisis Responder. This was one of the eight grants awarded for that year.

The purpose of the program is to assist local law enforcement agencies to establish and expand mental health field response capabilities, utilizing mental health professionals to professionally, humanely, and safely respond to crises involving persons with behavioral health issues with treatment, diversion, and reduced incarceration time as primary goals.

This grant also required management of salaries and benefits, staying within budget, ensuring only allowed items are reimbursed, coordinating the matching contributions from the Sheriff's Office and all quarterly, semi-annual, and final activity and financial reporting of the awarded \$100,842.00.

In 2019 the Kitsap County Sheriff's Office received a grant for a Re-entry Officer and Re-entry Coordinator to assist prisoners with transitioning from jail to the community. The new reentry program at the jail has shown immediate success, assessing over 212 incarcerated people. To date, only 37 of those have returned to the jail, reducing recidivism by 80%. This is a reduction of 8917 total bed days, saving the county over \$870,000.00.

#### **4. Project Financial Feasibility (10 Points)**

##### **A. Budget Narrative**

The budget for this proposal includes all the costs associated with a "step 6" Deputy Sheriff, including salary and benefits.

##### **B. Additional Resources and Sustainability**

The current staffing levels of the Kitsap County Sheriff's Office are nearing crisis level. We do not have enough staffing to effectively address the call volume, the business growth in the Silverdale area or the growing impact that subjects with mental illness or substance abuse disorders are having on our communities. The Kitsap County Sheriff's Office cannot provide the service that we have described in this proposal without the position requested.

Our hope is that this proposal will be funded and that after the success of the program becomes obvious, that the Board of County Commissioners will provide the necessary funding to sustain and even expand this program within the Sheriff's budget.

The investment of this funding will:

- 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.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Improve the health status and wellbeing of Kitsap County residents.

## 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 Grant Proposals must include a completed Evaluation Worksheet.

### DEFINITIONS:

<b>Goal:</b>	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.
<b>Activity:</b>	Actions taken or work performed to produce specific outputs and outcomes.
<b>Objective:</b>	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
<b>Output:</b>	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
<b>Outcome:</b>	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.
<b>Timeline:</b>	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)?
<b>Baseline:</b>	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.
<b>Source:</b>	How and from where will data be collected?

EVALUATION WORKSHEET

PROJECT NAME: Crisis Intervention Coordinator – Deputy Sheriff

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.</p>	<p>Reviewing reports daily to determine if there is a mental health or chemical dependency nexus, and then formulating a plan with our local service providers to follow up with each individual and attempt to divert them from the criminal justice system, hospitals, courts, etc.</p> <p>By reviewing the reports submitted by Patrol Deputies this position will be able to coordinate the data being entered into the "Ride along" program. This will assist other first responders who deal with these individuals in the future with effectively deescalating each situation and re-aligning them with their established treatment plans.</p>	<ul style="list-style-type: none"> <li>- 50 pro-active contacts per quarter</li> <li>- CIC Deputy to document how the individual was diverted from criminal justice system and what would have occurred without this intervention</li> <li>- A reduction in jail bookings by KCSO deputies</li> </ul>	<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 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: <u>January 2020</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>This would be a new program within the Kitsap County Sheriff's Office.</p>	<p>Law Enforcement Records Management System reports.</p> <p>Ridealong database</p> <p>Quarterly reports and review of LE contacts before and after implementation.</p>
<p>Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services</p>	<p>Working with a Kitsap Mental Health Designated Crisis Responder (Mental Health Field Response Team) to:</p> <p>encourage participation in treatment or to secure treatment if DCR detention takes place</p> <p>divert people from unnecessary law</p>	<ul style="list-style-type: none"> <li>- A reduction in voluntary and involuntary mental health transports to an emergency room</li> <li>- An increase in enrollment in Kitsap County Behavioral Health courts</li> <li>- An increase in overall contacts by Navigators and DCR's / Mental</li> </ul>	<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 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: <u>January 2020</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>This would be a new program within the Kitsap County Sheriff's Office.</p>	<p>Law Enforcement Records Management System reports.</p> <p>Ridealong database</p> <p>Quarterly reports and review of LE</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	enforcement/ criminal justice involvement and reduce unnecessary incarceration	Health Field Response Team				contacts before and after implementation.
Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement	<p>Working with Navigators to:</p> <ul style="list-style-type: none"> <li>reduce the number of chemically dependent and mentally ill youth and adults from the initial and further criminal justice system involvement</li> <li>Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons</li> <li>Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services.</li> <li>Conducting proactive homeless outreach with our community partners to ensure that homeless adults and youth are being guided to available services, provided with mental health and chemical dependency services.</li> <li>Coordinating the efforts of the Kitsap County Sheriff's Office "Crisis Intervention Officer" (CIO) program</li> </ul>	Click here to enter text.	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Output</li> <li><input type="checkbox"/> Outcome: Participant satisfaction</li> <li><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</li> <li><input type="checkbox"/> Outcome: Practice or behavior</li> <li><input checked="" type="checkbox"/> Outcome: Impact on overall problem</li> <li><input type="checkbox"/> Return-on-investment or cost-benefit</li> </ul> <p>If applicable:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fidelity measure</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Short</li> <li><input type="checkbox"/> Medium</li> <li><input checked="" type="checkbox"/> Long</li> </ul> <p>Start date: <u>January 2020</u></p> <p>Frequency:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Quarterly</li> <li><input type="checkbox"/> Semi-annual</li> <li><input type="checkbox"/> Annual</li> <li><input type="checkbox"/> Other: _____</li> </ul>	This would be a new program within the Kitsap County Sheriff's Office.	<p>Law Enforcement Records Management System reports.</p> <p>Ridealong database</p> <p>Quarterly reports and review of LE contacts before and after implementation.</p>

**EVALUATION WORKSHEET**

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	under the direction of the unit supervisors.					

## Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Sheriff's Office

Project: Crisis Intervention Coordinator - Deputy Sheriff



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>					Estimated	
Federal Revenue	\$ 23,006.98	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 88,871.56	1%	\$ 48,600.00	1%	\$ 48,600.00	1%
Local Revenue	\$ 6,893,598.81	74%	\$ 6,599,521.00	72%	\$ 6,599,521.00	72%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 2,247,592.78	24%	\$ 2,548,720.00	28%	\$ 2,548,720.00	28%
Miscellaneous Revenue	\$ 39,159.25	0%	\$ 8,000.00	0%	\$ 8,000.00	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 9,292,229.38</b>		<b>\$ 9,204,841.00</b>		<b>\$ 9,204,841.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 20,418,118.24	53%	\$ 21,790,793.00	52%	\$ 21,790,793.00	52%
Total Benefits	\$ 8,082,235.50	21%	\$ 8,688,888.00	21%	\$ 8,688,888.00	21%
<b>Subtotal</b>	<b>\$ 28,500,353.74</b>	<b>74%</b>	<b>\$ 30,479,681.00</b>	<b>73%</b>	<b>\$ 30,479,681.00</b>	<b>73%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 424,973.36	1%	\$ 161,090.00	0%	\$ 161,090.00	0%
Office Supplies	\$ 1,675,610.10	4%	\$ 1,513,725.00	4%	\$ 1,513,725.00	4%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 2,100,583.46</b>	<b>5%</b>	<b>\$ 1,674,815.00</b>	<b>4%</b>	<b>\$ 1,674,815.00</b>	<b>4%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 502.85	0%	\$ 6,200.00	0%	\$ 6,200.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 74,517.56	0%	\$ 79,400.00	0%	\$ 79,400.00	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 22,630.45	0%	\$ 30,800.00	0%	\$ 30,800.00	0%
Training/Travel/Transportation	\$ 147,793.95	0%	\$ 189,800.00	0%	\$ 189,800.00	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Contract Medical & Operating Re	\$ 1,924,192.37	5%	\$ 3,164,936.00	8%	\$ 3,164,936.00	8%
<b>Subtotal</b>	<b>\$ 2,169,637.18</b>	<b>6%</b>	<b>\$ 3,471,136.00</b>	<b>8%</b>	<b>\$ 3,471,136.00</b>	<b>8%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 154,073.34	0%	\$ 273,495.00	1%	\$ 273,495.00	1%
Utilities	\$ 448,301.93	1%	\$ 505,050.00	1%	\$ 505,050.00	1%
Other (Describe) Miscellaneous	\$ 85,515.52	0%	\$ 106,650.00	0%	\$ 106,650.00	0%
Other (Describe) Intergovernmental	\$ 651,239.92	2%	\$ 646,938.00	2%	\$ 646,938.00	2%
Other (Describe) Capital Outlay	\$ 173,051.89	0%	\$ 100,000.00	0%	\$ 100,000.00	0%
<b>Subtotal</b>	<b>\$ 1,512,182.60</b>	<b>4%</b>	<b>\$ 1,632,133.00</b>	<b>4%</b>	<b>\$ 1,632,133.00</b>	<b>4%</b>
<b>Other Costs</b>						
Debt Service	\$ 4,272.21	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ 4,115,806.37	11%	\$ 4,374,509.00	11%	\$ 4,374,509.00	11%
<b>Subtotal</b>	<b>\$ 4,120,078.58</b>	<b>11%</b>	<b>\$ 4,374,509.00</b>	<b>11%</b>	<b>\$ 4,374,509.00</b>	<b>11%</b>
<b>Total Direct Expenses</b>	<b>\$ 38,402,835.56</b>		<b>\$ 41,632,274.00</b>		<b>\$ 41,632,274.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Sheriff's Office

Project: CIC Deputy

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 87,432.00	71%	\$ 87,432.00	71%	\$ -	0%
Total Benefits	\$ 35,831.00	29%	\$ 35,831.00	29%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 123,263.00</b>	<b>100%</b>	<b>\$ 123,263.00</b>	<b>100%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ 1.00	100%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 1.00</b>	<b>100%</b>
<b>Total Project Budget</b>	<b>\$ 123,263.00</b>		<b>\$ 123,263.00</b>		<b>\$ 1.00</b>	

NOTE: Indirect is limited to 5%



**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

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**Agency Name: Kitsap County Sheriff's Office**

**Project: Crisis Intervention Coordinator**

**Description**

Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>1.00</b>

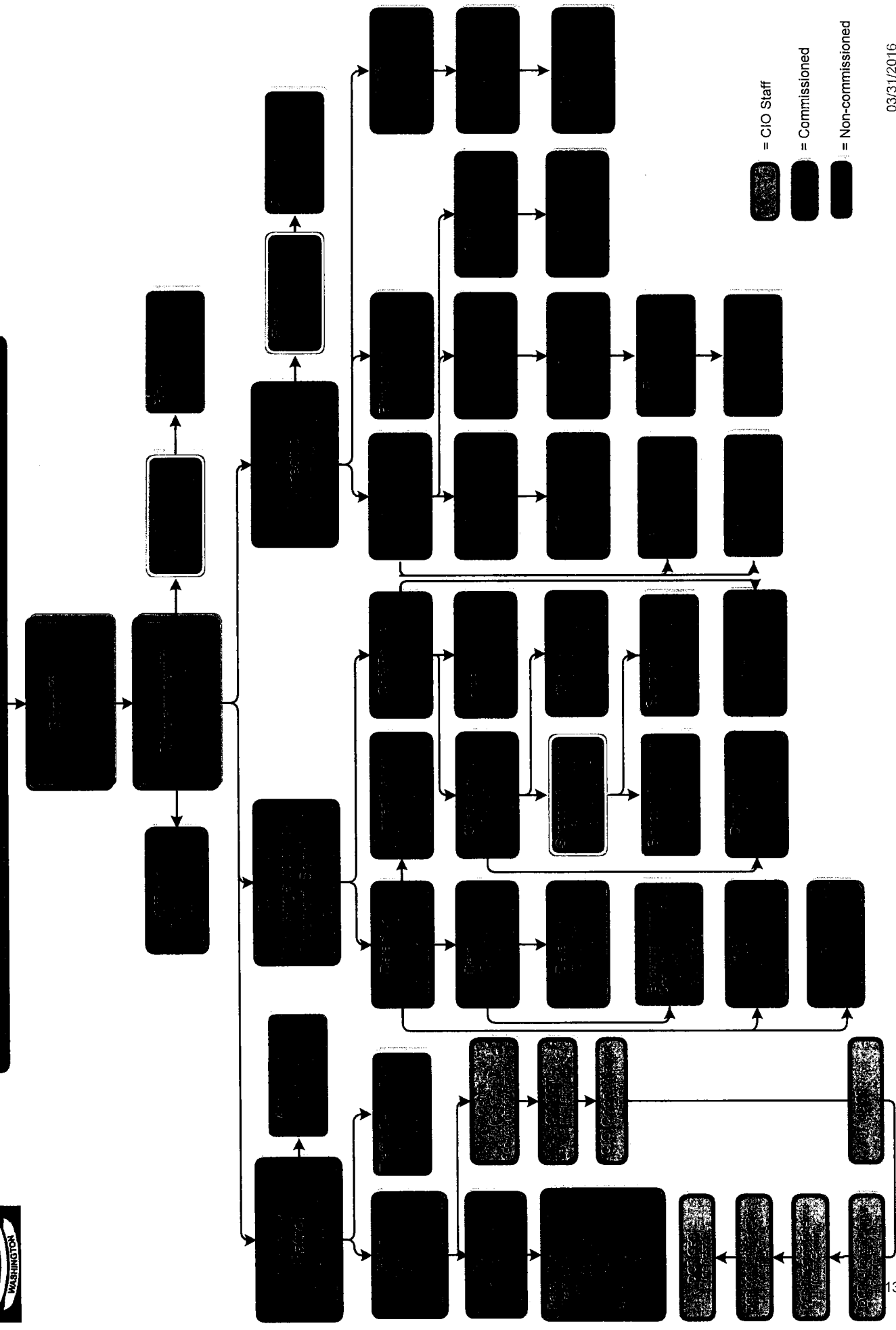
**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 87,432.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 87,432.00</b>
Total Payroll Taxes	\$ 9,636.00
Total Cost of Benefits	\$ 21,375.00
Total Cost of Retirement	\$ 4,820.00
<b>Total Payroll Costs</b>	<b>\$ 123,263.00</b>





# Sheriff's Office - 2016



## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Summary Page

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2019) using the Treatment Sales Tax. New Grant Proposals will only be accepted from organizations who attended the **MANDATORY** New Grant Proposer Conference and submitted a **MANDATORY** New Grant Proposal Letter of Intent.

### Organizational Information

Organization Name: Kitsap Mental Health Services  
Primary Contact: Name: Megan Kelly Email: [megank@kmhs.org](mailto:megank@kmhs.org) Phone: 360-415-3905  
Organization Address: Street: 5455 Almira Drive NE City: Bremerton State: WA Zip: 98311  
Federal Tax ID Number: 91-1020106 Legal Status of Organization: 501(c)(3)  
Individual Authorized to Sign Contracts: Name: Joe Roszak Title: Chief Executive Officer

### New Grant Proposal Information

Proposal Title: Pacific Hope and Recovery Center Co-occurring Disorder Intensive Inpatient:  
Providing Services for Non-Insured Individuals

Number of Individuals Screened: 238 Number of Individuals Served: 238  
Requested Amount of Funding: \$111,194 Matching Funds: \$1,268,798

Please check which area(s) of the Continuum this project addresses:

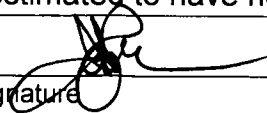
<input type="checkbox"/> Prevention	<input type="checkbox"/> Medical and Sub-Acute Detoxification
<input type="checkbox"/> Early Intervention	<input checked="" type="checkbox"/> Acute Inpatient Care
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Recovery Support Services
<input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

Please check which area(s) of the County this project is focused:

<input type="checkbox"/> South Kitsap	<input type="checkbox"/> City of Bremerton
<input type="checkbox"/> Central Kitsap	<input type="checkbox"/> Other City: _____
<input type="checkbox"/> North Kitsap	<input checked="" type="checkbox"/> County-Wide

### Proposal Summary

Kitsap Mental Health Services requests non-reimbursed bed day funds (at \$224 per day) for persons referred to "Pacific Hope and Recovery Center" (PHRC), one of few 30-day, 16-bed intensive inpatient treatment facility specializing in treating adults with complex substance use, serious co-occurring mental illnesses, often with medical complexities. Among numerous favorable outcomes, preliminary data shows 36% reduction ED use, 84% decrease jail bed day use, and 39% entering homeless all of whom discharged to shelter/housing. Opened 8/16/18, within 10.5 months there were 150 individuals served. Most will be insured in 2020 through under KMHS Medicaid Managed Care Organization Contracts, however there remain financing challenges for some people. Bed day cost is \$278. Medicare will not pay for PHRC, private insurance willingness to pay varies. Salish Behavioral Health Organization (SBHO) has a limited pool of funds for Non-Medicaid reimbursable persons at \$224. Without another source of funding, an estimated 13 people with Medicare-only insurance, and 10 people estimated to have no coverage cannot be served by the PHRC.

Signature 

CEO  
Title

07/25/2019  
Date

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Checklist Form

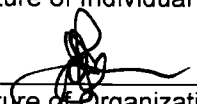
Name of Program: Pacific Hope and Recovery Center      Organization Submitting: Kitsap Mental Health Services

Item or Attachment	Yes	No	N/A	Initial
Project funds are 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	X			RD
Organization had a representative at the Mandatory New Grant Proposer Conference	X			RD
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by <b>May 31, 2019 at 3:00 p.m.</b>	X			RD
Organization did not receive funding for this project in 2019	X			RD
Attachment A – New Grant Proposal Summary Page	X			RD
Attachment B – New Grant Proposal Checklist Form	X			RD
Organization checked, initialed and signed New Grant Proposal Checklist	X			RD
Attachment C – New Grant Proposal Narrative Template	X			RD
Proposal Narrative is limited to 15 pages	X			RD
Attachment D – New Grant Proposal Evaluation Worksheet	X			RD
Attachment E – Total Agency Budget Form	X			RD
Attachment F – New Grant Proposal Special Project Budget Form	X			RD
Indirect is limited to 5%	X			RD
Attachment G – New Grant Proposal Sub-Contractor Special Project Budget Form			X	RD
Organization submitted Attachment G for each Sub-Contractor			X	RD
Sub-Contractor indirect limited to 5%			X	RD
Attachment H – New Grant Proposal Project Salary Summary	X			RD
Attachment I – Letter of Resource Commitment (optional)	X			RD
Attachment J – Organizational Chart	X			RD
No other attachments are included	X			RD
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	X			RD
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	X			RD

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

  
\_\_\_\_\_  
Signature of Individual Preparing Proposal

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Organization's Chief Executive

  
\_\_\_\_\_  
Date

**2016 NARRATIVE FOR NEW GRANT PROPOSALS**  
**MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP**  
**KITSAP COUNTY HUMAN SERVICES DEPARTMENT**

**Pacific Hope and Recovery Center Co-occurring Disorder Intensive Inpatient:  
 Providing Services for Non-Insured Individuals**

*“ I was treated as if I was the only client, awesome pawsom. Yet they took care of all others as if they were the only client. Respect at welcome time to love and love and respect at discharge. I grew, learned and achieved all goals. They taught me how to be clean and sober and good human being in society.”* *PHRC Client*

**1. PROJECT DESCRIPTION**

**A. Project Design**

The Pacific Hope and Recovery Center (PHRC) is one of few truly co-occurring 30-day substance use residential treatment facilities in the State. This proposal requests cost of bed days funding for persons who have Medicare-only coverage, and for persons who are uninsured/unreimbursed by any other payor source. Due to changes in federal Institute of Mental Disease (IMD) regulations governing Medicaid reimbursement for inpatient treatment, in 2017 KMHS was asked by Kitsap County Human Services (KCHS) to operate a separate 16 bed Substance Use Disorder (SUD) Residential Treatment Center under the same roof as the Kitsap County Crisis Triage Center. This was to offset what would have otherwise been a loss of our county's total number of residential treatment beds as Kitsap Recovery Center necessarily downsized to meet IMC requirements. PHRC opened for services August 18, 2018, serving adults age 18 and over. Residents have demonstrated remarkable success in their recovery from substance use and mental health co-occurring illnesses. Individuals served have multiple, serious co-morbidities, including physical health co-morbidities. At entry, about 37% are homeless.

**Review of preliminary 2018-2019 outcome data is remarkable:**

- 35% reduction in Emergency Department visits-all causes- 3 months pre/post PHRC
- 83.7% decrease jail bed day utilization for persons admitted to PHRC 1/1/19-6/30/19
- 70% of successful PHRC participants post discharge do not have another PHRC stay within 90 days
- No person discharged from PHRC exits homeless (37% homeless at entry)

**Who Is Served**

What is most distinctive about the PHRC is the seriousness of co-morbid illnesses among participants and the resulting complexity of their lives as they commit to recovery. The level of need for services is acute, coupled with the reality nearly 4 out of 10 people are homeless at entry. During its first year of operations, we encountered some significant surprises. First, the majority of clients entering PHRC have an addiction to methamphetamines. As a result of this particular addiction, which floods the brain with dopamine and mimics psychosis, thought disorders are prevalent in the PHRC service population. The majority of PHRC clients suffer from Psychotic Disorders like schizoaffective, schizophrenia and Bi-Polar disorders. As methamphetamine radically alters the brain's chemistry, this change manifests in a number of behavioral changes as well. Clients can experience severe paranoia

(followed by social isolation), hallucinations, and aggressive behavior, marked by wild mood swings. Teasing out which came first - the psychiatric disorder or the methamphetamines can be challenging, but it is best accomplished in a residential center 30-day stay environment. Secondly, the medical complexities encountered are often serious in nature: including cardiovascular disorders, pulmonary disorders, infectious diseases and severe dental diseases. Many of these are due to the deleterious effects of methamphetamine use, whose physiological effects can include weight loss (meth shuts down the brains hunger centers), sleep deprivation (the constant stimulation shorts out the need for sleep), dehydration, elevated body temperature, skin abscesses (caused by injecting meth into the skin, instead a vein) and osteoporosis (teeth and bones become easily breakable).

**We anticipate 2018-2019 demographic information likely representative of 2020:**

During the 10.5 months of operations from August 18, 2018 until June 30, 2019, the PHRC served 150 adults (unduplicated), with 171 total admissions overall, due to persons re-entering services following a treatment lapse. Among these individuals, 10% were ages 18-25, 42% were 26-39, 32% were 40-54, 15% were 55 – 64, and 1% were over age 65. The average length of stay at the voluntary 30-day substance use residential treatment facility has been 20.5 days. Participants are represented from throughout the county - 26% are from Bremerton, 11% South Kitsap, 9% North Kitsap, 8% Bainbridge Island, and 4% from Central Kitsap. Important to the work of reaching the most vulnerable adults in our communities, 39% or 58 people identified themselves as homeless at entry. Participants report race/ethnicity as follows: 3% Black/African American, 2% Filipino, 6% Native American (3 distinct tribes), 1% Native Hawaiian, 1% Pacific Islander, 56% White, 25% Multi-racial, 2% other race/ethnicity and 5% unknown/not reported. Reviewing unduplicated participants by current health insurance, 112 persons (68%) were Medicaid-enrolled, 9 (5%) Medicare, 9 (6%) were dually Medicaid/Medicare eligible, 16 (10%) reported private insurance (including Medicare Advantage), and 18 (11%) were uninsured/unknown. Monitoring this payer mix and finding solutions for persons in need of services but where payment is low or non-existent is a priority for the long term sustainability of PHRC operations. We are especially concerned for persons who are on Medicare, which does not pay for PHRC services, and for those who are uninsured where no other payor source can be found.

**What Services Are Provided**

PHRC voluntary intensive inpatient treatment services are distinctive. They focus on all forms of chemical dependency including alcohol, benzodiazepines, methamphetamine, opioids, and others, with criteria that clients have a co-occurring moderate to serious mental health disorder, often made more complicated by complex physical health conditions. Individuals have previously been assessed by a Chemical Dependency Professional and meet ASAM 3.5 level of care criteria for services. At entry participants meet with KMHS nursing staff who perform a health assessment of the individual's physical condition to determine if the individual needs to be transferred to an appropriate hospital for treatment (per Washington State Administrative Code). The approach is intentionally "Multimodal," an approach that creates customized treatment for each patient depending on their psychological or behavioral problems and we believe is part of the key to above norm PHRC treatment outcomes. Not all patients benefit from one therapy structure because everyone has a different perception of life,

others, and how they deal with trust or relationships and thus treatment plans are highly individualized. We honor that there are multiple paths to recovery, the goal is to set the individual in treatment on a path that works for them. PHRC uses evidence based practices such as Seeking Safety (see page 4, Evidence Based Practices) Crisis Prevention Intervention (CPI) and a variety of treatment modalities including individual and group therapies. PHRC staff teach a robust curriculum covering topics such as grief/loss, medical aspects, self-esteem, and relationships and communication. Community groups such as Alcoholics Anonymous, Narcotics Anonymous, Wellbriety, SMART Recovery come to PHRC and facilitate groups based on their own unique recovery modality. Also critical to success is the multidisciplinary staffing model of Chemical Dependency Professionals (CDP), Mental Health Professionals (MHP), including behavioral health nurses for assessments, necessary given the co-morbidity and severity of conditions individuals bring to the treatment environment. We could not achieve the PHRC's remarkable outcomes given the patient level of co-occurring behavioral health diagnostics without mature MHP level clinicians as part of the PHRC staffing matrix. Use of Trauma Informed Care in patient services delivery and staff receipt of Crisis Prevention Intervention training, an internationally recognized curriculum for crisis intervention, support a safe recovery environment.

Importantly, to reduce likelihood of relapse, programming includes focused individual discharge planning by a bachelor's level Recovery Case Manager. The Recovery Case Manager begins working with clients for discharge planning soon after entry, especially to secure housing at discharge for the 39% of persons identifying as homeless at entry, making advance visits to potential housing sites. Working with Kitsap's local provider for coordinated entry, Housing Solution Center staff visit PHRC weekly to support transitioning people to shelter and/or housing. To date, unless a person leaves against medical advice, people have been able to be discharged to shelter or housing. About 60% of persons have secured clean and sober housing through Oxford houses, about 20% go to relatives or family homes, about 10% discharge to shelters for a few days before getting into an Oxford house, but none are discharged to the street. This is crucial to maintenance of the recovery process and relapse prevention, and a prime contributor to the favorable outcomes reported to date.

### **Where and When Services Provided**

The Pacific Hope and Recovery Center is located at 1975 NE Fuson Road, Bremerton (formerly Kitsap Recovery Center/KRC), as a separate facility located under a shared roof with the Kitsap County Crisis Triage Center (KCCTC). Both of these Centers are immediately adjacent to Kitsap Mental Health Services (KMHS), which provides ease of access for Access clinicians to check and support individuals with Medicaid eligibility, for outpatient clinicians to make client visits, and for Designated Crisis Responders to make assessments of need for lowest possible level of care. PHRC has proven to be of great value to persons originally brought to the Crisis Triage Center by law enforcement, or sent by the emergency room, referred by the Designated Crisis Responders, Kitsap County Jail and other referring agents as about 50% of PHRC referrals are from adults in crisis at the KCCTC who decide that they are ready to enter intensive inpatient substance abuse residential treatment to address what is usually a co-occurring behavioral health disorder. On average, once a referral is made to PHRC by a chemical



dependency agency counselor who has conducted an assessment and found the individual meets eligible for and desirous of PHRC treatment, individuals are able to enter the PHRC within three to five days depending on bed availability. PHRC length of stay is 30 days for completion of intensive inpatient, treatment, average stay is 20.5 days, higher than most programs within the state.

## **B. EVIDENCE-BASED, PROMISING, BEST OR INNOVATIVE PRACTICES**

**PHRC Use of Evidence Based Practices:** We believe the remarkable outcomes participants demonstrate are in large part based on the design of PHRC and use of well evidenced practices. Our approach incorporates these recognized evidence-based best practices into the program design and participant service delivery model. PHRC staff are trained in and expected to apply these evidence based practices (EBPs). Practices specific to persons participating in PHRC substance use treatment as well as foundational practices utilized by Kitsap Mental Health Services in daily work with all persons with behavioral health disorders are provided in core EBPs described below:

- √ **American Society of Addiction Medication Criteria (ASAM):** the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. The PHRC is licensed at ASAM 3.5 level of services provision “Intensive Inpatient”; designation details the residential services program design, referrals and services type, staffing model required, level of reimbursement insurers/payors will provide based on ASAM criteria level. Practice guidance and expectations adhered to by Topic Area: Substance Use Treatment & Recovery Populations: Adults, Children and Youth, Women with Target Audience for Care Providers, Clinicians, Program Planners and Administrators, covering Alcohol, Illicit Drugs, Opioids, Prescription Drugs, Tobacco and as appropriate to the work of the PHRC, these conditions: Serious Mental Illness, Substance Use Disorders, Substance Use Treatment. EBP reference is located at <https://www.samhsa.gov/ebp-resource-center>
- √ **Seeking Safety:** used for male and female adults participating in group or individual counseling, specifically developed to help survivors with co-occurring trauma and substance use disorders. Meta-analysis of studies over 20 years note numerous studies related to co-occurring disorders. Several studies include strong minority representation, but except for women, specific curricula is not developed. Focus is on teaching safe coping skills that may never have been learned in the family or may have been lost as addiction and trauma deepened; supports integrated treatment, cognitive behavioral, interpersonal skills, engaging with community resources. Developed in 1990’s under the National Institute on Drug Abuse, and endorsed by the Psychotherapy Division of the American Psychological Association, the Society of Addiction Psychology of the American Psychological Association, and by the International Society for Traumatic Stress Studies. See [https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/2013\\_compr\\_lit\\_rev\\_ptsd\\_sud\\_final\\_version.pdf](https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/2013_compr_lit_rev_ptsd_sud_final_version.pdf)
- √ **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 is used by KMHS, including PHRC staff, to engage participants in services. The

Recovery Model assumes a whole person care approach that is sensitive to the needs of each individual, and recognizes that people can and do recover from mental illness and substance use disorders. <https://www.samhsa.gov/recovery>

- √ **Motivational Interviewing (MI)** is the foundational 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. KMHS has been training all clinical staff to apply MI in their work since early 2000s. <https://www.thenationalcouncil.org/BH365/2014/12/22/motivational-interviewing/>
- √ **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. Nearly all adults seen at the PHRC have severe trauma histories, often from childhood. TIC supports creation of safe provider/participant relationships essential for recovery. <https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare>
- √ **Non-Violent Crisis Intervention (CPI)**: a behavior management system for providing care and services in a respectful, safe environment, offers a foundation to structure prevention and intervention approaches on a philosophy of providing best possible Care, Welfare, Safety, and Security for staff and those they are responsible for, even during crisis situations. Strategies provide staff members and/or staff teams with a framework for decision making and problem solving to prevent, de-escalate, and safely respond to disruptive or assaultive behavior. <https://www.cebc4cw.org/program/nonviolent-crisis-intervention-training-program/>

## **B. Outreach**

Participation in the PHRC residential treatment setting requires participants meet the criteria for the American Association of Addiction Medicine (ASAM) threshold ASAM 3.5 in order to be eligible for services. Prior to admission, an ASAM evaluation must be performed by a certified Chemical Dependency Counselor, often outside of PHRC and/or KMHS, in order to discern if the individual's level of need is appropriate for admission to a Substance Use Residential Treatment Facility and for determination of services eligibility by a payor for inpatient care. <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>. Admittance consideration also the level of intensity of a co-occurring mental health disorder. The more significant, the more important the individual be placed where there are skilled mental health professionals within the staffing matrix. For persons with mild mental health disorders, placement at a traditional recovery center residential setting is sufficient. PHRC focuses especially on providing services for persons with both SUD and a moderate to serious mental health disorder. During 2018-2019 admission criteria has resulted in referrals for adults in need of services from these providers: Kitsap County Crisis Triage Center (55%), Agape Unlimited (15%), Westsound Treatment Center (10%), American Behavioral Health Systems (10%), Kitsap Recovery Center, KMHS (10%).

**Outreach/Marketing Plan** Given this very specific service niche, PHRC met early on with area Substance Use providers during quarterly meetings, interagency meetings with the SBHO and the Community Advisory Board for Kitsap County to discuss and answer

questions regarding PHRCs specialized work with adults with significant co-occurring substance use and mental health disorders. Informational materials including a description of services and Frequently Asked Questions were distributed among the county's Substance Use Treatment Providing Agencies and their Chemical Dependency Assessment Counselors so that appropriate referral for services could be made. At time of this application, occupancy of the PHRC is 80-90%. At any given point in time, 85-90% occupancy is maximal, as there must be capacity to allow for new patients who are in greatest need for services, creating a delicate balance between readily accessible services for eligible persons with available treatment beds. Services can be located on the Kitsap County website at <https://www.kitsapgov.com/hs/Pages/SBHO-Find-A-Behavioral-Health-Provider.aspx> The KMHS website is under redesign, anticipated for completion August 2019, and will provide information re PHRC. Overall, given the ASAM 3.5 criteria for treatment and specialized co-occurring disorder niche, local Substance Use and dually licensed Chemical Dependency/ Mental Health Provider agencies necessarily serve as the required pathway for PHRC and are prepared to be able to describe and refer this residential treatment option to eligible adults.

**Cultural Competency, and Fair Access to KMHS Services:** KMHS, and PHRC as a program managed by KMHS, assures delivery of culturally competent behavioral healthcare services meeting the social, cultural and linguistic needs of program participants through its staff recruitment, training and operating practices. 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, and 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. Language translation services, including TDDY and use of computer applications for hearing impaired are available as needed. The PHRC staff itself represents a diversity of racial, ethnic, and cultural backgrounds (data), including gender identity. All staff agency wide are trained to support persons identifying as LGBTQ and a specialist peer counselor is available when additional expertise is helpful. This is especially important as suicidality and substance use rates are higher than the general population as a whole.

## **C. EVALUATION**

### **Plan for Data Collection, Management and Analysis**

The Chief Clinical Officer (CCO) and 24/7 Recovery Services Program Director (PD) are responsible for managing full evaluation processes, and refining evaluation plan prior to and if necessary, during service delivery, including adhering to the evaluation plan put forward in this proposal. An existing evaluation plan was created for baseline application in August 2018 in consultation with a Kitsap Public Health District epidemiologist, and is consistent with the attached evaluation plan (Attachment D). The PD will continue to be responsible for assuring measurement data is secured that is congruent with the

evaluation measures plan, and will meet with KMHS IT Director to ensure Electronic Health Record (EHR) fields in the new KMHS EHR (1/1/2020) capture all needed data. Monthly, quarterly, bi-annual and annual outcome data will be analyzed and used to inform the Project's written continuous quality improvement (CQI) process, with input from staff for ongoing program refinement. Analysis of data illustrating outcome measure performance and adjustments made through the CQI process will inform short, mid, long-term adjustments to program and practice, and to communicate progress to governing and advisory bodies, partners, stakeholders and funders. The goals, activities and objectives as outlined in Attachment D are aligned with the project's performance outcome measures. The project's purpose, goals and objectives are designed to capture the information necessary to demonstrate efficacy in providing the right care and treatment in the right setting rather than at the ED, and avoidance of inappropriate jail utilization. Participant goals are based on research about what is effective in best supporting the co-occurring disorder recovery process.

**Primary Goals:** *See Attachment D, Evaluation Worksheet for more detail.*

- 1) **Reduce incarceration, use of hospital emergency services, and inpatient services among adults with mental illness and/or substance use issues.**  
Activities include provision of residential treatment, referral of participants to needed services and engagement in outpatient treatment, satisfactory treatment experience, use of triage during crisis events. Objectives are set regarding occupancy rate, length of stay, program completion, degree of change pre/post treatment, exit to housing at discharge, outpatient appointments at discharge, and client follow up post discharge. Other objectives address reductions in jail and emergency department utilization.
- 2) **Provision of high quality care.** Activities include measuring client satisfaction with services and objectives for measurement.

## **2. COMMUNITY NEEDS AND BENEFIT still to complete, lacking data**

### **A. Policy Goal:**

- 1) **Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.** *Preliminary PHRC outcome data reflects 35% decrease in ED utilization pre/post a PHRC stay*
- 2) **Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.** *Preliminary PHRC outcome data reflects 84% decrease in jail utilization pre/post a PHRC stay*
- 3) **Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.** *Preliminary PHRC data reflects 70% do not have another PHRC stay within 90 days.*

The 2014 Kitsap County Behavioral Health Strategic Plan identified the following gaps to be closed to meet its recommendations for services necessary to Acute Inpatient Care, defined as a concentrated program of mental health or chemical dependency treatment, individual and group counseling, education, and related activities, including room and board in a twenty-four-hour-a-day supervised facility. With the opening of the Pacific Hope and Recovery Center in 2018, the number of local co-occurring intensive inpatient residential substance abuse treatment and mental health treatment beds for adults was increased by 16 beds. The PHRC program has greatly enhanced linkages at intake and discharge to comprehensive services including care coordination, access to

medication, prompt access to benefits, health care, and mental health & substance abuse treatment, and assisted participants (39%) who have entered homeless to be sheltered or housed at discharge.

### **B. Needs Assessment and Target Population:**

In 2014, 20.2 million adults in the U.S. had a substance use disorder and 7.9 million had both a substance use disorder and another mental illness. <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml> An estimated 60% of persons with serious mental illnesses also have a substance use disorder. In 2013, an estimated 24.6 million Americans aged 12 or older—9.4 percent of the population—had used an illicit drug in the past month. Methamphetamine use was higher in 2013, with 595,000 current users. <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends> This data regarding the co-occurrence of substance use disorders with mental illnesses, and the extremely high incidence of participants served during 2019-2020 at PHRC with both methamphetamine addiction and schizophrenia is consistent with trends. State of Washington sufficiency of residential treatment beds has detailed lack of available facilities and beds to meet need. There are very few treatment facilities in the State that serve the severity of co-occurring disorders as provided through the PHRC. Screening for services occurs prior to entry, as this is referrals for any residential treatment facility are required to have had screening and be made by a Chemical Dependency Counselor. Admits to PHRC are limited by facility size, or 16 total beds, projected service count for 2020 is 238 individuals.

### **C. Community Collaboration, Integration and Collective Impact**

Kitsap Mental Health Services (KMHS) designed and provides management for the PHRC program, staff and client services, coordinates with partners and service providers, and conducts and shares evaluation reports with stakeholders, including Law Enforcement and the Emergency Department. The project strengthens the efforts to develop a full continuum of recovery oriented services in the community, from jail services, to transitions from outpatient substance use treatment provider referrals to PHRCs residential treatment, and from the Kitsap County Crisis Triage Center, where people were originally brought in for crisis care by law enforcement personnel, by hospital or designated crisis responder referral, by chemical dependency treatment providers, and Kitsap County Jail referral. The PHRC affords these referring agents and clients a place for rare co-occurring disorder residential treatment, recovery and restoration to community. It builds on the original partnership of agencies involved in repeated needs assessment for crisis triage resolution, and who subsequently remain involved as referring agents, or are providing treatment for client at discharge. There is a good deal of coordination and leveraging with other organizations for needed client services and for shared clients, including with Peninsula Community Health Services primary care and dental services, CHI/Harrison primary care, and especially the Housing Solutions Center for housing and social services needs as well as DSHS for entitlements, linking of clients to food banks, AA/NA, Wellbriety, and other groups.

### **3. ORGANIZATIONAL CAPACITY**

Kitsap Mental Health Services, a Kitsap County based not-for-profit 501(c)(3), is committed to “offering hope for people of all ages through comprehensive recovery oriented behavioral healthcare” for chronically and severely mentally ill adults, older

adults, and children and their families. Created in 1978 by Kitsap County Commissioners, KMHS is the primary provider of community mental health services for children with severe emotional disturbances and for adults with serious mental illnesses and co-occurring substance use disorders in Kitsap County. From its roots as a small community clinic, KMHS' focus rapidly grew to provide a full continuum of care that includes acute crisis response, inpatient, residential treatment, intensive outpatient programs including the PACT program for adults, and supportive housing. In 2014, through local and state funding and community prioritization of need, KMHS initiated construction of the Kitsap County Crisis Triage Center (KCTC). Under separate license and staff, due to the necessity of reducing the size of the existing Kitsap Recovery Center, and at the request of the County in 2016, KMHS simultaneously constructed the 16-bed Pacific Hope and Recovery Center (PHRC) to replace what would otherwise have been 16 substance abuse treatment beds lost to the community. Both the KCTC and PHRC open August 18, 2018. In 2018, more than 7,000 individuals received services through our continuum of services. KMHS services are currently funded primarily through Medicaid, via contract with the Salish Behavioral Health Organization (SBHO), through December 31, 2019. KMHS is working with the SBHO to smoothly transition SBHO contracted services to a Medicaid managed care January 2020. As of July 2019, KMHS has executed contracts with Medicaid Managed Care Organizations (MCOs) serving our county (Molina, Amerigroup, Optum, and Coordinated Care).

**A. Organizational Governance** *(See Attachment J for KMHS organization Chart.)*

**KMHS Leadership Structure:** The Chief Executive Officer (CEO) is supported by a Strategy Team comprised of the Chief Operations Officer (COO), Chief Financial Officer (CFO), Chief Human Resources Officer (CHRO) and the Chief Advancement Officer (CAO). Under direction of the CEO, the Executive Leadership Team (ELT) provides clinical and operational oversight and management for 500+ staff. The ELT is comprised of the Chief Officers as well as the Directors of Adult Outpatient, 24/Hour Recovery Services (Adult and Child Inpatients, Crisis Triage, SUD, and Mental Health Residential Centers, Crisis Response/DCRs), Housing/Community Services, Child & Family Services, Information Services, Resource Development and Quality Improvement teams. Each Clinical Services Director is responsible for multiple interdisciplinary teams ranging from inpatient to outpatient to residential services for both adults and children.

**KMHS Board Capacity:** KMHS is governed by a nine member Board of Directors, representing Kitsap residents and family members of KMHS consumers, offering expertise in healthcare, behavioral health, education, business, public and military service. Through monthly meetings, the Board of Directors is informed in their decision-making and educated about programs, current service gaps, opportunities, trends, and audit/regulatory compliance. The Board sets agency direction, policy, and maintains fiscal accountability; all internal policies require review and approval by the Board. A 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.

**B. Organizational Finances**

**KMHS Program Management Structure:** In addition to the Executive Leadership Team (ELT) where program, staffing, budgeting and operations planning,

implementation approaches and monitoring take place, the organization maintains bi-weekly meetings to review system and quality assurance procedures, daily “huddles” for clinical teams, weekly individual staff supervision for clinical and managerial staff, and meetings to address specific topics i.e. such as safety and security, housing triage, staff retention and recruitment or other emerging topics.

**KMHS Accounting and Internal Controls:** Detailed financial statements are issued to the Board monthly; Finance committee meets at least quarterly to review in greater detail; Fiscal oversight is ensured via an accrual-based accounting system maintained in full conformity with Generally Accepted Accounting Principles. Specific fiscal controls include limiting staff access to check stock or check signing, requiring CFO approval for check registers; and procedures governing the recording of transactions, and authorizing, preparing and distributing Payroll and Accounts Payable checks. Signatory authority is limited to the CEO and Board Officers. Board Policy directs the agency to maintain a three-month operating reserve to assure operational stability. The KMHS CFO ensures compliance with fiscal policies, including personnel, payroll, grants, contracts, travel, and purchasing. 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+. Grant funds are coded and tracked separately.

**Summary of KMHS Audit:** An annual audit is conducted by an independent Certified Public Accountant firm and presented to the Board upon completion. For the fiscal year ended June 30, 2018, the Auditors issued a clean opinion and did not note any significant issues (The audit for June 30, 2019 will occur October 2019). The agency has always had a record of “clean” audits.

### **C. Staffing Qualifications**

Overall administration of PHRC operations is the responsibility of a single Clinical Director, Neil Olson, with administrative oversight provided by Megan Kelly, MSW, KMHS Chief Operating Officer who has served in administrative and clinical roles for over 25 years. Ms. Kelly reports to KMHS Chief Executive Officer Joe Roszak. PHRC daily operations are guided by Program Manager Mosen Haksar. Operation of PHRC’s intensive 24/7 Substance Use/co-occurring Mental Health 30-day residential treatment center requires an intensive staffing model similar to an inpatient or hospital unit for safety and to achieve the quality of outcomes we seek to achieve. KMHS/PHRC is certified and licensed to be a recipient of Medicaid funds, the agency is credentialed as a whole with each Medicaid Managed Care Organization for the provision of services as is each medical provider. The agency holds contracts, including single contracts, with some private insurers and will be expanding this capacity during late 2019 and 2020 where contracts can be mutually negotiated. Position descriptions are set at appropriate professional licensures/ certifications for billing private insurance and Medicaid and are a requirement for staff hire. PHRC is also supported by a robust infrastructure within KMHS that includes billing, IT, facilities. Attachment J, the organizational chart, is included; PHRC positions can be found in Attachment H. PHRC required position qualifications, full time equivalency, staff qualifications and experience are:

**24/Hour Support Services Clinical Director (.2 FTE) Robert (Neil) Olson.** *Required:* Master's Degree and Mental Health Professional Certification required. Current Director holds licensed Social Worker Associate Independent Clinical license, Mental Health Professional, with a Masters in Social Work (MSW), focus on adult clinical mental health; 10 years of experience, including 5 years crisis services supervisory experience. Crisis Prevention Intervention senior level instructor. **Key Responsibilities:** Oversight of 24/7 Recovery Services Department-Adult and Youth Inpatient Units, Crisis Triage Facility, Pacific Hope and Recovery Center (PHRC) ASAM 3.5, and outpatient ASAM level 1.0/2.1 Pathways team and Designated Crisis Responders. Ensures compliance with all WACs/RCWs.

**Program Manager (.5 FTE) Mosen Haksar.** *Required:* Chemical Dependency Professional with state certification to provide Chemical Dependency supervision required. Mr. Haksar is a licensed Chemical Dependency Professional, Licensed Mental Health Counselor, with Masters in Addiction Counseling, Masters of Arts in Counseling, and holds a credential as a Mental Health Professional, with 25 years direct service and 15 years supervisory experience. **Key Responsibilities:** .5 FTE Oversight of PHRC (ASAM 3.5), and .5 FTE outpatient ASAM 1.0/2.1 Pathways team with supervision of Masters level shift supervisors, and outpatient clinical supervisor. Maintains oversight of clinical care, staffing, retention, recruitment, and program operations.

**Nurse Manager (.2 FTE) Ben Longstroth.** *Required:* Registered Nurse license, Mental Health Professional required. Mr. Longstroth holds licensure as a Registered Nurse, is credentialed as a Mental Health Professional, and has a Master's of Science in Nursing with a focus on leadership with over 20 years behavioral nursing experience, including in integrated care settings. **Key Responsibilities:** Oversight and supervision of the nurses serving the 24/7 Recovery Services Department. Ensuring compliance with all pertinent WACs/RCWs and best practices associated with nursing care.

**Utilization Manager (1 FTE) New position/vacant.** *Required:* Registered Nurse license with a MSN degree and/or certification as a Mental Health Professional. Provide initial and ongoing utilization review services for voluntary and involuntary clients admitted to the KMHS inpatient units; coordinate with managed care organizations, private insurance companies, tribal payers, and other client insurance provider.

**MHP Shift Supervisor (1 FTE) Amanda Nance.** *Required:* Master's Degree and Mental Health Professional (MHP) Certification, licensed as Agency Affiliated Counselor or other clinical licensure. A licensed MSW and MHP and 4 years experience, she is responsible for direct mental health client care, and supervision of PHRC swing shift.

**CDP Shift Supervisor (1 FTE) Noel Webster.** *Required:* Chemical Dependency Professional (CDP) licensed with the Department of Health with state certification to provide CD supervision. Mr. Webster is a CDP, MSW, MHP and Certified Clinical Trauma Professional with 20 years experience. Key responsibility supervision of all CDP/CDPt staff providing direct client care, and supervision of the day shift of PHRC.

**CDP/CDPt (1 CDP, 2.8 CDPt)** *Required:* Licensed as a Chemical Dependency Counselor or CDP trainee with the Department of Health. PHRC 4 licensed CDPs (Paige Roe) and CDP trainees (Michael Stone, Joshua Brown, 1 on-call vacancy) hold Associate level college degrees and have undergone or are in process of undergoing 2500 hours of CDP in the field training. They provide chemical dependency counseling



to residents at PHRC including individual and group counseling. Trainees require additional oversight by CDP Shift Supervisor to obtain full independent licensure.

**Recovery Case Manager (1 FTE) Amy Walker-Banks.** *Preferred:* Bachelor's level clinician licensed as an Agency Affiliated Counselor with the Department of Health. Amy is completing her BA in Psychology and is a licensed CDP. Her role is to connect clients with resources that support them in maintaining recovery post discharge such as mental health, housing, primary care, continued chemical dependency care, and other needs.

**Treatment Aide (5.6 FTE)** *Required:* High School Diploma required, licensed as an Agency Affiliated Counselor with the Department of Health. Six licensed, agency affiliated counselor treatment aides – Stephanie Castro, Jeremy Matthew, Dawa Sherpa, James Cokelet, Robert Frerichs and .6 FTE on-call pool to support staff vacation and sick days. Treatment Aides meet client's basic needs at PHRC, monitor participant's safety, serve food, and provide for light cleaning of the unit.

**Certified Nursing Assistant (1 FTE) Paula Jean Lumba.** *Required:* Completion of the CNA program, licensed as a CNA with the Department of Health. Ms. Lumba's role is to monitor client's vitals while in treatment, and support in medication observation, and recording of clients taking their medication as directed by the nurse manager.

**Program Assistant (.5 FTE) Gail Dodge.** High School Diploma required, licensed as an Agency Affiliated Counselor with the Department of Health. With 20 years Experience of records and clerical work in the field, Ms. Dodge supports the PHRC in completion of releases of information. Ensuring admissions are documented correctly in the EHR. Ensures insurance information is obtained and starts the billing process.

**Receptionist (.6 FTE) Geneva Hines.** High School Diploma required, licensed as an Agency Affiliated Counselor with the Department of Health. With 11 year experience, Ms. Hines supports the PHRC in welcoming clients and visitors to the unit during normal business hours. Administrative support to the management team of the CTF/PHRC. Supports in performing safety checks of clients coming back from outside appointments.

#### **D. Organization Licenses and Certifications**

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, 30 day-SUD residential treatment, acute inpatient evaluation and treatment (14 day), and a "step down" 30-day residential treatment center. 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. The PHRC facility is licensed as Residential Treatment Facility.

#### **E. History of Project Management**

KMHS, responding to needs expressed by the community via local boards and county/regional plans, continually demonstrates the high level of motivation and capacity necessary to develop programs and facilities that meet client needs. In 1990 KMHS secured State and Federal grants, and bank-loaned matching private monies to buy and rehabilitate 9 houses. In 1993, KMHS' facility was built by leveraging a capital campaign with County agreement to "float" bonds due to KMHS stability and

management track record. KMHS has managed multiple city and county CDBG/HOME Capital awards to rehabilitate housing sites, and to renovate the Adult Inpatient Unit. In 2008 KMHS built a \$4.8M 16-bed, 30-day residential stabilization facility, leveraging city, state and federal funds, and in 2016 -2018 renovated the existing vacated Kitsap Recovery Center facility adjacent to KMHS to create two facilities, the Kitsap County Crisis Triage Center and the Pacific Hope and Recovery Center. All projects require managing contracts and projects with architects and construction contractors and, although the 2018 renovation was delayed and thus costs escalated slightly beyond original projection, facilities projects were completed on time, on cost, with award deliverables met. Post construction, KMHS assumed ongoing provision of operations and services for each of these facility based programs. The finance department is assures budget adherence and funding requirements are met, in conjunction with the associated clinical and operations directors, including the quality assurance director. Under clinical leadership guidance, appropriately licensed directors, supervisors, clinical and support staff carry out their assigned programs. Many of these programs are co-located in community or other organization settings. Managers meet weekly with staff, clinical staff use daily huddles to discuss, review, and refine various crisis, inpatient, outpatient, residential program and client services. KMHS uses benchmarking to set timelines, guide progress and ensure deliverables are met. Computerized reports support analysis of services and client care quality; a continuous quality review process is in place. A Quality Assurance Director ensures clinical standards, administrative codes, and provides quality care. Services provision is regulated by WA Administrative Codes, DOH, DBHR and other bodies. The agency has consistently met its multiple program and client services audits, timelines, and deliverables.

#### **4. PROJECT FINANCIAL FEASIBILITY**

##### **A. Budget Narrative**

Essential to KMHS' mission is provision of behavioral health crisis and treatment services for everyone in our community in need, regardless of ability to pay. This changes in January 2020 when KMHS no longer operates under a capitation system, and state contract funds for non-Medicaid reimbursed individuals are greatly reduced. In the future, everyone served through the PHRC must have an identified funding source covering services cost. Two groups of persons identified for whom there will be no financing are: 1) Individuals with Medicare-Only funds (PHRC service is non-reimbursable); 2) Uninsured individuals ineligible for non-Medicaid funds, or when limited SBHO non-Medicaid funds become fully expended. To assure non-supplanting of funds, KMHS will access all possible funding sources described herein prior to utilizing any awarded 1/10<sup>th</sup> funds, and then, only for the two populations without currently identified funding source, as also described. Until KMHS has 6 months experience operating under MCO Medicaid Managed Care and by June 2020 has secured contracts with other private insurers for PHRC services that support the actual bed day cost of \$278 per day, the two populations identified in need of supplemental funding in this request cannot otherwise be served. Total projected 2020 cost to operate PHRC is \$1,379,992, or \$278 per bed day (*detailed in Attachment F*) and based on 85% occupancy (13.6 beds of 16 available beds) with average length of stay of 20.5 days.

Insurance	% of Total	Average Bed Days	Days per Year	Total Annual Bed Days	Average Cost per Bed Day	Total Cost
Medicaid	80.4%	10.9	365	3,991	\$278	1,109,514
Medicare	5%	0.68	365	248	\$278	69,000
Private	10%	1.36	365	496	\$278	137,999
Uninsured	4.6%	.63	365	228	\$278	63,479
	100%	13.6		4,964		\$1,379,992

Though our actual bed day rate is \$278, we request the less than cost reimbursement rate of \$224, consistent with 2020 SB-ASO PHRC contract rates. This funding request of \$111,194, less allowed 1/10<sup>th</sup> indirect of 5% (\$5,560), totals \$105,633. Assuming an average stay of 20.5 days and reimbursement rate of \$224, this request will fund 472 bed days, estimated to serve about 23 individuals. ( $\$105,644/\$224$  bed day rate = 472 bed days/20.5 average length of stay = 23 people served). KMHS projects an overall total of 33 people need supplemental funding in 2020 (about 13 Medicare-Only and 20 Uninsured). We assume 2020 SB-ASO State General Funds (GAF) for non-Medicaid individuals with incomes ranging 220% - 400% of Federal Poverty Level, and SB-ASO Substance Use Block Grant Funds funds may cover about 10 of these 20 uninsured individuals; the remaining uninsured persons (10) are requested to be covered by this application. All 13 of projected Medicare-Only insured individuals are included in this request for a total request of coverage for an estimated 23 individual lives. Once actual award of SB-ASO funding is known in August 2019, KMHS will adjust our request downward as needed. Other funding of \$1,268,798 includes reimbursements from Molina, Amerigroup and United/Optum managed care organizations, private insurance, and the estimated 2020 SBHO reimbursement for other non-Medicaid individuals at a rate of \$224 per bed day. Underlying program budget assumptions (equating to \$278 average cost per person) are detailed below. **Note:** Our request of \$111,194, less the 5% indirect (\$5,560), is a subset of the total PHRC budget. This request is based on 471.5 bed days - an estimated 23 people - consistent with 2020 SB-ASO \$224 rate.

## PERSONNEL

**Managers** - .2 FTE of Director, .2 FTE of Nurse Manager, and .5 FTE of Program Manager for overall program operation, hourly salary ranges 42.89 to 43.73, total annual salary is \$81,567 plus \$7,256 in taxes, totaling \$88,823. **Other Staff**  
**Shift Supervisors**, 1 FTE of CDP shift supervisor and 1 FTE Mental Health Professional shift supervisor, wage range from \$24.01 to \$31.70, total annual salary is \$117,095, taxes \$10,416. Total \$127,511. **CDP and CDPT**, 3.8 FTE Chemical Dependency Professionals and CDP trainees with flexibility to adjust between CDP or CDPT as employees available. Wage ranges from \$16.92 to \$29, total wages \$167,720, taxes of \$14,916. Total \$182,636. **Utilization Management Specialist**, 1 FTE, new to 2019 to address required utilization management with Managed Care Organizations. 1 FTE at estimated wage rate of \$30 per hour, total wages of \$63,035, taxes of \$5,607. Total \$68,642. **Case Managers, Treatment Aides, and Certified Nursing Assistant**, 7.6 FTE needed 24/7 to assist clients. Total wages \$222,132, taxes, \$19,743. Total \$241,875. **Clerical Support**, .5 FTE Program Assistant helps to coordinate program and .6 FTE receptionist covers front desk, total wages \$40,572, taxes \$3,609. Total \$44,180.

On Call coverage, covers treatment aides, CDPs, on-call nursing as needed. Total estimated wages \$42,456 (wage ranges of \$16 to \$22). Taxes \$3,799. Total \$46,255.

**Benefits:** medical/dental/vision, health savings account, Employee Assistance Program, life insurance, student loan forgiveness, retirement. Medical, dental, vision estimated \$1,000 per employee per month at 61.4% est. enrollment 12 months, total \$120,835, less \$211.85 average employee contribution per month, for total \$95,260. Retirement at \$20,288, approximately 3% of wages (4% KMHS contribution less estimated forfeitures). Life insurance totals \$3,082, approximately .45% of wages. Loan forgiveness at \$50 per month times 10% of FTE for 12 months, total \$984.

**SUPPLIES AND EQUIPMENT** - \$41.75 per FTE per month for office supplies and operating expenses (consumable products). Total \$8,218.

### **ADMINISTRATION**

Communication - Approximately \$50 per FTE per month for cell phone, land line telephone, fiber optic connection, total \$10,104. \$82.15 per FTE per month for licensed software (includes EHR, basic software), total of \$16,168. Insurance - \$6,467 for professional liability insurance, about \$395 per FTE per year, \$3,614 for other insurance. Printing - \$98.60 per FTE per year, total of \$1,617. Training - approximately \$395 per FTE (\$6,467). Reimburse Employee license fee at \$147.87 per FTE, based on agency average ranging from \$90 for Agency Affiliated Counselor to \$450 for CDP license (\$2,425). Staff travel at approximately 200 miles per month at .585 cents per mile (1,404). Team events at \$411, about \$25 per FTE per year. Vehicle expenses at \$539 for maintenance of KMHS vehicles for outings. Indirect limited to 5% at \$5,560.

### **OPERATIONS AND MAINTENANCE**

Furniture and equipment replacement at \$6,000 per year, including for damages or items like linens requiring frequent replacement. Utilities - \$16,380 for utilities for power, gas, water, fiber optic line maintenance, approximately \$1,365 per month. Professional Services - \$28,522 including estimated \$2,631 for clinical consulting, \$5,254 for security (SUD's portion \$175k of agency total security charges), \$20,637 for other professional services, such as laundry, landscaping, other services. Pharmacy/Lab - \$12,000 to cover medication for uninsured/underinsured individuals, about \$1,000 per month. Client Expenses - \$12,000 for personal care, clothing, outings for treatment. Food costs at \$10.50 per resident per day at 85% occupancy, totaling \$52,122.

### **B. Additional Resources and Sustainability**

KMHS expects to have contracts for PHRC in place with most major private insurers by June 2020, however it is too early to accurately forecast private insurer income until contracts are executed. Typically private insurance rates are negotiated at rates reflective of costlier private residential treatment providers; we anticipate reimbursement by private insurance may provide excess funding to cover individuals reimbursed at the less sustainable \$224 bed day rates that are \$54 below average operating cost of \$278 per bed day. Rates offered by MCO Medicaid insurers (all contracts now executed, proprietary rates vary by insurer) are likely through time to cover about 85% of participant bed days as some previously non-insured individuals become enrolled. We will expect to have a clearer understanding of SB-ASO state funding sources (GAF and SABG) by August 2019. Since Medicare-Only does not and will not provide coverage for PHRC intensive inpatient services, KMHS does anticipate it will require ongoing supplemental funding in the future to provide services for the Medicare-Only population.

## 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:

<b>Goal:</b>	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.
<b>Activity:</b>	Actions taken or work performed to produce specific outputs and outcomes.
<b>Objective:</b>	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
<b>Output:</b>	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
<b>Outcome:</b>	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.
<b>Timeline:</b>	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)?
<b>Baseline:</b>	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.
<b>Source:</b>	How and from where will data be collected?

EVALUATION WORKSHEET

PROJECT NAME: Pacific Hope Recovery Center

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Reduce incarceration, use of hospital emergency services, and inpatient services among adults with mental illness and/or substance use issues.	Provide residential treatment for adults in need of up to 30-day inpatient treatment for substance abuse.	90% of possible bed days will be filled. * * Value calculated as: (# bed days filled) / (16 beds x # days in quarter).	<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: 1/1/2020 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 data collection in Electronic Health Record at Center.
		The length of stay for at least 65% of adults at the Pacific Hope Recovery Center will be 20 days or longer.	<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: 1/1/2020 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 data collection in Electronic Health Record at Center.
		50% of Pacific Hope Recovery Center participants complete 30-day inpatient treatment program.	<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 checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/2020 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 data collection recorded in Electronic Health Record at Center.  daily collection for # served and services and provided Pre and Post screens will be recorded in EHR .
		80% of Pacific Hope Recovery Center participants will be rescreened to determine degree of change pre/post residential stay. *	<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"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: 1/1/2020	New	

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
		<p>*Will add a summary numerical value to ASAM or using Omaha System KBS scores</p>	<p><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>Frequency:  <input checked="" type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>		
	<p>Refer Pacific Hope Recovery Center admits to range of needed services and support initiation or reengagement in MH and/or CD treatment.</p>	<p>100% of participants in need of housing services were referred to the housing solutions center (HSC) prior to discharge. *</p> <p>*Please see diagram at end of evaluation worksheet for clarification.</p> <p>If shelter/housing is secured prior to discharge, disposition will also be recorded.</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                      If applicable:  <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short  <input type="checkbox"/> Medium  <input type="checkbox"/> Long                      Start date:                      1/1/2020                      Frequency:  <input checked="" type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>	<p>New</p>	<p>Fields will be in place for data collection in Electronic Health Record at Center. # reporting homeless status, # referred to housing options.</p>
		<p>The following proportions of individuals referred to the housing solutions center prior to discharge report contacting the HSC post discharge during follow-up phone call*: 30 days: 20%                      *Please see diagram at end of evaluation worksheet for clarification.</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                      If applicable:  <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short  <input type="checkbox"/> Medium  <input type="checkbox"/> Long                      Start date:                      1/1/2020                      Frequency:  <input checked="" type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input type="checkbox"/> Other: _____</p>	<p>New</p>	<p>Fields will be in place for data collection in EHR at Center. # reporting homeless status, # referred to housing options, # of those who connect to housing options.</p>
		<p>25% of participants in need of housing services meet with HSC staff onsite during their stay at Pacific Hope Recovery Center. *</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</p>	<p><input checked="" type="checkbox"/> Short  <input type="checkbox"/> Medium  <input type="checkbox"/> Long                      Start date:                      1/1/2020</p>	<p>New</p>	<p>Fields will be in place for data collection in EHR at Center. # reporting</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
		<p>*Please see diagram at end of evaluation worksheet for clarification..</p> <p>90% of participants choosing outpatient MH services have 1<sup>st</sup> appointment scheduled at discharge. *</p> <p>* Some participants will complete intake at Pacific Hope Recovery Center, if not, KMHS will bring Access staff to the Pacific Hope Recovery Center.</p> <p>90% of admits choosing outpatient physical health (PH) services have 1<sup>st</sup> appointment scheduled prior to discharge.</p> <p>a. # participants choosing outpatient PH services scheduled for co-location with PCHS or CHI HHP provider</p> <p>b. # participants choosing outpatient PH services scheduled with community provider/setting.</p> <p>The following proportions of successful Pacific Hope Recovery Center participants post discharge do not have another substance use inpatient Pacific</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"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p> <p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p> <p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p>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><input checked="" type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/2020</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><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>1/1/2020</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><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <p>Start date: <u>1/1/2020</u></p>	<p>New</p> <p>New</p>	<p>homeless status, # referred to housing options, # of those who connect to housing options.</p> <p>Fields will be in place for data collection in Electronic Health Record at Center. # needing outpatient MH, # with appointment scheduled.</p> <p>Fields will be in place for data collection in Electronic Health Record at Center. # needing outpatient PH, # with appointment scheduled and where (PCHS/HHP v external).</p> <p>Fields will be in place for data collection in EHR; records will be</p>



EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
		<p>Hope Recovery Center stay at KMHS at: *</p> <ul style="list-style-type: none"> <li>- 7 days: 90%</li> <li>- 30 days: 80%</li> <li>- 90 days: 70%</li> </ul> <p>Each reported separately. *These values can be determined using KMHS's own data.</p> <ul style="list-style-type: none"> <li>- The following proportions of Pacific Hope Recovery Center participants engage in ongoing services for 30 days: 30 days: 50%</li> </ul>	<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"/> 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>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><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date:</p> <p><u>1/1/2020</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>New</p>	<p>reviewed 2 X year.</p> <p>Fields will be in place for data collection recorded in Electronic Health Record at Center.</p> <p>daily collection for # served and services provided</p> <p>IS developed, separate database solely purpose to track post-discharge phone calls</p> <p>Post-discharge survey, explained by staff, reported by clients during discharge process and during phone follow-ups.</p>
	<p>Assess satisfaction with experience at Center as part of planned discharge.</p>	<p>100% of participants received follow-up post discharge (including discharges AMA) contact attempt at 30 days. Of these, the following proportions of follow ups are successful*:</p> <p>30 days: 40%</p> <p>*Time restarts with readmission. Individuals can therefore be counted as many times as they are admitted for this measure.</p> <p>85% of participants report overall satisfaction with Pacific Hope Recovery Center experience at planned discharge or with follow-up phone call (1 response per admission). *</p> <p>**Please see Likert scale satisfaction question at end of evaluation worksheet.</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 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"/> 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 type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date:</p> <p><u>1/1/2020</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><input checked="" type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date:</p> <p><u>1/1/2020</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>New</p>	

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EVALUATION WORKSHEET

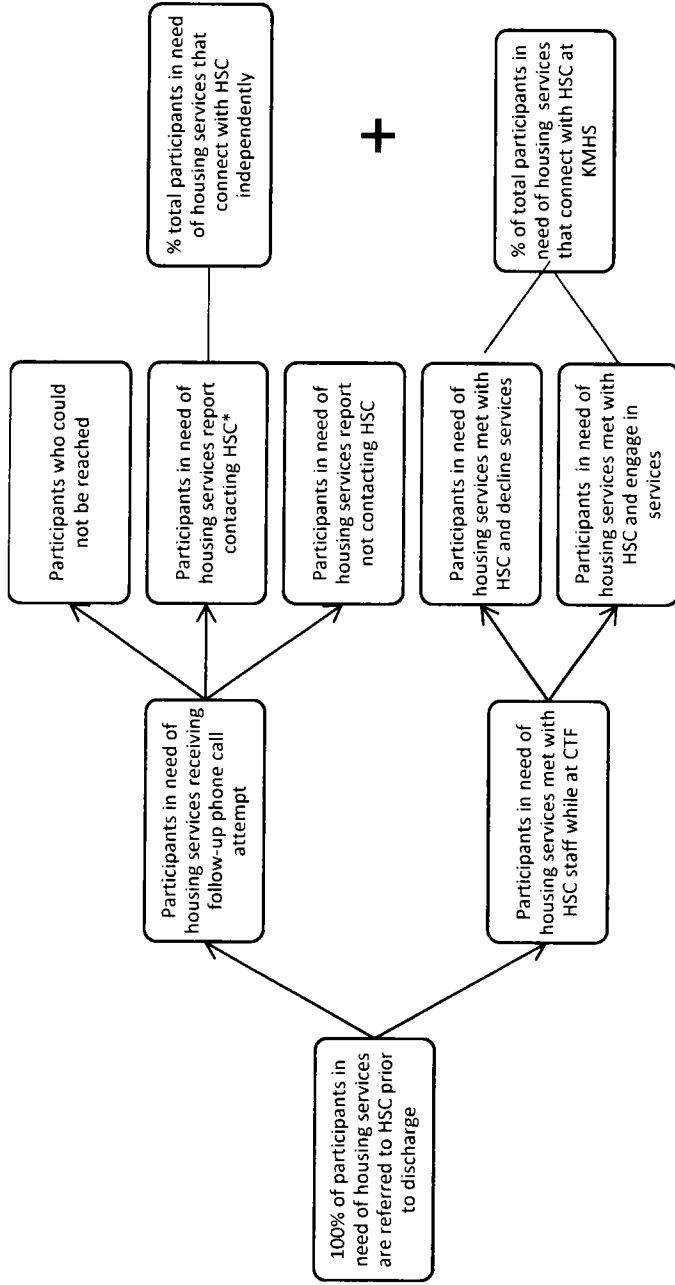
A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
	<p>Provide appropriate triage to prevent misuse of high-cost services during crisis events.</p>	<p>Proposed: The following proportions of Pacific Hope Recovery Center participants do not have an incarceration event in the following periods post-discharge*:</p> <ul style="list-style-type: none"> <li>- 3 months: 75%</li> <li>- 6 months: 65%</li> <li>- 9 months: 55%</li> <li>- 12 months: 45%</li> </ul> <p>Each reported separately</p> <p>*If recidivism data from jail is available through SBHO. Recidivism events will only be known if individual is incarcerated at Kitsap jail.</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 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"/> Other: _____</p> <p><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <p>Start date: 1/1/2020</p> <p>Frequency: <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>New</p>	<p>Jail data made available through SBHO.</p>
<p>Provide client high quality care</p>	<p>Administer satisfaction survey</p>	<p>80% overall satisfaction (reported separately):</p> <ul style="list-style-type: none"> <li>- I felt welcomed and comfortable.</li> <li>- I felt the staff saw me as a whole person and addressed multiple needs when necessary.</li> <li>- I felt that I was able to access care when I needed it.</li> <li>- I felt respected and listened to by staff.</li> </ul>	<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 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: 1/1/2020</p> <p>Frequency: <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>New</p>	<p>EDIE data feed</p> <p>Satisfaction Report Card</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
		<ul style="list-style-type: none"> <li>- I felt involved in my care and included in the decision making regarding my treatment.</li> <li>- I felt that medical staff had an understanding of my health care needs and successfully coordinated care with my other health care providers.</li> <li>- I feel like the staff encouraged me to develop my substance abuse recovery goals if needed.</li> <li>- I feel that I was connected or referred to necessary and appropriate community resources to help me out of my crisis during my stay.</li> <li>- I felt that the staff encouraged and welcomed input and support of my family/support system.</li> <li>- I felt safe while at the CTF.</li> <li>- I felt that my health information was kept confidential and shared only as necessary with other providers involved in my care.</li> <li>- Overall client satisfaction rating</li> </ul>				

\*Housing service pathways for admits in need of housing services

EVALUATION WORKSHEET



\*This follow-up phone call data should be stratified by those who report contacting HSC independently and those who report connecting with HSC while at KMHS. Note: Measure also used for Kitsap County Crisis Triage Center. For Pacific Hope Recovery Center, “admit” should be read as “participant”.

\*\*Likert scale satisfaction question: With the services I am receiving through Kitsap Mental Health Services, I am:

Highly Dissatisfied (0)    Moderately dissatisfied (1)    Neither satisfied nor dissatisfied (2)    Moderately satisfied (3)    Highly satisfied (4)

Note: Information is collected for Crisis Triage Facility and Pacific Hope Recovery Center separately:

- Unduplicated number of individuals served (current quarter and year-to-date)
- Unduplicated number of individuals served by health insurance type (current quarter and year-to-date)
- Unduplicated number of individuals served by zip code of residence (current quarter and year-to-date)

**Total Agency or Departmental Budget Form**

Agency Name: Kitsap Mental Health Services

Project: Pacific Hope and Recovery Center

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 29,110,706.41	81%	\$ 33,405,048.73	82%	\$ 21,815,334.80	57%
Local Revenue	\$ 4,714,840.53	13%	\$ 5,085,545.76	12%	\$ 3,991,000.00	10%
Private Funding Revenue	\$ 1,125,170.38	3%	\$ 1,472,618.75	4%	\$ 11,985,000.00	31%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ 905,029.65	3%	\$ 909,220.69	2%	\$ 479,000.00	1%
<b>Total Agency Revenue (A)</b>	<b>\$ 35,855,746.97</b>		<b>\$ 40,872,433.93</b>		<b>\$ 38,270,334.80</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 3,464,087.09	11%	\$ 5,441,910.40	14%	\$ 5,319,484.78	14%
Staff	\$ 13,039,082.04	43%	\$ 19,162,087.70	50%	\$ 20,535,254.00	54%
Total Benefits	\$ 6,998,091.22	23%	\$ 5,017,198.51	13%	\$ 4,397,909.65	11%
<b>Subtotal</b>	<b>\$ 23,501,260.35</b>	<b>78%</b>	<b>\$ 29,621,196.61</b>	<b>78%</b>	<b>\$ 30,252,648.43</b>	<b>79%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 253,181.95	1%	\$ 417,459.86	1%	\$ 265,500.00	1%
Office Supplies	\$ 164,636.31	1%	\$ 245,819.68	1%	\$ 250,002.00	1%
Other (Describe) Medical and Pharmacy	\$ 32,542.70	0%	\$ 38,292.30	0%	\$ 49,000.00	0%
<b>Subtotal</b>	<b>\$ 450,360.96</b>	<b>1%</b>	<b>\$ 701,571.84</b>	<b>2%</b>	<b>\$ 564,502.00</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 5,741.47	0%	\$ 12,489.93	0%	\$ 40,000.00	0%
Audit/Accounting	\$ 1,500.00	0%	\$ 85,952.07	0%	\$ 50,000.00	0%
Communication	\$ -	0%	\$ 2,129.90	0%	\$ 14,999.00	0%
Insurance/Bonds	\$ 306,146.09	1%	\$ 346,449.36	1%	\$ 367,000.00	1%
Postage/Printing	\$ 244,056.35	1%	\$ 324,631.39	1%	\$ 219,998.00	1%
Training/Travel/Transportation	\$ 325,887.38	1%	\$ 177,817.58	0%	\$ 447,501.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Food, Program, and Other Clinica	\$ 328,844.85	1%	\$ 645,412.33	2%	\$ 592,550.00	2%
<b>Subtotal</b>	<b>\$ 1,212,176.14</b>	<b>4%</b>	<b>\$ 1,594,882.56</b>	<b>4%</b>	<b>\$ 1,732,048.00</b>	<b>5%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 590,238.61	2%	\$ 817,321.75	2%	\$ 600,001.00	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 278,725.34	1%	\$ 336,887.44	1%	\$ 371,400.00	1%
Utilities	\$ 455,508.48	2%	\$ 493,083.38	1%	\$ 557,836.00	1%
Other (Describe) Rent and Depreciation Expense	\$ 1,281,035.75	4%	\$ 1,715,412.26	5%	\$ 1,711,800.00	4%
Other (Describe) Legal, Security, IT Systems, Inves	\$ 515,711.59	2%	\$ 681,654.18	2%	\$ 979,999.00	3%
Other (Describe) Community Hospitalizations	\$ 1,938,772.17	6%	\$ 1,983,370.16	5%	\$ 1,500,000.00	4%
<b>Subtotal</b>	<b>\$ 5,059,991.94</b>	<b>17%</b>	<b>\$ 6,027,729.17</b>	<b>16%</b>	<b>\$ 5,721,036.00</b>	<b>15%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Direct Expenses</b>	<b>\$ 30,223,789.39</b>		<b>\$ 37,945,380.18</b>		<b>\$ 38,270,234.43</b>	

**Total Agency or Departmental Budget Form - Attachment Detailing Expenditures Greater than 10%**

Excerpt of Items Exceeding 10% Threshold	2018 (Audited 7/1/17 - 6/30/18)		2019 (Unaudited 7/1/18 - 6/30/19)		2020 (Budgeted 7/1/19 - 6/30/20)	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 3,464,087.09	12%	\$ 5,441,910.40	12%	\$ 5,319,484.78	11%
Staff	\$ 13,039,082.04	41%	\$ 19,162,087.70	44%	\$ 20,535,254.00	50%
Total Benefits	\$ 6,998,091.22	27%	\$ 5,017,198.51	23%	\$ 4,397,909.65	17%
<b>Subtotal</b>	<b>\$ 23,501,260.35</b>	<b>80%</b>	<b>\$ 29,621,196.61</b>	<b>78%</b>	<b>\$ 30,252,648.43</b>	<b>78%</b>

Each item above is comprised of the following:

<b>Personnel</b>			
Clinical & Administration Management	3,464,087.09	5,441,910.40	5,319,484.78
Medical Staff*		3,269,384.52	3,165,433.00
Clinical Staff	10,470,530.30	12,158,587.72	13,121,167.00
Support Staff	2,568,551.74	3,734,115.46	4,248,654.00
	<u>16,503,169.13</u>	<u>24,603,998.10</u>	<u>25,854,738.78</u>
<b>Total Benefits</b>			
Personal Leave (Budgeted in Wages)**	2,295,849.30	418,287.67	-
Disability & Other Leave (Budgeted in Wages)**	181,217.70	27,847.82	-
FICA Taxes**	1,353,139.52	234,934.76	-
Unemployment, Labor & Industries**	273,132.53	75,720.25	-
Medical, Dental, and Vision Insurance	2,282,860.09	3,425,562.93	3,500,888.74
Retirement & Other Benefits	611,892.08	834,845.08	897,020.90
	<u>6,998,091.22</u>	<u>5,017,198.51</u>	<u>4,397,909.65</u>

\* New category in September 2018

\*\*FICA Taxes, Personal Leave, Unemployment, and L&I were recategorized to wage expenses in September of 2018 due to a transfer in payroll systems.

ATTACHMENT F

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Special Project Budget Form**

Agency Name: Kitsap Mental Health Services

Project: PHRC Medicare / Uninsured

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 88,823	6%	\$ 6,410	6%	\$ 82,413	6%
Staff	\$ 711,099	51%	\$ 68,514	61%	\$ 642,585	51%
Total Benefits	\$ 119,614	9%	\$ 12,081	11%	\$ 107,533	8%
<b>SUBTOTAL</b>	<b>\$ 919,536</b>	<b>66%</b>	<b>\$ 87,005</b>	<b>78%</b>	<b>\$ 832,531</b>	<b>65%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 8,218	1%	\$ 830	1%	\$ 7,388	1%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 8,218</b>	<b>1%</b>	<b>\$ 830</b>	<b>1%</b>	<b>\$ 7,388</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 26,272	2%	\$ 2,653	2%	\$ 23,619	2%
Insurance/Bonds	\$ 10,081	1%	\$ 1,018	1%	\$ 9,063	1%
Postage/Printing	\$ 1,617	0%	\$ 163	0%	\$ 1,454	0%
Training/Travel/Transportation	\$ 11,246	1%	\$ 1,136	1%	\$ 10,110	1%
% Indirect (Limited to 5%)	\$ 275,998	20%	\$ 5,560	5%	\$ 270,438	21%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 325,214</b>	<b>24%</b>	<b>\$ 10,530</b>	<b>9%</b>	<b>\$ 314,684</b>	<b>25%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 6,000	0%	\$ 606	1%	\$ 5,394	0%
Utilities	\$ 16,380	1%	\$ 1,654	1%	\$ 14,726	1%
Other (Describe): Professional Services	\$ 28,522	2%	\$ 2,881	3%	\$ 25,641	2%
Other (Describe): Pharmacy / Lab	\$ 12,000	1%	\$ 1,212	1%	\$ 10,788	1%
Other (Describe): Client Expenses / Food Costs	\$ 64,122	5%	\$ 6,476	6%	\$ 57,646	5%
<b>SUBTOTAL</b>	<b>\$ 127,024</b>	<b>9%</b>	<b>\$ 12,829</b>	<b>12%</b>	<b>\$ 114,195</b>	<b>9%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 1,379,992</b>	<b>100%</b>	<b>\$ 111,194</b>	<b>100%</b>	<b>\$ 1,268,798</b>	<b>99%</b>

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

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**Agency Name: Kitsap Mental Mental Services**

**Project: PHRC Medicare/Uninsured**

**Description**

Number of Professional FTEs	15.30
Number of Clerical FTEs	1.10
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>16.40</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 694,005
Salaries of Clerical Staff	\$ 40,572
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 734,576</b>
Total Payroll Taxes	\$ 65,346
Total Cost of Benefits	\$ 99,326
Total Cost of Retirement	\$ 20,288
<b>Total Payroll Costs</b>	<b>\$ 919,536</b>





KITSAP COMMUNITY  
**Resources**

*A Community Action Partnership helping people, changing lives*

July 22, 2019

Joe Roszak, Chief Executive Officer  
Kitsap Mental Health Services  
5455 Almira Drive NE  
Bremerton, WA 98311

RE: Pacific Hope and Recovery Center

Dear Mr. Roszak,

Kitsap Community Resources is pleased to support Kitsap Mental Health Services application for operational gap funding for the Pacific Hope and Recovery Center (PHRC). Our Housing Solutions Center (HSC) staff offices at PHRC one hour each week, to readily assist PHRC participants in meeting their housing needs. We recognize that PHRC patients are often among the most vulnerable adults living in our community, usually with chronic serious mental illnesses, serious substance use disorders, and an array of medical challenges. Our staff are pleased to be part of a 24/7 treatment service already demonstrated amazing outcomes - we feel a part of the PHRCs success in reducing jail utilization and unnecessary emergency department visits is our shared work that helps ensure that at discharge people know that they are going to a safe place for shelter or more often, will have a home to go to.

The KCR Housing Solutions Specialist offices at the PHRC one hour weekly, meeting with participants in need of shelter and housing at discharge. This represents an in-kind value of \$ 1375.00 for their time annually.

Through the years we have frequently partnered with KMHS and its clinical staff to refer clients to KMHS services and for KMHS to refer clients to KCR services. For three years KMHS has stationed its HARPs program with peer housing specialists for persons experiencing significant behavioral health concerns at KCR's Housing Solutions Center, where KCR and KMHS housing staff can mutually support each other and clients. In this way, and with the KCR HSC staff traveling to PHRC for ease of securing housing, we naturally practice what is now known as a "collective impact" model. We believe sharing our skills, staff, and resources makes our work more effective, and our clients and community benefit. We are pleased to continue our partnership with KMHS specific to this effort and we hope you will view the proposal for PHRC funding with favor.

Sincerely,

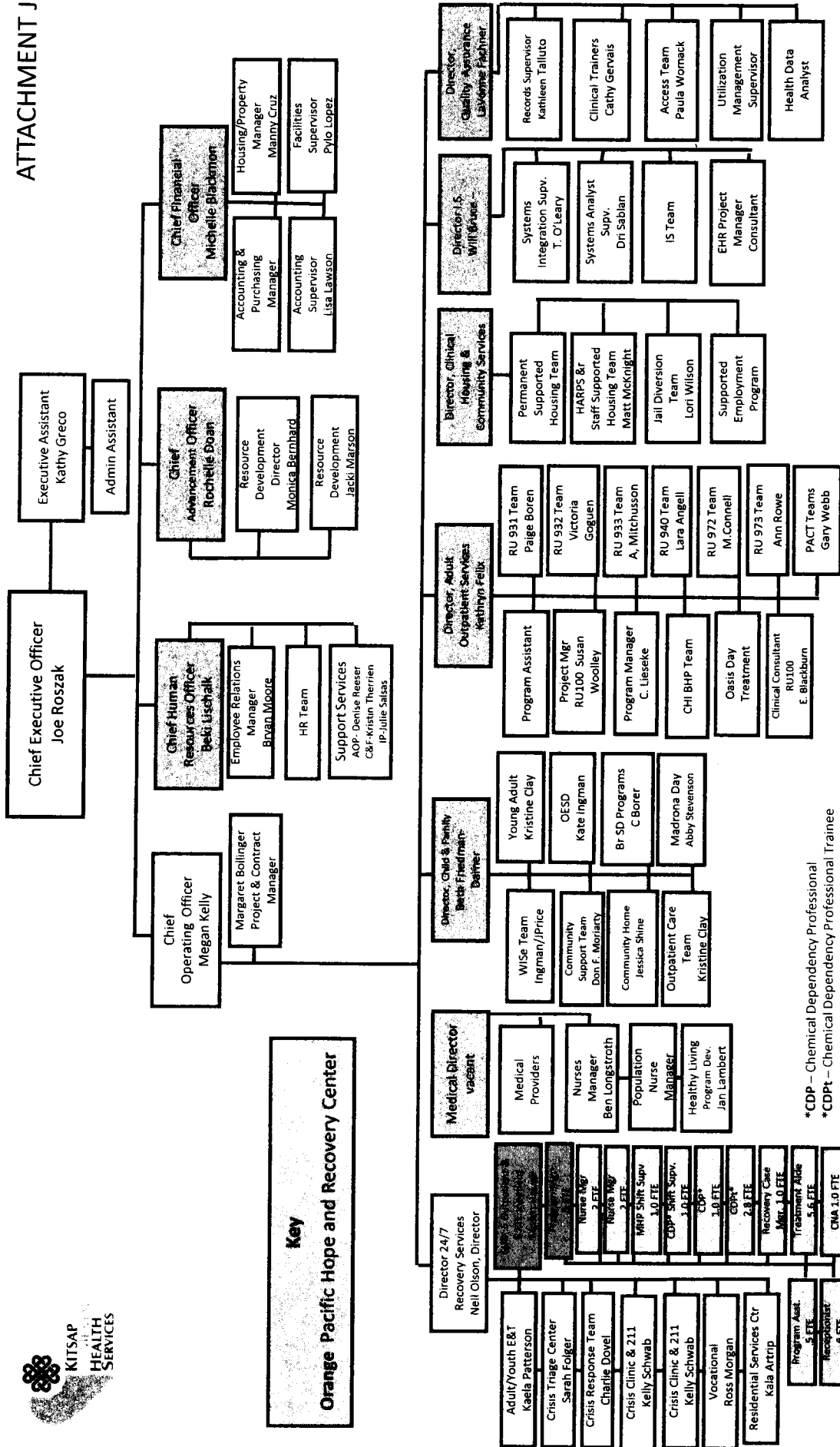
John Koch

Director – Housing and Community Support Services

Housing & Community Support Services

1201 Park Ave • Bremerton WA 98337 • 360-473-2056 • Fax 360-792-8708 • www.kcr.org

ATTACHMENT J



**Key**  
**Orange Pacific Hope and Recovery Center**

\*CDP - Chemical Dependency Professional  
 \*CDPt - Chemical Dependency Professional Trainee



## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Summary Page

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2019) using the Treatment Sales Tax. New Grant Proposals will only be accepted from organizations who attended the **MANDATORY** New Grant Proposer Conference and submitted a **MANDATORY** New Grant Proposal Letter of Intent.

### Organizational Information

Organization Name: Kitsap Mental Health Services  
Primary Contact: Name: Monica Bernhard Email: [monicab@kmhs.org](mailto:monicab@kmhs.org) Phone: 360-415-6672  
Organization Address: Street: 5455 Almira Drive NE City: Bremerton State: WA Zip: 98311  
Federal Tax ID Number: 91-1020106 Legal Status of Organization: 501(c)(3)  
Individual Authorized to Sign Contracts: Name: Joe Roszak Title: Chief Executive Officer

### New Grant Proposal Information

Proposal Title: Pendleton Place Apartments – A Permanent Supportive Housing Facility  
Number of Individuals Screened: 120 Number of Individuals Served: 70  
Requested Amount of Funding: \$750,000  
Matching Funds: \$19,902,671 (\$4,732,900 Committed to Date)

#### Please check which area(s) of the Continuum this project addresses:

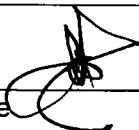
<input type="checkbox"/> Prevention	<input type="checkbox"/> Medical and Sub-Acute Detoxification
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Acute Inpatient Care
<input type="checkbox"/> Crisis Intervention	<input checked="" type="checkbox"/> Recovery Support Services
<input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

#### Please check which area(s) of the County this project is focused:

<input type="checkbox"/> South Kitsap	<input type="checkbox"/> City of Bremerton
<input type="checkbox"/> Central Kitsap	<input type="checkbox"/> Other City: _____
<input type="checkbox"/> North Kitsap	<input checked="" type="checkbox"/> County-Wide (Sited in City of Bremerton)

#### Proposal Summary

This request will fund a portion of the predevelopment, architecture and engineering costs necessary to construct Pendleton Place Apartments, a 70-unit permanent supportive housing apartment complex serving individuals experiencing chronic homelessness and living with chronic mental illness and/or substance use disorders. Pendleton Place will be a 4-story, 47,000 sq. ft., pet-friendly apartment complex with 35 studios, 35 one-bedrooms, and 2 medical respite studio units. Construction is expected to begin September 2020, and resident move-in by September 2021.

Signature 

  
Title

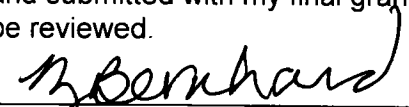
07/24/2019  
Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Checklist Form**


Program Name: Pendleton Place Permanent Supportive Housing Organization: Kitsap Mental Health Services

Item or Attachment	Yes	No	N/A	Initial
Project funds are 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	X			MB
Organization had a representative at the Mandatory New Grant Proposer Conference	X			MB
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by <b>May 31, 2019 at 3:00 p.m.</b>	X			MB
Organization did not receive funding for this project in 2019	X			MB
Attachment A – New Grant Proposal Summary Page	X			MB
Attachment B – New Grant Proposal Checklist Form	X			MB
Organization checked, initialed and signed New Grant Proposal Checklist	X			MB
Attachment C – New Grant Proposal Narrative Template	X			MB
Proposal Narrative is limited to 15 pages	X			MB
Attachment D – New Grant Proposal Evaluation Worksheet	X			MB
Attachment E – Total Agency Budget Form	X			MB
Attachment F – New Grant Proposal Special Project Budget Form	X			MB
Indirect is limited to 5%	X			MB
Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form	X			MB
Organization submitted Attachment G for each Sub-Contractor	X			MB
Sub-Contractor indirect limited to 5%			X	MB
Attachment H – New Grant Proposal Project Salary Summary	X			MB
Attachment I – Letter of Resource Commitment (optional)	X			MB
Attachment J– Organizational Chart	X			MB
No other attachments are included	X			MB
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	X			MB
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	X			MB

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

  
Signature of Individual Preparing Proposal

7/25/19  
Date

  
Signature of Organization's Chief Executive

07/25/2019  
Date

**Kitsap County Mental Health, Chemical Dependency  
& Therapeutic Court Programs  
Pendleton Place Permanent Supportive Housing Apartments**

**Attachment C**

*“I have learned over and over again that when you listen to somebody’s story with an open heart and walk in their shoes, you can’t help but love and care for them and want to serve them.” Lloyd Pendleton*

**1. PROJECT DESCRIPTION**

**A. Project Design**

Three years after the late Lloyd Pendleton, the national Housing First and Permanent Supportive Housing (PSH) advocate, challenged the Kitsap community to create a major permanent supportive housing first facility, “Pendleton Place” is well on its way to becoming a reality. In support of this community vision, this \$750,000 request will fund a portion of the predevelopment, architecture, engineering, permitting and construction costs necessary to construct a 70-unit permanent supportive housing (PSH) apartment complex serving individuals living with chronic and severe mental illness and/or substance use disorders and experiencing chronic homelessness. Pendleton Place is a 4-story, 47,000 sq. ft., pet-friendly apartment complex with 35 studios and 35 one-bedrooms, plus 2 medical respite transitional studio units. The design includes common space for reception, meals and community meetings, group activities and offices for provision of onsite services. The units will have full kitchens including stove top, microwave and refrigerator as well as private bathrooms with shower. Tenants will be responsible for their own meals. ADA compliant rooms will be available. Pendleton Place has a secured keyed entry system for resident safety, with staffing in place 24/7. The apartment complex is situated on a 2.0 acre parcel acquired by KMHS and located at 5454/5464 Kitsap Way in City of Bremerton limits, across from Forest Lawn Cemetery and south of the Baymont Inn. KMHS has full site control of 1.6 of the 2.0 acres, and has reached a mutual agreement to purchase the remaining .4 acre parcel for ease of egress off Kitsap Way. This second parcel is expected to close on or before the end of August 2019. The site is zoned commercial, with no density restrictions and no conditional use permits required. All tenants must sign a lease agreement and be expected to abide by community rules.

The Kitsap County Mental Health, Chemical Dependency and Therapeutic Courts program has been vested in this PSH project since its inception. In 2018, the Citizens Advisory Board funded the Feasibility Analysis (via KCR grant and prepared by Community Frameworks). In 2019, the CAB funded a significant portion of preliminary development costs, preliminary site design and 3<sup>rd</sup> party reports (survey, environmental, etc.). Full project funding is expected to be in place by February 2020 with construction beginning August 2020, and scheduled move-in by September 2021.

**Who Will Be Served?** This project is designed to serve 70 adults, 18 and over, (women, men and non-binary gender individuals) who are residents of Kitsap County,

living with chronic and severe mental illness and/or substance use disorders, at or below 50% Area Median Income (with prioritization for those with 0-30% AMI), and experiencing chronic homelessness. KMHS will work with the Kitsap Housing Solutions Center (HSC) to coordinate tenant screening, prioritization via vulnerability assessment and eligibility confirmation. In addition to individuals with high vulnerability scores on HSC's Housing Interest Pool (essentially a waiting list), KMHS will consider placement of eligible individuals needing housing who are exiting Kitsap County Crisis Triage Center, Pacific Hope and Recovery Center (30-day SUD residential treatment), the Adult Inpatient Unit and Keller House Residential Treatment Center. All tenants will have diagnosed Serious and Chronic Mental Illness and/or substance use disorder. Tenants do not have to be engaged in KMHS services to be eligible for housing. Due to federal funding restrictions, registered sex offenders and individuals with criminal history including violent crimes, drug manufacture and arson are ineligible for consideration.

**What Services Will Be Provided?** Onsite services will include access to mental health and substance use treatment provided either by KMHS or other behavioral health provider, tenancy supports (including assistance with budgeting, house cleaning, personal hygiene and grocery shopping), as well as primary care and Medication Assisted Treatment services to address complex medical issues including diabetes, asthma, COPD and more. The Pendleton Place design includes two medical respite beds designated for current or transferring-in tenants who may require additional medical observation for up to 30 days. Regular activities will be coordinated by KMHS onsite to support community building such as birthday and holiday celebrations, exercise, yoga, mindfulness, and opportunities to participate in spiritual services. Residents will have access to outside communal space, a dog run and a walking path around the lower perimeter of the building. Service coordinators located in the building will take the lead developing housing stability plans for the people on their caseload and if the tenant chooses not to participate, the plan will primarily focus on engagement efforts. While it is desirable for people to follow through with referrals to community resources and services, participation is not mandated, and instead will be presented as opportunities to improve housing stability, social, health, and economic well-being. Unit inspections will be conducted at least monthly and staff will observe and act upon unacceptable conditions such as fire hazards, hoarding and damage, consistent with known effective engagement strategies.

**Where and When Services Provided?** Services will be provided on the premises of Pendleton Place (see preliminary site plan on last page of this Narrative) in settings including community gathering areas, group meeting rooms on each floor, provider offices and individual tenant units. The scope, frequency and duration of housing tenancy and treatment services will be tailored to individual needs of the residents.

## **B. EVIDENCE-BASED, PROMISING, BEST OR INNOVATIVE PRACTICES**

**Developing PSH:** PSH 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. At least 30 studies nationwide (<https://shnny.org/research-reports/research/cost-savings/>) demonstrate the effectiveness of PSH in reducing the utilization of high cost services (ED, EMS and

Inpatient), enhancing housing stability and improving health outcomes. KMHS intends to operate Pendleton Place consistent with the defined PSH fidelity model.

<https://store.samhsa.gov/system/files/sma10-4510-05-evaluatingyourprogram-psh.pdf>

Some of the key fidelity criteria include:

- 1) **Ensuring prospective tenants have choice of units** and if they decline placement in a particular unit they can still be considered for other housing options. Prospective Pendleton Place tenants will be offered a choice of available units for which they are eligible and if they decline, they can remain on the HSC housing interest pool for future consideration.
- 2) **Separation of property management and services delivery.** KMHS will provide housing tenancy supports and engagement services at Pendleton Place and Bremerton Housing Authority providing property management services.
- 3) **Ensuring units meet Housing Quality Standards (HQS).** Bremerton Housing Authority (BHA) certified HQS inspectors will all inspect units at move-in.
- 4) **Ensuring tenants contribute to housing costs and units are affordable.** Pendleton Place tenants will use 30% of their income toward their housing costs.
- 5) **Ensuring tenants enjoy the legal rights of tenancy.** All tenants will sign a standard lease agreement and not be required to participate in services as a condition of their tenancy, consistent with Housing First principles.
- 6) **Ensuring tenants with special needs are prioritized for housing.** Pendleton Place tenants will be selected using a common screening tool, which prioritizes the most vulnerable individuals with highest needs for housing.

#### **At Time of Service Delivery: Engagement Models Use Evidence Based Practices**

At the point of operationalizing this PSH project in September 2021, KMHS 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.

Housing First is 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. Pendleton Place will not require participation in treatment services as a requirement for tenancy, however all tenants will be expected to abide by their lease agreement and community rules.

<https://endhomelessness.org/resource/housing-first/>

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.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>

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 make positive behavior changes promoting better health. <https://www.thenationalcouncil.org/BH365/2014/12/22/motivational-interviewing/>

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 at Pendleton Place to engage tenants 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. Pendleton Place will include Peer Support Specialists as part of its overall onsite staffing model. <https://www.mentalhealthamerica.net/sites/default/files/Evidence%20for%20Peer%20Support.pdf>

### C. Outreach

**Identifying potential residents:** Three months in advance of the anticipated Certificate of Occupancy, potential tenants will be identified in collaboration with the HSC (target June-August 2021). The HSC team has strong referral relationships with PCHS, KMHS, KCR, other behavioral health providers, shelters, law enforcement, jail, therapeutic courts, the emergency department, and other local service providers. The HSC is also a Kitsap Connect partner and provides services twice monthly for participants at the Kitsap County Crisis Triage and Pacific Hope and Recovery Centers. These program participants are virtually always chronically homeless and/or high utilizers of emergency services and in need of permanent housing. When conducting an intake with people experiencing homelessness, the HSC utilizes a recognized “vulnerability assessment” screening tool ensuring that only the most vulnerable households with a substance use disorder and/or chronic mental illness are considered for this housing. Concurrent with HSC screening, KMHS will also evaluate potential eligibility of individuals in its Adult Inpatient Units, Keller House Residential Treatment Center, Pacific Hope and Recovery, PACT team participants, and outpatient treatment programs. All potential residents, whether identified via HSC or KMHS, will be screened for income eligibility by BHA and evaluated and prioritized using a common behavioral health assessment conducted by a KMHS mental health professional (MHP). KMHS will make the final determination as to who is most appropriate for housing, subject to remaining in full compliance with Fair Housing laws.

**Cultural Competency and Fair Access to KMHS Services:** KMHS will assure the delivery of culturally competent behavioral healthcare services meeting the social,



cultural and linguistic needs of program participants through its staff recruitment, training and operating practices. 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, and 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 competency and Health/Education training is provided annually for all staff. Special population consultations and language translation services are available as needed.

## **B. EVALUATION**

### **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:** The KMHS Resource Development Director is responsible for managing evaluation processes pertaining to the development, architecture, engineering, permitting and construction deliverables as outlined in Attachment D. KMHS will ensure source documents associated with project activities are available for review according to the timeline described in the evaluation plan. Data collection methods rely on retaining and providing various items of written documentation such as site control, architectural designs, contracts, invoices, estimated construction costs, financing and funding applications, and letters notifying receipt of awards. KMHS, Community Frameworks and SMR Architects have standing weekly conference calls and periodic in-person progress meetings to review project milestones. KMHS will share updates for quarterly reporting (or more frequently if needed). As operational plans become firm prior to opening September 2021, KMHS will establish an evaluation plan for onsite services including baseline measures and structure continuous quality improvements.

## **2. COMMUNITY NEEDS AND BENEFIT**

### **A. Policy Goal:**

The 2017 Kitsap County Behavioral Health Strategic Plan notes that 43% of community survey participants identified PSH, such as the one proposed in this application, as one of the top funding priorities for the Mental Health, Chemical Dependency and Therapeutic Courts treatment tax proceeds. Pendleton Place will directly address this critical community services gap, through the construction and operation of appropriate, tailored subsidized housing with onsite supportive services for individuals with

behavioral health issues who are experiencing homelessness. Creating 70 units of PSH, plus two medical respite beds, will also further the following policy goals:

- 1) **Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County** – Providing housing with onsite services including housing tenancy supports will promote housing stability. A similar PSH complex in San Francisco reported that 81% of residents remained in housing for at least a year and emergency and inpatient costs were significantly reduced. Since all Pendleton Place residents will have severe mental illnesses and/or chronic substance use disorders, we expect our residents to experience similar stability.
- 2) **Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.** – A Massachusetts PSH facility demonstrated after one year, total social costs for participants (Medicaid, shelter, detox, and incarceration) dropped from \$33,190 to \$8,603, and after factoring in housing costs, offered a positive return on investment of \$9,118 per person. Also, the Downtown Emergency Services Center (DESC) in Seattle reports once housed, individuals had significant reductions in law-enforcement engagement and inpatient treatment. Healthcare costs also decreased 60%.
- 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.

KMHS will operate this PSH facility in accordance with proven PSH Housing First operating models from across the country and this attention to fidelity should ensure that our housing program will yield similar results as those experienced in other cities.

#### **B. Needs Assessment and Target Population:**

There is a clear need for permanent supportive housing in our community. The 2018 Update to the Kitsap County Homeless Housing Plan noted that, “individuals with the most severe, persistent, or complex barriers to housing stability are the most underserved.” These conclusions are supported by the following statistics:

- The January 2019 Point in Time Count indicated that 174 individuals experienced unsheltered homelessness and 57 people stayed overnight in a overnight shelter.
- Of the 1,106 Literally Households (HH) served by the HSC in 2018:
  - o 47% (523 HH, up from 478 HH in 2017) self-reported mental illness,
  - o 28% (308 HH, up from 134 in 2017) self-reported Substance Use Disorders,
  - o 17% (185 HH, up from 134 in 2017) self-reported co-occurring disorders, and;
  - o 206 reported homelessness without permanent housing for 1 year or longer
- Of the 69 individuals currently served by the KMHS PACT (Program for Assertive Community Treatment) teams, which provides intensive 24/7 wraparound services for those with the most severe mental illnesses in our community, 19% (13) individuals are currently homeless.
- Among KMHS’ 3,702 clients with an encounterable service in any KMHS program in the last 90 days, 438 (11.8%) self-report they are experiencing homeless.

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. Average rent per unit in Kitsap of \$1,400 reflects a 48% increase since the beginning of 2015, and with vacancy rates around 5.2% it is extremely difficult for low and extremely low-income persons to attain or retain permanent housing. These factors only serve to strengthen the need for PSH with effective housing stability services for those who are also suffering with the added challenge of chronic and severe mental illness and/or substance use disorders and living below poverty.

**Screening:** An estimated 120 individuals will be screened for tenancy using the HSC vulnerability assessment (including verification of chronic homelessness), a behavioral health assessment by a KMHS Mental Health professional, and income eligibility by the Bremerton Housing Authority. 70 individuals will be selected for tenancy.

### **C. Community Collaboration, Integration and Collective Impact**

Several major services providers are working collaboratively to create and sustain a collective impact through the creation of PSH units.

- **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.
- **Bremerton Housing Authority:** Will provide 56 Project Based Vouchers (PBV) as well as McKinney rental assistance for this 70-unit apartment complex. PBV's keep the units affordable and provide Pendleton Place fair market rent which guarantees support for ongoing facility operations and maintenance. BHA will also function as property manager/landlord ensuring lease agreements are in place, a maintenance plan is in place and operationalized, and all property manager/landlord related funder and investor reporting requirements are met.
- **Community Services Providers** – Pendleton Place is supported by several community service providers including the HSC (screening for initial placement and ongoing vacancies), Peninsula Community Health Services (onsite primary care and MAT), CHI Residency program (primary care services), The Salvation Army (community meals), and WorkSource (employment services).

### **Subcontractor Development and Design Partners**

**Community Frameworks (CF)**, a state-wide non-profit housing developer with a site in Bremerton, provides pre-development and development services for the Pendleton Place apartment complex project. CF has extensive regional experience 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 also developed emergency shelters, transitional and permanent housing and community service facilities throughout Washington State, in rural, small city, and urban locations. Recent similar projects managed by CF include a 40-unit PSH facility in Bellingham, a 24-unit supportive housing complex for homeless families with children in Spokane and a 28-unit supportive housing complex for homeless families in Kennewick. CF also executed a Housing Trust Fund (HTF) grant for the KMHS Keller House Residential Treatment Center in 2007 and prepared the

initial 1/10<sup>th</sup> funded feasibility assessment and substantial pre-development requirements for this project

**SMR Architects** – SMR will provide architecture design services for Pendleton Place and coordinate civil, structural and landscape engineering requirements. SMR's mission is to design, preserve and advocate for affordable housing and working with their non-profit clients, SMR has helped to create 3,300 supportive housing units across the region (including the Downtown Emergency Services Center's PSH facilities in Seattle).

### **3. ORGANIZATIONAL CAPACITY**

Kitsap Mental Health Services, a Kitsap County based not-for-profit 501(c)(3), is committed to “offering hope for people of all ages through comprehensive recovery oriented behavioral healthcare” for chronically and severely mentally ill adults, older adults, and children and their families. Created in 1978 by Kitsap County Commissioners, KMHS is the primary provider of community mental health services for children with severe emotional disturbances and adults with serious mental illnesses and co-occurring substance use disorders in Kitsap County. From its roots as a small community clinic, KMHS' focus rapidly grew to provide a full continuum of care that includes acute crisis response, inpatient, outpatient, residential treatment, supportive housing, and intensive outpatient programs including the PACT program for adults. In 2018, more than 7,000 individuals received services through our various programs. Recognizing the stabilizing impact of housing on behavioral health conditions, KMHS began building a housing program during the 1990's by purchasing 12 scattered site houses, later adding additional units and working with public housing authorities and private landlords for additional housing options. KMHS services are currently funded primarily through Medicaid via contract with the Salish Behavioral Health Organization (SBHO); however, KMHS is working with the SBHO to smoothly transition SBHO contracted services to a Medicaid managed care model in January 2020, and as of July 2019 has contracts in place with United, Molina and Amerigroup managed care organizations.

#### **A. Organizational Governance** (See Attachment J for KMHS organization Chart.)

**KMHS Leadership Structure:** The Chief Executive Officer (CEO) is supported by a Strategy Team comprised of the Chief Operations Officer (COO), Chief Financial Officer (CFO), Chief Human Resources Officer and the Chief Advancement Officer. Under direction of the CEO, the Executive Leadership Team (ELT) provides clinical and operational oversight and management for 500+ staff. The ELT is comprised of the Chief Officers as well as the Directors of Adult Outpatient (including PACT teams), 24/Hour Recovery Services (Inpatient, Crisis Triage, Crisis Response, Crisis Clinic and SUD Residential Centers), Child & Family Services, Information Services, Resource Development and Quality Improvement teams. Each Clinical Services Director is responsible for multiple interdisciplinary teams ranging from crisis services to outpatient to residential services for both adults and children. The Housing and Community Services Director will directly oversee the operational phase of this project.

**KMHS Board Capacity:** KMHS is governed by a nine member Board of Directors, representing Kitsap residents and family members of KMHS consumers, as well as offering expertise in healthcare, behavioral health, education, business, public and

military service. Through monthly meetings, the Board of Directors is informed in their decision-making and educated about programs, current service gaps, opportunities, trends, and audit/regulatory compliance. The Board of Directors sets agency direction, policy, and maintains fiscal accountability; all internal policies require review and approval by the Board. A 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.

## **B. Organizational Finances**

**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 to review system and quality assurance procedures, daily "huddles" for clinical teams, weekly individual staff supervision for clinical and managerial staff, and meetings to address specific topics i.e. such as safety and security, housing triage, staff retention and recruitment.

**KMHS Accounting and Internal Controls:** Detailed financial statements are issued monthly, and the Finance committee meets at least quarterly to review in greater detail. Fiscal oversight is ensured via an accrual-based accounting system maintained in full conformity with Generally Accepted Accounting Principles. Specific fiscal controls include limiting staff access to check stock or check signing, requiring CFO approval for check registers; and procedures governing the recording of transactions, and authorizing, preparing and distributing Payroll and Accounts Payable checks. Signatory authority is limited to the CEO and Board Officers. Board Policy directs the agency to maintain a three-month operating reserve to assure operational stability.

The KMHS CFO ensures compliance with fiscal policies, including personnel, payroll, grants, contracts, travel, and purchasing. 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 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 over \$25,000. Grant funds are coded and tracked separately.

**Summary of KMHS Audit:** An annual audit is conducted by an independent Certified Public Accountant firm and presented to the Board of Directors upon completion. For the fiscal year ended June 30, 2018, the Auditors issued a clean opinion and did not note any significant issues (The audit for June 30, 2019 will occur October 2019). The agency has always had a record of "clean" audits.

## **C. Staffing Qualifications**

KMHS staff directly associated with development and ongoing operations of the Pendleton Place project are described below however, funding for these positions is not included in this 1/10<sup>th</sup> request. These staff include:

### **Pre-Development/Development Phase (January 2018 – December 2021):**

**Resource Development Director** – Monica Bernhard. Monica 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 and SMR Architects throughout the Development and Construction phases of this project. She will also serve as the KMHS Owners Representative during construction, and will be responsible for ongoing fund development efforts associated with the PSH project. Monica receives considerable guidance and support from CEO Joe Roszak and the Chief Advancement Officer Rochelle Doan.

**Chief Operations Officer** - Megan Kelly. 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. During the design phase of this project, Megan will oversee the interior design of Pendleton Place, ensuring it meets the unique needs of the residents

### **Ongoing Permanent Supportive Housing Operations (Beginning June 2021):**

**Housing Director** –This position will have overall responsibility for the PSH operations to include community partner engagement, staff recruitment and supervision, and onsite services provision. Mental Health Professional (MHP) preferred plus five years' experience directing housing programs.

**Site Manager** – This position will be staffed by an individual with an MHP (license preferred) and will oversee day to day Pendleton Place operations including scheduling, intake, and onsite partner activities security.

**Behavioral Health Specialists** - The BH Specialists will hold a B.A. and assume responsibility for tenancy support services, 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** - These positions will have lived experience with mental illness and/or substance use disorders and be onsite 24/7. Their role will primarily focus on providing housing tenancy supports and promoting engagement in treatment services. Certification Required.

**Receptionists** – A receptionist will monitor the entrance to Pendleton Place 24/7 and support other administrative needs as required. AA degree preferred.

### **D. Organization Licenses and Certifications**

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 Kitsap County Crisis Triage Center, Pacific Hope and Recovery Center 30 day-SUD residential treatment, acute inpatient evaluation and treatment (14 day), and a “step down” 30-day mental health residential treatment center. KMHS services are provided via multi-disciplinary teams, with integrated care treatment and services including crisis response, 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.

#### **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 recently completed \$3.4M renovation for Kitsap County Crisis Triage Center and 16-Bed Pacific Hope and Recovery SUD residential treatment facility. Across these projects we have secured and administered funding via Housing Trust Fund (HTF), Housing and Urban Development (HUD), Health Resources and Services Administration (HRSA), Housing and Human Services (HHS), Department of Social and Health Services (DSHS), Washington State Department of Commerce, Legislative allocations, Community Development Block Grant (CDBG), Building Communities Funds, the County Mental Health tax, bonds, bank loan, private foundation grants and conducted community fundraising. KMHS's extensive construction experience requires our agency to have a full understanding of Federal contract regulations including management of bidding processes, Davis-Bacon Act, state prevailing wage and construction management record keeping. Project Management and Owners Representative responsibilities will be provided by the KMHS Resource Development Director with support from the Chief Advancement Officer and Chief Executive Officer.

### **4. PROJECT FINANCIAL FEASIBILITY**

#### **B. Budget Narrative**

This grant application requests \$750,000 to support funding for development, architecture design, engineering, permitting and construction services. The estimated total development cost for Pendleton Place is \$20,800,571, and this estimate will be updated in August, 2019 using a 3<sup>rd</sup> party cost estimator. We expect all project funding to be in place by February, 2020. The total development budget was prepared by Community Frameworks based on an estimated \$295 per square foot, consistent with similar projects and Low Income Housing Tax Credit total development cost limits for this area. PSH typically costs more than standard construction due to the expanded requirements for common/meeting space, enhanced durability of the units, and more costly monitoring, plumbing and venting specifications. The selected site also has a significant slope which adds to site development costs, although the purchase of the adjacent .4 acre parcel will mitigate some of the additional site costs. Development Services will be contracted to Community Frameworks and include negotiating tax credit agreements (which take approximately 6 months from time of award) as well as managing the Request for Proposal process for our General Contractor. Architect services will be subcontracted to SMR Architects, which was selected following a Request for Qualifications earlier in 2019. SMR's fees will be based on a percentage (5.7%) of total construction costs. Engineering and construction services may involve multiple firms such as structural, civil, and landscape engineers, etc. Permits will be remitted to the City of Bremerton. SMR and the General Contractor will assist us in the selection of all subcontractors.

**2020 1/10th Treatment Tax Request: Development, Architecture and Engineering**

Pre-Development (Community Frameworks)	\$ 30,000
Development Costs (i.e. Permits)	55,000
Engineering Services	120,000
Architecture*	445,000
Construction*	100,000
<b>TOTAL REQUEST**</b>	<b>\$750,000</b>

*\*Priority use of 1/10<sup>th</sup> funds will be for Architecture and Design services. Depending on availability of other funding sources for Architecture and Engineering, excess funds will be applied to construction costs.*

*\*\* Indirect expenses of 5% are not included in this budget as KMHS administrative expenses will be reimbursed via the tax credit financing process (see description below).*

**Preliminary - Total Development Budget**

The following summary of total development budget is preliminary and will updated when 3<sup>rd</sup> party construction cost estimates are received in August, 2019.

Site Acquisition Costs	\$ 593,000
Construction Costs (Onsite, Offsite, Contingency, Overhead)	16,706,693
Architect Services	768,660
Engineering Services	120,000
Permits	55,000
Development Costs and Fees	1,163,133
Reserves (Operating, Lease Up, Services)	465,000
Construction Loan Interest, & Loan Fees	622,000
Other Financing Fees (LIHTC and HTF Fees - see description)	<u>307,085</u>
<b>Total Development Costs</b>	<b>\$20,800,571</b>

**B. Additional Resources and Sustainability**

**Additional Resources for Capital** - This project will offer \$19,902,671 capital match, anticipated to be received from the following funding sources. (Note this match amount does not include \$147,900 previously awarded by the 2018 and 2019 1/10<sup>th</sup> funding).

FUNDER	AMOUNT	% of Total	STATUS
Bremerton Housing Authority	\$3,100,000	15%	<b><i>Awarded</i></b>
State of Washington Capital Budget	735,000	3.5%	<b><i>Awarded</i></b>
CDBG/HOME	750,000	3.6%	<b><i>Awarded</i></b>
1/10 <sup>th</sup> of 1% (2018 & 2019)	147,900	.7%	<b><i>Awarded</i></b>
Federal Home Loan Bank	1,000,000	4.8%	Requested
United Way of Kitsap County	500,000	2.4%	Requested
1/10 <sup>th</sup> of 1% - 2020	750,000	3.6%	Requested
Low Income Housing Tax Credits	10,817,671	52%	To be Requested
Housing Trust Fund	3,000,000	14.4%	To Be Requested
<b>TOTAL DEVELOPMENT BUDGET</b>	<b>\$20,800,571</b>	<b>100%</b>	



Committed Funds (See Attachment I)

**Bremerton Housing Authority-** \$3,100,000. BHA's Board voted to invest \$3.1M of its \$3.8M in proceeds from the former West Park conversion. BHA's investment is earmarked for construction and critical to leveraging added capital funding.

**State of Washington Capital Budget Direct Allocation** - \$735,000. These funds will be applied toward construction costs. (\$750,000 award less \$15,000 retained by State Department of Commerce.)

**CDBG/HOME** - \$750,000. These funds will be used for required offsite improvements (sidewalks, utility connections, etc.) and construction costs.

**1/10<sup>th</sup> of 1%** - \$147,900, including \$28,000 awarded to KCR (feasibility assessment) in 2018, and \$119,900 awarded to KMHS in 2019 (pre-development expenses).

Requested Funds:

- **Federal Home Loan Bank** - \$1,000,000 – (Requested May 2019/Notification December 2019) The FHLB system is a congressionally chartered network of regional banks, required to contribute 10% of their annual net income to affordable housing. CF and KMHS prepared the funding application and Kitsap Bank sponsored and submitted this application to the FHLB of Des Moines on KMHS' behalf.
- **United Way of Kitsap County** - \$500,000 (Requested by the United Way June 2019/Notification Pending) The United Way requested \$500K from the Bill and Melinda Gates Foundation that in turn would be invested in the Pendleton Place project. Funds will be used to supplement any 1/10<sup>th</sup> funding required for Architecture, Engineering and Development purposes.
- **1/10<sup>th</sup> Treatment Tax** – \$750,000 (Requested with this application). Funds will be used for costs associated with housing development, architecture, engineering, permitting and construction. Fully funding this request demonstrates strong local support, which is an important consideration for state funding sources.

To be Requested:

- **Low Income Housing Tax Credits (LIHTC), 9%** – \$ 10,817,671 - (Due January 2020/Notification February 2020) The LIHTC program is the largest source of affordable housing capital in the United States and credits are awarded based on a highly competitive application process, with newly added emphasis on cost containment. In the 9% LIHTC program, an agency receives an allocation of tax credits for 10 years in exchange for a commitment to keep the housing affordable. The credits are then “sold” to an investor, who uses the credits to offset personal or corporate tax liabilities. To secure investor financing, KMHS and the LIHTC investor create a Limited Liability Corporation, in which KMHS acts as managing partner and agrees to keep the property affordable for 40 years. After 15 years, the LLC is terminated and KMHS takes over full ownership and management of Pendleton Place. Identifying investors and completing tax credit requirements is expected to take 6 months following notification of tax credit award. KMHS will take out a construction loan to finance construction and once a Certificate of Occupancy is received for Pendleton Place, KMHS will pay off the construction loan. LIHTC funding is critical to the success of our project, and though not guaranteed, our

proposal is very competitive as our projected score is consistent with similar projects funded through last year's funding round. If not awarded these funds, we will resubmit an application in 2021.

- **Housing Trust Fund (HTF) - \$ 3,000,000 – (Due September 2019/Notification December 2019)** The Washington State Housing Trust Fund provides funding for a range of affordable housing types. This is a highly competitive application process based on a uniform scoring methodology, emphasizing serving people experiencing chronic homeless and living with chronic mental illness and substance use disorders. HTF is critical to the project. Though not guaranteed, we expect our application will be very competitive given the design, target population, site control, and strong community support. If not awarded funds, we will resubmit in 2021.

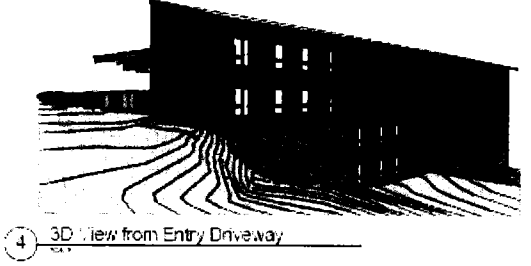
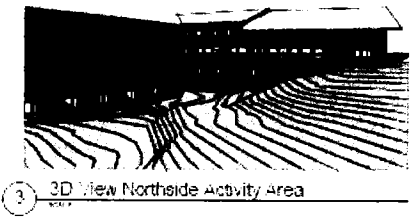
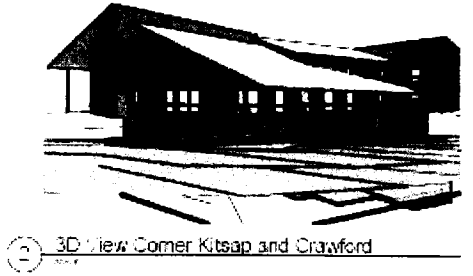
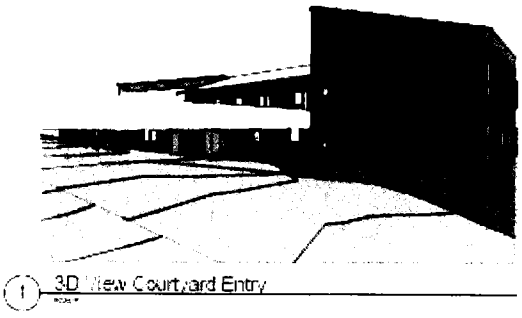
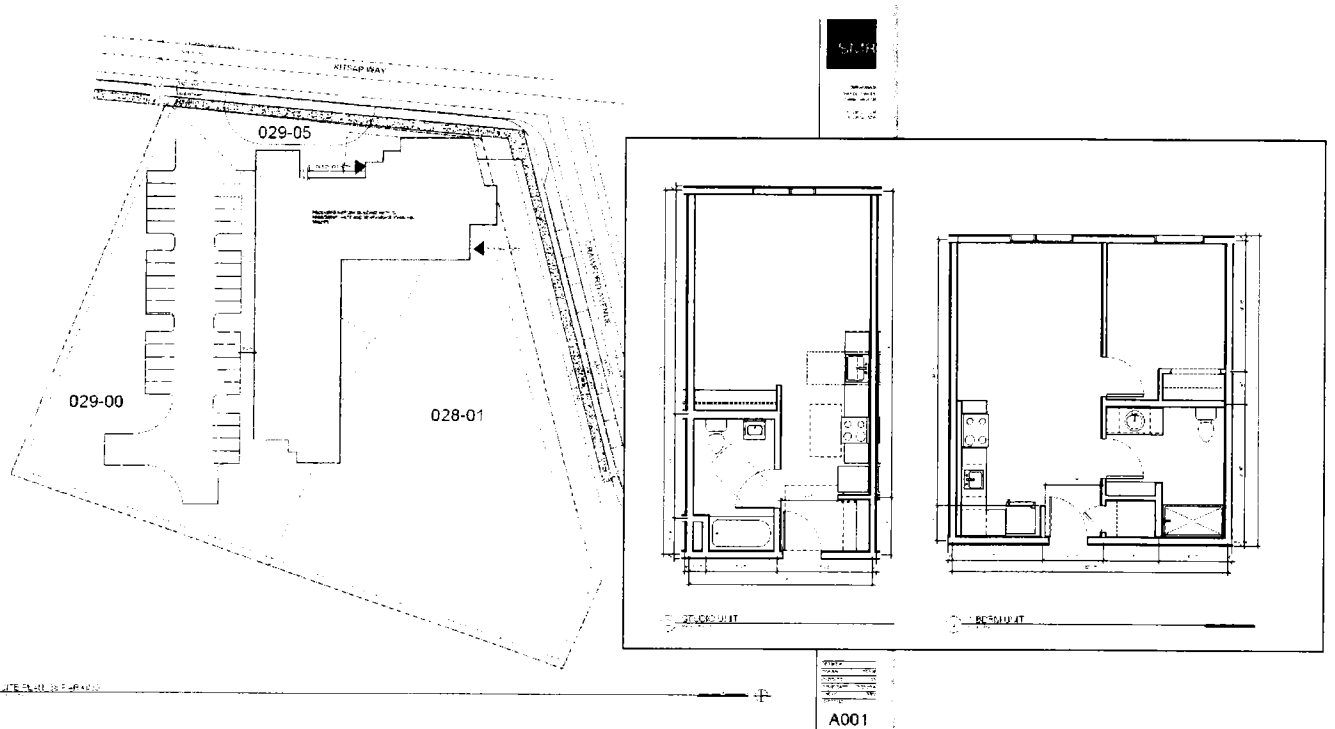
#### KMHS Reserves

KMHS funded the purchase of the Pendleton Place site parcels with agency reserves. While the second property (.4 acres included in the 2.0 acres) has not closed, we estimate total land acquisition costs for both parcels will total \$593,000. KMHS has also invested significant CEO, Chief Advancement Officer and Resource Development Director staff-time in development of the Pendleton Place project. KMHS will be reimbursed for the capital outlay when the site is transferred into the Limited Liability Corporation, as will be required by LIHTC investors.

#### **Sustainability: Ongoing Operations and Maintenance**

- **Project Based Vouchers** – The Bremerton Housing Authority will provide Project Based Vouchers (PBV's) for 56 of the 70 units in the complex. PBVs are critical to any PSH in order to sustainably finance annual operations, and without which, most PSH cannot be operated. 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 PBV. Tenants residing in Pendleton Place longer than one year who choose to move will be eligible to receive a Housing Choice Voucher (Section 8) when they move ensuring they will continue to have access to affordable housing. The original project based vouchers will remain attached to the units ensuring long-term affordability of the apartments.
- **McKinney Rental Assistance will be provided by BHA** for the remaining units, so that all 70 units are affordable for our tenants.
- **Tenant Rental Income** – All residents will be required to pay 30% of their income toward housing costs.
- **Medicaid** – The State of Washington Foundational Community Supports program allows providers to bill 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. These funds will be used to fund staffing providing tenancy support services.
- **Local Funding Sources** - While the PBV's provide significant operations support, a 70-unit permanent supportive housing project will also require ongoing community investment to sustain operations. We anticipate needing to request approximately \$300K annually from local funding sources including the Homeless Housing Grant Program (Coordinated Grant), and the 1/10<sup>th</sup> Treatment Tax grant program.

**PENDLETON PLACE PRELIMINARY DESIGN**  
**5454/5464 Kitsap Way, Bremerton**



EVALUATION WORKSHEET

PROJECT NAME: Permanent Supportive Housing Pre-Development

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Create 70 units of stable, permanent affordable housing plus 2 medical respite units for people with substance use disorders and/or serious mental illness.</p>	<p>Engage Community Frameworks to identify Low Income Housing Tax Credit Investors, facilitate creation of the Limited Liability partnership and all requirements pertaining to closing this financing by August 2020.</p> <p>Facilitate General Contractor selection process consistent with HUD requirements for CDBG/HOME and BHA funding.</p>	<p>Tax Credit investors secured and Limited Liability corporation in place by September 2020.</p> <p>General Contractor selected by May 2020.</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>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>2/1/2020</u></p> <p>Frequency:  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input checked="" type="checkbox"/> Other: 1 Time</p>	<p>new</p>	<p>Legal documents outlining that Tax Credit investors are identified and required legal structure in place.</p> <p>Competitive Bid documentation and evidence of compliance with HUD guidelines.</p>
<p>Click here to enter text.</p>	<p>Engage SMR architects to finalize site plan to permit standards, prepare construction documents, and monitor contractor compliance with plan specifications.</p> <p>SMR to facilitate selection of landscape, structural and civil engineering firms necessary to complete design requirements.</p> <p>SMR and CF will engage with City of Bremerton Planning Department to ensure design is in compliance with local code requirements.</p>	<p>Construction Documents (including final design specifications) complete by March 31.</p> <p>Building permit approved by August 2020.</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>2/1/2020</u></p> <p>Frequency:  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input checked="" type="checkbox"/> Other: 1 Time</p>	<p>new</p>	<p>Final Design documents provided by architect, possessed by KMHS.</p> <p>Building Permit documentation available for inspection.</p>

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EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
<p>Click here to enter text.</p>	<p>Regularly meet with CF and SMR to assure shared planning and investment in PSH project and inputs in project design.</p>	<p>Weekly planning meeting during 2020 and in-person onsite meetings as required.</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>6/1/2019</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>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 consistent with PSH fidelity model. Hire staffing and ensure 100% occupancy by December 2021.</p>	<p>Preliminary PSH housing facility and operations design based on Housing First and Low Barrier completed. June - December 2019.                      (Note – This plan will continue to be revised and updated prior to occupancy in 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>2/1/2019</u>                      Frequency:                      Quarterly                      Semi-annual                      Annual                      Other: One-time</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: Pendleton Place Permanent Supportive Housing

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 29,110,706.41	81%	\$ 33,405,048.73	82%	\$ 21,815,334.80	57%
Local Revenue	\$ 4,714,840.53	13%	\$ 5,085,545.76	12%	\$ 3,991,000.00	10%
Private Funding Revenue	\$ 1,125,170.38	3%	\$ 1,472,618.75	4%	\$ 11,985,000.00	31%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ 905,029.65	3%	\$ 909,220.69	2%	\$ 479,000.00	1%
<b>Total Agency Revenue (A)</b>	<b>\$ 35,855,746.97</b>		<b>\$ 40,872,433.93</b>		<b>\$ 38,270,334.80</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 3,464,087.09	11%	\$ 5,441,910.40	14%	\$ 5,319,484.78	14%
Staff	\$ 13,039,082.04	43%	\$ 19,162,087.70	50%	\$ 20,535,254.00	54%
Total Benefits	\$ 6,998,091.22	23%	\$ 5,017,198.51	13%	\$ 4,397,909.65	11%
<b>Subtotal</b>	<b>\$ 23,501,260.35</b>	<b>78%</b>	<b>\$ 29,621,196.61</b>	<b>78%</b>	<b>\$ 30,252,648.43</b>	<b>79%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 253,181.95	1%	\$ 417,459.86	1%	\$ 265,500.00	1%
Office Supplies	\$ 164,636.31	1%	\$ 245,819.68	1%	\$ 250,002.00	1%
Other (Describe) Medical and Pharmacy	\$ 32,542.70	0%	\$ 38,292.30	0%	\$ 49,000.00	0%
<b>Subtotal</b>	<b>\$ 450,360.96</b>	<b>1%</b>	<b>\$ 701,571.84</b>	<b>2%</b>	<b>\$ 564,502.00</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 5,741.47	0%	\$ 12,489.93	0%	\$ 40,000.00	0%
Audit/Accounting	\$ 1,500.00	0%	\$ 85,952.07	0%	\$ 50,000.00	0%
Communication	\$ -	0%	\$ 2,129.90	0%	\$ 14,999.00	0%
Insurance/Bonds	\$ 306,146.09	1%	\$ 346,449.36	1%	\$ 367,000.00	1%
Postage/Printing	\$ 244,056.35	1%	\$ 324,631.39	1%	\$ 219,998.00	1%
Training/Travel/Transportation	\$ 325,887.38	1%	\$ 177,817.58	0%	\$ 447,501.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Food, Program, and Other Clinical	\$ 328,844.85	1%	\$ 645,412.33	2%	\$ 592,550.00	2%
<b>Subtotal</b>	<b>\$ 1,212,176.14</b>	<b>4%</b>	<b>\$ 1,594,882.56</b>	<b>4%</b>	<b>\$ 1,732,048.00</b>	<b>5%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 590,238.61	2%	\$ 817,321.75	2%	\$ 600,001.00	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 278,725.34	1%	\$ 336,887.44	1%	\$ 371,400.00	1%
Utilities	\$ 455,508.48	2%	\$ 493,083.38	1%	\$ 557,836.00	1%
Other (Describe) Rent and Depreciation Expense	\$ 1,281,035.75	4%	\$ 1,715,412.26	5%	\$ 1,711,800.00	4%
Other (Describe) Legal, Security, IT Systems, Inve	\$ 515,711.59	2%	\$ 681,654.18	2%	\$ 979,999.00	3%
Other (Describe) Community Hospitalizations	\$ 1,938,772.17	6%	\$ 1,983,370.16	5%	\$ 1,500,000.00	4%
<b>Subtotal</b>	<b>\$ 5,059,991.94</b>	<b>17%</b>	<b>\$ 6,027,729.17</b>	<b>16%</b>	<b>\$ 5,721,036.00</b>	<b>15%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Direct Expenses</b>	<b>\$ 30,223,789.39</b>		<b>\$ 37,945,380.18</b>		<b>\$ 38,270,234.43</b>	

**Total Agency or Departmental Budget Form - Attachment Detailing Expenditures Greater than 10%**

Excerpt of Items Exceeding 10% Threshold	2018 (Audited 7/1/17 - 6/30/18)		2019 (Unaudited 7/1/18 - 6/30/19)		2020 (Budgeted 7/1/19 - 6/30/20)	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 3,464,087.09	12%	\$ 5,441,910.40	12%	\$ 5,319,484.78	11%
Staff	\$ 13,039,082.04	41%	\$ 19,162,087.70	44%	\$ 20,535,254.00	50%
Total Benefits	\$ 6,998,091.22	27%	\$ 5,017,198.51	23%	\$ 4,397,909.65	17%
<b>Subtotal</b>	<b>\$ 23,501,260.35</b>	<b>80%</b>	<b>\$ 29,621,196.61</b>	<b>78%</b>	<b>\$ 30,252,648.43</b>	<b>78%</b>

Each item above is comprised of the following:

Personnel	2018 Actual	2019 Budget	2020 Budget
Clinical & Administration Management	3,464,087.09	5,441,910.40	5,319,484.78
Medical Staff*		3,269,384.52	3,165,433.00
Clinical Staff	10,470,530.30	12,158,587.72	13,121,167.00
Support Staff	2,568,551.74	3,734,115.46	4,248,654.00
<b>Total Benefits</b>	<b>16,503,169.13</b>	<b>24,603,998.10</b>	<b>25,854,738.78</b>
Personal Leave (Budgeted in Wages)**	2,295,849.30	418,287.67	-
Disability & Other Leave (Budgeted in Wages)**	181,217.70	27,847.82	-
FICA Taxes**	1,353,139.52	234,934.76	-
Unemployment, Labor & Industries**	273,132.53	75,720.25	-
Medical, Dental and Vision Insurance	2,282,860.09	3,425,562.93	3,500,888.74
Retirement & Other Benefits	611,892.08	834,845.08	897,020.90
	<b>6,998,091.22</b>	<b>5,017,198.51</b>	<b>4,397,909.65</b>

\* New category in September 2018

\*\*FICA Taxes, Personal Leave, Unemployment, and L&I were recategorized to wage expenses in September of 2018 due to a transfer in payroll systems.

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Agency Name: Kitsap Mental Health Services

Project: Pendleton Place PSH

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%		0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization: Community Frameworks	\$ 30,000.00	0%	\$ 30,000.00	4%		0%
Organization: SMR Architects	\$ 768,660.00	4%	\$ 445,000.00	59%	\$ 323,660.00	2%
Organization: Permitting Services - TBD	\$ 55,000.00	0%	\$ 55,000.00	7%	\$ -	0%
Organization: Engineering Services-TBD	\$ 120,000.00	1%	\$ 120,000.00	16%	\$ -	0%
Organization: Construction Firm - TBD	\$ 16,706,693.00	80%	\$ 100,000.00	13%	\$ 16,606,693.00	83%
Organization: Site Acquisition - KMHS	\$ 593,000.00				\$ 593,000.00	3%
Organization: Other Vendors	\$ 2,527,218.00				\$ 2,527,218.00	13%
<b>SUBTOTAL</b>	<b>\$ 20,800,571.00</b>	<b>100%</b>	<b>\$ 750,000.00</b>	<b>100%</b>	<b>\$ 20,050,571.00</b>	<b>100%</b>
<b>Other</b>						
Debt Service		0%		0%	\$ 0	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 0.00</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 20,800,571.00</b>		<b>\$ 750,000.00</b>		<b>\$ 20,050,571</b>	

**NOTE: Indirect is limited to 5%** --KMHS is not claiming 5% indirect on this proposal as we will be reimbursed for administrative expenses through the development fee once the Low Income Tax Credits are funded.

Note: Pendleton Place is a multi-year capital project (January 2018 - September 2021) with a complex development budget, which doesn't align with the layout of the project budget form. This high-level budget presented above reflects current estimated total cost to construct Pendleton Place and estimated matching funding. The final approved permitted design will drive the final total construction, engineering, permitting and architecture costs. Updated detailed cost estimates will be prepared by August 2019 and while we anticipate total project budget will be relatively consistent, there may be variations across categories (architecture, engineering, construction). "Other vendors" listed above includes capitalized reserves, construction loan interest, bridge loan fees, development fees, Housing Trust Fund and LIHTC application fees, contingencies and tax credit financing fees, as these are all part of the total project budget.



## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Community Frameworks

Project: Pendleton Place PSH

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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): Development Services	\$ 30,000.00	100%	\$ 30,000.00	100%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 30,000.00</b>	<b>100%</b>	<b>\$ 30,000.00</b>	<b>100%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):		0%		0%	\$ 0.00	100%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 0.00</b>	<b>100%</b>
<b>Total Project Budget</b>	<b>\$ 30,000.00</b>		<b>\$ 30,000.00</b>		<b>\$ 0.00</b>	

**NOTE: Indirect is limited to 5%** - This is N/A as Community Frameworks is a vendor and their fee structure covers their administrative expenses.

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: SMR Architects

Project: Pendleton Place PSH

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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): Architecture Services	\$ 768,660.00	100%	\$ 445,000.00	100%	\$ 323,660.00	100%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 768,660.00</b>	<b>100%</b>	<b>\$ 445,000.00</b>	<b>100%</b>	<b>\$ 323,660.00</b>	<b>100%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):		0%		0%	\$ 0.0	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 0.00</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 768,660.00</b>		<b>\$ 445,000.00</b>		<b>\$ 323,660.00</b>	

**NOTE: Indirect is limited to 5%** - This is N/A as SMR Architects is a vendor and their administrative expenses are incorporated into their fee.

Note: Pendleton Place is a multi-year capital development project. This is an estimate of total architecture fees. KMHS selected SMR via an Request for Qualifications process in which their fee is a % of total construction costs. Total construction costs wont be finalized until we have a permitted design and select the General Contractor. Expected total architecture costs of \$768,660 will be expended between September 2019 and September 2021. All 1/10th funds used for

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: City of Bremerton

Project: Pendleton Place PSH

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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): Permitting Services	\$ 55,000.00	100%	\$ 55,000.00	100%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 55,000.00</b>	<b>100%</b>	<b>\$ 55,000.00</b>	<b>100%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):		0%		0%	\$ 0.00	100%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 0.00</b>	<b>100%</b>
<b>Total Project Budget</b>	<b>\$ 55,000.00</b>		<b>\$ 55,000.00</b>		<b>\$ 0.00</b>	

**NOTE: Indirect is limited to 5%** - This is N/A as any permit fees will already include City's required administrative expenses.

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Engineering Firms - To Be Determined

Project: Pendleton Place PSH

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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): Engineering Services	\$ 120,000.00	100%	\$ 120,000.00	100%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 120,000.00</b>	<b>100%</b>	<b>\$ 120,000.00</b>	<b>100%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):		0%		0%	\$ 0.00	100%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 0.00</b>	<b>100%</b>
<b>Total Project Budget</b>	<b>\$ 120,000.00</b>		<b>\$ 120,000.00</b>		<b>\$ 0.00</b>	

**NOTE: Indirect is limited to 5%** - This is N/A as any engineering firm fees will already include their required administrative expenses.

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Construction Firms - To Be Determined

Project: Pendleton Place PSH

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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): Construction	\$ 16,706,693.00	100%	\$ 100,000.00	100%	\$ 16,606,693.00	100%
<b>SUBTOTAL</b>	<b>\$ 16,706,693.00</b>	<b>100%</b>	<b>\$ 100,000.00</b>	<b>100%</b>	<b>\$ 16,606,693.00</b>	<b>100%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 16,706,693.00</b>		<b>\$ 100,000.00</b>		<b>\$ 16,606,693.00</b>	

**NOTE: Indirect is limited to 5% - This is N/A as the General Contractor will charge contractor overhead and profit as part of their fee structure.**

Note: Pendleton Place is a multi-year capital development project. This reflects our current estimated constructions based on Community Frameworks experience with similar projects and estimate construction costs of \$295 per square foot. Final construction costs will be determined once the final design is complete and a General Contractor selected. Current expected total construction costs of \$16,706,693 will be expended between March 2020 and September 2021. All 1/10th funds used for construction will be expended in 2020. Also note, due to the nature of this project there may be multiple subcontractors (to be determined) covered under the category of construction.

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

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**Agency Name: Kitsap Mental Health Services**

**Project: Pendleton Place PSH**

**Description**

Number of Professional FTEs	0.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>Not Applicable</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>Not Applicable</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>Not Applicable</b>

# **Attachment I**

## Evidence of Committed Funds

- Bremerton Housing Authority
- State of Washington Capital Budget
- CDBG/HOME



600 Park Avenue  
Bremerton WA 98337  
(p) 360-616-7241  
(f) 360-616-2811  
[www.bremertonhousing.org](http://www.bremertonhousing.org)

May 28, 2019

Joe Roszak  
Executive Director  
Kitsap Mental Health Services  
5455 Almira Drive NE  
Bremerton, WA 98311

Re: Project-Based Housing Assistance Payments and McKinney Funds.

Dear Mr. Roszak:

The Bremerton Housing Authority is pleased to provide this letter confirming our commitment for the use of 56 Project-Based Voucher's (PBV) to the Kitsap Mental Health Services Staff-Supportive Housing project. BHA is also committing operation cost for the remaining 14 units by allocating funds the Continuum of Care (CoC) grant funded through the McKinney program.

The annual financial contribution for this PVB award would be \$438,435.00 in rental assistance and would remain in effect for 20 years with one additional option of renewal, for a subsequent 20 year renewal. The CoC funds are subject to renewal, but BHA has been renewed annually for over 2 decades. BHA will commit the operating costs on the 14 units as long as BHA has access the CoC grant funds. The operating costs per unit per year is; \$8,827.00, totaling \$123,578 annually. Final approval of your proposal is contingent upon the following:

- The completion of the supportive housing project known as "Pendleton Place".
- 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.

We are excited to be a partner to this much-needed housing project serving the most vulnerable residents of our community.

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.



BARRIER FREE



**2019-21 Capital Budget  
Proposed Compromise  
2020 Local and Community Projects**

(Dollars In Thousands)

Project Title	Amount
Lewis Co. CHS Pediatric Clinic (Centralia)	84
Little Badger Mountain Trailhead (Richland)	464
Little Mountain Road Pipeline and Booster Station (Mount Vernon)	1,300
Long Beach Police Department (Long Beach)	705
Lopez Island Swim Center (Lopez Island)	1,000
Lummi Hatchery Project (San Juan)	1,000
Mabton City Park (Mabton)	54
Main Street Redevelopment Project - Phase 2 (University Place)	985
Mariner Community Campus (Everett)	2,250
Mary's Place (Burien)	2,050
Marymount Museum/Spana-Park Senior Center (Spanaway)	1,000
McChord Airfield North Clear Zone (Lakewood)	500
McCormick Woods Sewer Lift #2 Improvements (Port Orchard)	800
Melanie Dressel Park (Tacoma)	500
Mercer Is/Aubrey Davis Park Trail Upgrade (Mercer Island)	500
Missing & Murdered Indigenous Women Memorial (Toppenish)	49
Monroe B&G Club ADA Improvements (Monroe)	464
Mountlake Terrace Main Street (Mountlake Terrace)	750
Mt. Adams Comm. Forest, Klickitat Canyon Rim Purchase (Glenwood)	400
Mt. Adams School District Athletic Fields (Harrah)	242
Mt. Peak Fire Lookout Tower (Enumclaw)	381
Mt. Spokane SP Ski Lift (Mead)	750
Mukilteo Promenade (Mukilteo)	500
Museum Storage Building (Steilacoom)	72
Naches Fire/Rescue, Yakima Co. #3 (Naches)	200
Naselle HS Music/Vocational Wing (Naselle)	258
Naselle Primary Care Clinic (Naselle)	216
Naselle SD Flooring (Naselle)	237
NCRA Maint. Bldg. Parking Lot, Event Space (Castle Rock)	283
NEW Health Programs, Colville Dental Clinic (Colville)	1,250
Newman Lake Flood Control Zone District (Newman Lake)	415
North Elliott Bay Public Dock; Marine Transit Terminal (Seattle)	1,000
Northshore Senior Center Rehabilitation Project (Bothell)	500
Northwest African American Museum (Seattle)	500
Northwest Native Canoe Center (Seattle)	986
NW School of Wooden Boatbuilding (Port Hadlock)	464
Oak Harbor Marina (Oak Harbor)	400
Oakville SD Kitchen Renovation (Oakville)	517
Oddfellows Ellensburg Bldg. Restoration (Ellensburg)	267
Opening Doors - Permanent Supportive Housing Facility (Bremerton)	750
Orting City Hall and Police Station (Orting)	600
Orting Ped Evac Crossing (Orting)	103
Othello Regional Water (Othello)	425
Outdoors for All (Seattle)	1,000
Pacific Co. Fairgrounds Roof (Menlo)	210
Packwood FEMA Floodplain Study (Packwood)	637
Pasco Farmers Market & Park (Pasco)	154

**2020 FUNDING RECOMMENDATIONS  
CDBG/HOME AFFORDABLE HOUSING APPLICATIONS (RFP #1)**

<b>Applications</b>	<b>Requested Amount</b>	<b>Recommended Funding Award</b>
<b>Agency-Project</b>		
<b>Foundation of the Challenged - Homes XII Bremerton</b>	<b>150,000</b>	<b>150,000</b>
<i>Purchase and rehabilitaton of a 3-bedroom single family home to serve 3 extremely low-income individuals with developmental disabilities who receive 24/7 in-home support and training through State Operated Living Alternatives (SOLA).</i>		
<b>Kitsap Community Resources - Manette Long Term Housing</b>	<b>935,000</b>	<b>371,820</b>
<i>Acquisition of land for development of 9-units of affordable housing for Kitsap County households at or below 30% of area median income, prioritizing based on the Housing Solutions Center vulnerability assessment. Rental assistance will be provided through Section 8 vouchers.</i>		
<b>Kitsap Mental Health Services - Pendleton Place</b>	<b>750,000</b>	<b>750,000</b>
<i>Construction of 70-units of affordable permanent supportive housing for residents of Kitsap County, 18 and older, experiencing chronic homelessness and living with persistent mental illness, substance use disorders, and/or disabling conditions. Rental assistance will be provided through Project Based Vouchers for 56-units and McKinney funds, through BHA, for 14-units. The property will have on-site uppovtive services and 24/7 on-site staff.</i>		
<b>Total</b>	<b>\$1,835,000</b>	<b>\$1,271,820</b>

The recommended funding includes City of Bremerton and Kitsap County HOME funds in the amount of \$1,046,820.05 and Kitsap County CDBG funds in the amount of \$225,000.

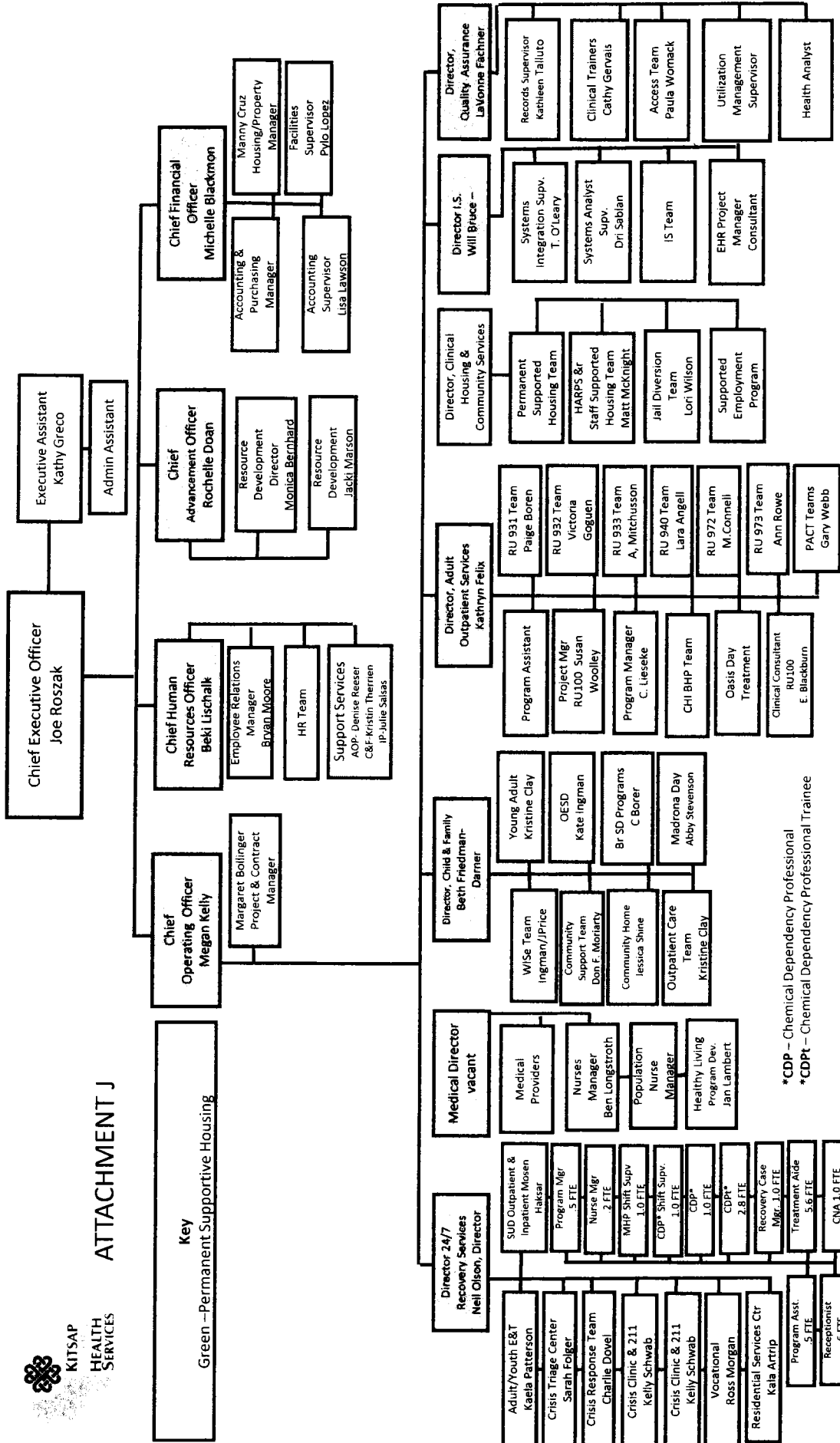
These recommendations will be included in the 2020 Draft Kitsap County Action Plan for CDBG and HOME funds to be posted at the completion of the RFP #2 process, on September 12, 2019, to the Kitsap County Block Grant Program Coordinated Grant Webpage. This will open a 15-day written comment period. Public hearings will be held as follows:

- **Board of County Commissioners - Commissioners Chambers, Kitsap County Admin Building, 614 Division Street, Port Orchard, 5:30pm**
- **Bremerton City Council - Meeting Chambers, Norm Dicks Government Center, 345 6th Street, Bremerton, 5:30pm**

**Contingencies:** Increases or decreases to funding will be applied to Kitsap Community Resources - Manette Long-Term Housing.



# ATTACHMENT J



\*CDP - Chemical Dependency Professional  
\*CDPT - Chemical Dependency Professional Trainee



## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Checklist Form

Name of Program: Fired Up For Health, Bremerton Ambulatory Team B.A.T Organization Submitting: Peninsula Community Health Services

Item or Attachment	Yes	No	N/A	Initial
Project funds are 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	X			JKU
Organization had a representative at the Mandatory New Grant Proposer Conference	X			JKU
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by <b>May 31, 2019 at 3:00 p.m.</b>	X			JKU
Organization did not receive funding for this project in 2019	X			JKU
Attachment A – New Grant Proposal Summary Page	X			JKU
Attachment B – New Grant Proposal Checklist Form	X			JKU
Organization checked, initialed and signed New Grant Proposal Checklist	X			JKU
Attachment C – New Grant Proposal Narrative Template	X			JKU
Proposal Narrative is limited to 15 pages	X			JKU
Attachment D – New Grant Proposal Evaluation Worksheet	X			JKU
Attachment E – Total Agency Budget Form	X			JKU
Attachment F – New Grant Proposal Special Project Budget Form	X			JKU
Indirect is limited to 5%	X			JKU
Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form			X	JKU
Organization submitted Attachment G for each Sub-Contractor			X	JKU
Sub-Contractor indirect limited to 5%			X	JKU
Attachment H – New Grant Proposal Project Salary Summary	X			JKU
Attachment I – Letter of Resource Commitment (optional)	X			JKU
Attachment J– Organizational Chart	X			JKU
No other attachments are included	X			JKU
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	X			JKU
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	X			JKU

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

Signature of Individual Preparing Proposal

07/23/19  
Date

Signature of Organization's Chief Executive

7-23-19  
Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 Grant Proposal Narrative Template**

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**1. Project Description: Behavioral Ambulatory Team (40 Points)**

**A. Project Design**

Kitsap 911 dispatches hundreds of calls, each month, related to mental illness, drug and alcohol addiction, and other behavioral health issues. Many of these calls involve emergent situations. Most of them do not, and an emergency response is inappropriate. First responders rushing to the scene to treat non-emergent needs is ineffective, inefficient and potentially unsafe. It can be frustrating to firefighters/paramedics/EMTs and who see a disconnect between the service they provide and the services that are needed and can lead to compassion fatigue. Emergency response to non-emergent needs can also be hard on individuals: a trip to the hospital emergency room is highly unpleasant when the wait for care is long and the underlying issues cannot be resolved. We know from Bremerton Fire that a core group of individuals in Bremerton call 911 multiple times each week because of behavioral health conditions. These conditions are not always effectively addressed by fire engines, ambulances, and hospital visits.

The disconnect between the needs of people calling 911 and the response to 911 calls is not unique to Kitsap County. Fire departments across the country are struggling with the problem of having a “one size fits all” (you call, we haul, that’s all) response to 911 calls when different responses are needed. A new, low acuity “community medicine” approach has developed in the fire service in recent years, and many community medicine units focus on behavioral health-related calls and situations. In our region alone, “FD Cares” programs pair firefighters and social work students in Bellevue and Kent. Seattle formed a “Health One” unit, in May, that responds to people struggling with behavioral health and substance use issues. The North Mason Fire Authority “Quick Response” bus begins operations this summer, pairing firefighters and community health care workers to respond to overdose calls. The Port Angeles Fire Department ParaMedicine Program started in January. This program will share information with other community service organizations and “responds to people who use their services on a frequent basis and pro-actively try to provide help with medications, living situations, etc.” (Fisher, 2018).

Peninsula Community Health Care, in partnership with Bremerton Fire Department, proposes the creation of a mobile behavioral health unit that responds, in the community, to non-emergent, behavioral health-related situations. The unit will be called the Bremerton Ambulatory Team (B.A.T.). The purpose of this project is to deliver high-intensity mental health and substance use care to individuals in Bremerton who call 911 largely because of behavioral health related concerns. The unit will make proactive “house calls” to high utilizers of services and engage in community outreach stops, that

will include visiting homeless encampments, shelters, hotels, and assisted living facilities. Particular focus will be given to individuals who call 911 frequently or interact repeatedly with fire, police, or the police navigator in Bremerton.

The BAT will bring services to individuals struggling with mental health issues and substance use who, for whatever reason, have trouble accessing traditional care. Behavioral Health staff will provide SBIRT/MAT, mental health counseling, substance abuse treatment services, and referrals to coordinated medical care. Patients will be proactively scheduled appointments to substance use disorder treatment and mental health treatment, as well as to related medical appointments (note: medical staffing providing as in-kind). These appointments are lower in cost than utilizing the fire department or the emergency room for the first option for care, while also improving the health status of these individuals. The BAT will respond to requests for service, both acute and non-acute, to provide both immediate and long-term assistance, care and navigation for treatment of opiate use disorder. In addition, the Community Health Worker will be certified to provide assistance with Medicaid/Medicare enrollment, in addition to care coordination to social service agencies. Social determinants of health elements, such as food insecurities, housing and social support, will be screened and addressed based on the patients' needs.

Requests for the BAT will be routed through the Bremerton Fire Department. Requests for the team can be made by all Bremerton first responders (fire and police). Case management will be handled in a model of pre-scheduled "VIP" visits made proactively to individuals who are cycling through high cost emergency systems.

The BAT is planned to be operated from the BFD during conventional business hours, with expected hours of service being 730am to 6pm, 5 days a week when we account for both our integrated medical and substance abuse teams. We would generally describe our service area as "bridge to bridge to Gorst" – more descriptively, we plan to cover the area nearest the Warren Avenue Bridge, Manette Bridge and around to Gorst. We anticipate delivering 500 behavioral health team visits to 100 patients.

Unlike conventional Fire Department units, which try to resolve calls as quickly as possible, the BAT will continue to work with patients over time to assess and address their needs. The unit will free firefighters and police officers to respond to emergency calls and (for police) calls of a criminal nature. The BAT will be staffed with 1.0FTE Community Health Worker (CHW), a 0.5 Medical Professional and supporting 0.5FTE Medical Assistant (MA) (funded from partner agencies), a 0.5FTE Chemical Dependency Professional (CDP) and a 0.5FTE Licensed Mental Health Counselor (LMHC). We expect to have staff hired within 3 months. Concurrently, we plan to secure the purchase of a mobile unit in the first quarter of 2020.

For the safety of our employees, two people will always be present when providing services. Our LMHC, CDP, and CHW will comprise the behavioral health (BH) care team who will refer patients for physical care to the Medical Professional and Medical Assistant who will represent the physical health care team. 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. The physical health team will also provide Medication Assisted Treatment prescribing treatment services (e.g. Suboxone, Vivitrol, etc.) 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, and clinical pharmacists.

Community Health Worker (CHW) (1.0 FTE) coordinates care across the BAT 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. Our CHWs are trained as Medicaid Navigators to educate patients and the community on Medicaid Expansion and Healthy Options, as well as being certified as SHIBA volunteers for Medicare enrollment to helping the aging population. 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. We will seek to find a counselor who is trained across the life span from young adult through geriatric years.

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. We will seek to find a CDP who is trained across the life span from young adult through geriatric years.



Medical Team – Only a medical prescriber can become DEA-waivered to prescribe Suboxone, the cornerstone medication used today in Medication Assisted Treatment programs for opiate treatment disorders. MAT will play an integral part of success for many of our opiate/heroin use disorder patients and having it co-located in a mobile fashion with services brought directly to patients is expected to greatly increase retention rates in therapy. Additionally, the medical team will provide wellness visits, address disease management, provide age-appropriate screening/risk assessments using agency provided funding, as well as provide basic triage and referral to higher level of services as needed.

### **B. Evidence-based, Promising, Best or Innovative Practices**

Community Paramedicine is a new and evolving healthcare model to assist first responders in addressing non-emergent calls and connect the 911 caller to care before crisis/emergency response is needed. Bremerton Fire Department has been fielding and triaging many of these calls and are not set up to provide the long-term care that many of these callers may need. Many Fire and Police Departments are experiencing these calls and trying to lessen the burden on the system, as well as improve access to care. Maplewood Police Department is one of the departments who have created a mental health team in response to the frequent calls to 911 to address emotional and behavioral needs. “The team is proactively reaching out to those frequent 911 callers who exhibit symptoms of mental illness and their families, offering to meet regularly to discuss how they can help. Sometimes, it’s connecting people to services. Other times, it’s encouraging them to stick to their already prescribed therapy and medication routines. In all cases, it’s a calmer, safer opportunity to talk through issues than a panicked 911 call.”(Prather, 2019).

Both Peninsula Community Health Services and Bremerton Fire Department are committed to serving the high needs population associated with the “the 6<sup>th</sup> street corridor.” We believe focusing our combined efforts can greatly impact the highest need individuals in our county. With the upcoming closing of the Harrison Bremerton campus, we foresee that the costs to transport these individuals to Silverdale will only cost the local health system even more unless we pilot a purposeful intervention strategy. In addition, we believe that we have been thoughtful to sustainability by using a model that allows for billable services by licensed healthcare providers in our current healthcare funding system.

Practice’s Target Population Demographics: Currently, 80% of our patient base is over 18 years old. Additionally, 8.3% of that total is aged 65 years and older. We think this model of delivering care may resonate with the aging population for a few particular reasons. First, there is the physical limitations often experienced with age that may make this older population call EMS for fear ease of mobility and transportation. Second, and hypothesized to be more relevant, is the social isolation seen with many of our older patients that may make them call for EMS services and the following visit to the emergency room simply for the attention it brings to them for the social elements of care.

Our patients identify their gender as 33.5% male, 42% female, 12.7% other and 11.6% chose to not disclose. Approximately 26% of our patient population identifies as a race

other than Caucasian and 14.5% identify as being of Hispanic/Latino ethnicity. In 2018, we served 31,525 patients for a total of 118,372 office visits. Of our 76,976 medical office visits, 38% of the patient population seen had a noted mental health and/or substance abuse related issue. In addition, 19% of our patient population has identified as being homeless. This has increased drastically from the 12% reported just one year prior. This 58% increase in just one year is a combination of the known housing crisis in our area combined with the purposeful efforts we are making to seek and welcome those of unstable housing into services.

Tied with our efforts to welcome those struggling with adverse social determinants of health, we have incorporated the best practices from Trauma-Informed Care training into all staff orientations. Along with cultural competency training and training on Adverse Childhood Events, we now have an entire workforce more able to meet our patients where they are in life, as well as help them navigate times of crisis.

From a professional standpoint, our behavioral health team utilizes evidenced based motivational interviewing (MI) with cognitive behavior therapy (CBT) and dialectical behavioral therapy (DBT) as the core elements in their treatment, and the medical providers become DEA-waivered and trained in Suboxone and the related Opioid use disorder treatment. 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.

### **C. Outreach**

There is a growing awareness that alternatives to emergency medical services are needed. Community medicine has been recognized as a best practice by fire agencies throughout the country. This intervention would include outreach, engagement, enrollment in high-intensity treatment services, and then the de-escalation of services to a maintenance status of simple care coordination in a patient-centered medical home model.

Using EDIE/PreManage data as a baseline to identify high emergency department utilizers, we will begin to conduct outreach to patients. This will be spearheaded by our CHW and LMHC. Their first challenge will be to locate patients and encourage 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 our Kitsap County therapeutic courts. 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 seen traditionally.

Once we can get the patients to engage with the outreach staff, we hope to engage them in this mobilization model by customizing care to their needs. Whether their immediate needs center more around mental health, substance use, medication assisted treatment, physical health, or care coordination, the key to the BAT model is that all elements can be brought to the patient and reduce the key barriers of transportation, time and the need to visit multiple locations for varied resources. Patients will then be enrolled for the elements of care they need to reduce the reasons they are presenting seeking higher cost care through emergency services at the emergency room. Outreach will continue on the tail end of the process when patients have stabilized and can be de-escalated from high intensity care. The BAT patients will be transferred to traditional care within the PCHS Patient Centered Medical Home model, where every patient is assigned to a care team who works to partner with the patient on whole-person care. Patients who may experience a resurgence in high-utilization of inappropriate services will be once evaluated for outreach and engagement by the BAT.

As mentioned above, all PCHS staff receive training in cultural competency and trauma-informed care, along with the agency employment training upon hire. Additionally, PCHS meets all of its patients' needs through an extensive program of enabling services. From agency provided transportation to specialty referral appointments to three available options for interpreter services (in-person, video, and telephone), PCHS has been a frontrunner in the need to address the social determinants of health for many years. Routine care within the PCHS system includes screening and referral for care coordination around housing, employment and food insecurity, just to name a few elements.

#### **D. Evaluation**

PCHS has an electronic healthcare record (EHR), which allows us to capture and report data, as well as access patient records. We have a bi-directional interface from our EHR with EDIE/PreManage that reveals our patient population's emergency room and hospital activities. In summary, we plan to:

- ✓ Establish the Bremerton Ambulatory Team
- ✓ Secure and prepare the mobile unit for patient use
- ✓ Reduce high cost utilization by 25% for program participants
- ✓ Ensure at least 150 visits for substance use disorder are completed by CDP
- ✓ Ensure at least 350 visits for mental health counseling are completed by LMHC.
- ✓ Provide at least 3 mental health counselling visits to 30% of program participants
- ✓ Provide 500 behavioral health care visits in the community to all ages.

- ✓ Refer at least 80% of program participants to primary care to ensure completion of a primary care preventative wellness visit and/address their chronic health condition(s)

## **2. Community Needs and Benefit (25 Points)**

### **A. Policy Goals**

This project achieves the following goals as identified in the grant request for proposal with details of our objectives under each policy goal:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
  - ✓ Secure and prepare the mobile unit for patient use
  - ✓ Establish the Bremerton Ambulatory Team
  - ✓ Capture baseline utilization information and through collective impact work to reduce high cost utilization by 25% for program participants
  - ✓ Ensure at least 150 visits for substance use disorder are completed by CDP
  - ✓ Ensure at least 350 visits for mental health counseling are completed by LMHC.
  - ✓ Provide at least 3 mental health counselling visits to 30% of program participants
- Improve the health status and well-being of Kitsap County residents
  - ✓ Provide 500 behavioral health care visits in the community to all ages.
  - ✓ Refer at least 80% of program participants to primary care to ensure completion of a primary care preventative wellness visit and/address their chronic health condition(s) if any.
- Reduce the incidence and severity of chemically dependency and /or mental health disorders in adults and youth.
  - ✓ Capture baseline utilization from EDIE on each patient information and through collective impact work to reduce utilization by 25% by the end of the grant cycle.
  - ✓ Ensure at least 150 visits for substance use disorder are completed by CDP
  - ✓ Ensure at least 350 visits for mental health counseling are completed by LMHC.
  - ✓ Provide at least 3 mental health counselling visits to 30% of program participants
- Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.
  - ✓ Capture baseline utilization from EDIE on each patient information and through collective impact work to reduce utilization by 25% by the end of the grant cycle.
  - ✓ Provide 500 behavioral health care visits in the community to all ages.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
  - ✓ Capture baseline utilization from EDIE on each patient information and through collective impact work to reduce utilization by 25% by the end of the grant cycle

- ✓ Provide 500 behavioral health care visits in the community to all ages.

This project seeks to address the following identified gaps listed in the grant request for proposal anticipated scope of work:

### **Behavioral Health 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.
- 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.

### **Crisis Intervention/Triage Services:**

- Provide behavioral health screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.

### **Outpatient Treatment - Psychiatry, Medical and Medication Management, Counseling:**

- Increase access and options for medication-assisted treatment.
- Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid.
- 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:**

- 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 2018 Uniform Data System (UDS) submission to HRSA, 72% of PCHS patients are at or below 200% of FPL. In just the first six months of this calendar year there have been many EMS responses for Bremerton Station #1, with 11% of these responses taking place at three addresses along 6<sup>th</sup> St in downtown Bremerton (Kitsap Rescue Mission, Salvation Army and 7-11). 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 1639 unique unduplicated patients access care in a hospital setting. In a one-month snapshot of data we learned that 154 people out of 1,898 (8%) of PCHS patients who went to the emergency department have seen us at PCHS with mental health or substance use issue or both, who also have high utilization.

Trying to combine data from BFD, EDIE/PreManage, and PCHS data, we believe our target population will be 100 patients in the first year. We think we will see at least 500 total behavioral health visits. Of those, we hope to see 350 mental health visits, 150 substance use visits, along with 80 medical visits. As we screen every adult patient for depression using the PHQ-2/9 tool at every medical visit, we will then screen at least 80 patients corresponding to every medical visit. In addition, we screen for substance use at least once yearly in adult patients so will screen for SBIRT at least 80 times.

The target population is most easily summarized as a localized geographic group of the highest cost who has developed a pattern on accessing care by bringing it to themselves. The BAT plans to replace this highest cost of accessing care with one that is multi-disciplinary, pro-active, behaviorally modifying, in partnership with the patient, cost-efficient, and sustainable. The partnership between the staffing of Bremerton Fire and PCHS and its mutual alignment in actively serving this patient group in this new model, as well as being mutually aligned with various community partners, should ensure success in the long-term for this project well beyond the funding period for the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Program.

### **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 anchor member of the Olympic Accountable Community of Health, PCHS sees this as an opportunity to pilot this particular model of community medicine as a promising practice. With the ability to provide billable services from day 1, it might prove to be the key model to emulate to ensure sustainability and long-term success.

For this project, we know that unless we embrace the patient behavior of personalized service that we will not be able to break the cycle of high inappropriate utilization. Since our other mobile units are already fully scheduled, we will need this specialized and unique BAT approach to commit to outreach, engagement, enrollment, and then de-escalation to routine services, which may certainly then be our mobile units already scheduled in the community.

The BAT will work with the Bremerton Fire Chief or designee on target patients to address the substance use disorder, mental health and physical health needs of the individuals. Bremerton Fire Department staff will have the ability to contact the mobile unit to follow up with a call and/or have them come to be onsite to a responding event if scheduling allows. The Fire Chief will work with other fire and police, as well as the Bremerton Police Navigator, and CHI-Harrison Emergency services staff to collectively identify our target patient population.

The BAT will also easily be able to complete care coordination efforts through our health record with many other providers as part of routine treatment. In addition, at the point of treatment service de-escalation, our CHW will be able to hand-off patients for case management or care coordination to any agency the patient is going to be working with if not entering into the PCHS PCMH care coordination model (e.g. Kitsap Connect, Kitsap County Aging and Long Term Care, Kitsap Mental Health Services).

### **3. Organizational Capacity (25 Points)**

#### **A. Organizational Governance**

PCHS is directed by a strong Senior Leadership team, many of whom are in double digits for tenure with the agency. Key team members include the: CEO, CFO, CIO, Chief Medical Officer, Administrative Services Director, Pharmacy Director, Clinical Operations Director, and Quality Director. Our newly appointed Behavioral Health Director is new to PCHS, but has been a leader in behavioral health in the county for over 16 years. Medical care is delivered using a comprehensive integrated care team with clinical support, behavioral health support, referral support services, health education and community pharmacies.

#### **B. Organizational Finances**

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. As required, the PCHS Board of Directors' contracts with CliftonLarsonAllen for our 2CFR200 external audit, Non-Discrimination/Affirmative Action Audit, and a Cybersecurity Assessment. Our 2018 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

Using Attachment H as the guide, the following positions will be dedicated to this project:

Key Staff	Role at PCHS	Years	Licensure
New employee will be hired if awarded grant (PCHS employs this role routinely)	Licensed Mental Health Counselor	0.5FTE	WA state license to bill independently or as associate with supervision under PCHS agency license
New employee will be hired if awarded grant (PCHS employs this role routinely)	Chemical Dependency Professional	0.5FTE	WA state license to bill independently or as associate with supervision under PCHS agency license
New employee will be hired if awarded grant (PCHS employs this role routinely)	Community Health Worker	1.0FTE	Services not reimbursable under Medicaid or other insurance – PCHS does have staff complete DOH CHW course
In-Kind provider funded by partner agencies	Medical Provider with DEA Waiver	0.5FTE	DEA Waiver required for Suboxone in addition to professional license
In-Kind staff funded by partner agencies	Medical Assistant	0.5FTE	State MA license
Bergen Starke	Director of Behavioral Health	0.05FTE	Clinical Project Director
Regina Bonnevie Rogers	Chief Medical Officer	0.025FTE	Medical Project Director



Yvonne Brown	Outreach Coordinator	0.025FTE	Outreach/Community Health Worker Supervisor
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**D. Organizational Licenses and Certifications**

In December of 2018, PCHS received its first licenses as a Behavioral Health Agency - Substance Use Disorder Outpatient site and a Behavioral Health Agency - Mental Health Outpatient Service. We currently employ 8 LMHCs, 5 Psychiatric ARNPs, and 2 Psychiatrists that run our existing behavioral health program and provide all standard programs in the outpatient treatment spectrum for low-moderate complexity patients. As an office-based opioid treatment program (OBOT) we have over 20 providers with their DATA waiver to prescribe buprenorphine and 5 CDPs who support that program with care coordination. We have over 1800 Suboxone slots available and approximately 320 patients in active treatment, reflecting our agency’s commitment to being part of the long-term solution to the opiate crisis in our region. Additionally, we serve as the Hub in the SOR Hub and Spoke grant which is a regional coordinating grant for opiate treatment efforts. Finally, we are proud to be a consultant to the Kitsap County Jail’s SOR grant as the in-jail provider of MAT dosing recommendations in conjunction with the in-jail contractor of healthcare services. In addition, PCHS is a Patient Centered Medical Home (PCMH) and a certified Dental Home, as well as generally being accredited with the Accreditation Association for Ambulatory Health Care (AAHC).

**E. History of Project Management**

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. In 2018, we started our first-ever school-based health center with North Mason School District and opened a fifth dental service location in Poulsbo. So far in 2019, we have launched our mobile behavioral and physical health teams, opened a co-located medical clinic in Shelton within Consejo Counseling, passed our clinical re-accreditation along with becoming certified as a Dental Home, and started seeing patients within the Salvation Army. Before the year is out, we plan to open 3 more school-based health centers in Bremerton and Central Kitsap, move to our newly built clinic on the North Mason School District campus, and open a new clinic in Silverdale. Although we are always busy, we have a proven record of delivering on our projects attributable to a change minded organization.

Our Adult Chemical Dependency Program Coordinator was previously funded by the TST 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 use disorder treatment. We successfully screened over 11,000 adults in one year and referred 228 patients to our 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, and have over 20 providers licensed to prescribe Suboxone along with other forms of Medication Assisted Treatment (MAT). 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 use disorder treatment in primary care was made possible via a competitive three year funding grant from HRSA, but we credit our original 1/10<sup>th</sup> grant as the catalyst that launched all of our success.

Our current project funded by the TST is our mobile behavioral health clinic – Wellness on Wheels (W.O.W.). W.O.W. is already becoming a recognized and trusted resource in the community. It has a full schedule monthly across the county from Poulsbo to Port Orchard and provides both mental health and substance abuse services. As it continues to ramp up, we are already seeing successful outcomes in patients who were not otherwise engaging in regular care elsewhere in the community.

#### **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. This project is a completely new endeavor which is not in the 2019 budget and has no current funding. The PCHS in-kind contributions will be approved in the 2020 operating budget if the project is funded.

The main costs for which we are requesting financial support will fund direct staffing costs to operate this program, related indirect costs (capped at the allowable 5% rate) and the capital costs to purchase a mobile unit. 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. PCHS has adopted the federal de minimus indirect rate of 10%, therefore our budget worksheets include the grant allowable 5%, plus two lines bringing the total indirect to 10% along with a 5% in-kind contribution from PCHS for federal auditing purposes.

Although Medication Assisted Treatment (MAT) is a desired fundable deliverable of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Program, the partner agencies have contributed the costs for the medical team as in-kind in the event that the patients happen to present for a visit that is more about physical health. As the unit is planned to deliver care for 40 hours of behavioral health work weekly, plus additional hours of MAT work by the medical team, the full cost of the unit is included in the budget.

### **B. Additional Resources and Sustainability**

The Behavioral Ambulatory Team program, in time, is expected to become close enough to financially sustainable once the capital outlay and initial start-up costs are covered. Once we place the unit into our inventory of owned locations, 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 just like we do at any bricks and mortar site. It will take some time for our outreach process to ramp up to full potential to learn how best to engage and enroll patients in the new model. 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, the number of patients 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 given the uniqueness of this pilot. 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.

Over the last year, PCHS has embraced the notion that our delivery model must be broadened to include services outside of our traditional clinic walls. We now deliver services in schools, where we are able to reach our kids where they spend the majority of their day, as well as in community action agencies, such as the Salvation Army. Additionally, we have mobilized two full service clinics – one to deliver medical services and one to deliver behavioral health services (partly funded by the Therapeutic Sales Tax.) Although all of these non-traditional programs require agency support to cover their operational costs, we strongly believe that our role as the sole community health center in the region is to treat the whole of the individuals in our community in a collective fashion.

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.

Meanwhile, we continue to find grant funding to offset the costs for our integrated Behavioral Health program. We are able with some insurance reimbursement to be nearly sustainable. Regardless consider the integrated model part of routine care delivery and have continued to grow our programs in complexity. Unfortunately, despite being staffed and licensed to deliver behavioral health services, and actually providing over 7000 visits in 2018 to Medicaid beneficiaries in Kitsap County, the regional BHO was not willing to contract with us during 2019 citing having met network adequacy. We hope to contract with the managed care organizations in 2020 to ensure sustainability.

As mentioned above, the partner agencies have contributed the costs for the medical team as in-kind. The medical team will generate billable claims that will add to the overall sustainability of the BAT when delivering on the whole-person care approach.

## 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:

<b>Goal:</b>	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.
<b>Activity:</b>	Actions taken or work performed to produce specific outputs and outcomes.
<b>Objective:</b>	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
<b>Output:</b>	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
<b>Outcome:</b>	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.
<b>Timeline:</b>	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)?
<b>Baseline:</b>	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.
<b>Source:</b>	How and from where will data be collected?

EVALUATION WORKSHEET

PROJECT NAME: Fired up for Health-Bremerton Ambulatory Team

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
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).	<ul style="list-style-type: none"> <li>The Medical Director and Clinical Operations Director, in conjunction with the Behavioral Health Director will advertise, recruit, interview, and hire the positions they supervise.</li> <li>Provide PCHS's standard orientation training for each role with additional specialized training in:                             <ul style="list-style-type: none"> <li>Trauma Informed Care (TIC) for all care team members.</li> <li>Motivational interviewing for all care team members.</li> <li>Community Health Worker training for the CHW role.</li> </ul> </li> </ul>	Establish the mobile Bremerton Ambulatory Team by the end of the first quarter of 2020.	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Output</li> <li><input type="checkbox"/> Outcome: Participant satisfaction</li> <li><input type="checkbox"/> Outcome: Knowledge, attitude, skill</li> <li><input type="checkbox"/> Outcome: Practice or behavior</li> <li><input type="checkbox"/> Outcome: Impact on overall problem</li> <li><input type="checkbox"/> Return-on-investment or cost-benefit</li> <li>If applicable:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Fidelity measure</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Short</li> <li><input type="checkbox"/> Medium</li> <li><input type="checkbox"/> Long</li> <li>Start date: <u>1/1/2020</u></li> <li>Frequency:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Quarterly</li> <li><input type="checkbox"/> Semi-annual</li> <li><input type="checkbox"/> Annual</li> <li><input checked="" type="checkbox"/> Other: Once</li> </ul> </li> </ul>	New service; no baseline.	Human Resources
Purchase and prepare a mobile clinic unit.	<ul style="list-style-type: none"> <li>The Facilities Manager and Clinical Operations Director will search for and purchase a</li> </ul>	Secure and prepare the mobile unit for patient use by the end of the first quarter in 2020.	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Output</li> <li><input type="checkbox"/> Outcome: Participant satisfaction</li> <li><input type="checkbox"/> Outcome: Knowledge, attitude, skill</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Short</li> <li><input type="checkbox"/> Medium</li> <li><input type="checkbox"/> Long</li> <li>Start date: <u>1/1/2020</u></li> </ul>	N/A	N/A

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>suitable mobile clinic unit.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>		<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>Frequency:  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input checked="" type="checkbox"/> Other: Once</p>		
<p>Provide services for Community Health Team visits out in the community.</p>	<ul style="list-style-type: none"> <li>Bremerton Fire Department will begin identifying patients who may benefit from a Community Health Team Visit and refer patients.</li> <li>Conduct visits to potential patients who have pre-scheduled with the Community Health Team.</li> <li>Market services to the community, key agencies, and patients.</li> </ul>	<p>Successfully provide 350 mental health visits in the community 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 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>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:  <u>4/1/2020</u></p> <p>Frequency:  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Annual  <input checked="" type="checkbox"/> Other: Ongoing</p>	<p>N/A</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
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.	<ul style="list-style-type: none"> <li>Identify program participants without established active counseling services and offer to provide services.</li> <li>Build relationships that foster a counseling relationship.</li> <li>Support patient's efforts to access and/or maintain counseling services wherever they are comfortable receiving care.</li> </ul>	Provide at least 3 mental health counseling visits to 30% of program participants 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 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>4/1/2020</u> 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
Reduce the number of chemically dependent youth and adults from initial or further criminal justice system involvement.	<ul style="list-style-type: none"> <li>Utilize referrals from our Bremerton Fire Department to identify potential patients at risk of utilizing the Emergency Room for Primary Care or who are not in need of emergency services but need access to care.</li> <li>Market services to the community, key agencies, and patients.</li> </ul>	Ensure at least 150 visits for substance use disorder are completed by mobile Chemical Dependency Professional by the end of the grant cycle.	<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	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>04/01/2020</u> 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
<p>Decrease program patient high-cost service utilization by 25%.</p>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Capture baseline utilization from EDIE on each patient information and through collective impact work to reduce utilization by 25% by the end of the grant cycle.</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input checked="" type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <p>Start date: <u>03/01/2020</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>New, no baseline</p>	<p>EDIE &amp; PCHS Data</p>
<p>Improve the health status and wellbeing of Kitsap County residents.</p>	<ul style="list-style-type: none"> <li>Mental Health Counselor will work to administer behavioral health related screenings like PHQ-9, SBIRT, and tobacco use.</li> <li>Cross-train the LMHC and CDP on identification of care gaps and potential primary care needs.</li> </ul>	<ul style="list-style-type: none"> <li>Refer at least 80 % 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.</li> </ul>	<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 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> <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>Start date: <u>04/01/2020</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"> <li>• Work on optimal messaging to share primary care needs with patients while removing and decreasing barriers to care.</li> <li>• Refer patients to primary care provider at a PCHS clinic, as appropriate.</li> <li>• Work with patients to reschedule no-shows or cancellations with primary care provider.</li> </ul>					

### Total Agency or Departmental Budget Form

Agency Name: Peninsula Community Health Services

Project: Fired Up For Health: Bremerton Ambulatory Team-B.A.T

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 4,444,161.00	14%	\$ 4,576,408.00	14%	\$ 5,561,040.00	16%
WA State Revenue	\$ 116,431.00	0%	\$ 150,000.00	0%	\$ 84,799.00	0%
Local Revenue	\$ 525,734.00	2%	\$ 316,628.00	1%	\$ 538,988.00	2%
Private Funding Revenue	\$ 6,431.00	0%	\$ 5,630.00	0%	\$ 5,630.00	0%
Agency Revenue	\$ 26,003,210.00	84%	\$ 28,071,742.00	85%	\$ 27,523,946.00	82%
Miscellaneous Revenue	\$ -	0%	\$ 39,000.00	0%	\$ 43,360.00	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 31,095,967.00</b>		<b>\$ 33,159,408.00</b>		<b>\$ 33,757,763.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ -	0%	\$ 1.00	0%	\$ 1.00	0%
Staff	\$ 15,373,870.00	54%	\$ 20,003,677.81	61%	\$ 20,073,067.81	60%
Total Benefits	\$ 3,729,954.00	13%	\$ 4,443,606.25	14%	\$ 4,293,166.58	13%
<b>Subtotal</b>	<b>\$ 19,103,824.00</b>	<b>67%</b>	<b>\$ 24,447,285.06</b>	<b>74%</b>	<b>\$ 24,366,235.39</b>	<b>72%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 366,722.00	1%	\$ 824,089.43	3%	\$ 781,556.19	2%
Office Supplies	\$ 183,301.00	1%	\$ 87,787.50	0%	\$ 97,981.00	0%
Other (Describe) Medical	\$ 494,637.00	2%	\$ 340,863.33	1%	\$ 356,184.93	1%
Other (Describe) Dental	\$ 224,367.00	1%	\$ 129,000.00	0%	\$ 302,600.00	1%
Other (Describe) Pharmacy	\$ 1,955,731.00	7%	\$ 1,298,753.05	4%	\$ 1,217,959.21	4%
<b>Subtotal</b>	<b>\$ 3,224,758.00</b>	<b>11%</b>	<b>\$ 2,680,493.31</b>	<b>8%</b>	<b>\$ 2,756,281.33</b>	<b>8%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ 8,000.00	0%	\$ 8,000.00	0%
Audit/Accounting	\$ 202,422.00	1%	\$ 217,897.84	1%	\$ 243,105.32	1%
Communication	\$ 240,700.00	1%	\$ 255,422.51	1%	\$ 262,750.54	1%
Insurance/Bonds	\$ 70,505.00	0%	\$ 144,499.67	0%	\$ 116,623.55	0%
Postage/Printing	\$ 55,473.00	0%	\$ 63,442.69	0%	\$ 68,226.43	0%
Training/Travel/Transportation	\$ 676,240.00	2%	\$ 641,237.42	2%	\$ 717,142.85	2%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Licenses	\$ 25,997.00	0%	\$ 42,578.93	0%	\$ 48,235.43	0%
<b>Subtotal</b>	<b>\$ 1,271,337.00</b>	<b>4%</b>	<b>\$ 1,373,079.05</b>	<b>4%</b>	<b>\$ 1,464,084.12</b>	<b>4%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 218,605.00	1%	\$ 145,507.98	0%	\$ 247,558.69	1%
Maintenance Contracts	\$ 539,395.44	2%	\$ 299,021.53	1%	\$ 335,545.83	1%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 115,343.00	0%	\$ 214,023.70	1%	\$ 230,842.87	1%
Utilities	\$ 133,398.00	0%	\$ 129,141.64	0%	\$ 243,956.89	1%
Other (Describe) Contractual Services EHR	\$ 578,044.00	2%	\$ 544,927.19	2%	\$ 606,997.78	2%
Other (Describe) Taxes	\$ 159,325.00	1%	\$ 93,296.21	0%	\$ 108,269.24	0%
Other (Describe) Other Misc.	\$ 618,725.00	2%	\$ 260,486.19	1%	\$ 228,978.59	1%
Other (Describe) Rent	\$ 983,232.00	3%	\$ 1,171,287.44	4%	\$ 1,027,787.44	3%
<b>Subtotal</b>	<b>\$ 3,346,067.44</b>	<b>12%</b>	<b>\$ 2,857,691.88</b>	<b>9%</b>	<b>\$ 3,029,937.33</b>	<b>9%</b>
<b>Other Costs</b>						
Debt Service	\$ 58,498.00	0%	\$ 122,010.08	0%	\$ 175,510.07	1%
Other (Describe) Investment Fees	\$ 33,553.00	0%	\$ 42,529.63	0%	\$ 42,529.63	0%
Other (Describe) Depreciation	\$ 954,335.00	3%	\$ 969,336.97	3%	\$ 1,176,793.36	3%
Other (Describe) Cost Settlement	\$ -	0%	\$ 100,000.00	0%	\$ 101,360.00	0%
Other (Describe) Recruitment	\$ 55,409.00	0%	\$ 50,000.00	0%	\$ 170,000.00	1%
Other (Describe) Legal	\$ 154,827.00	1%	\$ 242,319.05	1%	\$ 232,831.00	1%
Other (Describe) Translation	\$ 220,503.00	1%	\$ 200,000.00	1%	\$ 198,169.50	1%
<b>Subtotal</b>	<b>\$ 1,477,125.00</b>	<b>5%</b>	<b>\$ 1,526,195.73</b>	<b>5%</b>	<b>\$ 2,097,193.56</b>	<b>6%</b>
<b>Total Direct Expenses</b>	<b>\$ 28,423,111.44</b>		<b>\$ 32,884,745.03</b>		<b>\$ 33,713,731.73</b>	

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Special Project Budget Form**

Agency Names: **Peninsula Community Health Services**      Project: **Fired Up For Health - B.A.T.**      2020  
**Bremerton Fire Department**      **Bremerton Ambulatory Team**

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Brem. Fire Matching Funds		PCHS Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>								
Managers	\$ 9,815.00	3%	\$ 9,815.00	4%	\$ -	0%	\$ -	0%
Staff	\$ 175,747.25	46%	\$ 108,612.50	40%	\$ 50,000.00	100%	\$ 17,134.75	31%
Total Benefits	\$ 46,390.56	12%	\$ 29,606.88	11%	\$ -	0%	\$ 16,783.69	31%
<b>SUBTOTAL</b>	<b>\$ 231,952.81</b>	<b>61%</b>	<b>\$ 148,034.38</b>	<b>54%</b>	<b>\$ 50,000.00</b>	<b>100%</b>	<b>\$ 33,918.44</b>	<b>62%</b>
<b>Supplies &amp; Equipment</b>								
Equipment - Computers	\$ 5,850.00	2%	\$ 3,900.00	1%	\$ -	0%	\$ 1,950.00	4%
Office Supplies	\$ 922.50	0%	\$ 600.00	0%	\$ -	0%	\$ 322.50	1%
Other (Describe): BH Mobile Unit	\$90,000.00	24%	\$ 90,000.00	33%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 96,772.50</b>	<b>26%</b>	<b>\$ 94,500.00</b>	<b>34%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 2,272.50</b>	<b>4%</b>
<b>Administration</b>								
Advertising/Marketing	\$ 1,500.00	0%	\$ 1,500.00	1%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 3,960.00	1%	\$ 2,640.00	1%	\$ -	0%	\$ 1,320	2%
Insurance/Bonds	\$ 3,600.00	1%	\$ 3,600.00	1%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation/Fuel	\$ 4,367.78	1%	\$ 4,367.78	2%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ 17,107.65	5%	\$ 17,107.65	6%	\$ -	0%	\$ -	0%
% PCHS DeMinimis Indirect (5%)	\$ 17,107.65	5%	\$ 17,107.65	6%	\$ -	0%	\$ -	0%
% Less DeMinimis Indirect In-Kind (-5%)	\$ -	0%	\$ (17,107.65)	-6%	\$ -	0%	\$ 17,107.65	31%
<b>SUBTOTAL</b>	<b>\$ 47,643.09</b>	<b>13%</b>	<b>\$ 29,215.43</b>	<b>11%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 18,427.65</b>	<b>34%</b>
<b>Ongoing Operations &amp; Maintenance</b>								
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts: Vehicle Maint.	\$ 3,000.00	1%	\$ 3,000.00	1%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 3,000.00</b>	<b>1%</b>	<b>\$ 3,000.00</b>	<b>1%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>								
Organization:	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>								
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 379,368.40</b>		<b>\$ 274,749.81</b>		<b>\$ 50,000.00</b>		<b>\$ 54,618.59</b>	

NOTE: Indirect is limited to 5%

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name:

Project:

N/A

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 Continuation Grant Proposal Project Salary Summary** page 26

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**Agency Name:** Peninsula Community Health Services  
Bremerton Fire Department

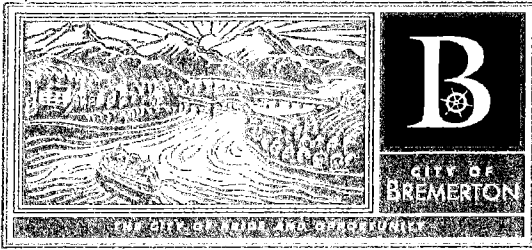
**Project:** Fired Up For Health - B.A.T. (Bremerton Ambulatory Team)

**Description**

Number of Professional FTEs	3.075
Number of Clerical FTEs	0.000
Number of All Other FTEs	0.000
<b>Total Number of FTEs</b>	<b>3.075</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 185,562.25
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 185,562.25</b>
Total Payroll Taxes	\$ 27,834.33
Total Cost of Benefits	\$ 18,556.23
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 231,952.81</b>



**Mayor Greg Wheeler**



July 23, 2019

Kitsap County Citizen 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' proposal to pursue funding to partner with Bremerton Fire Department to focus on providing substance use disorder and mental health treatment and medical services to callers who are using 911 for non-emergent or life-threatening services.

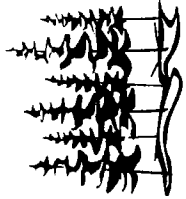
Peninsula Community Health Services has been a community partner to many service organizations for many years and is dedicated to taking care of the most vulnerable in our community. Their integrated behavioral health program launched eight years ago and additional medication assisted therapy services has also been provided in the last three 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.

PCHS understands how important it is to provide integrated care to patients who face multiple barriers. The City of Bremerton is committed to providing a \$50,000 in kind match to cover the medical provider portion of this project.

Thank you for your consideration of this proposal.

Sincerely,

Greg Wheeler  
Mayor



**Peninsula  
Community  
Health  
Services**

**Organizational Chart  
(By Function)**

Clinical

Admin Services Director  
Chief Financial Officer  
Chief Information Officer  
Human Resources Director

Administrative Staffing  
See Back Page

Quality Director  
(Compliance Officer)

Compliance Officer

Clinical Operations Director

Chief Medical Officer

Dental Director

Pharmacy Director

Board of Directors

Chief Executive Officer  
(Privacy Officer)

BH Director

LMHC,  
LMHCA,  
LSW, & CDP

Psychiatrist &  
Psych ARNP

Physician, NP,  
PA., & RD

Assoc. Medical Director

Dentist

Dental Hygienist

Pharmacist

HIM Coordinator

Outreach Coordinator  
(CHW)

Enrollment Coordinator  
(Navigator)

Purchasing Coordinator

Patient Service Center Coordinator

Medical Clinic Coordinator

Dental Clinic Coordinator

Integrated Care Coordinator

Dental Program Coordinator

Pharmacy Business Coordinator

Chem Dep. Nurse,  
Title X Coordinator

Health Care Specialist,  
Medical Assistant,  
& Vaccinator

Dental Assistant

Dental Assistant

Pharmacy Technician

Distribution/  
Courier/Purchasing  
Assistant

Patient Referral Specialist

Medical Front Office

Sterilization Technician

Dental Front Office

Community Health Worker/  
Patient Navigator

Patient Service Center Agent

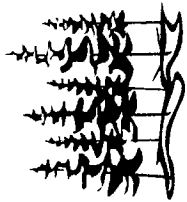
Medical Front Office

Sterilization Technician

Dental Front Office

Health Info Technician



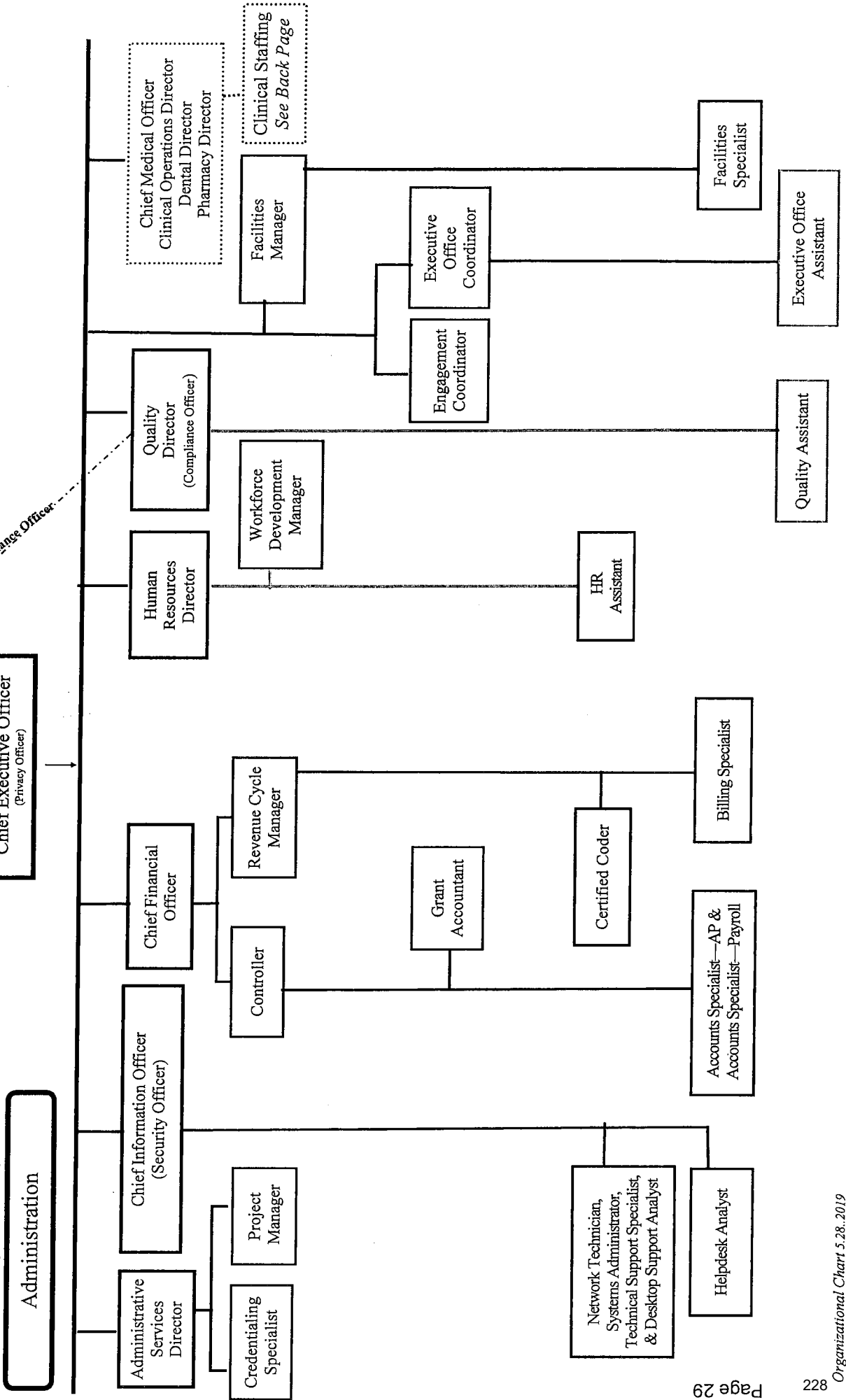


**Peninsula  
Community  
Health  
Services**

**Our Mission**

*PCHS provides accessible, affordable, quality health and wellness services for our communities.*

**Organizational Chart  
(By Function)**





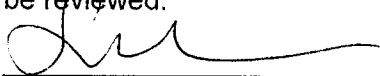
**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Checklist Form**

Name of Program:

Organization Submitting:

Item or Attachment	Yes	No	N/A	Initial
Project funds are 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		X		
Organization had a representative at the Mandatory New Grant Proposer Conference	X			
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by <b>May 31, 2019 at 3:00 p.m.</b>	X			
Organization did not receive funding for this project in 2019	X			
Attachment A – New Grant Proposal Summary Page	X			
Attachment B – New Grant Proposal Checklist Form	X			
Organization checked, initialed and signed New Grant Proposal Checklist	X			
Attachment C – New Grant Proposal Narrative Template	X			
Proposal Narrative is limited to 15 pages	X			
Attachment D – New Grant Proposal Evaluation Worksheet	X			
Attachment E – Total Agency Budget Form	Y			
Attachment F – New Grant Proposal Special Project Budget Form	X			
Indirect is limited to 5%	X			
Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form	Y			
Organization submitted Attachment G for each Sub-Contractor		X		
Sub-Contractor indirect limited to 5%		X		
Attachment H – New Grant Proposal Project Salary Summary	X			
Attachment I – Letter of Resource Commitment (optional)		X		
Attachment J– Organizational Chart	X			
No other attachments are included	X			
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	X			
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	X			

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.



Signature of Individual Preparing Proposal

7/25/19

Date



Signature of Organization's Chief Executive

7-25-19

Date

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Narrative Template**

**All New Grant 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
- B. Evidence-based, Promising, Best or Innovative Practices
- C. Outreach
- D. Evaluation

**2. Community Needs and Benefit (25 Points)**

- A. Policy Goal
- B. Needs Assessment and Target Population
- C. Community Collaboration, Integration and Collective Impact

**3. Organizational Capacity (25 Points)**

- A. Organizational Governance
- B. Organizational Finances
- C. Staffing Qualifications
- D. Organizational Licenses and Certifications
- E. History of Project Management

**4. Project Financial Feasibility (10 Points)**

- A. Budget Narrative
- B. Additional Resources and Sustainability

## Recovery Cafe Kitsap

### 1. PROJECT DESCRIPTION

Kitsap Community Foundation (“KCF”) is the applicant for this Project. KCF is a 501(c)(3) nonprofit corporation that manages a \$12 million charitable endowment for our County, runs several of its own programs such as the Kitsap Great Give, and provides fiscal sponsorship to several organizations in the community. KCF has acted as the fiscal sponsor of the Salish Recovery Coalition since November of 2018.

If grant funds are awarded for this Project, those funds will be granted to Kitsap Community Foundation. KCF will then manage the distribution of those grant funds to the Salish Recovery Coalition and ensure that the funds are used solely and properly to complete the Project – opening and operating Recovery Café Kitsap.

#### **A. Project Design**

Recovery Café is a community of women and men who have been traumatized by homelessness, addiction and other mental health challenges coming to know ourselves as loved with gifts to share. Recovery Café is an alternative therapeutic supportive community, founded on the knowledge that every human being is precious and beloved regardless of past trauma, mental and emotional anguish, addictive behaviors, or mistakes made. We will provide a beautiful, safe, warm, drug and alcohol-free space and loving community to anchor Members (our most closely supported consumers) in the sustained recovery needed to gain and maintain access to housing, social and health services, healthy relationships, education and employment.

Recovery Café’s community of radical hospitality is an antidote to the despair so many of our people once faced. Our loving community has an immense power to call forth the best in people.

This program is designed to help people maintain recovery, reduce relapse and fulfill their potential. Important elements of this work include:

- A healing milieu with free, nutritious meals, coffee, tea and lattes, birthday celebrations, access to a computer lab, daily encouragement and a robust delivery of the message YOU MATTER.
- Loving accountability groups called Recovery Circles which are essential to our program. Members are expected to attend a weekly Recovery Circle. They are expected to call if they are unable to attend, and failure to call results in the loss of Membership privileges for a week.
- Member Empowerment, enrichment and utilization. The Café is committed to growing and nurturing our Members to rebuild their lives, as well as help

others do so as well. This peer-to-peer aspect of recovery support is one of the most powerful pieces of Recovery Café's success.

- Education through the School of Recovery, a school available to Members, featuring classes that address the underlying causes of addiction, teach coping skills, develop knowledge, develop new skills and build recovery capital.
- Referral Services. Recovery Café will have relationships with more formal partners with a wide network of complimentary service providers. Recovery Café helps Members gain and maintain (through recovery support) housing, healthcare, mental health services, legal assistance and a base of support as Members navigate the complex social services system. In doing so, we are maximizing the impact of social service providers across the spectrum of need.
- Volunteer opportunities - These help Members learn the rewards of giving back, improve communication skills, develop leadership skills, learn to interact effectively and productively with staff, other Members and outside volunteers who spend time at the Café sharing their gifts.
- 12-step Meetings – Meetings can be held at the café during and after formal business hours.

### **Description of Recovery Circle**

A Recovery Circle is a small group of people who agree to share honestly, respect the sharing and privacy of others, and to being held accountable.

The circle is a place where we can:

- a. Surrender and acknowledge that we are powerless over certain destructive attitudes and behaviors.
- b. Show-up and Surround each other with compassionate listening and accountability.
- c. Serve each other with our listening, feedback with permission, reliability, & commitment to honest sharing.

Recovery Circles are held once a week and last about an hour. During this time each person is given time to check in about her or his week including big and small struggles, big and small victories, her/his plan for the coming week, requests for feedback, support and/or requests for help. Recovery Circles create a sacred space where people can be their authentic selves in their brokenness, healing, losses, needs, hopes, regrets and triumphs. For many of our Members, their life circumstances or addictions have estranged them from their family and friends. They need a place to learn to trust again, practice healthy interactions and to be known and loved. Not only

do Recovery Circles provide a critical entry into community and a sense of belonging, they also have very practical benefits. Ideally most of us have a “Recovery Circle,” a group of people in our lives who love us, care for us and provide help for us-if that be enrolling in school, navigating a divorce or grieving the loss of a loved one. We all fundamentally need this. It also is an incredible way of informal resource referral and assistance.

### **Population and Number of People Served**

Recovery Café Members will include low-income homeless or formerly homeless women and men. Persons exiting incarceration, and or participating in re-entry programs. Individuals actively engaged in other substance use, and or mental health related services as well as individuals seeking community support and relief from isolation including those new to recovery. These will include all person’s ages 18 and above, from diverse backgrounds and ethnicities including Hispanic, Native American, Caucasian, African-American and Asian; our Members include gay, lesbian and transgender people, and veterans.

### **B. Evidence Based, Promising, Best, or Innovative Practices**

Recovery Café is a key part of the new approach called Recovery Orientated System of Care (ROSC). This is a more effective approach for addressing chemical dependency issues. An ROSC meets people where they are on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person’s needs, and empowers them to build a life that realizes their full potential. This person- centered system of care supports a person as they establish a healthy life and recognizes that we all need a meaningful sense of membership and belonging in community.

What doesn’t work well is the traditional method where a person only receives support services when they are in total crisis, gaining some stability and then having the support and resources removed, setting the stage for a new crisis. Emergency intervention to stabilize a person in crisis and then “abandoning” them when they start to get better is time-consuming, expensive and ineffective. It also causes a lot more suffering for the person “bouncing” from acute need to remission. It is fortuitous that Washington State is moving to this better system of care.

At Recovery Café, we will provide support, resources and a community of care along the entire continuum of a person’s need for recovery assistance. In crisis, newer to recovery, in long-term recovery, after a relapse, during a difficult life change, throughout a physical health challenge, or mental health transition, the Café is there as a refuge of care, evidence-based practices, addiction support, and love. We teach people ways to manage their mental and physical health, maintain sobriety, build community, and help each individual reclaim life as a person worthy of giving and receiving love.

Through our work, we prevent that individual from another potentially life-ending crisis, saving taxpayer money in emergency intervention to stabilize that person, and allowing mental health and addiction support professionals to focus on health maintenance and addiction prevention. This is a much more humane and effective solution.

<https://www.samhsa.gov/sites/default/files/expert-panel-05222012.pdf>

[https://www.samhsa.gov/sites/default/files/rosc\\_resource\\_guide\\_book.pdf](https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf)

*“Recovery Café as a Service Innovative Model. The Recovery Café model, developed in Seattle almost 20 years ago, was founded on principles originating in Washington D.C. Samaritan Inns. It has since spread internationally. A Recovery Café is a consumer run organization for individuals experiencing substance use or co-occurring disorders who come together to support each other in their recovery. A Recovery Café is an alternative, therapeutic, supportive community. A drug- and alcohol-free physical location gives individuals a place to interact in positive, safe, and recovery-oriented ways to support each other. Recovery Café’s typically teach skills, provide access to housing, social and health services, and provide education and opportunities to form healthy relationships.<sup>2</sup> Most academic studies found that participants receiving peer intervention showed improvements in substance use, in a range of other recovery outcomes, or both. Peer intervention also improved relationships with providers and increased social support satisfaction with the treatment experience, reduced relapse, and increased treatment program retention. The individuals studied generally had complex needs, in addition to substance use issues, and benefitted from peer support across diverse types of interventions (Bassuk et al., 2016; Reif et al., 2014). One caveat has been that the definition of “peer” varies across most of studies. In addition, services in peer supported substance abuse entities can also vary. However, Recovery Cafés help avoid this problem by providing consistent services. The Recovery Café model fits well within the parameters of peer-support services established by the Washington State Recovery Oriented System of Care.”*

[https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=HCA%20Report%20-%20Developing%20Clubhouse%20Programs\\_23841f73-23de-4e0c-8911-8c1b22c9512f.pdf](https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=HCA%20Report%20-%20Developing%20Clubhouse%20Programs_23841f73-23de-4e0c-8911-8c1b22c9512f.pdf)

### **C. Outreach**

We intend to have close working relationships with the following agencies, providing them with the proper written material to give to individuals who need Recovery Support Services.



Westsound Treatment  
 Olalla Recovery Centers  
 Agape Unlimited  
 Kitsap Recovery Center  
 Kitsap Mental Health  
 Peninsula Community Health  
 Pacific Hope and Recovery Center  
 Salvation Army  
 Kitsap Rescue Mission  
 Drug Court  
 Behavioral Health Court  
 Veterans Court  
 Family Courts  
 Child Protective Services  
 Parent Representation Program  
 Parent Child Assistance Program  
 (PCAP)  
 Bremerton Law Enforcement Assisted  
 Diversion (LEAD)  
 Behavioral Health Navigators  
 Bremerton Police Department  
 Poulsbo Police Department  
 Port Orchard Police Department  
 Bainbridge Island Police Dept  
 Kitsap County Sheriff Office  
 Harrison Health Partners  
 EMT & Fire Departments  
 Local Churches and Faith Communities  
 Oxford Houses

Eagles Wings  
 Mission House Ministries  
 Benedict House  
 Ohana House  
 Department of Correction  
 Probation/Community Custody  
 Kitsap County Jail  
 Medical Assisted Treatment Providers  
 Kitsap Strong Network  
 Action Counseling  
 Cascadia Addiction Treatment  
 Eagle Harbor Counseling  
 Magnolia Behavioral Health  
 Navy substance Abuse Rehab  
 Pt Gamble S'klallam Recovery  
 Suquamish Tribe Wellness  
 The Right Choice Counseling  
 Kitsap Community Resources North  
 Kitsap Fishline  
 Department of Social and Health  
 Services  
 Recovery Coaches of Kitsap  
 Olympic College  
 Substance Use Prevention  
 Kitsap County Prevention and Youth  
 Services  
 Kitsap County Dispute Resolution  
 Kitsap County Public Health District  
 Free meal Locations

In addition to working closely with the above agencies we will create and maintain a website with calendar of events and classes, maintain an email list with newsletters stories and highlights from the Café. We will provide ongoing trainings and community events to increase awareness and build donor engagement. Members of our team recently attended The Saint A Trauma Informed Training of Trainers and intend to provide trainings around the prevalence and impact of trauma in the populations served at the café. Recovery Café Kitsap will also be a practicum sight for students of Olympic College studying in the Human services field. In addition, Recovery Coaching is a key component of the model and serve as facilitators of Recovery Circles. Members who maintain consistency in their recovery and volunteering in the café are encouraged to become Recovery Coaches and to give back as coaches.

**D. Evaluation**



Evaluation will happen in two ways.

- Attendance of Recovery Circles classes and frequency of Café use will be tracked thru our member management database ACCESS. This is provided and required as Recovery Café Emerging Members.
- Upon completing new members **Enrollment Form**, members are asked to complete the **Baseline Members Survey** and a **Follow-up Member Survey**.

In 2014 Seattle Recovery Café Member Surveys reported:

*“84% report Recovery Café has increased the amount of hope in their lives, and 75% report that since being at the Café, they have become a better advocate for themselves.*

*70% report that the Café has helped prevent relapse. Of those who report having a relapse since coming to Recovery Café, 69% report that RC helped them maintain longer periods of drug-and alcohol-free time and 45% believe that RC has helped them get back on track more quickly.*

*53% report experiencing suicidal behavior before coming to the Café and 31% believe RC helped prevent suicidal behavior. Of those 55% of Members who reported visiting the ER before coming to RC, 31% report that their visits to the ER have decreased since coming to RC.”*

<https://recoverycafe.org/about/>

## **2. COMMUNITY NEEDS AND BENEFIT**

### **A. Policy Goal**

Recovery Café aims to fill the gaps in Recovery Support Services. We will accomplish this in the following ways:

- By creating a safe space where individuals, families, schools, faithbased organizations, and businesses can all contribute to the to the emotional health of the community by the reduction of mental illness, substance use and suicide.
- Ongoing collaboration with stakeholders working towards the same goal.
- Thru increased Café membership and community collaboration we expect increased participation in our Recovery Coalition aimed at reducing stigmas and public policy advocacy.
- Contribute to the professional development of our member as well as practicum opportunities for students studying in the human services field.

- Participate in enhancing adult diversion programs.
- Provide safe support groups for both mental health and substance use called “Recovery Circles”

## **B. Needs Assessment and Target Population**

Recovery Café Members will include low-income homeless or formerly homeless women and men. Persons exiting incarceration, and or participating in re-entry programs. Individuals actively engaged in other substance use, and or mental health related services as well as individuals seeking community support and relief from isolation including those new to recovery. These will include all person’s ages 18 and above, from diverse backgrounds and ethnicities including Hispanic, Native American, Caucasian, African-American and Asian; our Members include gay, lesbian and transgender people, and veterans.

The population of Kitsap County is roughly 265,000 according to the 2017 WA State Office of Financial Management numbers.

According to the Kitsap Public Health District in their publication, Kitsap Community Health Priorities (2017), 11%- 30% of residents experienced mental distress, limited activity or mental health and/or used 5+ alcoholic drinks at one time in the past 30 days.

The specialty courts in Kitsap County (Adult Drug Court, Family Dependency Court, Behavioral Health Court, Veteran’s Court and Individualized Treatment Court) have graduated 632 (approximate number as there was no data for Family Court) people. While an impressive number, this is not the total number of enrolled since the inception of these courts. Recovery support services may have helped keep people in these courts.

This year the Kitsap County jail started offering Medication Assisted Treatment for opioid addiction. According to the Kitsap Sun (March 30, 2019), the Sheriff’s Office reported over half of inmates suffer withdrawal from opioid drugs, would detox in jail, be released, re-offend and return to jail.

On March 18, 2019, the Kitsap Sun reported on the County’s “Point in Time” survey of 487 homeless people. The 2019 survey indicated 48% reported a mental health condition and 28% stated they used alcohol and/or other drugs chronically.

What these statistics point to is several hundred people who need recovery services that are not getting them. While it is difficult to estimate how many people the Recovery Café will serve, a conservative goal would be to serve 250 members of our target population the first year.

## **C. Community Collaboration**

Recovery Café Kitsap is working with Kitsap Strong in a by monthly learning collaborative aimed and better understanding and providing trauma informed care in our community. We participated in Saint A Trauma Informed Training along side 16 other agencies. We hope to work closely with the Therapeutic Court programs aimed at having “Recovery Circles” recognized as self help meeting and providing increased support and pro-social opportunities for participants of there program. We intend to work closely with treatment providers encouraging participation in Café membership as part of a “Treatment Plan.” In addition, the proposed Recovery Café sight has the parking space large enough to accommodate the Peninsula Community Health’s Mobile Units. The proposed sight is near the new Kitsap Transit transfer station, West Sound Treatment center, and the new Methadone Clinic. This provide ease of access for members to collaborate with other services they choose to access. Providing “Recovery Circles” in the Kitsap County Jail and building relationships with individuals as they approach re-entry is another way we intend to collaborate with the community.

### **3. ORGANIZATIONAL CAPACITY**

#### **A. Organizational Governance**

##### *Kitsap Community Foundation*

Kitsap Community Foundation (“KCF”) is a 25-year old nonprofit corporation that currently manages a collection of over 100 funds that, totaled together, comprise more than \$12,000,000 of charitable dollars dedicated to improving our community. KCF manages these funds on behalf of individuals, government agencies, and other nonprofits organizations. KCF acts as the fiscal agent or sponsor of numerous nonprofit organizations or projects, including Kitsap Strong. Managing charitable dollars is KCF’s business.

KCF has a 15-member Board of Directors that provides fiduciary oversight over its operations. The Board has a strong Finance Committee and Investment Committee. KCF’s President & CEO is an attorney with deep expertise in nonprofit and financial management. KCF employees 3 additional staff-members in its core operations.

The attached organizational chart lists the members of KCF’s Board of Directors and staff positions.

##### *Salish Recovery Coalition*

The current organizational structure of Salish Recovery Coalition Board is an Executive Director and a Board of Directors consisting of 6 members with an additional 3 members working as the Recovery Café subcommittee. The coalition is incorporated in Washington as a nonprofit. In addition, the Executive Director meets regularly with a steering committee of experienced leaders/mentors.

POSITION	NAME	OCCUPATION**
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Executive Director	Summer Anderson	Salish Recovery Coalition, Board Member Washington Recovery Alliance, Studying Organizational Leadership @ Olympic College
Board of Directors	Terri Roper	Instructor @ Olympic College Human Services Department
Board of Directors	Laura Hyde	Kitsap County Prevention and Youth Services
Board of Directors	Brian Burwell	Clinical Supervisor Suquamish Tribe Wellness Center
Board of Directors	Christine Bailey	Peninsula Community Health Services
Board of Directors	Alison Fong	Investment Advisor Representative @ Northwest Asset Management
Board of Directors/ Recovery Café Sub Committee	Joseph Montalbo	Chemical Dependency Counselor Inpatient Services Olalla Guest Lodge
Recovery Café Sub Committee	Margot Katz	Chemical Dependency Professional Suquamish Tribe Wellness Center
Recovery Café Sub Committee	Janel McFeat	Strategic Planner for 2nd Chance Act Grant Port Gamble S'Klallam Tribe
Recovery Café Sub Committee	Beth Trigilio	Financial Assistant @ Port Gamble S'Klallam Tribe Health and Wellness Center
Steering Committee	Mickey Jordan	Director of Street Ministries @ Salvation Army Seattle
Steering Committee	Jonathan Stone	Lead Pastor @ New Life Church Port Orchard Campus
Steering Committee	Josh Lott	Associate Pastor Calvary Chapel Silverdale & Lead Instructor @ Kitsap School of Ministry

\*\*Please note all individuals mention in the above listed chart are involved in a personal capacity and not as a representative of said organizations.

## B. Organizational Finance

Attachment E presents financial information for Kitsap Community Foundation (“KCF”). The 2018 numbers are from KCF’s 2018 audited financial statements. The Foundation is audited each year. Those audits are available on KCF’s website. The 2019 numbers are a mix of 2019 budget numbers and 2019 actual numbers (the 2019 fiscal year ends Sept. 30, 2019). The 2020 numbers are estimates. These 2020 budget numbers have not yet been approved or reviewed by the Foundation’s Board of Directors. Per KCF’s auditor’s decision, none of these budget numbers include the

income and expenses from the Kitsap Great Give (which is roughly \$1.5M in income and expenses each year).

KCF's core managerial and fiscal structure is presented in Section A direction above. In regards to fiscal sponsorships, KCF requires regular reporting from sponsored organizations and only releases funds to sponsored organizations after completing appropriate due diligence to ensure that the claimed expenses are legitimate and the organization or project is being properly managed and is "on track." These decisions are made by the President & CEO, although KCF's Funds and Grants Officer is the main day-to-day contact with sponsored organizations or projects.

KCF has a set of Financial Policies that are reviewed by KCF's auditor each year. These Financial Policies require the level of internal controls that one would expect of an organization such as KCF.

KCF's last audit was "clean" and included no findings, disallowed costs, questioned costs, or administrative findings.

KCF's will retain 5% of the granted funds to cover the overhead involved in acting as the fiscal sponsor of the Project. This 5% is shown in Attachment F as an indirect expense.

### **C. Staffing Qualifications**

A Recovery Café requires a minimum of 3 core individuals who can execute the Administrative, Programmatic, and Fundraising functions required to successfully operate and maintain the Cafe.

The team functions listed below are necessary for ensuring that Recovery Café can be run with quality and fidelity to impact.

1. **Administrative:** Administrative responsibilities include implementing responsible financial stewardship and abiding by related policies. Local governance and strategic planning decisions and tasks also fall under this function area, as does ongoing communication with the Seattle location and others in the network. Additional responsibilities include managing human resources, payroll, and related policies and systems.
2. **Programmatic:** Programmatic responsibilities encompass all aspects of implementing the Café model in order to ensure impactful delivery and that quality standards are met on an ongoing basis. These include but are not limited to; overseeing front door management, the formation and maintenance of local partnerships, activities relating to meal service and kitchen operations, and building maintenance. This program function also manages monitoring and evaluation activities.
3. **Fundraising:** Fundraising responsibilities include grant writing and management, as well as relationship management for major donors. In

addition, this function encompasses event planning, planning and executing external communications, and regular maintenance of your website.

Because Recovery Café Kitsap is not a treatment provider, we will not require any licenses or certifications as we will not be seeking insurance or Medicaid funds. We will maintain necessary insurances, and business license.

#### **D. Organizational Licenses and Certifications**

We will be required to have the proper licensing and permits to serve food per the Kitsap County Health Department.

#### **E. History of Project Management**

In addition to the Kitsap Community Foundation's history of financial management and project oversight, Salish Recovery Coalition receives on going support from Recovery Café Network.

<https://recoverycafenetwork.org/>

In March of 2019 Recovery Café Kitsap was accepted into the Recovery Café Network (RCN). The Requirements are as follows:

Full Members of Recovery Café Network must maintain the Standards of Excellence. That excellence will be manifest in the following ways:

- All Member organizations must follow Guiding Principles in their community that support healing and transformation.
- All Member organizations must live out the Core Commitments of Recovery Café Network.
- All Member organizations provide on-going training and consultation for Recovery Circle facilitators.
- All Member organizations provide a structure of support and growth for participants, volunteers, and staff.
- All Member organizations must maintain a space that is safe, clean and meets local code.
- All Member organizations must use funds consistently with their purposes and with federal tax law and state law requirements governing the use of property held for charitable purposes.

#### **Personalized Training and Education**

- Initial two-day training
- Six phone/video consultations up to 60 minutes over two years

- Three personalized one to two-day immersion visits with your team at RC Seattle or other RCN Full Member site
- Access to the RCN's online Communities Platform including Knowledge Library
- Registration for up to three people of your team at the annual Recovery Café Network event (conference or focused training)
- One site visit from RCN staff to your Café (pre or post opening) Program and Resource Development
- Recovery Café Manuals describing program, operational, and administrative functions developed over a decade
- Identification as an Emerging Member of the national Recovery Café Network in your literature, website, and fundraising material
- Letter of support from RCN for fundraising efforts • Access to AGENCY database tool to manage Café membership and programming
- Training and guidance materials provided through the online Communities Platform
- Template language for grants
- Facilitated Peer to Peer Connection
- Facilitated introduction to Members of the Network
- Monthly 90-minute Cohort calls over two years
- Quarterly Network-wide conference calls filled with updates and Q & A
- Member Directory on RCN's Communities Platform

Being a part over the Recovery Café Network provides us with ongoing support, guidance and troubleshooting and tools to manage this project successfully. To date Recovery Café Network has helped launch 18 Cafés in communities across the nation, including 8 in Washington State. The benefits of network membership combined with the experience and dedication from the board will ensure project success.

#### **4. PROJECT FINANCIAL FEASIBILITY**

##### **A. Budget Narrative**

In summary we are seeking funds for the successful start of Recovery Café Kitsap. This will include:

- Development of proposed site including kitchen build



- First year annual operating costs including lease and utilities
- Three full time staff including executive director
- Indirect expenses @ 5%

It is essential to the model to provide meals, space for prosocial activities and for Recovery Circles. The proposed location meets all these requirements. It is also necessary to hire staff that can fill the rolls mentioned in 3-C of this narrative.

## **B. Additional Resources and Sustainability**

In the last legislative session, the behavioral health budget included \$1,000,000 for Recovery Cafés specifically and an additional \$3,172,000 for club house models and peer run agency. We intend to seek funding from both of these pools.

Because we will not provide “treatment Services” we will not be seeking Medicaid funding. Instead we will focus or attention on building partnerships within the faith community, foundations, and cultivating donor relationships.

An additional need for sustainability is the knowledge of staff in creating these relationships and other fundraising strategies. Especially in the Executive Director position. With the approval of funding we seek to hire Micky Jordan to fill the that roll. He has served for 14 years in leadership positions, has a background in organizational management, and an MA in philosophy. He has been working with those caught in homelessness, addiction, and poverty for the last 12 years. During that time, he raised the necessary capital to start Teen Challenge Kiev and two outreach departments for the Salvation Army. His education and experience give him a firm understanding of the nuances, heartache, and deep philosophical issues that plague vulnerable populations. Whether it is navigating the difficulties of enabling versus equipping, or educating volunteers to overcome complex systems, he has helped many teams and organizations better think about and engage poverty and addiction.

With proper leadership and fundraising experience, we will ensure sustained funding beyond this grant Cycle. Salish Recovery Coalition is one of 8 regional coalitions who work together across the state along side the Washington Recovery Alliance (WRA). One goal of our public policy advocacy is to increase funding for behavioral health services and programs. We will continue to work towards this goal for our own sustainability and for others. The working relationships with the WRA and other coalitions provides for networking and collaboration with stakeholders and information regarding funding streams and sustainability.

EVALUATION WORKSHEET

PROJECT NAME: Recovery Café Kitsap

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Date and time</small>	G. SOURCE
To provide a safe, warm, and inviting drug and alcohol-free space with accountability.	Provides Meals Accountability to 24 hours sobriety. Required weekly Recovery Circles	To engage 4 new participants/ members per week.	<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 checked="" type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: February 2020 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Upon completion of New Member Enrollment and Baseline Member Survey	Follow up Member Survey and attendance tracked in AGENCY Data Base
To encourage prosocial behavior and meaningful relationships	Recovery Circles	Members attend required weekly Recovery Circle	<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 checked="" type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date :February 2020 Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Upon completion of New Member Enrollment and Baseline Member Survey	All attendance tracked in AGENCY Data BASE
Increased hope, physical and mental health, reduction in relapse and social connectedness	School of Recovery Classes Contribution to Recovery Café community, and volunteer opportunities	To have fully engaged members that contribute to the running of the Café.	<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 checked="" type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: February 2020 Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	Upon completion of New Member Enrollment and Baseline Member Survey	Follow up Member Survey and attendance tracked in AGENCY Data Base

# Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap Community Foundation

Project: Recovery Café

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%		0%	\$ 1.00	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ -	0%	\$ -	0%	\$ 375,000.00	13%
Private Funding Revenue	\$ 1,902,330.00	78%	\$ 2,056,713.83	87%	\$ 2,262,385.21	76%
Agency Revenue	\$ 525,679.00	22%	\$ 302,446.14	13%	\$ 332,690.75	11%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 2,428,009.00</b>		<b>\$ 2,359,159.97</b>		<b>\$ 2,970,076.97</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Outside Contractors	\$ 200,046.00	8%	\$ 201,388.00	9%	\$ 211,457.40	7%
Staff	\$ 377,785.00	16%	\$ 402,311.33	17%	\$ 422,426.90	14%
Total Benefits	\$ 27,908.00	1%	\$ 41,000.00	2%	\$ 43,050.00	1%
<b>Subtotal</b>	<b>\$ 605,739.00</b>	<b>25%</b>	<b>\$ 644,699.33</b>	<b>28%</b>	<b>\$ 676,934.30</b>	<b>23%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 2,894.00	0%	\$ 2,350.00	0%	\$ 2,467.50	0%
Office Supplies	\$ 16,072.00	1%	\$ 11,442.00	0%	\$ 12,014.10	0%
Other (Describe) Technology Expense	\$ 18,330.00	1%	\$ 18,285.00	1%	\$ 19,199.25	1%
<b>Subtotal</b>	<b>\$ 37,296.00</b>	<b>2%</b>	<b>\$ 32,077.00</b>	<b>1%</b>	<b>\$ 33,680.85</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 51,291.00	2%	\$ 34,650.00	2%	\$ 36,382.50	1%
Audit/Accounting	\$ 8,169.00	0%	\$ 8,800.00	0%	\$ 9,240.00	0%
Communication	\$ 8,091.00	0%	\$ 8,258.00	0%	\$ 8,670.90	0%
Insurance/Bonds	\$ 3,711.00	0%	\$ 3,700.00	0%	\$ 3,885.00	0%
Postage/Printing	\$ 19,598.00	1%	\$ 16,400.00	1%	\$ 17,220.00	1%
Training/Travel/Transportation	\$ 31,064.00	1%	\$ 36,900.00	2%	\$ 38,745.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Dues & Subscriptions	\$ 2,554.00	0%	\$ 4,800.00	0%	\$ 5,040.00	0%
<b>Subtotal</b>	<b>\$ 124,478.00</b>	<b>5%</b>	<b>\$ 113,508.00</b>	<b>5%</b>	<b>\$ 119,183.40</b>	<b>4%</b>
<b>Ongoing Operations and Maintenance</b>						
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) Rent Parking & Utilities	\$ 37,097.00	2%	\$ 52,500.00	2%	\$ 55,125.00	2%
Other (Describe) Recovery Café	\$ -	0%	\$ -	0%	\$ 375,000.00	13%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 37,097.00</b>	<b>2%</b>	<b>\$ 52,500.00</b>	<b>2%</b>	<b>\$ 430,125.00</b>	<b>15%</b>
<b>Other Costs</b>						
Grants	\$ 1,297,221.00	54%	\$ 926,811.41	40%	\$ 1,065,833.12	36%
Other (Describe) Restricted Endowment Funds	\$ 285,321.00	12%	\$ 540,327.00	23%	\$ 594,359.70	20%
<b>Subtotal</b>	<b>\$ 1,582,542.00</b>	<b>66%</b>	<b>\$ 1,467,138.41</b>	<b>64%</b>	<b>\$ 1,660,192.82</b>	<b>57%</b>
<b>Total Direct Expenses</b>	<b>\$ 2,387,152.00</b>		<b>\$ 2,309,922.74</b>		<b>\$ 2,920,116.37</b>	

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## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Kitsap Community Foundation/Salish Recovery Coalition

RecoveryCafe Kitsap

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 60,000.00	16%	\$ 60,000.00	18%	\$ -	0%
Staff	\$ 90,000.00	24%	\$ 90,000.00	28%	\$ -	0%
Total Benefits	\$ 24,000.00	6%	\$ 24,000.00	7%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 174,000.00</b>	<b>46%</b>	<b>\$ 174,000.00</b>	<b>54%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 500.00	0%	\$ 500.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 500.00</b>	<b>0%</b>	<b>\$ 500.00</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 4,200.00	1%	\$ 4,200.00	1%	\$ -	0%
Insurance/Bonds	\$ 3,900.00	1%	\$ 3,900.00	1%	\$ -	0%
Postage/Printing	\$ 450.00	0%	\$ 450.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 3,500.00	1%	\$ 3,500.00	1%	\$ -	0%
% Indirect (Limited to 5%)	\$ 16,250.00	4%	\$ 16,250.00	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 28,300.00</b>	<b>8%</b>	<b>\$ 28,300.00</b>	<b>9%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 80,000.00	21%	\$ 30,000.00	9%	\$ 50,000.00	100%
Utilities	\$ 19,200.00	5%	\$ 19,200.00	6%	\$ -	0%
Lease	\$ 36,000.00	10%	\$ 36,000.00	11%	\$ -	0%
Commercial Kitchen Equipment	\$ 32,000.00	9%	\$ 32,000.00	10%	\$ -	0%
RCN Fee	\$ 5,000.00	1%	\$ 5,000.00	2%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 172,200.00</b>	<b>46%</b>	<b>\$ 122,200.00</b>	<b>38%</b>	<b>\$ 50,000.00</b>	<b>100%</b>
<b>Sub-Contracts</b>						
	\$ -	0%		0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 2.00</b>	<b>0%</b>	<b>\$ 1.00</b>	<b>0%</b>	<b>\$ 1.00</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 375,002.00</b>		<b>\$ 325,001.00</b>		<b>\$ 50,001.00</b>	

NOTE: Indirect is limited to 5%

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## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name:

Project:

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
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 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
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%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ 2.00	100%	\$ 1.00	100%	\$ 1.00	100%
<b>SUBTOTAL</b>	<b>\$ 2.00</b>	<b>100%</b>	<b>\$ 1.00</b>	<b>100%</b>	<b>\$ 1.00</b>	<b>100%</b>
<b>Total Project Budget</b>	<b>\$ 2.00</b>		<b>\$ 1.00</b>		<b>\$ 1.00</b>	

NOTE: Indirect is limited to 5%

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**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

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**Recovery Café Kitsap****Recovery Café Kisap****Description**

Number of Professional FTEs	3.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>3.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ 60,000.00
Salaries of Professional Staff	\$ 50,000.00
Salaries of Clerical Staff	\$ 40,000.00
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 150,000.00</b>
 Total Payroll Taxes	 \$ 13,500.00
Total Cost of Benefits	\$ 10,500.00
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 174,000.00</b>

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**Attachment J**

**Kitsap Community Foundation  
Board of Directors & Organizational Chart**

July 9, 2019

Board of Directors

Alice Tawresey, Chair  
Former Bainbridge Island Mayor

Rick Darrow, Vice Chair  
President & CEO, Liberty Bay Bank

Dave Schureman, Treasurer  
Financial Services Manager, Kitsap County

Ruth Bernstein, D.M., Secretary  
Lecturer, Nonprofit Studies, University of Washington Tacoma

John S. Arthur, M.D.  
Surgeon and Community Volunteer

Bill Benson  
Owner, Posh Speakers

Harriette Bryant  
Community Volunteer

Joan Davis, Past Chair  
Retired Senior Vice-President, Special Assets, Umpqua Bank

David B. De Bruyn  
Financial Advisor to Nonprofits

Walt Draper  
Retired Navy Captain, Retired Director of Finance and Operations Bremerton School District

Margee Duncan  
Sr. Environmental Analyst and SEPA Compliance Coordinator, Seattle City Light

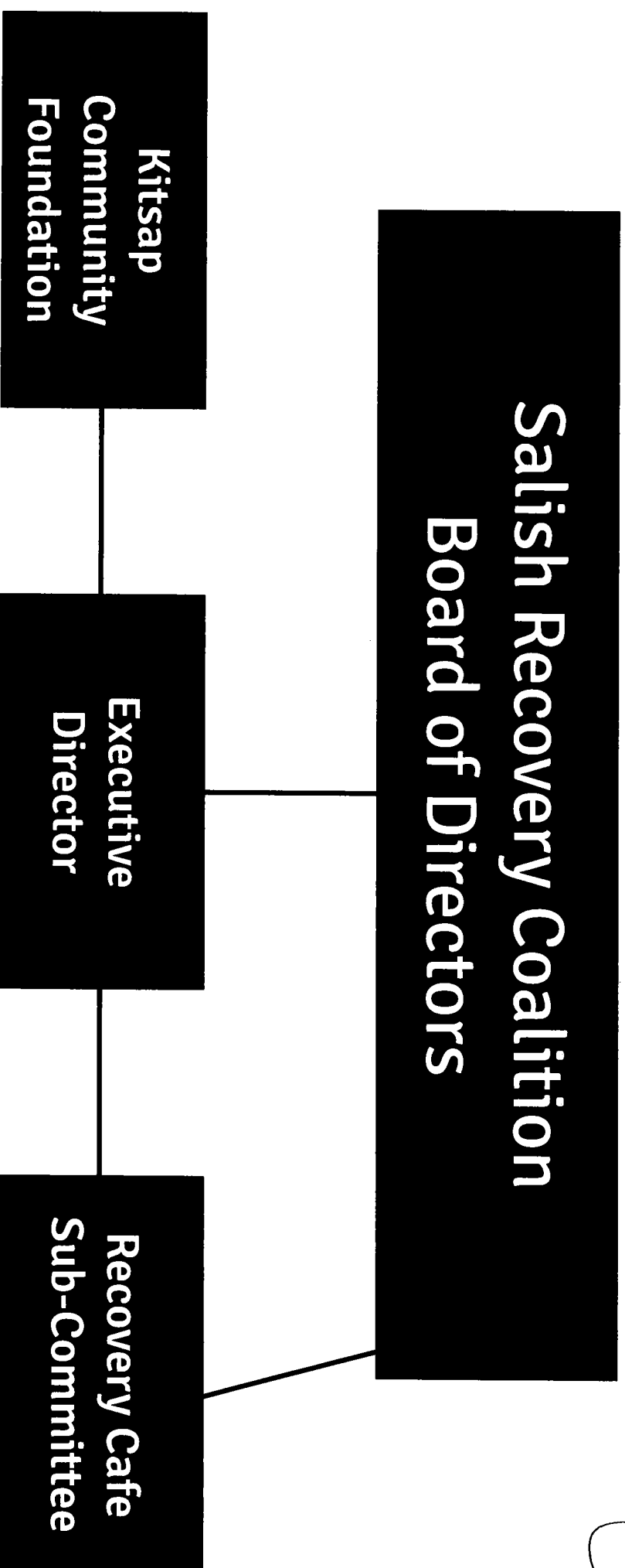
Frank Leach  
Broker/Owner, Re/Max Platinum Services, Silverdale

Daphne Lee-Larson  
Sound West Group

Patty Lent  
Former Bremerton Mayor

Tammie Zech  
Owner and CEO, Zech Interiors & Design

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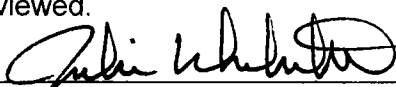
## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Checklist Form

Name of Program: Metamorphosis

Organization Submitting: West Sound Treatment Center

Item or Attachment	Yes	No	N/A	Initial
Project funds are 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	✓			Jw
Organization had a representative at the Mandatory New Grant Proposer Conference	✓			Jw
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by <b>May 31, 2019 at 3:00 p.m.</b>	✓			Jw
Organization did not receive funding for this project in 2019	✓			Jw
Attachment A – New Grant Proposal Summary Page	✓			Jw
Attachment B – New Grant Proposal Checklist Form	✓			Jw
Organization checked, initialed and signed New Grant Proposal Checklist	✓			Jw
Attachment C – New Grant Proposal Narrative Template	✓			Jw
Proposal Narrative is limited to 15 pages	✓			Jw
Attachment D – New Grant Proposal Evaluation Worksheet	✓			Jw
Attachment E – Total Agency Budget Form	✓			Jw
Attachment F – New Grant Proposal Special Project Budget Form	✓			Jw
Indirect is limited to 5%	✓			Jw
Attachment G – New Grant Proposal Sub-Contractor Special Project Budget Form			✓	Jw
Organization submitted Attachment G for each Sub-Contractor			✓	Jw
Sub-Contractor indirect limited to 5%			✓	Jw
Attachment H – New Grant Proposal Project Salary Summary	✓			Jw
Attachment I – Letter of Resource Commitment (optional)			✓	Jw
Attachment J – Organizational Chart	✓			Jw
No other attachments are included	✓			Jw
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included	✓			Jw
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019	✓			Jw

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.



Signature of Individual Preparing Proposal

7/22/19

Date



Signature of Organization's Chief Executive

7/22/19

Date

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Narrative Template

### 1. Project Description (40 Points)

#### A. Project Design

The West Sound Treatment Center (WSTC) Metamorphosis Program will provide comprehensive chemical dependency treatment and two safe and sober supportive houses for men and women and their children. The primary focus of Metamorphosis is to reduce the psychological and social impairment for participants who suffer from substance use disorders and to connect them with community resources that will assist in the maintenance of long-term abstinence and successful housing stabilization. Each house will have a housing case manager on site during business hours that will provide supportive case management and housing services. Each housing participant will be enrolled in chemical dependency treatment and will receive referrals to needed mental health and physical health agencies to ensure a continuum of care for each individual. Housing case managers will also provide referrals to outside agencies for basic needs and provide transportation to community partners and important appointments that are integral to their goals. Due to the dramatic impact Substance Use Disorder delivers across several life domains, the recovering addict must learn independent living skills in order to navigate life in recovery. The housing case manager begins early on guiding house residents in these skills- coping with and adapting to challenges, demands, and difficulties of everyday life. This is linked specifically to achieving permanent housing and sustained recovery. The policy goals this program seeks to achieve include; to increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County, reduce the incidence and severity of chemical dependency and or mental health disorders in adults, improve the health status and well-being of Kitsap County residents, reduce the number of people in Kitsap County who recycle through the criminal justice systems, and reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement.

#### B. Evidence-based, Promising, Best or Innovative Practices

West Sound Treatment Center's plan for this grant is to address homelessness by promoting a continuum of housing and support services that augment individual and family stability, resiliency, and economic independence. WSTC will target adults with substance use disorders who have barriers to treatment and recovery success such as location, lack of awareness of treatment options, homelessness, and unemployment, including the targeted subpopulations: pregnant and postpartum women, individuals using intravenous drugs, and the LGBTQIA+ community.

WSTC acknowledges the importance of Motivational Interviewing as a core competency that is linked to program goals in a way that establishes a rapport with a client which allows the case manager to elicit and strengthen client motivation for change. Trauma-informed care is also linked to goals as staff recognizes the various adaptive behaviors the client displays that are linked to a history of trauma. The case manager's role and 1:1 case management as well as the client interaction

is pivotal to the client's ability to set and achieve personal goals and to regularly assess and encourage self-efficacy and sustained recovery. Case managers facilitate referral and transporting/accompanying clients to community partners for specific services. The case manager assists with helping the client to cope with and adapt to the challenges, demands, and difficulties of every-day life. This is linked specifically to achieving permanent housing and sustained recovery. Vocationalizing the culture of services at the two houses is critical toward supporting permanent housing. Work is presented as not only an opportunity for clients but also a normative expectation. Stages of Change is used by staff to understand the point at which an individual is functioning and then adopting techniques to meet the individual where they are at in the stage they are presenting. Relapse prevention support initiated by the case manager with follow-through among house residents, promotes the goal of sustained recovery. Cognitive-Behavioral Therapy is an evidenced-based practice that focuses on changing dysfunctional thoughts and behavior to realistic and useful thoughts and responses. This therapeutic model helps clients to approach life and each other with a more positive frame of mind.

Currently, WSTC has housing programs through the New Start Program and Homeless Housing Program. Combined, this includes two men's and two women's safe and sober housing. Through our Homeless Housing grant, we have projected to serve 60 individuals for the year 2019. As of first quarter, we have served 29 total and are on track to serve a total number above 60 participants. Per our first quarter report for our New Start Program, we have maintained 63% capacity in our housing, 91% of active participants have not re-offended, and 54% of our housing participants have remained sober.

In Kitsap County, people with substance abuse disorders (SUDs) face significant barriers to treatment due to the geographical dispersion of the communities, many of which are small and isolated from larger municipalities due to lack of public transportation. According to the journal, *Substance Abuse & Misuse*, studies show that this type of geographical dispersion in both rural and urban areas is a significant barrier to treatment. (1) The *Journal of Substance Abuse Treatment* adds that lack of awareness and lack of transportation compound the issues already caused by geographical dispersion, with one study noting that 32% of participants reported living too far away from treatment, not knowing where to go for treatment, or having difficulty getting to and from treatment. (2)

Homelessness is another barrier to treatment for many individuals in Kitsap County. According to a 2017 report, 20% (244 individuals) of those who identified themselves as homeless self-reported having a substance use disorder. (3)

The rate of substance use disorders in the jails in Kitsap County is also significant. While many offenders are able to take advantage of the Adult Drug Court program, others find themselves incarcerated for months and do not receive the treatment they need for recovery and re-entry after release.

Certain subpopulations in Kitsap County have additional risks. Pregnant and postpartum women (PPW), individuals using intravenous drugs (IUID), and LGBTQIA+ face

additional barriers, such as susceptibility to violence, lack of child care, fear of legal punitive actions, discrimination, and lack of resource availability. (4)

1. Substance Use & Misuse, 2014 Jun; 49(7): 891–901, Barriers to Substance Abuse Treatment in Rural and Urban Communities: A Counselor Perspective
2. The Journal of Substance Abuse Treatment, 2006 Apr; 30(3): 227–235, Treatment barriers identified by substance abusers assessed at a centralized intake unit
3. Kitsap County Department of Human Services, 2017 Demographics for Households Experiencing Homelessness in Kitsap
4. American Journal of Public Health, 2015 November; 105(11): e50–e54, Women-Centered Drug Treatment Services and Need in the United States, 2002–2009

### C. Outreach

The Operations Director and housing case managers will actively participate in community outreach to develop partnerships with outside agencies as well as to obtain housing referrals. This includes routine attendance and involvement in monthly provider meetings. Referrals will also come from within West Sound Treatment Center's intensive outpatient programs and Community Outreach Recovery Education Program. (C.O.R.E.) Housing case managers will offer quarterly presentations at local inpatient and outpatient treatment facilities. WSTC will also receive referrals from the Re-entry officers in the Kitsap County Jail, The Port Gamble S'Klallam Tribe Pre-release Success Coaches, the Bremerton's L.E.A.D. Program, and other local treatment agencies including detox and inpatient facilities. Immediately following any referrals or inquiries for housing, the housing case managers will facilitate a housing screening. If the individual qualifies for housing and there are no available beds at that moment, they will be placed on a waiting list.

Through this outreach, WSTC plans to screen 120 individuals and provide housing and services to 60 participants.

### D. Evaluation

**Goals:** To provide chemical dependency treatment and to reduce the psychological and social impairment for participants who suffer from substance use disorders and to connect them with community resources that will assist in the maintenance of long-term abstinence and successful housing stabilization. WSTC will provide clean and sober supportive housing and mend the community gap for chronically homeless participants with substance abuse disorder and ensure that the program services meet participant needs and support improvements in health, wellbeing and stability.

**Outcomes:** We have the following participant objectives: Metamorphosis supportive housing will maintain 80% capacity each quarter; 60% of housed program clients will remain sober, 70% of Metamorphosis Program participants will stay engaged in treatment services while residing in our houses, 60% program participants will

successfully complete (graduate) treatment, 70% of participants referred to Peninsula Community Health Services will engage in services (attend appointment), 50% of participants will obtain or regain their license by completion, 40% of participants will enroll in school or continued education by completion, and 60% of participants will obtain stable housing by completion. In addition to these outcomes, WSTC will ensure program services meet participant needs and support improvements in health, wellbeing, and stability through participant surveys. Of those who choose to complete a survey, 75% of participants will agree their physical health has improved, 60% of participants agree that their mental/emotional health has improved, and 75% of participants agree they can utilize the knowledge gained through the program to prevent a future relapse.

**Goal #1:** Provide chemical dependency treatment and to reduce the psychological and social impairment for participants who suffer from substance use disorders.

**Objective 1:** 60% of housed program participants will remain sober.

**Objective 2:** 70% of Metamorphosis Program participants will stay engaged in treatment services while residing in our houses.

**Objective 3:** 60% of program participants will successfully complete (graduate) program and treatment services.

**Goal #2:** Connect participants with community resources that will assist in the maintenance of long-term abstinence and successful housing stabilization.

**Objective 4:** 70% of participants referred to Peninsula Community Health Services will engage in services (attend appointment)

**Objective 5:** 50% of participants obtain or regain their license when they complete services.

**Objective 6:** 40% of participants will enroll in school or continued education by completion

**Objective 7:** 60% of participants transfer to stable housing when discharged from services

**Goal #3:** Provide clean and sober supportive housing and fill the community gap for chronically homeless participants with substance use disorder.

**Objective 8:** Metamorphosis Program will maintain 80% of housing capacity each quarter.

**Objective 9:** 60% of participants transfer to stable housing when discharged from services.

**Goal #4:** Program services meet participant needs and support improvements in health, wellbeing and stability.

**Objective 10:** 75% of participants agree their physical health has improved.

**Objective 11:** 60% of participants agree that their mental/emotional health has improved.

**Objective 12:** 75% of participants agree they can utilize the knowledge gained through the program to prevent a future relapse.

## 2. Community Needs and Benefit (25 Points)

### A. Policy Goal

The Metamorphosis Program seeks to achieve the following policy goals; increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County, reduce the incidence and severity of chemical dependency and/or mental health disorders in adults, improve the health status and wellbeing of Kitsap County residents, reduce the number of people in Kitsap County who recycle through the criminal justice systems, and reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement. The following gaps this program will address through Recovery Support Services are as follows; Provide funding for recovery supportive services for individuals in treatment with regards to transportation, provide appropriate support services for homeless individuals at risk of homelessness with Behavioral Health issues, Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment, and Identify transportation barriers to getting to treatment and increase transportation options.

#### B. Needs Assessment and Target Population

According to the 2019 Kitsap Count PIT Count, the number of unsheltered individuals rose from 2018 by 17%, indicating an increased need for housing options to reduce the number of individuals seeking shelter due to lack of safe, stable housing. Furthermore, the percentage of the population affected by homelessness from the PIT count shows that 58% of these individuals reside in Bremerton, while 20% reside in Port Orchard. Out of all cities in the county, these were the highest two metrics captured, showing a specific need for housing in Kitsap County. A 2017 report by the Washington State Department of Commerce shows that increasing rents is the largest driver of homelessness in Washington State. National research indicates that every \$100 increase in rent is associated with an increase of homelessness of 6% in metro areas and 32% in non-metro areas and Kitsap County includes both. At the end of first quarter 2018, the average rent per unit in Kitsap County was \$1323. West Sound Treatment Center currently operates two homeless transitional projects in Kitsap County, all of which meet the identified criteria of the Kitsap Homeless Crisis Response and Housing Plan. According to the 2018 Point In Time Homeless Count, on any given day there are estimated to be more than 450 people living on the streets, in vehicles, in the woods of Kitsap County, in shelters, and in transitional housing. Causes of homelessness stated in the Kitsap Homeless Crisis Response and Housing Plan include individuals lacking education and job skills to be prepared to complete for living-wage jobs, have an insufficient personal safety net to successfully weather temporary or chronic adversity, and may have limited options for improving their situation and ultimately lose hope for a future that envisions economic self-sufficiency and social resiliency. Furthermore, it goes on to state that while economic problems and evictions are often the final event leading to homelessness, individuals with serious behavioral health issues are particularly vulnerable.

The target population for this program involves low-income to no-income adults with a substance use disorder in need of treatment. Based on our individuals served through our other housing programs, we plan to screen 120 individuals and will provide services through this program to 60 participants in need of housing. Those that are screened and approved for housing when our houses are full will be put on a waiting list.

Through 1:1 intensive housing case management, a safe and sober place to reside, and further assistance with our wrap around services, each participant is given the tools and the support needed to overcome these obstacles and in turn, help to reduce their chances of experiencing homelessness again. The impact of this program on the community lowers the number of individuals homeless in Kitsap County, helps to reduce the costs involved that are spent on caring for the homeless people through our emergency services and enables participants suffering from substance use disorder to gain stability and be a productive member of their community. We have tailored the program to target the highest areas of homelessness in Kitsap County, to specifically address the current needs of the community by providing housing for the affected areas.

West Sound has provided supportive housing for many years for men, women, and their children. As we address the goal of making homelessness a one-time occurrence with our participants in our programs, we will continue to utilize all the services available through our agency and our outside agency partners. Each participant enrolled in our housing programs are actively engaged in treatment and provided intensive 1:1 case management which includes vocational and employment supports as well as transportation. West Sound Treatment Center recognizes the large need for safe and sober housing and plans on continuing to grow the number of supportive housing accommodations for those who are faced with homelessness that are experiencing the consequences of substance use disorders.

#### C. Community Collaboration, Integration and Collective Impact

West Sound Treatment Center continues to cultivate and maintain multiple community relationships in an effort to expand its collective impact in the community. These relationships include; Lieutenant Sapp and the Kitsap County Jail staff, Bremerton Municipal Court, Behavioral Health Court, Drug Court/Vet Court, Kitsap Connect, Kitsap Community Resources, Kitsap Recovery Center, Kitsap Mental Health, Peninsula Community Health Services, Suquamish Tribe, Express Employment Professionals, Worksource, Bremerton Housing Authority, and Kitsap Mental Health Services.

In addition to these continued relationships with outside agencies, West Sound has also gained many new community partners. This includes partnerships with Kitsap County's Lead Program, the Port Gamble S'Klallam Tribe with our implementation of Success Coaches to help facilitate the transition of our participants from incarceration to the community, NaphCare MAT program in the jail, and routine participation at several monthly provider meetings in our county.

West Sound Treatment Center understands the importance for local behavioral health service providers and partners to work together and plans to continue its mission of community outreach to ensure its participants are benefited with a coordinated system that works towards improving the overall health of the community.

### **3. Organizational Capacity (25 Points)**

#### A. Organizational Governance



WSTC's Executive Director has over 14 years' experience with grant funding. The Executive Director is responsible for overseeing the administration, programs, and strategic planning of the organization; working with the board to fulfill the organizational mission; developing resources sufficient to ensure the financial health of the organization; working with the board and staff to ensure that the mission is fulfilled through programs, strategic planning, and community outreach; overseeing and implementing appropriate resources to ensure that the operations of the organization are appropriate. The Executive Director also fulfills the role of Clinical Director and is responsible for overseeing and developing the organization's clinical department through hiring, evaluation, scheduling, and supervision; developing strategies to allow for continued growth and provide clinical training to staff and interns.

The Operations Director has over 19 years' experience in case management including over 7 years in administration and programs coordination. The Operations Director provides oversight of all housing program activities, performance measurement, and adherence to all policy and regulatory procedures. The Operations Director also delivers quality service provision, contract management and reporting, staff supervision and development, and the research and securing of additional funding sources. The Operations Director is also responsible for contractual agreements for upkeep, maintenance, repair and renovation of the houses. In addition to providing financial and contractual oversight, they also provide staff supervision and development of community partnerships including routine involvement in monthly community meetings.

The Financial Director has over ten years' experience with government funding. WSTC's financial director works with the book keeper to ensure all coding of transactions are in compliance with non-profit accounting rules.

The West Sound board takes an invested role with the operations of the program. The board chair is available as needed to the Executive Director for input and decision. The finance committee has been instrumental over the past year in rebuilding the financial department and assisting with other areas of the program. The West Sound board meets the last Wednesday of every month with the exception of July. The board takes this day off unless there is emergent business to tend. The board diligently pursues fund raising opportunities in conjunction with the staff. When a potential opportunity arises, the board assesses viability and determines if the agency will participate. The WSTC board works with the Executive Director on strategic planning as needed giving helpful insights to help further the cause of all programs.

## B. Organizational Finances

Our Financial Director Edgar Izurieta has over ten years of non-profit and government accounting. Casey Winters, our CPA consultant, specializes in non-profit accounting. Randy Glein, a WSTC Board member for 20 years and a finance committee chair, owns a CPA firm specializing in tax filing with over 30 years' experience. Jitasa provides bookkeeping as an outside agency. Jitasa has 13 years' experience with non-profit book keeping and accounting.

WSTC's Finance Director works with the bookkeeper to ensure all coding of transactions are in compliance with non-profit accounting rules. The Bookkeeping

company reconciles bank statements and provides financial reports. The Financial Director reviews financial reports and makes monthly corrections by the 10<sup>th</sup> of each month. The Financial Director provides profit and loss balance sheet and cash flow statement to the finance committee and the Executive Director by the 15<sup>th</sup> of each month. Finance committee reviews all financial reports by the 20<sup>th</sup> of each month. The board is then presented a finalized financial statement at the end of each month (profit and loss balance sheet and cash flow statement). The board then votes on these statements.

Our last financial audit was completed in 2017. This was completed by Aiken and Sanders, INC., PS Certified Public Accountants & Management Consultants. They found that the financial statements presented fairly, in all material respects, the financial position of the Organization as of December 31, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America. There was no disallowed costs or questioned costs.

### C. Staffing Qualifications

#### **Operations Director (.25 PTE)**

Provides financial and contractual oversight as well as staff supervision including development and implementation of policy and procedures and oversight of all housing program activities, performance measurement, and development of community partnerships. Routine involvement in monthly community provider meetings. 19+ years' experience in case management/residential housing/direct client services including 7+ years in administration and programs coordination. This position does not require specific certifications or licenses

#### **Housing Case Manager (2.0 FTE)**

This grant will fund two full time housing case managers. Each housing case manager will oversee their own respective house, be located on premises during business hours, and be responsible for the day-to-day oversight of the housing daily upkeep and conduct monthly and random inspections to ensuring there is no contraband items inside the premises as well as uphold and enforce the housing guidelines. They will provide a variety of record keeping and interpersonal tasks such as intake, evaluation, coordination of provision of services to housing participants which includes transporting participants to important appointments and outside agencies for basic needs. In addition, they will collect monthly rent, create Individual Support Plans involving short term/long term goals, collect client information for reporting purposes following the Washington Administrative Codes (WAC) and laws pertaining to confidentiality and continue to facilitate strong and viable community program services while also establishing and maintaining partnerships with outside agencies to obtain referrals and facilitate WSTC's goal for continued community impact. Housing case managers will be trained in Motivational Interviewing, Trauma Informed Care, ACES/Resiliency, and Mental Health First Aid. No specific certifications or licenses needed upon hire and training will be provided. Previous case management experience will be required.

### D. Organizational Licenses and Certifications

WSTC is licensed through the Department of Health and Salish Behavioral Health Organization. WSTC is certified to provide 2.1 IOP-Intensive Outpatient Treatment; 1.0 OP-Outpatient Treatment and facilitates comprehensive ASAM Assessments; Individualized collaborative Treatment Plans; aftercare planning and support; Relapse Prevention Treatment; structured one on one therapeutic sessions; MAT Treatment referrals and support; Drug Court Substance Use Treatment; Veteran's Court Substance Use Treatment; Behavioral Health Court Substance Use Treatment; Alcohol and Drug Information School (ADIS).

#### E. History of Project Management

Since 1981, West Sound Treatment Center provides treatment for adults with substance abuse disorders. As community and client needs change, particularly in the growth in homelessness, deinstitutionalization, Child Protective Services involvement, legal issues, and a history of domestic violence and other trauma, WSTC is committed to expanding services as appropriate. In 2009, WSTC opened O'Hana House in Bremerton providing housing for eleven homeless chemically dependent women and their children then the Lighthouse for men followed the following year. These supportive housing programs provide treatment, on-site case management, vocational- and life-skills building, advocacy, and intensive support services. WSTC provides substance use disorder assessments, outpatient chemical dependency treatment, individual and family counseling, case management and supportive services for our housing clients in three convenient locations across the Peninsula. In 2014, WSTC signed a New Start Program contract providing substance use disorder assessments, treatment, life-skill building, and re-entry services at the Kitsap County Jail and began providing continuing care services at WSTC for those exiting the jail. The Continuation of care includes treatment, relapse prevention, and vocational/employment supports and skill building services as well as transitional living for homeless men and women exiting the Kitsap County Jail for up to twelve months.

West Sound's experience with government funds includes as follows; over thirty years of receiving government funding, Medicaid funding, 1/10<sup>th</sup> of 1%, Drug Court, Homeless Housing, Substance Abuse Block Grant, Washington State Health Care Authority, and Criminal Justice Treatment Account Grant.

#### **4. Project Financial Feasibility (10 Points)**

##### A. Budget Narrative

##### Funding Request

1. Total salaries (Two FTE Housing Case Managers and One PTE Program Director): \$87,500
  - Fringe Benefits: \$13,125
  - Equipment: \$1800
  - Office Supplies: \$1000
  - Audit/Accounting: \$1,000
  - Insurance/Bonds: \$2,000

- Training/Travel/Transportation: \$500.00
- Other: Client Transportation/Bus Passes: \$8,200
- Maintenance and existing landscaping: \$3,600
- Repairs of Equipment and Property (for houses and vehicles): \$2,000
- Utilities (for two houses): \$15,000
- Rental fees: \$61,200
- Lab Fees: \$500
- Basic Needs (Bus passes and basic needs to assist clients): \$3,000
- Total requested Funding for 12 months New Start Program: \$180,425
- Total WSTC committed in-kind: \$20,000

The amount of funds requested will cover needed staff and administration to operate these houses smoothly while providing exceptional case management services referring, linking, and advocating for the members of the house. This money will also provide the basic needs of operational expenses such as utilities, insurance, taxes, etc. This money will cover the entire allowable budget items for these houses over the next year. Housing is perhaps the leading need for our community. Seeking to secure the primary amount for operating these houses under this grant will allow West Sound to focus on the clients without being concerned month to month if we have enough operating capital. West Sound is resilient and has and can overcome great obstacles, but we would like to be able to operate without passing obstacles to the people we serve. This program is a new project for West Sound which is modeled after our New Start program and focused on housing and treatment services for all individuals experiencing homelessness and who suffer from Substance Use Disorder. Indirect expenses will be 0% for this program.

#### B. Additional Resources and Sustainability

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.

Each participant is charged a rent amount each month which helps to offset extra costs involved in maintaining two New Start houses.

Financial sustainability for this program starts with the board and the efforts made to improve private donor donations, fund raising events, and oversight. These donations can, at least, help sustain this program and fill in gaps. West Sound continues to assess all programs to determine feasibility and cost efficiency. With the leadership of the Executive Director spending has been normalized making the overhead lower. Staffing was restructured to maximize each position keeping payroll at minimum allowing for a higher cash flow. Hiring a Financial Director and contracting with a local CPA firm has

given us the needed oversight keeping our program operating within the means of the agency. This had to happen in order for us, as an agency, to become sustainable across the board. With the new financial direction West Sound will be able to seek new grants and other funding sources to offset costs and fill in gaps of this program and any other program we have deemed viable for the company.

EVALUATION WORKSHEET

PROJECT NAME: Metamorphosis Program

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASE LINE Data and time	G. SOURCE
<p>Provide chemical dependency treatment and to reduce the psychologic al and social impairment for participants who suffer from substance use disorders.</p>	<p>*Screening *Chemical Dependency Assessment *Intensive outpatient treatment *Re-entry services *Individual Therapy *Group Therapy</p>	<p><b>Objective 1:</b> 60% of housed program participants will remain sober. <b>Objective 2:</b> 70% of Metamorphosis Program participants will stay engaged in treatment services while residing in our houses. <b>Objective 3:</b> 60% of program participants will successfully complete (graduate) program and treatment services.</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 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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>January 1, 2020</u> 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, Housing and Treatment Surveys</p>	<p>Quarterly reporting tools Monthly Housing Reports Program database</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASE LINE Data and time	G. SOURCE
<p>Connect participants with community resources that will assist in the maintenance of long-term abstinence and successful housing stabilization</p>	<p>*Continuing Care treatment                      *Vocational Skill-building                      *Supportive housing                      *Moral Recognition Therapy                      *Supportive Case Management                      *Transportation                      *Resources</p>	<p><b>Objective 4:</b> 70% of participants referred to Peninsula Community Health Services will engage in services (attend appointment)  <b>Objective 5:</b> 50% of participants obtain or regain/regain their license when they complete services.  <b>Objective 6:</b> 40% of participants will enroll in school or continued education by completion  <b>Objective 7:</b> 60% of participants transfer to stable housing when discharged from services</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 checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short  <input type="checkbox"/> Medium  <input checked="" type="checkbox"/> Long                      Start date: <u>January 1, 2020</u>                      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, Housing and Treatment Surveys</p>	<p>Quarterly reporting tools                      Monthly housing reports                      Program database</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASE LINE Data and time	G. SOURCE
<p>Provide clean and sober supportive housing and fill the community gap for chronically homeless participants with substance use disorder.</p>	<p>*2 houses                      Female and Male Supportive Housing Beds                      *Supportive Case management                      *Transportation                      *Treatment Services                      * Basic needs</p>	<p><b>Objective 8:</b>                      Metamorphosis Program will maintain 80% of housing capacity each quarter.  <b>Objective 9:</b> 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 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 checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short  <input type="checkbox"/> Medium  <input checked="" type="checkbox"/> Long                      Start date: January 1<sup>st</sup>, 2020                      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, Housing and Treatment Surveys</p>	<p>Quarterly reporting tools                      Monthly housing reports</p>



EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASE LINE Data and time	G. SOURCE
<p>Program services meet participant needs and support improve ments in health and wellbeing and stability.</p>	<p>*Outside Agency Referrals (PCHS/KMHS)                      *Treatment and Housing Surveys                      *Continuing Care of Treatment</p>	<p><b>Objective 10:</b> 75% of participants agree their physical health has improved.  <b>Objective 11:</b> 60% of participants agree that their mental/emotional health has improved.  <b>Objective 13:</b> 75% of participants agree they can utilize the knowledge gained through the program to prevent a future relapse.</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 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: January 1<sup>st</sup>, 2020                      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, Housing and Treatment Surveys</p>	<p>Quarterly reporting tools                      Metamorphosis participant survey</p>

## Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: West Sound Treatment Center

Project: Metamorphosis

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 1,291,281.33	60%	\$ 1,200,000.00	52%	\$ 1,200,000.00	44%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ 666,275.95	31%	\$ 934,770.00	41%	\$ 1,295,406.00	47%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 200,057.00	9%	\$ 162,000.00	7%	\$ 246,000.00	9%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 2,157,614.28</b>		<b>\$ 2,296,770.00</b>		<b>\$ 2,741,406.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 413,528.02	22%	\$ 216,199.80	11%	\$ 268,399.80	10%
Staff	\$ 738,758.68	38%	\$ 984,910.20	50%	\$ 1,292,710.20	50%
Total Benefits	\$ 177,732.30	9%	\$ 312,622.00	16%	\$ 400,000.00	15%
<b>Subtotal</b>	<b>\$ 1,330,019.00</b>	<b>69%</b>	<b>\$ 1,513,732.00</b>	<b>77%</b>	<b>\$ 1,961,110.00</b>	<b>76%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 33,794.51	2%	\$ 11,700.00	1%	\$ 30,000.00	1%
Office Supplies	\$ 21,908.67	1%	\$ 15,120.00	1%	\$ 20,000.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 55,703.18</b>	<b>3%</b>	<b>\$ 26,820.00</b>	<b>1%</b>	<b>\$ 50,000.00</b>	<b>2%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 48,697.25	3%	\$ 51,036.00	3%	\$ 40,000.00	2%
Communication	\$ 19,495.44	1%	\$ 20,640.00	1%	\$ 24,500.00	1%
Insurance/Bonds	\$ 26,483.35	1%	\$ 30,000.00	2%	\$ 36,000.00	1%
Postage/Printing	\$ 9,546.90	0%	\$ 7,500.00	0%	\$ 9,000.00	0%
Training/Travel/Transportation	\$ 15,857.80	1%	\$ 11,580.00	1%	\$ 15,000.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other Professional Fees	\$ 59,541.98	3%	\$ 62,400.00	3%	\$ 50,000.00	2%
Software	\$ 15,787.89	1%	\$ 15,024.00	1%	\$ 20,000.00	1%
Excise Tax	\$ 3,039.10	0%	\$ 3,600.00	0%	\$ 4,000.00	0%
Depreciation & Amortization	\$ 21,762.31	1%	\$ 23,000.00	1%	\$ 25,000.00	1%
Bank Fees	\$ 2,338.89	0%	\$ 2,500.00	0%	\$ 3,000.00	0%
Other (Describe) Transportation	\$ 28,941.32	2%	\$ 15,000.00	1%	\$ 25,000.00	1%
<b>Subtotal</b>	<b>\$ 251,492.23</b>	<b>13%</b>	<b>\$ 242,280.00</b>	<b>12%</b>	<b>\$ 251,500.00</b>	<b>10%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ 3,600.00	0%	\$ 3,600.00	0%	\$ 7,200.00	0%
Repair of Equipment and Property	\$ 44,125.14	2%	\$ 13,224.00	1%	\$ 30,000.00	1%
Utilities	\$ 41,984.38	2%	\$ 42,000.00	2%	\$ 57,000.00	2%
Other (Describe) Rental Fees	\$ 109,128.35	6%	\$ 114,000.00	6%	\$ 175,200.00	7%
Other (Describe) Quick Dip UAs	\$ 1,500.00	0%	\$ 1,500.00	0%	\$ 2,000.00	0%
Other (Describe) Janitorial Supplies	\$ 12,631.37	1%	\$ 1,200.00	0%	\$ 4,500.00	0%
<b>Subtotal</b>	<b>\$ 212,969.24</b>	<b>11%</b>	<b>\$ 175,524.00</b>	<b>9%</b>	<b>\$ 275,900.00</b>	<b>11%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Basic Needs	\$ 71,552.00	4%	\$ 19,800.00	1%	\$ 55,000.00	2%
<b>Subtotal</b>	<b>\$ 71,552.00</b>	<b>4%</b>	<b>\$ 19,800.00</b>	<b>1%</b>	<b>\$ 55,000.00</b>	<b>2%</b>
<b>Total Direct Expenses</b>	<b>\$ 1,921,735.65</b>		<b>\$ 1,978,156.00</b>		<b>\$ 2,593,510.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Agency Name: West Sound Treatment Center

Project: Metamorphosis

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 17,500.00	9%	\$ 17,500.00	9%	\$ -	0%
Staff	\$ 70,000.00	35%	\$ 70,000.00	35%	\$ 10,000.00	50%
Total Benefits	\$ 13,125.00	7%	\$ 13,125.00	7%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 100,625.00</b>	<b>50%</b>	<b>\$ 100,625.00</b>	<b>50%</b>	<b>\$ 10,000.00</b>	<b>50%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 1,800.00	1%	\$ 1,800.00	1%	\$ -	0%
Office Supplies	\$ 1,000.00	0%	\$ 1,000.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 2,800.00</b>	<b>1%</b>	<b>\$ 2,800.00</b>	<b>1%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 1,000.00	0%	\$ 1,000.00	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 2,000.00	1%	\$ 2,000.00	1%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 500.00	0%	\$ 500.00	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Client Transport/ Bus Pass	\$ 8,200.00	4%	\$ 8,200.00	4%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 11,700.00</b>	<b>6%</b>	<b>\$ 11,700.00</b>	<b>6%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ 3,600.00	2%	\$ 3,600.00	2%	\$ -	0%
Repair of Equipment and Property	\$ 2,000.00	1%	\$ 2,000.00	1%	\$ -	0%
Utilities	\$ 15,000.00	7%	\$ 15,000.00	7%	\$ -	0%
Other (Describe): Rental Fees	\$ 61,200.00	31%	\$ 61,200.00	31%	\$ 10,000.00	50%
Other (Describe): Quick Dip UA's	\$ 500.00	0%	\$ 500.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 82,300.00</b>	<b>41%</b>	<b>\$ 82,300.00</b>	<b>41%</b>	<b>\$ 10,000.00</b>	<b>50%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Basic Needs	\$ 3,000.00	1%	\$ 3,000.00	1%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 3,000.00</b>	<b>1%</b>	<b>\$ 3,000.00</b>	<b>1%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 200,425.00</b>		<b>\$ 200,425.00</b>		<b>\$ 20,000.00</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2020 New Grant Proposal Project Salary Summary**

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**Agency Name: West Sound Treatment Center**

**Project: Metamorphosis Project**

**Description**

Number of Professional FTEs	2.00
Number of Professional PTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>3.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salary of Operations Director	\$ 17,500.00
Salaries of Professional Staff	\$ 70,000.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 87,500.00</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 13,125.00
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 100,625.00</b>

West Sound Treatment Center Organizational Chart 07-01-2019

